Performance

Report

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| Name: | TriCare Williams Landing Aged Care Residence |
| Commission ID: | 8231 |
| Address: | 16 Charsworth Way, WILLIAMS LANDING, Victoria, 3027 |
| Activity type: | Site Audit |
| Activity date: | 24 October 2023 to 26 October 2023 |
| Performance report date: | 12 December 2023 |
| Service included in this assessment: | Provider: 7129 TRICARE MELBOURNE AGED CARE PTY LTD  Service: 25129 TriCare Williams Landing 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 Williams Landing 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 | **Not 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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(f) – The service must ensure where meals are provided, they are varied and of suitable quality and quantity.

# 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’ backgrounds, preferences, identity, and cultural practices. Staff spoke of consumers in a respectful manner and described the measures taken to ensure the delivery of care was respectful and dignified.

Consumers and representatives said the service recognised and respected their cultural backgrounds, and provided care that was consistent with cultural traditions and preferences. 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 make informed choices regarding their care and services. Care documents outlined details of the consumer’s choices, including the individuals that consumers wished to be involved in their care.

Staff were aware of the risks taken by consumers, and confirmed they supported consumers to live the way they choose. 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 there were discussions to support informed decision making.

Consumers and representatives confirmed they were kept informed of care and services through printed information, verbal reminders, and correspondence via emails and telephone calls. Staff described the various ways information was delivered to consumers, including those with cognitive impairments. Staff were observed adapting their communications appropriately when engaging with consumers who had a sensory or cognitive impairment.

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

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. Consumers and representatives expressed satisfaction with the care planning and assessment process, including the management of risks to the consumer’s well-being. Management and staff detailed the care planning process and how it informed the delivery of safe and effective care and services.

Consumers and representatives said the assessment and planning process identified and met their current needs, goals and preferences, including 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 end of life (EOL) care if applicable.

Care documents evidenced regular involvement from a range of external health providers and services, including medical officers (MO), allied health professionals and other specialists. 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 MO were kept informed of changes to the consumer’s care needs.

Care documents evidenced the outcomes of assessment and planning were communicated with consumers and representatives. Staff utilised the service’s electronic care management system (ECMS) to access and communicate outcomes of assessment and planning. Representatives expressed satisfaction with the service’s regular communications regarding the consumer’s care and services, and confirmed they had access to a copy of the consumer’s care plan.

Care documents confirmed care plans were reviewed on a regular 3-monthly 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

Overall, consumers and representatives expressed satisfaction with the service’s identification of risks to consumers’ health and well-being. Staff demonstrated an understanding of the personal and clinical needs of consumers, and the strategies in place to meet these needs. Care documents evidenced consumers received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being.

Care documents demonstrated high impact or high prevalence risks were identified and effectively managed by the service. Management confirmed high impact or high prevalence risks were monitored, reported and analysed, and discussed at the monthly management team meetings. Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks.

Representatives confirmed the service held discussions with them regarding the consumer’s palliative care. Staff outlined how they approached conversations with consumers regarding EOL care, and how they would provide care for a consumer that required palliative care. Care documents for a recently deceased consumer evidenced the consumer received EOL care in accordance with their needs and preferences.

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 had deteriorated. Care documents showed deterioration or changes in consumers’ health and well-being was recognised and responded to in a timely manner.

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 advised information relating to consumers’ conditions, needs and preferences was documented in the service’s ECMS and communicated via the shift handover process.

Care documents demonstrated timely referrals were made to MO, allied health professionals and other providers of care and services. Management and staff outlined the process for referring consumers to health professionals and allied health services. Representatives said referrals were timely, appropriate, and occurred when required.

Consumers and representatives said they were satisfied with the service’s infection control measures. The service had documented policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management. Staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use of antibiotics.

# 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. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

*Requirement 4(3)(f):*

The Assessment Team provided evidence to support a finding that Requirement 4(3)(f) was Not Met, as it considered the service could not demonstrate meals, where provided, were varied and of suitable quality and quantity.

The Site Audit Report noted the following information:

* Most consumers and representatives said they were dissatisfied with the meals provided by the service. This dissatisfaction was attributed to issues with the variety, quality, temperature, and availability of meals at the service.
* Consumers said they had verbally raised their feedback during various meetings, however they did not experience any long term improvements to meals.
* The Assessment Team reviewed a consumer experience survey conducted in September 2023 which outlined a 55% consumer food satisfaction rating.
* In response to these issues, management advised they were liaising with their head office to address this feedback and implement improvement actions.

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

* The service provided detailed information in response to the individual areas of feedback provided by each consumer and representative, including the further investigation of these issues, actions taken to resolve the feedback, and an evaluation of these actions.
* The service commenced weekly food satisfaction surveys during November 2023 to monitor and capture the feedback of consumers and evaluate improvement initiatives. The results of these surveys indicated consumer satisfaction rose from 67% in the first week of the surveys to 80% in the final week.
* The service implemented additional food service monitoring activities including food safety plans, external auditing of food safety programs by the local council and third-party food auditors, and a review of menus conducted by a dietician in consultation with consumers.

I have considered the information provided by the Assessment Team and the Approved Provider. The Approved Provider’s response detailed improvement actions which are proportionate to the feedback from consumers and representatives regarding the variety, quality, and quantity of meals. However, these improvement actions will take time to implement and measure for long term effectiveness. Based on the consumer and representative feedback at the time of the site audit and low satisfaction ratings in consumer food surveys, it is evident the service needs ongoing monitoring and review of the improvement initiatives to ensure compliance with Requirement 4(3)(f).

Therefore, I find the service is non-compliant with Requirement 4(3)(f).

I am satisfied that the remaining requirements of Quality Standard 4 are compliant.

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. Consumers were observed 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.

Overall, consumers and representatives felt the service assisted consumers 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. Consumers were observed 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 said equipment was safe, suitable, clean, and well maintained, and confirmed they had access to mobility aids to assist with activities of daily living. Staff described how they ensured mobility aids were cleaned after use. The Assessment Team observed a range of equipment, including walkers, wheelchairs and lifestyle equipment to be suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service environment was welcoming, easy to understand, and optimised their sense of belonging, independence, interaction, and function. The service had directional signage, wide hallways, and handrails to assist consumers to navigate and mobilise throughout the service. Consumers were observed interacting and socialising throughout the different areas of the service.

Consumers and representatives said the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Staff described how their roles and responsibilities ensured the service environment was kept clean and well maintained. The service had a cleaning roster which was completed daily by cleaning staff.

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 comfortable providing feedback and making complaints. Management and staff described the processes in place to encourage and support consumers to provide feedback and complaints. Feedback forms were available for consumers and representatives outside nurse’s stations.

Information was displayed throughout the service regarding external advocacy and complaint services. Consumers and representatives confirmed they were made aware of, and had access to, advocates, language services and other methods of raising and resolving complaints. Management said the service had arranged an external advocacy service to attend the service to hold a discussion with consumers to discuss their aged care rights.

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

Overall, consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management advised the service’s roster was based on the clinical care needs of consumers. A review of documentation evidenced the service had adequate staffing levels, and call bell response times were monitored regularly.

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

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 to support 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 the service’s training register evidenced staff were mostly up to date with their mandatory training.

Management described how the performance of staff was monitored through annual formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management when the need arose. Staff said they were supported by management during performance reviews and provided with opportunities for improvement.

# 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 attend consumer meetings and described how their feedback resulted in changes at the service. Consumer meeting minutes 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.

Management and staff demonstrated a shared understanding of the high impact and high prevalence risks associated with the care of consumers. 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 a clinical governance framework in place which addressed antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Care documents complied with the service’s policies for antimicrobial stewardship, minimisation of restraint, and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)