Performance

Report

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| Name: | Palm Lake Bethania Aged Care Facility |
| Commission ID: | 5377 |
| Address: | 3 Goodooga Drive, Bethania, Queensland, 4205 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 22 March 2024 |
| Performance report date: | 22 April 2024 |
| Service included in this assessment: | Provider: 6794 Palm Lake Care Operations Pty Ltd  Service: 7007 Palm Lake Bethania Aged Care Facility |

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 Kimberley 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 (performance assessment) – 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 10 April 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not 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.

* High impact risks to consumers including wound care and the administration of time sensitive medication are required to be effectively managed.
* Consumers are to be treated with kindness by caring and respectful staff.

# 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. | Not Compliant |

Findings

The high impact risks related to wound care and the administration of time sensitive medication were not effectively managed. The Assessment contact report following an Unannounced Assessment contact conducted 22 March 2024, contains evidence to support this Requirement was not effectively managed.

The Assessment contact report lists four consumers whereby the delivery of wound care was not recorded as provided in accordance with treatment directives. I have reviewed the response submitted by the Approved provider to the Assessment contact report and concluded for two of these consumers there was little impact to their wound care healing related to wound care not recorded as being delivered. However, I also note for these two consumers conflicting information recorded in wound care documentation relating to the type of wound recorded. For one consumer, the Approved provider’s response indicates the consumer had an area of concern on their sacrum, whereby the type of wound noted in the wound assessment is noted to be a sinus, which would require more complex wound care. For the second consumer, it is noted in the Approved provider's response their wound to be classified as Stage II incontinence associated dermatitis, however, the description of the wound noted in the wound assessment is a Stage II pressure injury, which would require more complex wound care. While I have concluded that there was limited impact for the two consumers, it is concerning that Registered staff are not following wound treatment directives and are incorrectly classifying wounds in wound care assessments, and this has not been identified by monitoring processes at the service.

For one named consumer with complex chronic wounds including pressure injuries, wound care documentation does not support wound care has been delivered in accordance with treatment directives. The Approved provider in its response noted the description of the consumer’s wounds in the Assessment contact report to be incorrect, however I note a review by a Nurse Practitioner (29 March 2024) classifies the consumer’s wounds differently to the descriptions of the wounds as per the Approved provider response. For example, the Approved provider’s response states at the time of audit the consumer had a suspected deep tissue injury to their sacrum, the Nurse Practitioner classified this wound as a Stage IV pressure injury. Photographs submitted by the Approved provider as part of the response to the Assessment contact report support the classification by the Nurse Practitioner. Additionally, the Approved provider’s response classified a suspected deep tissue injury to the consumer’s left heel, which the Nurse practitioner classified as a Stage III pressure injury, requiring daily treatment. Photographs submitted by the Approved provider as part of the response to the Assessment contact report support the classification by the Nurse Practitioner. While the differing classifications of wounds was not brought forward as a deficit in care delivery in the Assessment contact report, it is my decision this lack of understanding of complex wound care does not support the effective management of the risk associated with wound care.

Frequency of wound care for the named consumer with chronic complex wounds was not completed as per treatment directives. Despite the consumer being reviewed by a Nurse Practitioner (specifically for the review of their pressure injuries) on 29 March 2024, and directives provided to complete daily wound care to the consumer’s left heel, wound care documentation does not support this occurred on three occasions between 29 March 2024 and 10 April 2024. The named consumer has a Stage IV pressure injury on their sacrum, the Assessment contact report includes information that despite the wound showing signs of deterioration (between 08 March 2024 and 20 March 2024) including increase in discharge, this was not escalated or referred to the medical officer. The Approved provider in its response indicates the medical officer reviewed the consumer 12 March 2024 and while the medical officer did not make specific mention of the sacral wound, the consumer’s condition and wellbeing was being monitored by the medical officer during this time. I have not given weight to this information from the Approved provider as it is not evident the medical officer was informed of the deterioration in the wound. I have also considered the medical officer subsequently referred the consumer to a wound care team on 26 March 2024, and this referral may have occurred earlier had the deterioration of the wound been reported to the medical officer.

There is conflicting information contained in the Assessment contact report and the Approved provider’s response in relation to the location and staging of the named consumer’s wounds. I concede there may be some incorrect locations recorded in the Assessment report of the consumer’s wounds, however, this does not negate the fact that wound care documentation does not support wound care was delivered in accordance with treatment directives. The service’s monitoring processes to ensure appropriate wound care delivery did not identify these deficits. As part of the Approved provider’s response a review and clarification of role responsibilities and duty guidelines for clinical team members has occurred. The Approved provider submitted a range of documents outlining duties for differing members of staff, I am unable to determine if the refinement and review of roles for staff at the home have improved the delivery and monitoring of wound care.

The Assessment contact report contains further information relating to the weight management and palliative care needs of the named consumer. I have not considered this information in relation to a compliance rating for this Requirement and consider the deficiencies in care for the named consumer relate to the management and monitoring of their wound care.

For a second named consumer, the Assessment contact report identified deficits in the recording of wound care delivery for a skin tear to their right lower leg. The Assessment contact report stated the skin tear increased in size from 4cm in length to 16cms in length. This information has been refuted by the Approved provider and wound care charting submitted as part of the response does not support the skin tear reached a length of 16cms. Wound charting does support that wound care was not delivered in accordance with directives including seven occasions between 19 February 2024 and 01 April 2024, when the wound was to be dressed every second day. The Approved provider acknowledged these gaps in wound care documentation. The Assessment contact report includes information a wound swab requested by the medical officer (15 March 2024) was unable to be confirmed to have been taken or results provided to the medical officer. The Approved provider has countered this information by noting the consumer was reviewed by the medical officer four days later who noted an improvement in the wound and did not provide any further requests for pathology follow up. I have considered this information, and it is my opinion the fact the wound was improving does not negate the responsibility to obtain a wound swab as directed, to ensure appropriate antibiotic usage if required. The Approved provider has noted to address the concerns raised regarding the consumer’s wounds, discussions of wound management concerns are part of daily clinical meeting discussions and following a clinical meeting (25 March 2024) the wound schedule will be reviewed daily by Clinical Nurses. The Registered Nurse (Clinical monitoring and support) will be attending the weekly wound reviews according to an assigned schedule. The Approved provider asserts these processes will ensure comprehensive oversight and timely intervention for consumers’ care. A blank Clinical Team Meeting Summary form was submitted as part of the Approved provider’s response, with a section relating to skin/wound management, however, I have no other evidence to support the effectiveness of this process.

The Approved provider has acknowledged that in some instances the frequency of wound care has not been provided as per directives, and states this is not in keeping with the organisation’s processes or expectations. The Approved provider also notes the discrepancies have been minor and have not demonstrated to have adversely affected consumer care outcomes. I disagree with this statement as evidenced by the review of the first named consumer’s wound care by a Nurse Practitioner (29 March 2024) which included information the consumer required strong pain relief before their wounds could be reviewed and directives to provide the consumer with pain relief prior to wound dressing changes.

Three consumers were noted in the Assessment contact report as not receiving their time sensitive medication as prescribed. The Approved provider in its response has not refuted these consumers did not receive their medication as prescribed but has countered this information by stating the consumers have had regular reviews by their medical officers and no or little variances have been noted to the consumers’ condition or symptomology. I find this assumption to be in contrast to the information recorded in the response which states ‘time sensitive medication are acknowledged as critical in supporting consumer wellbeing, and in limiting symptomology relating to underlying condition’.

Further actions (as per the Approved provider’s response) taken to address the deficiencies in the administration of time sensitive medication include a review of all consumers prescribed time critical medication, including time specific instructions. Electronic alerts have been placed on medication charts for consumers with time sensitive medications. A coloured folder has been implemented for consumers with time sensitive medication as a visual reminder for staff. Discussion and education have been provided in clinical meetings, as well as an email sent to clinical staff regarding the importance of administering time critical medication at the prescribed time. The handover sheet has been updated to include a section for special considerations for medications. A handover sheet was submitted as part of the Approved provider’s response, however, it did not contain any of the named consumers who were not receiving their time critical medication to validate this process had occurred. The Clinical Nurse is running a report relating to time critical medications after each medication round, this will continue for four weeks. Evidence of the reports was not provided in the Approved provider’s response.

The Assessment contact report contained information related to deficits in weight loss management. I have not given weight to this information, and I consider the processes in place at the service to monitor and address consumer weight loss to be effective.

In coming to my decision of compliance in this Requirement I have considered the Assessment contact report alongside the Approved provider’s response. While I acknowledge the actions taken and planned by the Approved provider to address deficiencies, it is my decision the risks related to wound care and time sensitive medication administration were not effectively managed by the service. Wound care was not delivered as per treatment guidelines, deterioration in wounds was not identified or escalated in a timely manner and monitoring processes relating to delivery of wound care failed to identify deficits in the delivery of wound care. Consumers requiring time sensitive medication to treat their conditions did not consistently receive their medication as prescribed, and monitoring processes at the service did not identify deficits in relation to the administration of time sensitive medication. Therefore, it is my decision actions taken to address these deficits have not been embedded, or tested for effectiveness or sustainability, and this Requirement is Not compliant.

# 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. | Not Compliant |

Findings

**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.**

The Assessment contact report contained feedback from four consumers which was negative in relation to staff sufficiency. For one named consumer this resulted in poor continence care and discomfort. For a second consumer feedback included their hygiene preferences were not met and delays occurred to their call bell requests. A third consumer stated staff were busy, and delays occurred relating to their hygiene cares. The fourth consumer stated blood glucose readings were often taken after their meal as staff were busy, and concerns were raised about the accuracy of the readings due to the delay.

The Approved provider’s response to the Assessment contact report included individual conversations were held with three of the four named consumers. Clarification of the feedback from the consumers was sought during the conversations and actions added to the Continuous action plan to address the concerns of the consumers. For the named consumer with concerns raised regarding the timing of their blood glucose readings, the management of diabetes and blood glucose readings will also be added to the Continuous action plan. I note an improvement in the recording and timings of blood glucose readings for the consumer following the date of the Assessment contact visit.

Three staff members provided feedback relating to insufficiency of staff resulting in delays in care provision, rushing when delivering care and consumers’ hygiene preferences not being consistently followed. The Approved provider in its response to the report provided feedback relating to the inconsistency of staff feedback, noting that rushing cares and delays in care provision is not consistent evidence within itself. Call bell response times submitted as part of the Approved provider’s response indicated an average response time of 3.28 minutes for 4583 calls recorded in March 2024. Additional care staff have been added to the base roster at the service with specific duty guidelines including continence, dietary and mobility needs of consumers.

I have considered the information recorded in the Assessment contact report alongside the Approved provider’s response and it is my decision the service had systems and processes to ensure an appropriate skill mix and allocation of staff. Actions taken by the Approved provider to address individual consumer concerns regarding staffing were appropriate. Therefore, it is my decision this Requirement is Compliant.

**Requirement 7(3)(b) Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.**

The Assessment contact report contained feedback from four consumers and one representative relating to the poor conduct of some staff and the physical and psychological effects this has caused to consumers. Two consumers provided feedback they did not feel safe in the presence of some staff, and two other consumers and one representative stated staff were rough when delivering care.

The Approved provider in its response to the Assessment contact report included an organisational representative meeting with three of the named consumers to discuss their concerns regarding staff conduct, whereby different feedback was provided to the organisational representative and positive feedback was noted or the consumer did not raise concerns about poor staff conduct. For one named consumer, the Approved provider noted a case conference was held a day before the Assessment contact visit and no concerns were raised at the time regarding staff conduct. The Approved provider noted in its response previous interactions with the consumer representative who stated they had witnessed rough staff practices had been positive and no further comment was provided in relation to the representative’s feedback.

Three staff members provided feedback they had either witnessed rough handling of consumers by staff, or staff speaking rudely to consumers. The Approved provider in its response stated the comments from staff were non-specific and provided no context for investigation or follow up. The service held a general staff meeting 09 April 2024 to discuss staff conduct towards consumers, reminding staff of their reporting obligations when witnessing concerning behaviours towards consumers. While meeting minutes were provided confirming these discussions occurred at the general staff meeting, I am unable to determine the number of staff who attended the meeting as an attendance sheet was not provided.

In coming to my decision regarding compliance in this Requirement, I have placed more weight on the negative feedback provided by consumers and representatives at the time of the Assessment contact as opposed to positive feedback received by an organisational representative who met with three of the named consumers. It is concerning to me that consumers are fearful of some staff members or have experienced rough handling by staff. It is my decision therefore, that workforce interactions have not been kind, caring or respectful and this Requirement is Not compliant.

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)