Palm Lake Care Beachmere

Performance Report

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**Commission ID:** 5563

**Provider name:** Palm Lake Care Operations Pty Ltd

**Assessment Contact - Site date:** 22 July 2021

**Date of Performance Report:** 12 August 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Assessment Team’s report for the Site audit conducted 16 February 2021 to 19 February 2021
* the Performance report for the Site audit completed 6 April 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

Consumers received safe and effective care that was appropriate for them. Registered and care staff were aware of consumers’ care needs, and advised the service had policies and procedures to guide them in the delivery of safe and effective care in relation to restraint, skin integrity and pain.

Progress notes, care plans and charts for consumers were individualised evidencing care that was safe, effective and tailored to the specific needs of the consumer. This included consumers with diabetic needs, nutritional needs, falls management, psychotropic medication and wound care.

Consumers and representatives confirmed consumers received the care they needed and described the ways the care being provided was meeting their needs. Including their wound care, dietary needs, pain management, hygiene care and requests for assistance.

Staff demonstrated individual knowledge of consumers’ needs and preferences and how they provided care and services. Care staff confirmed they could access consumer care plans and advised if they had any concerns in relation to care provided to consumers, they would report it to the registered staff. Staff advised they reported any wounds and skin breaks or discolouration to registered staff promptly. Registered staff reported they had the knowledge, skills and equipment to provide safe effective wound care.

The following actions were undertaken in response to the Site audit report dated16 February 2021–19 February 2021, where this Requirement was found Non-compliant. Findings of the report were discussed with registered staff. Training was provided in wound management, restraint management, weight and Diabetes management. Heads of Departments met daily to discuss progress to address deficiencies identified in the Site Audit report.

An audit of all wounds and wound charts was undertaken and actioned as necessary. This included taking photographs, attending to measurements and ensuring the charts were complete. Daily updates were provided by management in relation to wound charts, diabetes monitoring charts, weights and restraint information, following a remote review of these charts. These monitoring processes were to be continually monitored on a monthly basis.

The service had policies and procedures for key areas of care, including restraint, skin integrity and pain management in line with best practice: Staff had access to this information. The organisation developed a policy on Restraint and Restrictive Practices. The procedure outlined the responsibilities for management and staff in relation to restraint and what constituted restraint. The procedure discussed the need for both clinical and risk assessments prior to the use of restraint, gaining consent and ongoing monitoring of restrictive practices. Registered staff reported they had received training in restrictive practices.

The service had policies and procedures in place to guide the staff in the assessment of skin integrity and wound management. Three consumers had pressure injuries at the time of the Assessment contact. It was identified for 3 consumers, there was a lack of care planning relating to their skin care needs. Management reported additional training for registered staff would be provided to ensure each consumer had a care plan relating to their skin care needs. Consumers were receiving skin care appropriate to their needs. Meeting minutes and training records confirmed training had been provided to staff in relation to skin integrity and wound management. Pressure relieving mattresses were observed to be in use, consumers were observed to be wearing leg protectors where indicated and wound coverings were in place.

The service had policies and procedures to guide staff in the assessment of pain and the use of pharmacological and non-pharmacological treatments. For a named consumer who sustained a fractured hip, they reported their pain was managed. The physiotherapist undertook pain management strategies such as massage and heat.

Based on the information recorded above, it is my decision this Requirement is now Compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Consumers and representatives were satisfied that appropriate action was taken in response to complaints and an open disclosure process was used when things go wrong. Five consumers and representatives provided individual occurrences when they had made a complaint and the actions taken by the service to rectify, manage or respond to their complaints. A review of their feedback indicated an effective complaints management system.

Staff interviewed confirmed they had received training in open disclosure and feedback and complaints handling. Staff demonstrated an understanding of open disclosure and how this related to complaints resolution.

Management described the service’s practice of open disclosure in response to feedback, complaints and incidents, and provided examples of where open disclosure was applied. Management described the service’s process in relation to documenting and responding to feedback and complaints. All complaints received verbally, or in writing via letter, email or feedback forms were documented under a complaint’s register. Where concerns were raised during consumer meetings which could not be resolved immediately, consumers were encouraged to submit a feedback form, or this was completed by staff on their behalf. Where a broader issue was identified, this was also captured under the service’s Plan for continuous improvement.

The organisation had an open disclosure policy relating to complaints and when things go wrong. The service’s education and training records evidenced staff received education in open disclosure. The service’s feedback and complaints register captured compliments and complaints from a range of sources including verbal feedback and email correspondence. The complaints register included an apology, investigation and follow-up actions as required and review of the process once resolved.

Based on the information recorded above, it is my decision this Requirement is now Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.