Palm Lake Care Mt Warren Park

Performance Report

33 Mt Warren Park Bouleard
Mt Warren Park QLD 4207
Phone number: 07 3444 6000

**Commission ID:** 5763

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

**Assessment Contact - Site date:** 15 August 2021

**Date of Performance Report:** 10 September 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(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
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Each consumer was treated with respect and dignity. Consumers’ culture identity and diversity were respected.

Consumers confirmed they felt respected and valued by staff. Feedback included consumers’ culture being recognised and respected, for example, communication cards with phrases translated from the consumer’s native language.

Care staff provided practical examples of how they ensured consumer were treated with dignity and respect and their identity, culture and diversity valued. Staff demonstrated they were familiar with consumers’ backgrounds, described ways they enabled and supported consumers’ lifestyle choices and preferences on a day-to-day basis. Staff demonstrated respect and understanding of consumers’ personal circumstances and life journey.

Staff confirmed they had undertaken training in relation to cultural diversity and treating consumers with dignity and respect via the service’s online learning system as part of the organisation’s mandatory training requirements upon commencement in their role. Management advised that the service did not have specific inclusivity frameworks or policies in place however staff were guided by the service’s philosophy and pillars which included treating consumer with dignity and respect.

Care planning documentation included information regarding consumers’ background, identity and culture. Review of consumer meeting minutes demonstrated consumers were reminded that their culture and diversity will be recognised and respected that the service will take steps to protect their culture and diversity as required. The Charter of Aged Care Rights was displayed around the service and included in the organisation’s ‘Resident Handbook’ and ‘Client Agreement/Application Pack’.

Staff were observed greeting consumers and their visitors with familiarity and interacting with consumers in a dignified and respectful manner.

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

# 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 of this Standard and therefore an overall summary for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

Consumers with high impact or high prevalence risks were identified and strategies implemented to effectively manage risks to meet the individual care needs of these consumers. Consumers and representatives confirmed the personal and clinical care being provided at the service was meeting consumers’ individual needs and preferences.

Consumers’ care documentation identified high impact and high prevalence risks were effectively managed by the service, strategies were implemented to minimise risk, and these were documented in consumer care plans. Care documentation described the key risks to consumers, including diabetes management, skin integrity, catheter management, falls and pain.

Management considered the high impact and high prevalence risks identified at the service as being; management of falls, COVID-19 preparedness and chronic wounds and infections for individual consumers. Staff described the main high impact and high prevalence risks for individual consumers including management strategies that aligned with consumers care documentation. Staff advised policies and procedures were available to guide staff practice in relation to high impact and high prevalence risks via the service’s online portal.

The organisation had policies, procedures and tools in place to support the delivery of care provided; for example, policies, procedures and guidelines in relation to restraint management, pressure injury prevention and management, and a pain management policy that incorporated ongoing pain assessment to guide staff practice.

The clinical indicators report for 2021 year to date identified the service trends, analyses and responds to high impact and high prevalence risks including falls, medication, infection and behaviour related incidents. Clinical indicators were discussed at service monthly meetings and were used to identify improvements in the delivery of consumer care.

Based on the evidence contained above, 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 requirements of this Standard 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 at the service was planned and deployed to ensure the safe delivery of care and services to consumers. Staffing levels were sufficient to provide care in line with consumers’ needs and preferences. Consumers and their representatives provided positive feedback in relation to staffing levels and responsiveness.

Staff confirmed there were sufficient resources and time allocated enabling them to complete their required duties. Registered staff confirmed management was supportive of workforce needs and requests for additional or temporary staff were accommodated. Hospitality and environmental staff confirmed they were able to complete their duties within the allocated timeframes. Staff advised management sought their feedback on suitability of time and resources allocated at staff meetings and this contributed to adjustments made to the base roster. Staff confirmed call bell response times were discussed at staff meetings and reminders were provided to attend to call bells in a timely manner.

Management stated the workforce was planned based on full occupancy, the needs of consumers and the layout of the service. The service employed both registered, enrolled and assistant nurses, registered nurses were available across a 24-hour period. Additional clinical support was available through on-call arrangements.

A review of the roster and staff absences prompted, changes were made to improve staff attendance and workflows. These changes included longer shifts replacing shorter shifts, altered shift starting times to assist with communication of handover and additional support at meal times.

The service was recruiting to fill vacant shifts and to establish a casual pool of hospitality staff with most vacant positions being personal carer positions or involve night duty. Emergent leave was covered through extension of hours of permanent staff or utilising temporary staff accessed through nursing agencies.

Call bell response times were monitored with investigation and analysis occurring when they are identified to be outside of desired parameters. Additional staff had been rostered to assist with processing of documentation including facilitating consumer entry processes.

The roster and staff allocation sheets evidenced, staff were rostered and allocated to specific areas according to consumers’ needs. Staff on leave were replaced. The service had environmental/catering, maintenance, lifestyle and administration staff who supported consumer care and services and provided the required operational assistance to the service.

Feedback and complaints records demonstrated workforce issues raised by one consumer had been investigated and resolved to the satisfaction of the consumer.

Staff were observed to be responding to call bells within a timely manner, available to supervise or support consumers to mobilise to the dining room and serving meals and conducting medication rounds at the required times.

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

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Workforce at the service were competent, qualified and had the knowledge to perform their roles effectively. Consumers and their representatives confirmed staff were knowledgeable and they had not identified any areas where staff required additional training.

Staff completed mandatory training programs annually including competency assessments for food safety, handwashing, donning/doffing of personal protective equipment and manual handling. The completion of competencies was monitored, and staff were sent reminders when competency assessments were pending. Staff were required to submit current police certificates, driver’s licences, registration certificates on employment and when due for expiry.

Management confirmed employees undergo an interview process including the submission of the documentation as proof of the required qualifications and legislative requirements prior to employment. An orientation checklist guided the new staff member through their induction to ensure familiarity with fire safety procedures, infection control processes and manual handling requirements. A buddy program was implemented for new staff with probationary assessments conducted at three-monthly intervals. Staff completed annual competency assessments according to their role and more frequently if performance issues were identified.

Position descriptions identified essential qualifications and knowledge requirements for each position. Feedback and complaints information did not evidence concerns relating to staff competency or knowledge had been lodged by consumers, their representatives or staff. Credential monitoring documentation confirmed staff had current police, registration and influenza vaccination certificates. The employee orientation handbook guided staff on maintaining a safe environment and management of high impact and high prevalence risks for consumers.

Based on the information contained above, 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.