Performance

Report

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| Name of service: | Palm Lake Bethania Aged Care Facility |
| Service address: | 3 Goodooga Drive Bethania QLD 4205 |
| Commission ID: | 5377 |
| Approved provider: | Palm Lake Care Operations Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 – 31 May 2023 |
| Performance report date: | 27 June 2023 |

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 Palm Lake Bethania Aged Care Facility (the service) has been prepared by K. Reed, 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 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 provider’s response to the assessment team’s report received 12 June 2023
* other intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer including behaviour management and complex needs management. Management monitored progress notes daily for risks associated with consumers’ care and communicated daily to all registered staff any changes in consumers’ care needs through handover and daily clinical meetings. Documents including incident reports, Behaviour Support Plans, training records, meeting minutes and clinical indicator data, identified effective monitoring and clinical oversight of care delivery for consumers demonstrating the service was effectively managing high impact and high prevalence risks.

For one named consumer with complex care needs including diabetes, fluid restriction and mechanical restrictive practices, staff described how they managed the consumer’s care needs which was evident in progress notes, medication charts, incident forms, care plans and diabetic management plan.

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.

Consumers and representatives felt confident staff would provide end of life care in line with consumers’ preferences to maximise dignity and comfort. The service demonstrated consumers’ end of life care preferences were documented in a care plan and pathways. Clinical staff discuss with consumers and representatives end of life preferences during case conferences and as consumers enter palliative care phases. Staff monitored consumers for comfort during end of life and follow care plans in the delivery of individualised consumer needs and preferences. The service had end of life and a palliative care pathway to guide staff practice.

For one named consumer who passed away at the service, positive feedback was provided by family members in relation to the palliative care the consumer received including a referral to the palliative care team, repositioning, pain management and hygiene cares.

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.

Consumers and representatives confirmed the service responds to any deterioration or change in consumers’ condition promptly and representatives were kept informed of the consumer’s condition. Registered staff were aware of the assessment process following changes to a consumer’s condition. Staff said they reported changes to the clinical nurse or management. If a consumer deteriorated after business hours, staff could telephone a Medical officer or transfer the consumer to hospital. Consumer care planning documentation reflected the identification of, and response to, deterioration or changes in their condition. Clinical records indicate consumers are regularly monitored by registered nurses and 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.

For one named consumer who was transferred to hospital due to increasing redness in their right leg, documentation supports the consumer’s worsening condition of their legs was identified and treated in a timely manner.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives expressed confidence management would address complaints and attempt to resolve any concerns promptly. Management and staff demonstrated a shared understanding of processes to follow when a complaint was received. Staff advised they initially try to resolve any issues and report it to the registered staff or management. The service evidenced policies, procedures and education material addressing feedback, complaints management, and the open disclosure process.

The Assessment Team reviewed the service’s feedback and complaints procedure and the complaints handling processes. Staff were guided on how to document, investigate, resolve, and evaluate feedback and complaints and use of open disclosure. Staff said, and management confirmed, they have received training on open disclosure, and were able to demonstrate an understanding of the principles of open disclosure and the complaint handling process when feedback or a complaint is received from consumers or representatives.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Feedback from consumers and representatives confirmed they felt the workforce was competent and staff had the knowledge to deliver care and services that meet the needs and preferences of consumers. Staff reported receiving support and assistance to ensure they had the skills and knowledge to undertake their roles.

Management discussed how new staff provide evidence of qualifications to the service or organisation prior to commencement. Police checks and Australian Health Practitioner Regulation Agency expiry dates were recorded within a register. A review of the service’s police check register identified all staff criminal record checks were up to date and all registrations were current. Staff were provided with online training with reminders sent by email to ensure all training is completed within the required timeframe. Staff stated they completed, and the Assessment Team reviewed, annual training records for medication competencies for registered staff, open disclosure and complaints management training for all staff.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Documentation and interviews with management and staff demonstrated a shared understanding amongst staff of what constituted a serious incident and how it was to be reported, including meeting reportable timeframes. The service had appropriate processes in place to monitor and manage high impact and high prevalence risk to consumers on an individual and overall cohort basis.

The organisation had policies describing how to manage high impact and high prevalence risks; respond to abuse and neglect; support consumer choice and decision-making; and report and manage incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way.

The organisation had documented procedures and clinical care pathway guidance for managing high impact and high prevalence risks. The service trended these risks to consumers through review of monthly clinical indicator data at the service’s quality meetings.

All incidents were recorded within the service’s incident management system and investigated to identify causes and implement actions to prevent a recurrence where appropriate. The service had policies and procedures in relation to incident reporting, including types of incidents requiring notification and reporting timeframes. The service’s incident management system identified all incidents requiring notification to Serious Incident Response Scheme were made within the reportable timeframes.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)