Performance

Report

**1800 951 822**

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| Name of service: | TriCare Labrador Aged Care Residence |
| Service address: | 71 Brighton Street BIGGERA WATERS QLD 4216 |
| Commission ID: | 5926 |
| Approved provider: | TriCare Labrador Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 6 October 2022 |
| Performance report date: | 1 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for TriCare Labrador Aged Care Residence (**the service**) has been prepared by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the site audit conducted from 4 October 2022 to 6 October 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers confirmed they were treated with dignity and respect, with their identities, cultures and diversity valued. Care planning documentation identified consumers’ backgrounds, identities, cultures and preferences.

Consumers felt safe within the service and indicated staff respected their culture and religion. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff were familiar with consumers’ needs and preferences and confirmed they had access to consumers’ care planning documentation if they required additional information.

Staff outlined the supports provided to consumers who chose to engage in activities that included an element of risk. Consumers advised they were supported by staff to take risks and live the best lives possible.

Consumers advised the service provided information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. Staff outlined how they communicated information to consumers in a timely manner and ensured any questions were responded to promptly.

The Assessment Team observed staff knocking on consumers’ doors and seeking consent prior to entering, as well as closing doors when providing consumers with personal care. Consumers and representatives felt their privacy and dignity was respected by staff.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service demonstrated assessment and planning was effective and included the consideration of risks to consumers’ safety, health and well-being. Consumers and representatives were satisfied their care was well planned and met their care needs.

Care planning documentation outlined consumers’ end-of-life care needs, goals and preferences. Consumers advised they were supported to complete advance health directives for end-of-life care, and the service was aware of their preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Staff described the processes in place which ensured the service partnered with consumers to assess, plan and review their care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were effectively communicated and documented in their care planning documentation which was available to them. Care planning documentation showed the outcomes of assessment and planning were communicated to consumers.

Consumers and representatives indicated the service regularly communicated with them about their care and services, and made appropriate changes to ensure their current needs and preferences were always being met. Staff discussed how they contributed to the review process and provided an overview of the care plan review process.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers were confident they received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. The service had policies and procedures in place which directed the delivery of personal and clinical care.

Staff demonstrated an understanding of high impact or high prevalence risks to consumers and the strategies in place to manage these risks. The service had policies and procedures in place which guided the management of high impact or high prevalence risks.

A review of care planning documentation showed advance care directives, inclusive of consumers’ choices and preferences, were documented in care plans. A palliative care service was available to support staff, and adequate equipment was available to provide end-of-life care.

Deterioration or changes to consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers advised staff knew them well and were confident they would respond appropriately if they noted any signs of deterioration.

Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff and others who shared responsibility for consumer had access to the appropriate information and systems to support their roles.

Care planning documentation demonstrated collaboration and timely referrals to other individuals, organisations or providers to support the needs of consumers. Consumers indicated referrals were timely and appropriate, and confirmed they had access to the required health care supports.

Consumers were confident in the ability of management and staff to manage an infectious outbreak and were provided information how to minimise the spread of infections. The Assessment Team observed staff wearing appropriate personal protective equipment and following effective hand hygiene practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers felt supported to engage in activities that were of interest to them and were provided with relevant supports that promoted their well-being, independence and quality of life. Care planning documentation accurately identified consumers’ needs, goals and preferences.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation contained information regarding the emotional, spiritual and psychological needs and preferences of individual consumers and described how staff could assist them.

Staff advised consumer feedback was sought to inform the delivery of services and supports, which ensured activities on offer were of interest and benefit to consumers. Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them.

Staff described the ways in which information was shared and were kept informed of the changing health conditions, needs and preferences of each consumer. Consumers and representatives felt confident that staff, and others responsible for the delivery of care and services, were aware of consumers’ needs and preferences.

Staff indicated they had access to a range of service providers and established relationships to ensure consumers’ needs were met. Consumers felt the service assisted them with referrals to individuals, other organisations and providers of other care and services.

Consumers provided positive feedback regarding the quality and quantity of food provided by the service and indicated their dietary requirements were catered for. Care planning documentation regarding consumers’ dietary needs and preferences was aligned with the feedback received by consumers.

The Assessment Team observed equipment was safe, suitable, clean and well maintained. Staff provided an overview of the processes for lodging urgent and non-urgent maintenance requests.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team observed the service was welcoming, easily accessible and contained directional signage throughout the facility. Consumers advised they could personalise their rooms, including bringing in their own furniture and possessions of choice.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. The service contained a range of lounge areas, dining rooms and indoor and outdoor communal areas that were suitable for consumers and their visitors.

Staff indicated they had access to safe and well maintained equipment needed for consumer care. Furniture and equipment were maintained under a scheduled maintenance plan, with specialist contractors in place where required.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt encouraged and supported to make complaints and provide feedback, and comfortable with raising issues directly with staff and management. The service had a range of avenues through which consumers could lodge complaints and provide feedback, including a feedback form, through discussions with staff and management and through consumer and representative meetings.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, inclusive of advocacy and translation services available for consumers and representatives. Consumers and representatives stated they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management.

Consumers and representatives indicated the service took appropriate action in response to complaints and staff understood and utilised an open disclosure process in dealing with complaints. Staff confirmed they had received training regarding the complaint management process and could describe the complaint escalation process.

The service demonstrated all feedback and complaints were reviewed and used to improve the quality of care and services. Management outlined how the provision of feedback and complaints were linked to the service’s continuous improvement plan.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated there were systems in place which ensured the workforce was planned to enable the delivery and management of safe and quality care and services. Consumers felt staff were skilled and available to meet their care needs.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Management and staff were aware of consumers’ cultural and personal backgrounds.

The service demonstrated members of the workforce had the qualifications and knowledge needed to effectively perform their roles. The Assessment Team observed all staff undertaking their roles in an efficient and organised manner.

Management advised the service provided staff with ongoing training, and staff were provided with development opportunities. Staff indicated they received training in the Quality Standards during the service’s orientation program.

Staff demonstrated an awareness of the service’s performance development processes, including discussions with management of their performance and areas where they would like to develop their skills and knowledge. The Assessment Team reviewed various documents that guided staff practice, including training materials and training records, policies, processes and duty statements.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the management of the service and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. A review of consumer and representative meeting minutes by the Assessment Team showed consumers were engaged into the evaluation of care and services.

The service demonstrated the governing body was accountable for the delivery of care and services, and promoted a culture of safe and inclusive care. Management advised it utilised clinical incident data to guide staff practice, which ensured the delivery of safe and quality care and services.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best lives possible. Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions.

The service’s clinical governance framework ensured the quality and safety of clinical care and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Management demonstrated an understanding of the open disclosure process and provided examples how open disclosure had been utilised in practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)