Performance

Report

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| Name: | TriCare Mt Gravatt Aged Care Residence |
| Commission ID: | 5949 |
| Address: | 20 Somerfield St, MOUNT GRAVATT, Queensland, 4122 |
| Activity type: | Site Audit |
| Activity date: | 6 March 2024 to 8 March 2024 |
| Performance report date: | 17 April 2024 |
| Service included in this assessment: | Provider: 7229 TriCare Mt Gravatt Aged Care Pty Ltd  Service: 3863 TriCare Mt Gravatt Aged Care Residence |

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 Mt Gravatt Aged Care Residence (**the service**) has been prepared by Patricia Golledge, 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 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff respect their individual identity and diversity. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Care planning and assessment documentation identified consumers’ cultural needs, individual preferences, and considerations of consumers. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Consumers considered staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported their religious beliefs. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences. Documentation evidenced staff received training in the delivery of culturally safe care.

Consumers reported they were involved in decisions regarding their care and services. Care planning documents included information to inform staff of key relationships. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with, including intimate relationships. The service has policies and procedures in place to support consumer choice decision making.

Representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Management advised consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers said they receive verbal reminders regarding activities at the service. The activities schedule, newsletters, and daily menus were displayed throughout the service. Staff described the different ways and/or formats in which information is provided to consumers including communication techniques employed for consumers with vision and hearing impairments.

Consumers said their privacy was respected by staff including when providing personal care and staff knock on consumers doors before entering their room. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained and were observed staff knocking on consumers doors before entering rooms and closing doors when delivering personal and clinical care. Nurses’ stations were observed to be locked and computers and the electronic care management system (ECMS) were password protected and locked when unattended.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and clinical staff described how they considered risks to consumers’ health and well-being to inform the delivery of safe, effective care and services through assessments completed with input from representatives and medical officers. Care planning documentation identified risks to consumers’ health and well-being and included risk mitigation strategies. Policies and clinical assessment tools guided staff in the assessment, planning, and consideration of risks to consumers’ health and well-being.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end of life wishes as appropriate. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences and they were involved in discussions regarding advanced care planning and end-of-life-care. Management and clinical staff explained how they approach advance care and end-of-life planning conversations with consumers and representatives upon entry to the service, during care plan reviews and at regular follow-ups.

Representatives said they are involved in the assessment and care planning processes including the 3 monthly care plan review and aware of input from other health professionals. Management, clinical staff, and allied health professionals (AHPs) described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Consumers said they were kept well informed about their care and services plan, they receive a copy of their care and services plan and were involved when changes are made to their care and services. Management, clinical staff, and AHPs explained how the service kept consumers, representatives, and shared providers of care informed on outcomes of assessment and planning through telephone calls, via emails and during face-to-face conversations at scheduled case conferences or as needed. Progress notes and care and services plans reviewed evidenced that staff update consumers and representatives on care outcomes through in-person meetings, telephone calls and emails.

Representatives said they were satisfied changes to care were made following any concerns or incidents. Staff advised care and services were reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services were reviewed for effectiveness regularly and when incidents occur or when circumstances change.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered they received safe, effective clinical and personal care which met their needs. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Training, policies, and procedures were in place to support best practice personal and clinical care.

Representatives said known risks of consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Staff were aware of individual consumers’ risks and described strategies in place to manage, minimise and monitor those risks.

Staff described how the delivery of care and services changed for consumers nearing end-of-life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Representatives for consumers on a palliative pathway said consumers receive comfort cares and their pain is well managed. Palliative and end-of-life care guidance and training was available to support staff.

Consumers expressed confidence that changes in their care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes, meetings, and information on the services electronic care management system. Consumers reported staff know their care needs and preferences, and that staff work together to support their care needs. Care planning documentation reflected information about consumers was documented and shared with others as appropriate. Staff handover processes were observed to clearly communicate any changes regarding a consumers' care or health between staff, including medication changes, and incidents.

Consumers and representatives said the service had referred them to the appropriate providers, organisations, or individuals to meet clinical and care needs. Clinical staff explained how the service uses email, telephone communication, handovers and progress notes that are emailed to management to organise referrals when required. Care planning documentation including progress notes evidenced the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers.

Consumers said staff take precautions to minimise infection risks including wearing personal protective equipment appropriately and following necessary infection testing. The service had 3 infection prevention and control leads, and processes and protocols to minimise infection related risks. Staff in different roles described how they lessened infection related risks and promoted practices to minimise the use of antibiotics. Documentation and observations evidenced infection prevention and control measures were implemented.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Overall consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff said they consult consumers and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care planning documentation identified the interests and preferences of consumers.

Consumers and representatives reported the service supports and promotes their spiritual, emotional, and psychological well-being. Care planning documentation encompassed the emotional, religious, and spiritual needs of consumers. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as religious services, one-to-one visits by volunteers and spending one-on-one time with consumers.

Representatives said consumers were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus outings. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

Consumers said staff know their needs and preferences and they don’t have to repeat themselves to staff. The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs, and preferences. Kitchen staff described how they are informed of consumers’ dietary needs and preferences by clinical staff and care staff during staff handovers processes.

Consumers said they were satisfied the service had referred them to appropriate individuals and services to support their needs. Lifestyle staff described how they completed appropriate referrals for other individuals and other providers of care and services to support consumers’ current and emerging needs for example, volunteer services. Care planning documentation identified appropriate referrals to other organisations and services.

Consumers expressed their satisfaction with the quality and quantity of meals and said there is a good variety on offer. Management and staff described how they seek consumer input in meal choices during mealtimes, and additionally during daily rounds when meal choices for the following day were collected. Hospitality staff said the service uses a seasonal 5-week rotating menu that is developed in consultation with a dietitian and described how consumers were able to provide feedback during the menu development phase and on an ongoing basis.

Consumers considered their mobility equipment was safe, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reflected they felt at home at the service and were able to personalise their rooms with furnishing, pictures, paintings, and items of interest to them. Staff demonstrated an understanding of how to support consumers in feeling at home, such as orientating them to the service and encouraging consumers to personalise their rooms. The service had handrails, sufficient lighting, courtyards, lounges, dining and activities areas, and a café, to facilitate free movement for consumers and promote belonging, independence, interaction, and function.

Consumers advised they felt safe and comfortable at the service, it is kept clean, and they could move freely indoors and outdoors. Consumers were observed independently moving between all indoor and outdoor areas of the service. Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Consumers expressed their satisfaction with how furniture, fittings and equipment at the service were kept safe, clean, and well maintained. The service demonstrated the environment, furniture, fittings, and equipment was safe and well maintained through scheduled preventative maintenance and reactive maintenance and maintenance issues were reported and actioned promptly. The service was able to demonstrate processes for fixing or replacing furniture, fittings or equipment that were unsuitable or broken. Staff reported there is sufficient equipment to allow them to deliver quality service.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Overall consumers said they felt comfortable raising complaints and management were accommodating and responsive to concerns raised. Staff interviewed described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback.

Management advised in February 2024 the service engaged in an external advocacy agency to provide an information session for consumers. Staff could describe the external advocacy services available to consumers and how consumers are informed about these services. Management and staff were able to describe how they would assist consumers who were of a culturally and linguistically diverse background or had communication issues in providing feedback for making complaints.

Overall, consumers said appropriate and timely action was taken by the service in response to complaints. Consumers described actions taken regarding issues they had raised. Staff were aware of open disclosure principles in relation to their responsibilities and shared a common understanding of processes to be followed when feedback or complaints were received. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described how feedback received from consumers and representatives is used to develop continuous improvement activities across the service. Consumers said improvements occur at the service as a result of their feedback for example, the recent improvements in meal planning. Documentation evidenced consumer and representative feedback was used to improve care and services.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Overall representatives reflected that the service was adequately staffed and were satisfied with the quality of care provided to consumers. The service’s existing staffing pool is used to fill shifts and there is access to agency staff when required. Staff reported they have time to deliver cares in accordance with consumer’s needs and complete their allocated tasks. Documentation evidenced the service has a Registered nurse on 24 hours and call bell reports are analysed and investigated accordingly.

Consumers and representatives advised staff interacted with consumers in a kind and caring manner which respected their cultural background. Staff were able to describe consumers’ identity and preferences and spoke about consumers in a respectful manner. Staff were observed interacting with consumers in a respectful and gentle manner.

Representatives said staff were knowledgeable and had the ability to perform their roles. Management advised staff competency was determined through appropriate selection and recruitment processes, performance reviews, buddy shifts and key competencies outlined in their relevant position descriptions.

Representatives expressed satisfaction with the skills of the staff providing care and services. Staff said they received training and education covering a range of topics relevant to these standards. Guidelines, policies, and procedures outlined recruitment and onboarding requirements, such as pre-employment checks and registrations.

Management said staff undergo a formal appraisal every year and a probation appraisal at the end of their first 6 months, in line with the service’s policy, and described how they are constantly assessing, monitoring, and reviewing the performance of staff outside of the formal appraisal process using observations and feedback from consumers and other staff members. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said they felt the service was well run and they contributed to decisions about how care and services are delivered. Management described the mechanisms in place to engage and support consumers in providing input into the care and services delivered through participation in consumer and representative meetings, feedback mechanisms, surveys, and the recently formed Consumer Advisory Board.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, compulsory reporting incidents, and feedback and complaints.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Financial governance procedures support the changing needs of consumers for example, management described the approval process and recent purchase of 2 pressure relieving mattresses.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship and open disclosure was implemented within their daily tasks. Processes are in place to minimise use of restrictive practices, and staff demonstrated familiarity with different types of restraint. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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