Performance

Report

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| Name of service: | TriCare Mermaid Beach Aged Care Residence |
| Service address: | 2424 Gold Coast Highway MERMAID BEACH QLD 4218 |
| Commission ID: | 5882 |
| Approved provider: | TriCare Mermaid Beach Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 8 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 Mermaid Beach Aged Care Residence (**the service**) has been prepared by K. Spurrell 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; 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.

# 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 and representatives said staff treated them with dignity and respect, and their identity, culture and diversity were valued. Staff spoke about consumers respectfully and could describe the measures taken to provide care respectfully such as asking for consent, acknowledging their choices, taking time to understand their background, life history and needs. Staff were observed interacting with consumers respectfully throughout the Site Audit.

Consumers and representatives described how staff valued consumers’ cultural background and provided care that was consistent with their preferences. Management could identify consumers from a culturally and linguistically diverse (CALD) background and described how culturally relevant care was delivered to them. Staff described how consumers’ culture influenced the day-to-day care and services they received, including the activities provided. Care documents identified specific cultural needs and events that each consumer would like to maintain.

Consumers and representatives were supported to maintain chosen relationships, exercise independence, make decisions about their care and choose who else was involved. Staff described how each consumer was supported to make informed choices about their care and services, and to maintain their important relationships. Care documents showed consumers made decisions about their care and who else was involved and were supported to maintain their important relationships.

Consumers described how the service supported them to live their best life, even when it involved taking informed risks. Staff were aware of the risks chosen by specific consumers and explained how they completed a risk assessment in consultation with the consumer and representatives when consumers wished to engage in activities involving risks. Risk assessments and dignity of risk forms showed consumers were supported to understand risks and mitigate them.

Consumers and representatives described how information was effectively communicated to them to help them make informed choices. The service showed consumers and representatives were given information that was current, accurate, timely, and easy to understand. Staff described different ways information was provided to consumers, in line with their needs and preferences, including for those consumers with cognitive and sensory impairments. Information about the choices and options available to consumers was displayed throughout the service.

Consumers and representatives said the service respected their privacy and did not express concerns about the confidentiality of their personal information. Staff demonstrated a consistent understanding of the practical measures taken to respect consumers’ privacy and keep their personal information confidential. The service’s privacy policy aligned with the way the service delivered care.

# 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

Management and staff described the initial assessment and planning process for consumers, which included assessment of their current needs, goals, preferences, and risks to each consumer's health and well-being. Care documents showed a comprehensive assessment and care planning process which included assessment of individual consumer’s risks and the strategies to reduce or eliminate those risks. Consumers and representatives said they received the care and services they needed, and they had a say in the care planning process.

Management described how assessment and planning reflected the goals, needs, and preferences of consumers, and included advanced care and end of life care planning, where consumers wished. Staff could describe consumers’ needs, goals and preferences and how they liked their personal and clinical care to be delivered. Staff explained how they approached conversations with consumers and representatives about advance care and end of life plans. Consumers and representatives said staff spoke to them regularly about their care needs and confirmed advance care planning and end of life wishes had been discussed.

Management described how the service partnered with consumers and others the consumer wished to involve, in the assessment and planning of their care. Care documents showed evidence of involvement from the consumer and their representatives, as well as a range of other providers including medical officers, physiotherapists, speech pathologists, podiatrists and dietitians. Consumers and representatives said they were actively involved in the assessment and care planning process, and they could involve others in their care. Staff described the service’s consumer-centred care planning model and explained how consumers and their representatives were involved in 3-monthly care plan reviews.

The service demonstrated the outcomes of assessment and planning were effectively communicated to consumers and documented in a care and services plan that was made readily available. Consumers and representatives confirmed they were involved if changes were made to their care and services plan. Management said all consumers and their representatives were offered a personal copy of their care plan.

Consumer care planning documentation showed evidence of review in line with the service's 3-monthly review process, or when circumstances changed, such as a deterioration in condition or an incident occurred. Clinical staff and management could describe when and how consumer care plans were reviewed. Consumers and representatives said clinical staff regularly discussed their care needs with them, and any changes needed or requested were addressed in a timely manner.

# 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 confirmed they received safe and effective personal and clinical care that was best practice, tailored to their individual needs and that optimised their health and well-being. Consumer files including assessments, care and service plans, progress notes, medication and monitoring charts reflected individualised, safe, effective care that was tailored to the needs and preferences of each consumer.

Management explained how the service effectively managed high-impact and high-prevalence risks through monitoring clinical data, analysing performance indicators and implementation of suitable risk mitigation strategies for individual consumers. Consumers and representatives said the service was effectively managing risks to consumers' health, particularly falls. The service had best practice policies and procedures for key areas of clinical care including restrictive practices, wound management, diabetes management, pain management, falls prevention and post falls care.

Consumers were confident the service provided effective and dignified end of life care in accordance with their needs and preferences. Care documents included an advanced care plan and end of life goals and preferences, where applicable. Staff could describe how they approached consumers and their families around end of life care. Staff explained how they supported regular family contact, and provided dignified comfort and hygiene care, and adequate pain management.

Consumers and representatives said the service recognised and responded to changes in condition and implemented appropriate management strategies promptly. The service demonstrated changes in a consumer’s capacity or condition was recognised and responded to in a timely manner. Care documents and progress notes showed the identification of, and response to, a deterioration or change in their condition. Clinical staff explained how consumers’ current condition would be discussed during handovers and staff meetings, and a review by a medical officer and change to the care plan may result.

The service demonstrated that information about the consumer’s condition, needs and preferences was documented and effectively communicated with those involved in the care of consumers. Care planning documentation and progress notes provided adequate information to support effective and safe sharing of the consumer’s information to support care.

Management described how referrals to other clinical service providers were timely and appropriate. Consumers and representatives said they had access to a wide range of medical specialists and allied health services. Staff described the process for referring consumers to other health professionals and how this informed the care and services provided.

The service had documented policies and procedures to minimise the risks of infection and to promote the appropriate prescribing of antibiotics. The service showed preparedness for an infectious outbreak and had an up-to-date outbreak management plan and an appointed infection prevention control (IPC) lead. Adequate supplies of personal protective equipment were observed. Staff had received training and showed an understanding of infection prevention and control principles and steps they could take to minimise the use of antibiotics.

# 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 and representatives said the service provided them with safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being, and quality of life. Lifestyle staff described how they partnered with consumers and representatives to understand the consumer’s preferences, interests and likes/dislikes. Staff could explain the lifestyle needs, goals and preferences of specific consumers.

Management described the services and supports in place to promote each consumer’s emotional, spiritual, and psychological well-being. Consumers said they were supported when they were feeling low and described how the service promoted their well-being. Staff described how they supported individual consumer’s mental health and care documents included information on consumers’ emotional, spiritual, and psychological needs, goals, and preferences.

Consumers and representatives said they were supported to participate in satisfying and enjoyable activities, participate in the community within and outside the service, and keep in touch with the people who were important to them. Staff provided examples of how they supported specific consumers to maintain their important relationships and do things of interest within and outside the service. Care documents included information on lifestyle needs and interests, as well as personal and social relationships.

Consumers and representatives said information about their condition, needs and preferences was communicated effectively within the service, and with others sharing responsibility for their care. Staff described ways information about consumers’ condition, needs or preferences was kept up-to-date and shared. Care documentation contained accurate and current information to support the delivery of appropriate services and supports for daily living.

Consumers said they were supported by timely referrals to other organisations and providers of care and services. Care documents showed referrals to other organisations and services such as volunteers and specialist health services. Staff described other individuals and organisations providing care and services and the consumers who used these services.

Consumers and representatives were satisfied with the variety, quality, and quantity of food provided, and said the meals met their needs and preferences. Consumers said they were given a choice at mealtimes and their dietary needs and preferences were catered to. Hospitality staff described how consumers’ preferences were incorporated into the seasonal menu and how feedback was continuously received to improve the food options at the service. The main kitchen was observed to be clean with up-to-date certification and staff adhering to food safety protocols, including using gloves and aprons.

Equipment provided to consumers appeared to safe, suitable, clean, and well maintained. Consumers and representatives said they had access to safe and suitable equipment to assist them with their daily living activities. Staff said they had access to suitable equipment, and they described how it was maintained and cleaned. Staff said they were responsible for cleaning shared and personal care equipment after each use and sanitised all items before putting them into storage. The preventative maintenance schedule recorded scheduled and requested equipment servicing.

# 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

Consumers and representatives found the service environment to be welcoming and easy to understand. Management described features that helped consumers feel welcome and optimised their sense of belonging, independence, and ease of navigation. The service environment was observed to be welcoming, with sufficient lighting, handrails, and clear signage to provide directions to different areas.

The service appeared safe, clean, and well maintained and consumers were able to move freely, both indoors and outdoors. Consumers and representatives said the service environment was safe, clean, and well maintained and allowed them to move as freely as they liked. Cleaning staff described how the service environment was cleaned and maintained systematically. the cleaning schedule indicated regular cleaning of the service, including consumer rooms, takes place.

The furniture, fittings and equipment were observed to be safe, clean and well maintained. Staff described the processes for cleaning and maintaining equipment, furniture and fittings in the service. Consumers confirmed equipment, furniture and fittings were cleaned and maintained regularly. Staff explained maintenance requests were managed through a maintenance logbook that was reviewed daily. Records showed all preventative maintenance had been done as planned.

# 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 safe and comfortable to provide feedback and make complaints and they could describe the various avenues available to submit feedback such as through feedback forms, consumer meetings, and raising issues verbally with staff or management. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The complaints register confirmed feedback was gathered through various means including verbally, by e-mails and feedback forms.

Consumers said they were comfortable raising concerns within the service but were aware of advocacy services, if needed. Management and staff reported the current consumers did not require interpreter services, but they were aware of how to engage them if the need arose in the future. Management described how they made consumers aware of advocacy and translation services. A range of posters and flyers related to the Aged Care Quality and Safety Commission (the Commission) and other external advocacy services, were observed around the service.

Consumers and representatives said the service responded appropriately to their complaints or concerns and resolved them, using open disclosure. Staff showed an understanding of open disclosure, explained how they would investigate what happened and apologise to the impacted consumer in the event something went wrong. Complaints records showed action was taken and open disclosure was practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue, whilst keeping the consumer informed.

Consumers and representatives said their feedback was used to improve care and services. Management could describe processes in place to capture and escalate complaints and use them to improve the care and services available to consumers. Staff could describe various improvements, which were driven by consumer feedback. The service’s continuous improvement plan (CIP) showed consumer feedback was considered and used to drive improvements within the broader service.

# 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 the workforce was planned and there was an adequate number and type of staff to meet the needs of consumers. Consumers and representatives said the service had enough staff to meet their needs and they didn’t have to wait long for assistance. Management explained how they ensured there was enough staff to provide safe and effective care by having an electronic master roster with recurring shifts designed to cover the care needs of all the consumers.

Most consumers and representatives said staff were kind, caring and gentle when providing care. Workforce interactions with consumers were observed to be kind, caring and respectful of each consumer's identity, culture and diversity. Staff were seen to always greet consumers by their preferred name and demonstrated they were familiar with each consumer’s individual needs and identity.

Consumers and representatives felt staff were competent, supported and skilled to meet their care needs. Management said staff must complete mandatory orientation, role-based competencies and mandatory refresher training annually. Training due dates were monitored by the administration manager and staff were reminded and supported to complete training as required. Position descriptions included values, key competencies and qualifications that were either desired or essential for each role.

Consumers and representatives said staff were competent and qualified to do their job and did not identify any areas where staff needed more training. Staff said the service supported them by providing mandatory and supplementary training which included topics such as manual handling, health and safety, elder abuse, infection control and dementia support. Management described how they supported their staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards.

Records showed staff performance reviews were conducted annually. Staff could recall their most recent performance appraisal within the past year and said the experience was informative. The performance appraisal management matrix showed all staff were up to date with their appraisals. Completed performance appraisal demonstrated a comprehensive performance evaluation process with input from both the staff member and management.

# 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 in the management of the service, and said they were supported to evaluate and improve the delivery of care and services. Management explained how the service supported consumers and representatives to be engaged in the development, delivery and evaluation of care and services. Feedback mechanisms were in place, with consumers and representatives regularly engaged through monthly consumer meetings, surveys, case conferences and feedback forms to comment on the care and services delivered.

The service is governed by the organisation’s Board who promote a culture of safe, inclusive and quality care and services and are accountable for their delivery. The service had a forward strategic plan and the Board monitored progress towards the plan and a range of key performance indicators at the service. Management reported regularly to the Board who ensured safe and quality care was delivered by the service. Management described the organisation structure and hierarchy and how it supported accountability and oversight of the care and services delivered.

Management described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they could access the policies and had received training on these topics. Staff gave examples of how the policies applied in their daily work. Staff demonstrated a sound knowledge of various risk minimisation strategies.

The service had a documented clinical governance framework with policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described how these policies and procedures were implemented and monitored across the service. Staff explained they had received training and gave examples of how these policies applied to their work. Care plans, progress notes, and incident reports confirmed the policies were adhered to by the service.

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)