Performance

Report

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| Name of service: | TriCare Pimpama Aged Care Residence |
| Service address: | 6 Anembo Avenue PIMPAMA QLD 4209 |
| Commission ID: | 5981 |
| Approved provider: | TriCare Pimpama Aged Care Residence |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 June 2023 to 8 June 2023 |
| Performance report date: | 08 July 2023 |

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 Pimpama Aged Care Residence (**the service**) has been prepared by G-M. Cain, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 13 June 2023, agreeing with the findings within the Assessment Contact - Site report.
* other information and intelligence held by the Commission.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 performance report dated 01 December 2022 found the service non-compliant with requirement 2(3)(e). Deficiencies related to consumers’ care and services not regularly being reviewed for effectiveness, or when circumstances changed, and as a result impacting on consumers’ needs, goals, and preferences.

The Assessment Contact – Site report evidenced that the service has taken action to improve its performance under this requirement; the service had established processes for regularly monitoring and reviewing consumers’ care plans 3 monthly or when changes occur. Consumers and representatives confirmed this, and one consumer spoke of being kept informed and provided with everything they wanted.

Registered nurses described the care plan review procedure, including contacting the consumer or representative to ensure any updates and/or changes are communicated. Staff demonstrated awareness of the service’s incident reporting processes and how incidents may trigger a reassessment or review of consumers’ care plans. Care documentation evidenced assessments are reviewed, and care plans are updated in line with the service’s established care planning review schedule.

It is my decision that Requirement 2(3)(e) is Compliant.

# 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 |

Findings

*Requirement 3(3)(a)*

The performance report dated 01 December 2022 found the service non-compliant with requirement 3(3)(a). Deficiencies related to consumers' personal care not being delivered in accordance with the consumers' personal preferences; and restrictive practice care plans, consent forms and medication evaluations were not reviewed or signed in alignment with the service's policies.

The Assessment Contact – Site report evidenced that the service has taken action to improve its performance under this requirement, including:

* The review of all consumers' care plans to ensure choices and preferences for personal care and hygiene are documented to guide staff in care delivery.
* Development of a shower list detailing consumers' choice in relation to when care is attended to and preferred staff.
* Implementation of a restrictive practices tracker which records dates of when reviews for consumers subject to restrictive practices are due.

Consumers confirmed that staff knew of their personal care preferences; one consumer spoke of staff knowing of their choice for a morning shower. Registered staff confirmed the improvement processes the service had undertaken, including a review of consumers' personal care preferences and the process for administering, monitoring and evaluating as required medications, including associated charting and documentation. Care documentation evidence the documentation of consumers' personal care preferences, and where a consumer is subject to restrictive practices, appropriate assessments, authorisation, consent and monitoring were completed. The service had policies and procedures which guide staff in clinical practice.

It is my decision that Requirement 3(3)(a) is Compliant.

*Requirement 3(3)(b)*

The performance report dated 01 December 2022 found the service non-compliant with requirement 3(3)(b). Deficiencies related to the ineffective management of consumers with changed behaviours, including staff lack of understanding of consumers' behaviour support plans and specialist dementia services recommendations.

The Assessment Contact – Site report evidenced that the service has taken action to improve its performance under this requirement, including:

* The review of all behaviour support plans to ensure the documentation of each consumer’s specific triggers for changed behaviours and non-pharmacological strategies to be implemented.
* Staff education on managing consumers with complex behaviours, with education scheduled.

Care documentation evidenced behaviour support plans are in place for consumers subject to restrictive practices and/or changed behaviours. The service maintains a psychotropic register, including documented consumer diagnosis, medication/s prescribed, prescribing medical officer, date the medication was first administered, and the date of last review. A consumer representative spoke of being very impressed with how the service supported their father, including when there may be changes to his behaviour. Registered Nurses described the processes for reviewing the psychotropic register, and care staff described how they supported consumers who may present with changed behaviours, such as one-to-one reassurance. Staff confirmed they had received training in dementia support and spoke of this training being helpful for them in managing consumers with changed behaviours.

Clinical management and registered nurses review consumers’ progress notes daily for risks associated with consumers’ care and communicate to staff any changes in the consumers’ care needs through handover and daily clinical meetings.

It is my decision that Requirement 3(3)(b) is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The performance report dated 01 December 2022 found the service non-compliant with requirement 5(3)(b). Deficiencies related to the service environment's safety, cleanliness, and maintenance. The Performance Report contained information that consumers and representatives reported dissatisfaction with the cleanliness of the service and persistent odours, and consumers in the service's secure living environment could not consistently access outdoor areas due to staff not having time to assist.

The Assessment Contact – Site report evidenced that the service has taken action to improve its performance under this requirement, including a review of cleaning schedules, with maintenance and cleaning recorded in logs that are checked day by cleaning and maintenance staff. The service has introduced additional weekend cleaning hours, including a cleaner dedicated to the secure living environment and regularly emptying bins to reduce malodour. Management described how the service monitors the effectiveness of these improvements through audits undertaken by the cleaning team leader. Consumer representatives confirmed the improvements made at the service in the quality of cleaning and spoke of the malodour no longer being present.

To support consumers in the secure living environment to safely access outdoor areas, the service has installed an alert system that notifies staff when consumers enter the outdoor garden area. Observations showed consumers freely accessing this outdoor area, and staff spoke of encouraging and supporting consumers in doing this.

It is my decision that Requirement 5(3)(b) is Compliant.

# 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 |

Findings

The performance report dated 01 December 2022 found the service non-compliant with requirement 7(3)(a). The Performance Report contained information that consumers were dissatisfied with staffing levels which negatively impacted the delivery of personal care, and consumers in the secure living environment could not be accompanied to outdoor areas due to staffing shortages.

The Assessment Contact – Site report evidenced that the service has taken action to improve its performance under this requirement, including:

* Implementing a rostering system has supported the service in scheduling rosters up to 4 weeks in advance.
* Introduction of a new model of care to the service, which includes additional Registered Nurses allocated to all service areas.
* Employing a supernumerary allocation of care staff to prevent shortfalls in staff due to absence or sickness.

Consumers confirmed that their clinical and personal care needs were being attended to promptly and in accordance with their personal preferences. One consumer spoke of staff always being available to help and requests for assistance and responded to promptly. The service has a benchmark of 5 minutes for response to call bells. It monitors response times to ensure consumer care needs are met within a reasonable timeframe. A review of call bell reports from February 2023 to May 2023 identified average response times of under 3 minutes.

It is my decision that Requirement 7(3)(a) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)