

**Performance Report**

**1800 951 822**

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| Name: | TriCare Upper Mt Gravatt Aged Care Residence |
| Commission ID: | 5334 |
| Address: | 20 Agay Street, UPPER MOUNT GRAVATT, Queensland, 4122 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 October 2024 |
| Performance report date: | 8 November 2024 |
| Service included in this assessment: | Provider: 7228 TriCare Agay St Aged Care Pty Ltd Service: 3688 TriCare Upper Mt Gravatt 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 Upper Mt Gravatt Aged Care Residence (**the service**) has been prepared by Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 October 2024 which advised of their agreement with the assessment team’s findings.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.
 | Compliant |

Findings

Consumers and representatives provided positive feedback about the clinical and personal care provided and spoke of staff being attentive and supportive of consumers’ individual preferences. Staff demonstrated a shared understanding of the consumer’s clinical and personal care needs including needs, goals and preferences and provided examples for sampled consumers.

Clinical documentation evidenced that care is safe, effective, and individualised for each consumer. For consumers subject to restrictive practice, documentation identified the development and implementation of a behaviour support plan, with included information to guide staff in the monitoring and review of a restrictive practice. The Assessment Contact report contained information that the service demonstrated assessments, valid informed consent and reviews were completed and discussions with consumers and restrictive practices substitute decision makers occurred before the implementation of restraint as part of a consumer's care. The service had a suite of policies and procedures to guide staff in care delivery including restrictive practices, behaviour support, falls management and wound and pressure injury management.

# Standard 4

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| Services and supports for daily living |  |
| 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 |

Findings

Consumers spoke of being supported to participate in activities and do things of interest to them and provided examples of how the service supports them. Consumers are engaged in developing the service’s monthly activities program and the activities calendar was observed on noticeboards throughout the service for consumers to access.

Management described the implementation of a personal care worker wellness role that supports consumers one-to-one, and/or in group activities; and observations showed consumers participating in a high tea and the ‘friendship’ circle, a discussion group held every afternoon. Lifestyle staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships.

# Standard 7

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| Human resources |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers provided positive feedback on the staffing level at the service and spoke of the timely response of staff when consumers required assistance. Clinical and care staff spoke of adequate staffing, feeling trained and supported and having time to meet the needs of their consumers.

A review of the roster demonstrated a planned workforce with adequate numbers and a mix of staff, and the service is supported by on-call management and after-hours medical officer services. I have considered the information contained under Requirement 3(3)(a) to come to the view that this staffing mix ensures safe and quality care and services are provided to consumers.

In relation to meeting workforce responsibilities, including the 24/7 RN requirement and mandatory care minutes, interviews with management and a review of service documentation identified the service is currently meeting these targets. The service evidenced actions and improvements over the previous 3 months to ensure the service meets these workforce responsibilities, such as the engagement of labour-hire staff, utilisation of a student workforce and other ongoing recruitment opportunities. A range of workforce measures such as staffing numbers, training completion and clinical indicators are monitored via an organisational-wide electronic dashboard which is regularly reviewed to ensure workforce responsibilities are met.

# Standard 8

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| Organisational governance |  |
| 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 |

**Findings**

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 has an effective electronic care system, continuous improvement framework and plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints. Organisation-wide governance systems were effectively supported by policies, procedures, training, audits and reporting mechanisms are established with the Board receiving regular reports and data to support in identifying risks and trends.

For example:

* The organisation had processes for continuous improvement including the identification of improvement opportunities through internal audits, surveys and feedback. Actions and improvements are recorded in the services plan for continuous improvement and monitored through continuous improvement audits.
* A variety of processes demonstrated effective systems to ensure regulatory compliance which are communicated through the organisation and supported through training, education and review of the incident management system including reporting requirements under the Serious Incident Response Scheme.
1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)