Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| TriCare Upper Mt Gravatt Aged Care Residence | 16 August 2022 |
| Commission ID: | Activity type: |
| 5334 | Site audit |
| Approved provider: | Activity date: |
| TriCare Agay St Aged Care Pty Ltd | 11 July 2022 to 13 July 2022 |

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 considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers from diverse backgrounds described how staff recognised their cultural preferences including allocating staff with a similar language and background to work with them so they could chat in their preferred language, where possible. Lifestyle activities included some which acknowledged cultural backgrounds including Chinese New Year, NAIDOC celebrations and religious services.

Care planning documentation and observations evidenced how the service promoted consumer dignity, respect and individuality. Staff were familiar with consumer’s backgrounds and cultures, knew how to support consumer lifestyle choices, preferences and were observed interacting respectfully with consumers. Care planning documentation included personalised consumer information regarding cultural, spiritual, lifestyle and social needs.

Consumers said they made choices for themselves, could form and maintain relationships and could take risks. Staff described how they supported consumers to connect with family and people important to them. The service engaged regularly with consumers, representatives and family through case conferences to ensure health and care directives were updated and agreement reached on strategies for managing risks. Staff described support for the consumer who chose to eat normal food despite the recommendation of a soft food diet from the speech pathologist; consultation with the consumer, representatives and speech pathologist was held, a signed risk waiver evidenced consent for the consumer to take this risk.

Consumers and representatives confirmed they received information from the service enabling them to make decisions in a timely manner. Staff described where a consumer had a language barrier, they involved family and/or staff who speak the same language or use communication cards. Where the consumer had hearing problems, staff checked the hearing aid battery before communicating or would write the information down.

Consumers confirmed their personal privacy was respected by staff and care was taken to maintain dignity during delivery of clinical and personal care. Staff were observed knocking on doors and waiting before entering consumers’ rooms. Consumer information was stored in a digital program which was password protected with individual logins for staff. The service has a privacy policy which detailed how the service handled personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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 felt like partners in the ongoing assessment and planning of care and services. Consumers and representatives said they were involved with the creation of their care plans, knew how to access a copy of their plan and confirmed they were kept informed of any changes to care plans via face to face discussions, telephone or email. Care planning documentation detailed comprehensive information on consumers’ needs, preferences, family members involved in assessment and planning processes and risks to consumer health and well-being.

Consumers and representatives confirmed end of life planning had been considered during assessment and planning processes; staff advised advance care directives and end of life information could be found documented in the consumers’ statement of choices or acute resuscitation plan.

Care plans were reviewed quarterly as per the service’s policy; additionally, staff described a resident of the month processes which targeted a set number of consumer plans for review. Changes to care planning when incidents occurred were evidenced including prompt updates to care plans and representatives advised accordingly. Staff described how changes might involve allied health professionals reviewing the consumer. For example, in the event of a fall or decline in health, the physiotherapist would be required to undertake a mobility and transfer assessment. Staff were notified of any changes via the electronic care management system and during handover. Other allied health professionals involved in providing consumer care included podiatrists, diabetic specialists and dieticians. Staff and attending allied health professionals could access consumer care planning documentation electronically to ensure continuity of consumer care.

The service had policies and procedures to guide staff in the assessment and planning process, including assessment of risk and end of life consumer care.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

The service demonstrated personal and clinical care provided to consumers was effective and safe. Policies and procedures guided staff practice in the delivery of evidence-based practice to ensure tailored care meets each consumers’ needs. Consumers and representatives confirmed consumers received appropriate clinical and personal care for their specific needs; care planning documentation and progress notes reflected positive health and well-being outcomes for consumers.

The service had consumers subject to chemical, mechanical and environmental restrictive practices; all relevant consent forms for restrictive practices were observed in the electronic care management system. The restrictive practices policy directs staff to avoid indiscriminate use of all forms of restrictive practices when caring for consumers and wherever possible be restraint free.

Staff demonstrated high impact risks such as falls, pressure injuries and pain were appropriately managed and mitigated; approaches were based on best practice such as immediately recording an incident where a consumer had a fall, commencing pain charting and arranging review by a physiotherapist. Consumer care plans clearly outlined risks and safety issues to the consumer, including pain and discomfort had been considered.

Staff explained processes for supporting the needs and preferences of consumers nearing the end of life, these were addressed as part of care planning. The service had policies to guide practices for palliative end of life care and dying with dignity; for each consumer, care plan documentation contained a statement of choices detailing the consumers’ end of life wishes such as spending time with family and friends important to them.

Clinical records indicated consumers were regularly monitored, if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified. Consumers and representatives confirmed they were referred to the medical officer, physiotherapist, podiatrist and other health professionals in a timely manner. Staff described completing a general practitioner communication file held in the nurses’ station to record messages regarding a consumer’s health or condition for their medical officers.

Staff demonstrated an understanding of antimicrobial stewardship and described key infection-prevention measures such as sending urine samples to pathology and encouraging fluids prior to commencing antibiotics for a suspected urinary tract infection. The service had policies and procedures to minimise infection-related risks. Observations confirmed appropriate infection prevention measures were in place.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 considered they got services and supports for daily living which were important for their health and well-being and enabled them to do the things they wanted to do. Consumers described how staff assisted them to take part in activities, inside and outside the service, such as assisting them to mobilise to the games room for bingo or providing them the newspaper to read.

Consumers said their families and friends were encouraged to visit them at the service. Care planning documentation included information about a consumers’ relationships, personal goals, individual and group activities, as well as their emotional, spiritual, cultural, social, and community needs. Staff knew what was important to each consumer, their interests and preferences and were observed demonstrating practices to promote the emotional and psychological well-being of consumers such talking in reassuring tones to comfort consumers when upset.

Lifestyle staff described how activities were tailored with input from consumers to ensure they enjoyed participating in scheduled activities; additionally, activities which promoted a healthy life for consumers such as physical daily exercise were offered. Consumers provided examples of engaging in the community such as going out for lunch with friends, participating in outings or attending church services outside the service.

Consumers considered their needs and preferences were well communicated between staff and allied health providers, care plan documentation provided adequate information to support safe and effective care delivery. Staff explained how they were kept up to date on changing conditions of a consumer through handover processes, a shared communication book held in the nurse’s stations, and progress notes captured on the electronic care management system.

Consumers were aware of other providers of care available to them and confirmed referrals were made in a timely and appropriate manner. Staff were familiar with external services offered at the service including optometry, dietetics and a physiotherapist who attended weekly.

Care planning documentation reflected consumer dietary needs and preferences such as allergies, likes and dislikes, favourite treat or drink. Consumers said the meals were of suitable variety, quality and quantity of food.

Consumers advised they had access to equipment to support them in their daily living which was safe to use and well maintained by the service. Observations confirmed the equipment was clean and in good working order, maintenance documentation confirmed equipment was inspected and serviced routinely.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 reported feeling comfortable and safe in the service environment. The service was observed to be welcoming, clean, well maintained and consumer’s rooms were personalised to their liking; artwork was tastefully displayed throughout the service.

The layout of the service enabled consumers to move around freely, adequate signage allowed consumers and visitors to navigate the service easily and handrails were in place to guide consumers. Outdoor areas were well maintained with wide, easily accessed pathways, consumers using mobility aids were observed using outdoor spaces while other consumers and visitors were observed relaxing in seated areas outdoors.

Consumers and representatives said furniture, fittings and equipment were safe, clean, well-maintained and suitable for their needs and preferences. Staff indicated there was an adequate supply of equipment available to meet the needs of consumers and described processes for cleaning shared equipment such as hoists and how to check that equipment was safe prior to use including ensuring batteries were charged if required. Consumers said the service was very responsive to attend to any reported issues with equipment. Staff described maintenance processes and procedures, and how potential hazards were addressed. Maintenance schedules and logs reflected regular cleaning and maintenance occurred.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 were encouraged and supported to provide feedback and make complaints and appropriate action was taken. Consumers who had made a complaint confirmed appropriate action had been taken by the service. Staff described avenues available to consumers when providing feedback or making a complaint such as talking directly with any staff member, using a feedback form or via email, phone or during consumer meetings.

Feedback from consumers, representatives and staff as well as observations of brochures displayed confirmed that consumers were made aware of and had access to advocates and other methods of support for raising and resolving complaints. Consumers confirmed they felt safe raising any concerns with the staff and issues would be addressed; staff were familiar with using an open disclosure process when resolving complaints including encouraging good communication, being open and honest and offering an apology where things had gone wrong. For language barriers with consumers, staff said they would use staff who spoke they same language to assist or contact their families. Staff knew how to access language, interpreter and advocacy services for consumers, but had never needed to do so.

Staff provided examples of how feedback and complaints were used to improve the quality of care and services and referenced how a food focus group was established as a result of consumer feedback around food. The service’s continuous improvement plan was observed to reflect formal feedback received from consumers and representatives.

The feedback and complaints policy and procedures guided staff practice in complaint or feedback management and processes in place reflected this guidance. Feedback forms and locked suggestion boxes were available in the service and training records evidenced staff had been trained on open disclosure during orientation, onboarding and annual essential training.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 considered they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers and representatives said sufficient staff were rostered to meet consumers’ personal and clinical care needs; staff were trained and equipped for their roles and were kind and respectful when interacting with them. Staff said meeting staffing levels during COVID-19 was challenging however this had been addressed effectively through strategies including backfilling with students and a multi-site pool.

The service had a clear system for hiring and managing staff with defined skills and competencies. Management described structured onboarding and orientation for new staff with a buddy shift program ensuring new staff were partnered with experienced staff initially; new staff reported they had felt supported through the buddy shift program and had a positive impact on their development. Employee records demonstrated professional qualifications, registrations and contracts were recorded accurately and monitored for currency.

Management described mechanisms for tracking and monitoring staff training on mandatory and essential modules; performance management systems included probation, annual appraisals and interim progress meetings for one on one development. Staff described the ‘grow your own’ program to support training of internal staff to more skilled roles as part of their professional development, this was introduced to encourage staff retention and development; For example, the service had a cook who was being supported to gain a chef qualification.

The service’s training matrix, electronic learning management system, and staff records showed the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 provided positive feedback about the service and project improvements, felt the organisation was well run and they could partner in improving the delivery of care and services. Consumers considered they were engaged in the development, delivery and evaluation of care and services through surveys, consumer and food focus meetings, complaints and feedback forms and staff interactions.

The service’s governing body demonstrated accountability for the delivery of safe and quality care of service through development of strategies, review of performance, and visible engagement and feedback at the service location. Staff said the service had policies and procedures to promote a culture of safe, inclusive and quality care and services and understood their role in accountable service delivery. Board members described active engagement in the review of performance via board reports, project endorsement, site visits and meetings.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. Staff described practices informed through governance systems such as mechanisms for identifying opportunities for improvement and annual audit systems. The governing body satisfied itself the Quality Standards were being met through policy, procedures, training for staff, and by reviewing performance reporting and compliance activity.

Observations and staff feedback provided evidence of a risk management framework, this included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. Staff were familiar with the current top risk trends for consumers and described campaigns and individual care planning focussing on minimising these risks, where possible.

A documented clinical governance framework was in place including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

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-2)