Performance

Report

**1800 951 822**

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| Name of service: | TriCare Pt Vernon Aged Care Residence |
| Service address: | 193 The Esplanade PT VERNON QLD 4655 |
| Commission ID: | 5204 |
| Approved provider: | TriCare Pt Vernon Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 August 2023 |
| Performance report date: | 11 September 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 Pt Vernon Aged Care Residence (**the service**) has been prepared by B Bassett, 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 25 August 2023.

# Assessment summary

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| 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** |

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 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 |

Findings

Consumers said they were happy with the care they received and that it contributed to their health and overall well-being. For example, one consumer interviewed said they had gained weight after entering the service despite weight loss having been a problem for them previously. Review of the consumer’s care documentation indicated a planned and monitored approach had been implemented to improve the consumer’s nutrition and return their weight to a healthy level.

Another consumer said staff helped them manage their diabetes without incident. This was confirmed by records of the consumer’s Blood Glucose Levels (BGL) which showed they were maintained within the prescribed range. Staff were familiar with the consumer’s BGL monitoring regimen and were able to demonstrate the process to follow should the BGL vary from the normal parameters of the diabetic management plan.

Staff were able to describe how they provided care to consumers in accordance with their individual requirements, needs and preferences.

Care documentation confirmed staff were using strategies and clinical management policies and procedures to guide and deliver effective and individualised care.

Management said they utilise clinical reviews and audits, consumer feedback, training, and clinical data to ensure consumers received safe and effective care that was best practice.

The approved provider did not address this Requirement in their response to the assessment contact report.

After consideration of the above information, it is my decision that Requirement 3(3)(a) 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

Consumers and representatives said their rooms and the common areas of the service were well maintained and cleaned regularly. Staff were able to describe the cleaning and maintenance processes and the service was observed by the Assessment Team to be clean and well maintained.

Consumers were seen to move freely within the confines of service, including an internal courtyard with seating, games and an aviary.

However, the assessment contact report indicated some consumers felt their safety and comfort were adversely impacted by wandering and intrusive behaviours of other consumers with impaired cognition. For example, three named consumers said they were disturbed by other consumers entering their rooms.

Staff said the high number of consumers with cognitive impairments and high care needs inhibited effective management of intrusive behaviours of consumers.

In addition, the assessment contact report indicated access to an outdoor area of the service to be restricted with a coded keypad without the code being displayed. The report indicated management had not reviewed the current requirement for the door to be locked. The coded keypad at the front door of the service had a code on display, but consumers unable to read the code or use the keypad were being unintentionally restrained.

The report indicated management responded to these issues. With respect to the intrusive behaviours of some consumers it was advised a variety of options and strategies were being examined to manage these.

The service created a number of actions in their plan for continuous improvement (PCI) to address the issue that consumers were not able to freely exit the home due to keypads being used. These included:

* Placing a code to all external doors in large print and in an obvious and easily accessible location. The codes were observed to be in place prior to the conclusion of the assessment contact.
* Placing a sign on the door from the dining room exit door for staff to ensure the door is kept open during the day. The sign was observed to be in place prior to the conclusion of the assessment contact.
* Sending a text message to all staff advising the staff to ensure the outdoor area is left open to allow consumers free access in and out of the building. The PCI evidenced a copy of the text message sent on the day of the assessment contact.

The Assessment Team recommended this Requirement was non-compliant.

The Approved Provider responded to the assessment contact report. The response indicated consumers who wish to have locks fitted to their rooms or retain the currently available door chains to protect their privacy and comfort are being consulted regarding these arrangements. The consumers identified as having intrusive behaviours are receiving additional one-to-one support and engagement and individualised strategies have been implemented to reduce and manage these behaviours with some success.

The response said a review of all residents has been conducted to verify the correct number of residents subject to environmental practice regardless of intent to restrain or not. The home is progressing resident and representative contact regarding environmental restraint authorization consent forms for affected residents. Those residents who are not able to safely exit the service will have a ‘wanders bracelet’ on and appropriate authorization in place. In addition, the displayed code has been enlarged and placed above the front door keypad.

In making my decision regarding this Requirement, I have placed weight upon the immediate actions taken by the service to address the issues raised during the assessment contact as well as the continuous improvement activities undertaken and implemented by the service since that time. I consider those actions to be proportionate and sustainable and therefore I have decided 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

Consumers and representatives said staffing levels and allocations were sufficient for consumers to receive care and services in a timely manner. Review of rosters and allocation sheets demonstrated vacant shifts were filled and staff said they had enough time to meet the demands of their roles and the needs of consumers.

Management advised the service audits staff response times to consumer calls for assistance and extended response times were investigated to identify the cause. Once the cause was identified, action was taken to prevent a recurrence. The service had a system for planning and management of the work force to enable the deployment of staff when and where as required.

Review of the service’s rosters and allocation sheets demonstrated shifts with unplanned absences were filled with existing staff by extending shifts or engaging agency staff, where required.

Staff said the staffing model enables them to provide essential care and services to consumers in accordance with consumer needs and preferences in a timely manner.

The approved provider did not address this Requirement in their response to the assessment contact report.

After consideration of the above information, it is my decision that Requirement 7(3)(a) is compliant.

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