Performance

Report

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| Name: | TriCare Stafford Lakes Aged Care Residence |
| Commission ID: | 5470 |
| Address: | 682 Rode Road, CHERMSIDE WEST, Queensland, 4032 |
| Activity type: | Site Audit |
| Activity date: | 18 October 2023 to 20 October 2023 |
| Performance report date: | 8 December 2023 |
| Service included in this assessment: | Provider: 6905 Tricare (Chermside) Pty Ltd  Service: 3760 TriCare Stafford Lakes 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 Stafford Lakes Aged Care Residence (**the service**) has been prepared by A. Douglas, 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
* the Approved Provider’s responses to the Assessment Team’s report, received on 28 November 2023
* other information and intelligence held by the Commission in relation to the service.

# 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 valued consumers’ diversity and treated them with dignity and respect. Care documents identified information regarding consumers’ background, preferences, identity, and cultural practices. Staff demonstrated an awareness of the needs and preferences of consumers and were observed providing care in a dignified and respectful manner.

Consumers and representatives confirmed the care and services provided to consumers was inclusive and culturally safe. Care documents demonstrated the service identified and captured information regarding the consumer’s cultural needs and preferences. Staff demonstrated an understanding of consumer preferences in relation to their cultural background and described how they provided care and services accordingly.

Consumers and representatives said consumers were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff described how consumers were supported to maintain relationships with those that were important to them. Care documents outlined details of the consumer’s choices, including the individuals that consumers wished to be involved in their care.

Staff demonstrated an understanding of the risks taken by consumers and the strategies in place to mitigate against these risks. Consumers and representatives confirmed they were supported by the service to take risks to enable them to live the best life they can. Care documents showed risks were identified through risk assessments and consumers were provided with information to make informed decisions about their care and services.

Consumers and representatives said they received information that was current, accurate and timely to support informed decision making. Lifestyle calendars, menus and newsletters were displayed in communal areas within the service. Staff described how they supported consumers to understand information to enable them to exercise choice.

Consumers and representatives said they felt the consumer’s privacy was respected. Staff described the practical ways in which they protected consumers’ privacy and maintained the confidentiality of consumer information. Staff were observed conducting their roles in a way that protected consumer privacy, such as knocking on bedroom doors before entering.

# 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

Consumers and representatives were satisfied with the service’s management of identified risks and confirmed they were involved in the assessment and planning process. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks. Overall, care documents evidenced the assessment and planning process considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services. However, behaviour support plans (BSPs) were not completed for 2 named consumers subject to restrictive practice. Additionally, 6 consumers’ BSPs were not updated on the service’s electronic care management system (ECMS). The Approved Provider responded to this finding immediately and submitted evidence of appropriate BSPs and consents for identified consumers. All 43 consumers who are currently subject to restrictive practices now have an active BSP in place.

Consumers and representatives said the assessment and planning process identified and met their current needs, goals and preferences, inclusive of advance care planning. Clinical and care staff were aware of their responsibilities in relation to undertaking initial assessments of consumers and ongoing reassessments to identify consumers’ needs, goals, and preferences as changes occurred. Care documents contained an advance care directive (ACD) for sampled consumers, including EOL care if applicable.

Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals. Consumers and representatives confirmed assessment and planning was based on ongoing partnership with the consumer and other persons nominated by the consumer. Staff described the processes in place to ensure consumers, representatives and MOs were kept informed of changes to the consumer’s care needs.

Most consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request. Staff described the processes for documenting and communicating assessment outcomes. Care documents evidenced the outcomes of assessment and planning were communicated with consumers and representatives. Staff utilised the service’s ECMS to access and communicate outcomes of assessment and planning.

Care documents confirmed care plans were mostly reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Staff explained how incidents may lead to a reassessment or review of the consumer’s care plan. Consumers and representatives said the consumer’s care and services were regularly reviewed, and they were kept informed of any changes to care and services.

# 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

*Requirement 3(3)(a):*

The Assessment Team provided evidence to support a finding that Requirement 3(3)(a) was Not Met, as it considered the service could not demonstrate each consumer received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being. The Assessment Team raised issues regarding the management of Indwelling Catheters (IDC) (refer to Requirement 3(3)(b) for further information). The Approved Provider’s response addressed the Assessment Team’s findings and I am satisfied there is no ongoing risk to consumers. Overall, consumers and representatives expressed satisfaction with the service’s assessment and care planning processes and identification of risks to consumers’ health and well-being. Staff demonstrated an understanding of specific risks to each consumer and the strategies in place to mitigate these risks. Therefore, I find the service is compliant with Requirement 3(3)(a).

*Requirement 3(3)(b):*

The Assessment Team provided evidence to support a finding that Requirement 3(3)(b) was Not Met, as it considered the service could not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer.

The Site Audit Report noted the following information:

* The representatives for 3 named consumers expressed concerns regarding service’s management of IDC for consumers, and advised the consumers had previously been hospitalised due to issues with their IDC management.
* Five Registered Nurses (RN) indicated they had not received any competency training in relation to male urinary catheterisation.
* One consumer raised concerns about staff practice in relation to pressure injury care.

The Approved Provider submitted a response to the Site Audit report on 28 November 2023 which noted the following information:

* The service advised there were other medical conditions which had impacted on the IDC care for the 3 named consumers when they were hospitalised. The service provided documentation indicating these hospitalisations occurred due to the management of the related medical conditions and not as a result of the service’s IDC management.
* The service advised their policy for IDC management does not require all RNs to have annual competency assessment related to IDC insertions. Two clinical managers are employed by the service who are well experienced, and provide ongoing education, training, and oversight to staff, including in the provision of IDC care.
* The service advised a memorandum was sent to all staff to ensure they were gentle when attending to the consumer’s pressure injury.

I have considered the information provided by the Assessment Team and the Approved Provider. The Approved Provider’s provided clarifying information in relation to the deficiencies raised in the Site Audit Report. I acknowledge the actions taken by the Approved Provider to address issues regarding the management of IDC and pressure injury care. The service undertook immediate action to address the issues raised by the Assessment Team at the time of the Site Audit, and their response included appropriate measures to ensure the service’s practices and consumers’ care plans were reflective of regulatory requirements. Therefore, I find the service is compliant with Requirement 3(3)(b).

Therefore, I find the service is compliant with Requirement 3(3)(b).

I am satisfied that the remaining requirements of Quality Standard 3 are compliant.

Staff described how they ensured the consumer’s end of life (EOL) wishes were captured and reviewed when required. The care documents for a recently deceased consumer evidenced the consumer received end of life care in accordance with their needs and preferences. Management and staff described the processes to support EOL care for consumers, including the involvement of the consumer’s family and health professionals.

Consumers and representatives expressed satisfaction with the service’s recognition and communication of changes in the consumer’s condition. Staff described how changes in consumers’ care and services were communicated in progress notes and at handover, including the identification of consumers whose condition has deteriorated. Care documents showed deterioration or changes in consumers’ health and well-being was recognised and responded to in a timely manner.

Care documents evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer. Consumers and representatives expressed confidence in the ability of staff to identify signs of deterioration in the consumer’s well-being.

Consumers and representatives were confident the service shared information about their condition, needs, and preferences amongst staff to provide safe care and services. Care documents demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated amongst staff. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via the shift handover process.

Consumers and representatives were satisfied with the referral process, and confirmed they had access to the required health care supports. Staff described the process for referring consumers to external health care providers and how this informed delivery of care and services provided to consumers. Care documents demonstrated timely referrals were made to MOs, allied health therapists and other providers of care and services.

Staff confirmed they had received training in relation to infection prevention and control, hand hygiene and the appropriate use of personal protective equipment. The Assessment Team noted the service had policies and procedures in place which guided staff practice in relation to antimicrobial stewardship and infection control management. Management and clinical staff demonstrated an understanding of antimicrobial stewardship and the strategies in place to utilise antibiotics only when appropriate.

# 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 confirmed consumers received safe and effective services and supports for daily living which met the consumer’s needs, goals and preferences. Care documents including information regarding the services of importance to consumers, and their preferred activities to optimise their independence, quality of life, health and well-being. The Assessment Team observed consumers actively engaging in activities occurring throughout the duration of the Site Audit.

Consumers said they were provided with services and supports that benefited their emotional, spiritual, and psychological wellbeing. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs. Lifestyle staff were able to describe the various religious and non-religious well-being activities offered to support consumers’ emotional and spiritual well-being.

Consumers said they were supported to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. The Assessment Team observed consumers engaging in a variety of activities, having visitors in their rooms, and returning from activities external to the service. Care documents outlined information regarding consumers’ interests and their relationships of importance.

Consumers and representatives felt staff were well informed about consumers’ needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers. All staff had access to the service’s ECMS which contained information regarding consumers’ care needs and preferences and service delivery requirements.

Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers. Care documents identified the involvement of external organisations and providers of care and services to support the diverse needs of consumers. Consumers confirmed they would be referred to an external provider if the service was unable to provide the support they required.

Consumers and representatives said the service provided meals which were varied and of suitable quality and quantity. Staff demonstrated a shared understanding of consumers’ dietary requirements and preferences. Care documents identified consumers' dietary requirements, preferences and allergies, and this information was communicated to the kitchen staff.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean and well maintained. Maintenance staff described how maintenance requests were actioned and documented upon completion.

# 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 said they felt welcome, comfortable and at home within the service environment, and advised consumers could personalise their rooms with items of importance to them. The Assessment Team observed consumers interacting and socialising throughout the different areas of the service. Staff described how they supported consumers to feel welcome at the service.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed them to move freely, both indoors and outdoors. Management outlined the service’s cleaning schedule and how it was adjusted during the COVID-19 pandemic to ensure the regular cleaning of high-touch areas. The Assessment Team observed the service was clean and well maintained.

Consumers said the equipment and furniture utilised by staff was clean and safe for use. Staff said equipment was cleaned after every use. Staff maintained the service’s equipment through various schedules, including proactive and reactive maintenance registers which were up to date.

# 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 said they felt encouraged and supported to provide feedback and complaints through a variety of avenues. The Assessment Team observed feedback forms on display and accessible within the service. Staff confirmed they would assist consumers to complete feedback forms if requested, and outlined how they would escalate the feedback to management if it was beyond the scope of their role.

Consumers and representatives said they were aware of advocacy and language service and other methods for raising and resolving complaints. The Assessment Team observed information regarding advocacy and language services displayed throughout the service. Management and staff demonstrated an understanding of how to access advocacy and interpretation services on behalf of consumers.

Consumers and representatives said the service took appropriate action in response to complaints. Staff demonstrated an understanding of open disclosure and complaint management processes. Feedback records demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said they felt changes within the service were made in response to complaints and feedback. A review of the service’s plan for continuous improvement (PCI) evidenced the service reviewed feedback to improve the quality of care and services. Staff said the service valued and welcomed the feedback provided from consumers, representatives, and other stakeholders.

# 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

Consumers and representatives were satisfied the workforce was planned to enable the timely delivery and management of safe and quality care and services. Management advised the service utilised a pool of permanent and casual staff, and occasionally utilised agency staff. The roster for the previous fortnight confirmed all vacant shifts were replaced to ensure continuity of care and services.

Consumers and representatives felt staff were kind and caring and knew consumers well. Staff described how they treated consumers with respect by following their preferences and communicating clearly when providing care and services. Staff were observed interacting with consumers in a kind and respectful manner.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The Assessment Team advised the service had documented policies in relation to the key qualifications and knowledge requirements for each role. Staff advised they had the necessary skills to perform their roles and meet the consumer’s needs.

Staff described the training, professional development and supervision they received during orientation and on an ongoing basis which supported the delivery of outcomes required by the Quality Standards. Consumers and representatives mostly confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. A review of training register evidenced staff were mostly up to date with their mandatory training.

Management advised they assessed staff performance through team meetings, feedback processes and general observations. Staff demonstrated an understanding of the formal performance appraisal process. A review of performance appraisal records confirmed staff had completed a performance assessment in the last 12 months.

# 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 confirmed they were aware of opportunities to participate in the development, delivery, and evaluation of services. Management advised consumers and representatives were encouraged to involved in consumer meetings and described how their feedback resulted in changes at the service. The Assessment Team reviewed meeting minutes for consumer meetings and confirmed consumers and representatives attended meetings and provided feedback.

Management outlined the service’s organisational chart which provided an overview of the service’s structure and executive committees, with clear lines of reporting to the governing body. Multiple communications between the governing body and the service confirmed the governing body retained oversight of the service’s operations. For example, the governing body reviewed clinical indicators, the organisation’s PCI, incidents, feedback and complaints on a monthly basis.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff described how they utilised the service’s policies and procedures to minimise risks to consumers using an incident management system. Management confirmed incidents and trends were identified, analysed and reported to the clinical governance committee and the Board. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained a register for incident data.

The service had policies and procedures in place to ensure appropriate practice in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff described their roles and reporting requirements under the clinical governance framework. Care documents complied with the service’s policies for antimicrobial stewardship, minimisation of restraint, and open disclosure.

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)