Performance

Report

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| Name: | TriCare Pt Vernon Aged Care Residence |
| Commission ID: | 5204 |
| Address: | 193 The Esplanade, PT VERNON, Queensland, 4655 |
| Activity type: | Site Audit |
| Activity date: | 3 April 2024 to 5 April 2024 |
| Performance report date: | 10 May 2024 |
| Service included in this assessment: | Provider: 7226 TriCare Pt Vernon Aged Care Pty Ltd  Service: 3561 TriCare Pt Vernon 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 Pt Vernon Aged Care Residence (**the service**) has been prepared by P. Wallner, 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.
* Other information held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated them with dignity and respect and they felt valued as individuals. Staff explained how they treated consumers with dignity and respect. Staff were observed interacting with consumers and visitors in a respectful and familiar manner. Staff were guided by the organisation’s Diversity and Inclusivity Policy to ensure each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

Consumers and representatives said the service recognised and respected consumers’ cultural background and provided care that was consistent with their cultural traditions and preferences. Staff described how consumers’ cultural needs and preferences influenced the delivery of their care and services. Records confirmed staff were provided with training on dignity and respect.

Consumers and representatives said they were supported to make independent decisions about their care, choose who else was involved in their care, and maintain their important relationships. Management and staff described how each consumer was supported to make informed choices about their care and services, and how the support they wanted to maintain their relationships of choice. Care planning documents showed consumers’ chose the way their care was delivered, who was involved in their care and how the service supported them to maintain relationships.

Consumers stated that staff supported them to live the best life they could, and they could do what they wanted to do. Management described the risks taken by consumers, and how they informed consumers of the potential risks and how to manage them. Care planning documents showed risks were documented and appropriate assessments and risk forms were completed. The service had policies which acknowledged the importance of consumers being supported to take informed risks.

Consumers described how they received adequate information to make informed decisions about their care and services. Staff described different ways current information was provided to consumers in accordance with their needs and preferences, including those with cognitive and sensory impairments. Current information about the choices available to consumers was displayed throughout the service.

Consumers said the service respected their privacy and kept their personal information confidential. Staff described the practical ways they respected the personal privacy of consumers and protected their personal information. The service had written protocols to guide staff in protecting consumer privacy and confidentiality.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives reported the assessment and care planning process identified and addressed risks to consumers’ health and well-being. Management described how the assessment and planning process identified risks and ensured the delivery of safe and effective care and services. Care planning documents reflected comprehensive assessment and care planning, including identifying individual risks to health.

Consumers and representatives reported how the assessment and planning of care captured consumers’ needs, goals and preferences, including their advance care and end of life wishes. Management described how assessment and planning gathered information about consumer’s current preferences and advance care and end of life wishes. Care planning documents included advance care directives or individualised goals of care. The service had policies detailing how palliative care plans were developed in consultation with consumers and representatives.

Consumers and representatives reported the service involved them, and others they wished to involve, in care planning discussions, along with other health professionals and specialist services. Management described how assessment and planning of care was done in partnership with consumers and others they wished to involve in their care.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and they knew they could request a copy of the consumer’s care plan following reviews. Management and staff described how they effectively communicated outcomes of assessments to consumers and representatives and offered a copy of care plans.

Consumers and representatives confirmed that consumers’ care was reviewed regularly and reviewed when circumstances changed, or incidents occurred. Management and staff explained how care plans were reviewed regularly and when consumers’ health status or care needs changed. Care planning documents confirmed they had been reviewed regularly and following an incident or change in circumstances.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the personal and clinical care was safe, effective, tailored to consumers’ needs, and optimised their health and wellbeing. Clinical staff described how they delivered safe and effective personal and clinical care, tailored to consumers’ documented needs. Care planning documents reflected consistent delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer and consistent with best practice.

Consumers and representatives expressed satisfaction with how high impact and high prevalence risks were effectively managed. Staff explained how they managed the high impact and high prevalence risks at the service. Care planning documents confirmed high impact and high prevalence risks to consumers’ health had been identified and were managed with effective mitigation measures in place.

Consumers and representatives described how the service discussed palliative care and end-of-life wishes. Staff described how they engaged consumers and representatives in discussions about their end of life needs, goals and preferences. Staff explained how they adjusted care delivery to maximise the dignity and comfort of consumers receiving palliative or end of life care. The service had a Palliative Care Committee and policies to guide staff practice in providing palliative care.

Consumers and representatives expressed confidence in staff recognising and responding appropriately to signs of deterioration or changes consumers’ condition in a timely manner. Staff described how they responded to changes in a consumer’s condition and referred to the organisational policies and procedures which guide their practice. Care planning documents confirmed clinical deterioration and changes in a consumer's condition were documented and responded to appropriately.

Consumers and representatives were satisfied current information about consumers’ care needs and preferences was documented and effectively communicated between staff and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was documented and communicated effectively within the organisation, and with others involved in their care. Care planning documents showed sharing of information between consumers/representatives, staff, and others involved in providing care and services.

Consumers and representatives said the service arranged timely referrals to appropriate other health professionals and providers of care. Management and staff described the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service and said staff used the appropriate personal protective equipment and practiced hand hygiene. Management and staff described how they applied infection prevention and control measures and promoted antimicrobial stewardship. The service’s previous infection prevention and control lead had recently left the service however, a new infection prevention and control lead had been identified and enrolled in training. The service had documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Staff described how they collaborated with consumers to assess and document the lifestyle supports needed by each consumer to meet their needs, goals and preferences for daily living. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing.

Consumers said the service promoted their emotional, spiritual and psychological well-being. Care planning documents included information on supporting consumers' emotional, psychological and spiritual well-being. Staff provided examples of how they recognised when consumers were feeling down and supported their emotional, psychological and spiritual well-being such as by talking to them or by providing religious services.

Consumers said they were supported to participate in their community within and outside the service, keep in touch with people who were important to them, and do things of interest. Staff described how they encouraged consumers’ lifestyle interests and helped them participate in the wider community and maintain their relationships. Care planning documents detailed consumers preferred activities, interests and associated risks. Consumers were observed participating in activities of choice.

Consumers and representatives said current information about consumers’ daily living needs and preferences was effectively communicated between staff, and with other providers of services. Staff described how they communicated current information about consumers’ condition and their needs and preferences for daily living. Care documents detailed adequate information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations providing care and services. Management described how they engaged with external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services and volunteers to enhance the lifestyle supports and services available.

Consumers and representatives said the service provided meals which were varied, of good quality and quantity, and reflected their choices. The service had processes in place to include consumers in the development of the menu and provide feedback on the food provided. Staff described how they meet each consumer’s dietary needs and preferences and comply with food safety requirements. The meals served looked and smelled appetising and consumers were socialising during meal service with staff assisting some consumers in a dignified way. The kitchen appeared to be clean, tidy and safe.

Consumers said the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for keeping the equipment safe, clean and well maintained. The equipment appeared to be safe, 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers’ rooms were personalised, and they said they felt home in the service and their visitors were welcomed. Management explained how they knew consumers and visitors felt welcome and described the features of the service environment that optimised consumers’ sense of independence, interaction, and function. The service environment appeared spacious, and well-lit, with handrails to assist consumers to access communal areas inside and outside.

Consumers said the service environment was safe, clean, well-maintained and they could move around freely. Management and staff described the systems in place to ensure the service environment was kept clean and well maintained. Consumers were observed moving freely around the service both indoors and outdoors. Cleaning logs and maintenance schedules demonstrated these tasks were completed.

Consumers and representatives said the furniture, fittings and equipment were safe and well maintained. Staff described how the furniture, fittings and equipment at the service were cleaned and maintained. The furniture, equipment and fittings appeared to be clean, well maintained, and suitable for use.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives described different ways they could provide feedback and make complaints, and said they felt comfortable doing so. Management described various ways they encouraged feedback and complaints and the processes in place for managing complaints. Information about complaints processes and feedback forms were observed around the service. The service had a written feedback management policy to guide staff through the feedback and complaint processes.

Consumers were aware of advocacy and language services and external avenues to make complaints but said they preferred to initially raise concerns within the service. Management and staff knew how to access interpreter and advocacy services on behalf of consumers. Information regarding alternative complaint avenues, the Commission, advocacy, and other services was displayed around the service. The service had a documented policy to make consumers aware of advocacy and language services, and other avenues for resolving complaints.

Consumers and representatives said the service responded appropriately and resolved their complaints, using open disclosure. Management and staff explained how they responded to complaints and showed an understanding of the open disclosure process. Records showed complaints were resolved in a timely manner with open disclosure used in the resolution process.

Consumers and representatives confirmed feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities for continuous improvement. The Continuous Improvement Plan register confirmed feedback and complaints were used to improve the quality of 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Overall, consumers felt there were enough staff to provide safe and effective care and they received assistance when required. Staff felt there were enough staff resources and rosters for the preceding fortnight showed consistent daily staffing numbers with few vacant shifts. While regulated care minutes were not yet being met, this was being reported through the Aged Care Quality and Safety Commission portal appropriately. The Board was aware and taking steps to address the recruitment and retention of staff. Staff were observed responding to call bells in a timely and unrushed manner, communicating with each other, and performing their duties around the service effectively.

Consumers said staff were kind, caring, and respectful when providing care and services. Management and staff were familiar with each consumer’s identity, culture and needs. Staff were observed interacting with consumers in a kind, caring, and respectful manner. The service had written policies and procedures to guide staff practice and behaviour.

Consumers and representatives confirmed staff were knowledgeable and competent in their roles, and they expressed confidence their care needs would be met. Management described how they ensured staff were competent and met the qualification, registration and security requirements before they could commence their respective roles. Staff confirmed they received comprehensive orientation and completed mandatory training. Workforce records confirmed qualifications, professional registrations and security checks were monitored and current.

Consumers said staff had the appropriate skills, training and support to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the systems in place to recruit, train and support all staff members to deliver care in line with the Quality Standards. Records confirmed the service had effective processes in place to train and support staff.

Management described how the performance of staff was continually monitored, assessed and reviewed through; ongoing supervision, addressing issues as they arise, annual formal performance appraisals, and monitoring staff training. Staff described their annual performance appraisals with management. Records showed the service had systems in place to ensure staff performance was regularly assessed, monitored, and reviewed.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said they were supported to provide feedback and suggestions to management about how the service provides care and services. Management described how consumers were engaged in the development, delivery and evaluation of care and services through avenues such as case conferences, resident meetings, complaints process and direct conversation. The service’s feedback management policy details how consumers may engage with staff to provide feedback and seek information about their care.

Management explained how the organisation’s governing body (the Board) was accountable for the delivery of inclusive, quality care and services and oversighted the operation of the service. The Board received regular reports from the service and various committees on key performance measures which enabled the Board to promote a culture of safe, inclusive, quality care and services, and ensure the Quality Standards were met.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The governance structure enabled the Board to satisfy itself the Quality Standards were being met. Management described how the governance systems and associated policies were effective and drive continuous improvement.

The organisation demonstrated they had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, preventing and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff could identify the main risks at the service and explained how the risk management policies and procedures were applied in practice.

The service had a documented clinical governance framework that included policies, procedures and staff training in minimising restrictive practices, antimicrobial stewardship, and open disclosure. Management and staff described their roles within the clinical governance framework and understood their specific responsibilities.

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)