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:** 26 November 2021

**Date of Performance Report:** 20 December 2021

# Performance report prepared by

N. Grey, delegate of the Aged Care Quality and Safety Commissioner.

# 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 |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 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.
* other information and intelligence in relation to the service held by the Commission.

# 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 the requirements of this outcome and therefore an overall summary for the 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.*

The assessment contact report provided information that the service demonstrated each consumer gets safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being.

Consumers and representatives said they received the care they needed, and their clinical and personal needs were reviewed regularly by a Medical officer. Consumers with pain management needs were monitored and managed appropriately.

Staff had a shared understanding in relation to the management of specialised nursing care needs of consumers including, but not limited to, percutaneous endoscopic gastrostomies, diabetes, oxygen administration, indwelling urinary catheters and the management of complex clinical conditions. Staff received training relevant to their individual roles and accessed care plan information through the service’s electronic management system.

While care documentation was not consistently completed, care provided was safe, effective and tailored to the needs of consumers.

Care information reflected care delivered for consumers who required restrictive practices, wound and skin integrity management and pain management was best practice and tailored to their individual needs. External specialists were accessed to oversee the management of complex wounds, behaviour and pain management, palliative care and a residential aged care assessment team were available at the local health service when required. Care documentation reflected care and services were provided by allied health professionals including physiotherapists, speech pathologists and podiatrists.

Consumers who required assistance with their nutrition and hydration needs were observed to be positioned appropriately and receiving assistance aligned with their assessed needs during the Assessment Contact.

The Clinical manager and Clinical nurse commenced their roles at the service in September 2021. Further to this, three Medical officers commenced attending the service in October 2021 and visit the service three times per week. The clinical management team acknowledged previously identified gaps in the completion of the service’s assessment and care planning documentation. Actions initiated by the service in response to these deficiencies have included the introduction of new care planning review processes on 16 November 2021 and daily staff huddles each morning to improve the service’s communication processes.

Monitoring processes employed by the service to ensure care provided was safe and effective included the daily review of care information, the timely follow up of identified concerns, the availability of evidenced based policies and procedures, monitoring the use of psychotropic medications and clinical audits. Staff had received education online and face to face in relation to wound care, skin assessments, palliative care, pain management, enteral feeding, dementia and behavioural symptoms.

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

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumers and representatives were complimentary towards staff and said the risks associated with the care of consumers were managed appropriately.

Care planning documentation reflected risks to the health and well-being of consumers including, but not limited to falls, diabetes and compromised skin integrity were identified, managed, documented and communicated to staff and other health professionals through assessments, care plans, referrals and progress notes. Care information reflected the service’s post falls management processes were followed by staff and included clinical assessment, reassessment, the completion of incident documentation and notification to representatives, Medical officer and allied health professionals. Risk assessments reflected strategies to minimise risks for consumers were reviewed regularly and observed to be in place during the Assessment Contact.

Registered staff had a shared understanding of the service’s falls management processes which included the transfer of consumers prescribed blood thinning medication. Fall prevention strategies were observed to be in place for those consumers with an assessed need during the Assessment Contact.

The service implemented actions to minimise high impact risks associated with falls in response to recent incidents. These included the development of a fall focus group, the elimination of floor sensor mats, the purchase of additional falls prevention equipment and the ongoing review of clinical incident data to identify areas of improvement in relation to falls management.

Processes were in place to monitor high impact and high prevalence risks associated with the care of each consumer. These processes included audits and the collation and review of clinical incident data regarding medication incidents, falls, pressure injuries and weight loss. No significant trends had been identified recently in relation to unplanned weight loss and medication errors.

The organisation’s risk management framework provided guidance for staff in relation to the identification, management and recording of risks. Dignity of risk forms were completed when required and policies were available to guide staff practice.

Therefore, it is my decision this Requirement is Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The workforce was planned, based on the number of consumers at the service, the needs of consumers and the layout of the service. The experience of staff was considered to ensure an effective mix and number of staff were on duty.

Consumers and representatives said there were enough staff to meet their care needs, they felt safe with staff, and they were not concerned regarding the staffing sufficiencies at the service.

Staff were satisfied with the adequacy of staff and had enough time to deliver safe and quality care and services. Registered staff felt supported by the Clinical management team and were provided ongoing training specific to their individual roles. Rostering processes took into consideration the experience of staff members in order to ensure an effective mix and number of staff were allocated each shift.

Registered nurses were available twenty-four hours per day seven days a week to provide clinical care and additional clinical support was available after hours from the clinical management team when required. While agency staff were utilised to replace unplanned leave this primarily occurred to replace care staff.

Call bell response time data reflected staff responded to consumers requests for assistance in a timely manner. Call bell response time data reflected positive results which met the service’s expectations.

Complaints and feedback documentation did not reflect negative feedback in relation to the number and mix of the workforce. Care and services were observed to be delivered in a timely manner and in accordance with the needs and preferences of consumers during the Assessment Contact.

Therefore, it is my decision this Requirement is 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.