Performance

Report

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| Name of service: | TriCare Sunnybank Hills Aged Care Residence |
| Service address: | 330 Jackson Road Sunnybank Hills QLD 4109 |
| Commission ID: | 5407 |
| Approved provider: | TriCare Sunnybrae Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 March 2023 to 15 March 2023 |
| Performance report date: | 15 May 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 Sunnybank Hills 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 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.
* 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 said they are treated well and that they felt valued and respected. Staff knew consumers’ personal circumstances, life experiences, and cultural backgrounds, aligning with care documentation. Care plans contained information unique to each consumer, including the consumers’ spiritual, cultural, and personal preferences. Observations showed staff interacted with consumers respectfully, including seeking consumers’ permission to enter their spaces or provide personal care.

Consumers said the staff understood their backgrounds and that the care they provided was consistent with their cultural preferences. Staff explained consumers’ specific preferences, and how to deliver care according to those preferences. The service had a Diversity and Inclusivity Policy which states that the service ensures care and services for all consumers are provided with dignity and respect and that the assists consumers to maintain their identity, culture, and diversity, and that the provision of all care and services are culturally safe. Staff had undertaken mandatory cultural safety training.

Consumers are supported to make decisions about their care and to maintain relationships of choice. Staff described how they supported consumers to maintain their relationships, including by facilitating communication and visits, and by giving consumers and their families privacy when needed. The service had a Choice and Decision-Making Policy which states they are committed to working in partnership, ensuring that all residents are encouraged and supported to exercise choice and control in making decisions about their care and services. Care documentation contained information about how consumers wanted their care and services delivered.

Consumers described how they are supported to do the things they enjoy to live the best life, even if activities hold an element of risk. Staff and management were aware of consumers who engaged in activities that posed a risk and described strategies to support them to continue to do this whilst ensuring their safety. Review of documentation identifies appropriate risk assessments and strategies in care plans for consumers who choose to take risks. The service had a Dignity of Risk Policy which encourages staff to manage risk positively. It aims to promote the effective identification, assessment, and management of risk that can be supported through policy, procedures, and practical tools.

Consumers confirmed that they received information that enabled them to make informed decisions about their care. Staff described how they communicate with consumers with who may experience difficulty communicating and ensure they can make choices about their daily life. Observations showed a range of information available to consumers throughout the service, including the activities calendar and menu.

Consumers said staff respected their privacy. Staff protected consumers’ privacy using a variety of practices, including keeping computers locked and password-protected, knocking on room doors and waiting for a response before entering, and closing doors when providing care. The service had policies to guide staff in preserving consumers’ privacy, which staff were observed to follow.

# 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 were satisfied with the service’s assessment and care planning process and that their care met their needs. Staff described the assessment and care planning process and how it informs care and service delivery, including the consideration of risk. Care documentation showed individualised care that reflected consumers' identified risks, needs, and preferences.

Consumers said staff had discussions with them in relation to their care and services, including their current needs, goals, and preferences and, if the consumer wished, advance-care and end-of-life care. Staff confirmed discussions about advance-care and end-of-life care are undertaken with new consumers upon entry to the service, when the consumer wishes, or if their care needs change. Care documentation included advance care directives and statements of choice and information that reflected consumers’ needs, goals, and preferences.

Consumers said the service engaged them throughout the assessment and care planning process. Staff described how they engaged consumers and their family members throughout the care planning process. Care documentation showed consultation with consumers and their families throughout care planning and included other health practitioners in this process such as medical officers, physiotherapists, speech pathologists, podiatrists, audiologists, dietitians, and wound specialists.

While not all consumers recalled sighting their care plan, they confirmed they know what care and services they receive and when their care delivery occurs each day. Consumers and representatives advised they would be comfortable requesting a copy of the consumers’ care planning documentation if they chose to. Staff said that the service engaged consumers as part of the care planning process and, if the consumer was less able to participate, they engaged the consumers’ representative if appropriate.

Consumers and representatives confirmed that consumers’ care and services are regularly reviewed, including when the consumer’s circumstances have changed. Care documentation demonstrated evidence of 3-monthly reviews, or when circumstances change and when incidents occur including falls and changed behaviours. Registered staff were aware of their responsibilities in relation to the incident reporting process, escalation of incidents, and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a re-assessment.

# 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

Consumers said they received the care they needed and that they were satisfied with how the service managed their individual risks. Clinical staff demonstrated knowledge of consumers’ personal and clinical care needs, and how they meet these. Care documentation reflects the consumers’ needs and preferences, and personal care and clinical care tailored to the needs of the individual. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place. The service’s ‘Restrictive Practice Policy, and Psychotropic Medication and Chemical Restraint Policy’ guides staff practice. Restrictive practice audits are conducted monthly by clinical management.

Consumers were satisfied with how the service managed risks related to their care. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including directives from health professionals.

Consumers said they were confident that when they neared the end-of-life, the service would support them to be as free as possible from pain and to have those important to them with them. Care documentation included an advance care plan and the consumers’ needs, goals, and preferences for receiving end-of-life care. Staff described how they support consumers at the end of life, including attending to mouth care, skin care, repositioning, pain monitoring, and personal hygiene to prioritise comfort and dignity.

Consumers and representatives said the service recognises and responds to changes in consumers' condition in a timely manner. Staff confirmed they are guided by policies and procedures that support them to recognise and respond to deterioration or changes in a consumer's condition. Consumer documentation reflected timely identification of changes in consumers' conditions, including signs and symptoms of changes to consumers.

Consumers and representatives were satisfied consumers’ care was effectively communicated between staff and consumers received the care they need. Care documentation demonstrated progress notes, care and service plans and handover reports provided adequate information to support effective sharing of the consumer’s information to support care. Staff described how changes in consumers’ care and services are communicated in the service’s electronic care documentation system, and at shift handover including the communication of consumers whose care needs may have changed or whose condition has deteriorated.

Timely and appropriate referrals to other providers and organisations were confirmed via interviews with consumers, representatives, and staff and reflected in care documentation. The medical officer, other health professionals, and services support the service in consumers' personal and clinical care. Care documentation included entries from health professionals to communicate consumer care.

Consumers and representatives interviewed expressed satisfaction with the infection control measures that the service has in place, including the management of the recent COVID-19 outbreak. The organisation has a suite of policies and procedures to guide staff in infection prevention and control processes, including an outbreak management plan, antimicrobial stewardship, and infection control guidelines. The service had 2 nominated infection prevention and control leads. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensured they were used appropriately. Staff adhered to infection control practices and appropriate use of personal protective equipment.

# 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 said they were satisfied with the care they received and that the service supported them optimise their independence, health, well-being, and quality of life. Staff described what is important to consumers, including what they like to do, and this aligned with the information in care documentation, including leisure needs, religious beliefs, social and community ties, and cultural backgrounds. The service’s Personal Care Policy outlined the service’s commitment to delivering safe and effective personal care in accordance with the consumer’s needs, goals, and preferences to promote independence and optimise health, well-being, and quality of life.

Consumers said staff supported them when they felt low. Care documentation included information about consumers’ emotional, spiritual, and psychological well-being and strategies to guide staff in supporting consumers. The service offered a range of activities and supports to consumers, including visits from lifestyle staff, one-on-one visits, church services, and referrals to specialists for additional support, if required.

Consumers said they were supported by the service to maintain contact with people who were important to them and engage in activities both inside and outside of the service. The service offers outings to the community for consumers, such as shopping, scenic tours and visits to local clubs. Staff supports consumers to keep in touch with family and friends by phone and videoconferencing.

Consumers and representatives felt that staff and others involved in delivering their care and services were aware of the consumers’ needs and preferences. Care documentation and other service documentation provided adequate information for staff in supporting the effective sharing of the consumer’s care. Staff described how they are updated on consumer’s changing conditions, needs or preferences.

Consumers said they are supported with appropriate referrals to outside organisations, such as the community visitor scheme and psychologists. Staff described how they work with other individuals, organisations, and other care and services providers. Care documents identified engagement with other organisations and services.

Consumers said they were satisfied with the service’s meals, and that the meals were suitably varied, high-quality and sufficient. Care documentation included consumers’ dietary needs and preferences. The service utilises feedback from consumers, including via the food focus group to update consumers’ preferences and identify their satisfaction. Observations showed the service’s kitchen was clean and tidy and staff followed relevant food safety protocols.

Consumers said the service’s equipment was clean and well-maintained. The service had reactive and preventative maintenance processes and staff demonstrated an understanding of their responsibilities in relation to these, including how to raise maintenance requests if required. The service’s maintenance records showed maintenance issues were completed promptly. Equipment was observed to be readily available and in good condition.

# 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 said they felt safe living at the service, and that the service environment felt like home. Staff maintained the service environment in a safe, clean condition, including by keeping hallways free from obstruction. Observations showed the service environment was clutter-free and calm, communal and private areas had good lighting, and handrails in all corridors supported consumers to move around easily. Consumers' rooms were personalised with photos, personal belongings and decorations.

Consumers said they were satisfied with the standard of cleaning and maintenance at the service. They said they were free to move around the service, and to go out into the garden area, library, café, salon and cinema. Consumers said they could easily access their call bells, and that staff responded quickly to their requests for assistance. Observations showed consumers moving freely between their rooms, with staff supporting consumers who required assistance with mobilisation.

Consumers said the service’s furniture, fittings and equipment were well-maintained and suitable. Staff said the service regularly tested and tagged equipment and that they knew the process for completing maintenance requests. Shared areas and consumers’ rooms were clean and well maintained, including the furniture, fittings and equipment located within.

# 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 that if they had concerns about their care, they felt encouraged, safe, and supported to provide feedback and make complaints. Staff said the culture within the service encouraged staff feedback and that they knew of a range of feedback channels available to themselves and consumers. The service had feedback forms and a feedback box located near its reception.

Consumers said that although they were aware of external complaints advocacy organisations, they were comfortable raising their concerns with the service’s management. Staff described how they support consumers who experience communication difficulties, including directing them to interpreter services, supporting them to complete feedback forms, and escalating their concerns to management. Observations showed advocacy and interpreter signage and brochures in multiple locations throughout the service.

Consumers said the service took appropriate action in response to complaints and that staff apologised when things went wrong. Staff understood the service’s open disclosure process and the service had policies to guide staff on what steps to take when they received complaints. The service’s complaints records showed it had received a range of complaints and documented the details of the complaints and the actions taken in response. The service had an Open Disclosure Policy to guide staff in communicating with the consumer and representative after an adverse event, and to ensure this occurs in a supportive and timely manner.

Consumers said representatives said the service is helpful in finding a solution to their feedback. Management provided examples of how the service had made improvements in response to feedback, which included supporting a consumer to attend activities at the request of a relative and repairing the fittings in another consumer’s room. The service had a feedback and complaints policy which obliged it to seek input and feedback from consumers, to help inform its plan for continuous improvement. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# 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 said there was adequate staff at the service and that the staff responded promptly to call bell requests. There were processes to ensure the workforce was planned, and the number and skills mix enabled the delivery of quality care and services. For example, planned and unplanned leave is filled by offering additional shifts to staff or using agency staff if required.

Consumers said staff interacted with them in a kind, caring and respectful way. Observations showed staff addressing consumers by their names and using respectful language. Staff described how they considered the individual circumstances of consumers and when a consumer was feeling low, they made an additional effort to comfort them by engaging them in activities or conversing with them more frequently.

Consumers said they were satisfied with their care, that staff were competent, and that staff knew how to deliver care that met consumers’ needs. The service’s recruitment process ensured it recruited and trained staff in line with its values, and that its staff understood the service’s diversity and inclusion policy. Service documentation confirmed the completion of necessary checks required for workforce roles, including national criminal history checks, Australian Health Practitioner Regulation Agency registration, and completion of mandatory training.

Overall, consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Staff are supported by an orientation program and mandatory training including, but not limited to, infection control, incident management, the Serious Incident Response Scheme, and restrictive practices. Ongoing training is supported by online modules and toolbox education sessions.

The service had processes to assess, monitor and review the performance of each member of the workforce. Management described the performance appraisal process undertaken annually, in line with organisational policy, and considers consumer feedback, monthly audits, clinical observation, and responses to toolbox training and staff meetings in this process.

# 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

The service demonstrated that consumers and representatives are engaged in developing, delivering and evaluating care and services through various avenues, including care plan reviews, consumer meetings, surveys and feedback management systems. Consumers confirmed they are involved in developing, delivering and evaluating care and services.

Consumers said they felt safe at the service and that they received the care they needed. The governing body is accountable for delivering care and services and promotes a safe, inclusive, and quality-driven culture. The organisation demonstrated effective systems and processes to monitor the performance of the service. The service provides reports to various organisational committees, including information relating to clinical and quality indicators, serious incident response scheme notifications, and consumer and incident data including high-impact and high-prevalence risks. The Board satisfies itself that the Quality Standards are met through the information contained in the Clinical Governance Reports tracking against the Quality Standards.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service has an effective electronic care system, a plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service demonstrated effective risk management systems to monitor and assess high-impact or high-prevalence consumer care risks. These include identifying and responding to abuse and neglect and supporting them to live their best lives. Risks are reported, escalated, and reviewed at the service and organisational level using an incident management system.

The service demonstrated that the organisation's clinical governance systems, including a clinical governance framework, ensured the quality and safety of clinical care. These included antimicrobial stewardship, minimising restrictive practices, and an open disclosure process. The service had policies relevant to these, and staff demonstrated a shared understanding of these and described how they apply these as relevant to their roles.

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)