Performance

Report

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| Name of service: | Palm Lake Care Bargara |
| Service address: | 55 Wearing Road BARGARA QLD 4670 |
| Commission ID: | 5409 |
| Approved provider: | Palm Lake Care Operations Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 9 April 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 Care Bargara (**the service**) has been prepared by S. Hicks, 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 Site Audit; the Site Audit 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate that they are supporting consumers to live the life they choose and ensure consumers are treated with dignity and respect. Feedback from consumers confirmed this stating they were treated with dignity and respect, their diversity of culture and background was respected and they could make informed choices about their care. Staff were also observed treating consumers in a dignified and respectful manner, including using consumers preferred name. In addition, care planning documents reflected what was important for consumers in maintaining their identity and reflected information relevant to consumers’ identity, cultural needs and preferences.

The Assessment Team found that consumers were supported to exercise choice, maintain their independence regarding how their care and services are delivered, and to maintain connections and relationships of their choosing. Staff also described ways they supported consumers to exercise choice, such as consumers preferences of times for personal care.

Consumers and staff interviews confirmed consumers are supported to take risks safely. These are tracked to guide staff providing consumer information fo those currently performing risk-taking activities. This list outlines the consumer’s associated risks, the type of risk assessment performed, and the agreed outcome demonstrating that consumrs are supported to live the best life they can. Moreover, care planning documents evidenced risk assessments were undertaken to support consumers who wish to take risks, and the mitigation strategies in place.

The service demostarted that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand enabling choice. Consumers said they received up to date information about activities, meals and other events happening in the service. The Assessment Team also reviewed consumer meeting minutes which included current, accurate and timely information regarding lifestyle activities, current menus, and different mechanisms on how to provide feedback or complaints.

Lastly, consumers’ privacy was respected, and their personal information kept confidential. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locked unattended staff rooms, password protection of computers and knocking on doors prior to entering the consumers’ room.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Care planning documents reflected a comprehensive assessment and care planning process is undertaken to identify their needs, goals, preferences and risks. Where risk were identified, risk assessments were in place and risk mitigation strategies developed and implemented. Care plans were also inclusive of advance care and end of life planning were included and updated as the consumer’s care needs changed.

The Assessment Team found that care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. This was reflective of consumer and representative feedback.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Care planning documents reviewed regularly and incoproated changes to a consumer’s condition whenincidents occurred.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate that consumers receive personal and clinical care that was right for them and met their needs and preference. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. Restrictive practices were managed in line with legislative requirements. In addition, care planning documents confirmed staff were using strategies and policies and procedures to guide and deliver effective and individualised care.

Care planning documents identified high impact and high prevalence risks showing they are effectively managed and strategies arevimplemented to minimise risks. An example of this was the provision of a wellness group with exercises to promote improved circulation and function. Consumers and representatives were also satisfied risks were well-managed.

Care planning documents and consumer interviews confirmed consumers who were nearing end of life, had their dignity preserved and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved including partnering with the local palliative care provider. In addition, consumers and representatives said staff responded promptly to any changes or deterioration in consumers’ health, which was consistent with evidence from progress notes and care planning documents.

Consumers/representatives said they were confident the consumer’s condition, needs and preferences were documented and communicated with relevant staff. Care documentation, including care plan summaries and progress notes, provided information to support effective sharing of information about consumers’ condition, preferences, and care needs. In addition, the service enables the provision of timely and appropriate referrals giving consumers access to relevant health supports and services.

Consumers and representatives were satisfied with the service’s management of COVID-19 and the minimisation of infection-related risks. The service had an Infection Prevention Control lead, and members of the workforce understood the precautions required to prevent and control infection, and the steps they would take to minimise the need for antibiotics.

Based on this evidence, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers confirmed with the Assessment Team that they can do the things they want and be independent. They can choose to spend time alone or participate in activities that support their well-being and quality of life. Staff also described how they tailored activities to suit consumers’ interests.

Consumers said their emotional, spiritual and psychological needs were supported and care planning documents included strategies to meet these needs. Staff understood the importance of culturally tailored, emotional, psychological and spiritual support for consumers with Assessment Team finding consumer services provided were meaningful to them.

Staff supported consumers to keep in touch with family and friends and described how consumers were supported, including by volunteers who visited the service. Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest.

The Assessment Team found that information was effectively communicated within the organisation and with others responsible for care. Staff described how communication of consumers’ needs and preferences occurred via care plans, handover and dietary requirements listed in the kitchen. In addition, regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required.

Overall consumers considered meals to be of suitable quality and quantity. Management advised the Assessment Team the service was actively working towards the specific dietary requirements to meet diabetic requirements and food management was inclusive of temperature to maintain higher standards of food quality. In addition, the service had processes in place to allow consumers to influence the menu and to provide regular feedback on the food provided.

Equipment provided was observed to be safe, suitable, clean and well maintained. Maintenance staff completed ongoing monitoring to ensure equipment was fit for purpose. The service had suitable arrangements for purchasing, servicing, maintaining, renewing and replacing equipment.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

The service was welcoming, easy to understand and promoted consumer independence, function and enjoyment with multiple areas for social interaction, including outdoor green spaces. Consumers were encouraged to personalise their rooms with memorabilia and furniture of their choice. The service’s ‘friendly and comfortable’ policy guided staff practice in ensuring consumers were provided with a welcoming, safe and comfortable environment, which supported each consumer’s quality of life, independence, ability and enjoyment.

Consumers said the service environment was safe, clean and well maintained, and allowed them to move around freely. The Assessment Team observed the service environment including consumers’ rooms and common areas to be kept clean and well maintained. Maintenance staff advised external providers perform audits every year to check every piece of equipment at the service, including the dishwashing machines in the service’s kitchen.

Consumers felt safe when using the service's equipment, were comfortable raising issues if equipment needed repair, and said items were repaired or replaced quickly when required. The Assessment Team observed call bells within reach of consumers and the call bell system to be operating effectively. Lastly, maintenance and cleaning staff described processes in place for preventative and reactive maintenance, and cleaning.

Based on this evidence, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service had multiple methods for consumers to provide feedback and make complaints including feedback forms, speaking with management and raising any issues of concerns at consumer meetings. Consumers confirmed they were encouraged and supported to provide feedback and make complaints and would have no issue talking with staff or management should they have a concern. Feedback forms and locked boxes were located throughout the service.

Consumers and representatives said although they were aware of other avenues for raising a complaint, such as through the Commission, family or friends or through an advocacy service, they were comfortable raising concerns with management and staff. Brochures and other written information in relation to advocacy and language services were provided on admission, and displayed throughout the service.

The service had processes to follow when feedback or a complaint was received including the use of open disclosure and an apology when things went wrong. Documentation and consumer feedback confirmed, the service acted in a timely manner responding to complaints and an open disclosure process was applied. Consumers and representatives confirmed the service responded in a timely and appropriate manner when feedback was provided.

The service had systems in place to record and trend complaints, feedback, compliments, and suggestions. All feedback and complaints were reviewed and used to improve the quality of care and services.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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. | Compliant |
| 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate the workforce was planned and the number and mix of personnel deployed was sufficient to support delivery and management of safe and quality care and services. Consumer/representatives said at times there was shortages of staff however, they did not identify a negative impact on consumer health and wellbeing, with consumer needs being consistently met. Although management advised staffing was at times a significant challenge for the service due to its regional location, the service had recruitment strategies in place, including offering long term contracts with housing available to entice applicants.

Consumers considered staff perform their duties effectively, and were confident staff were trained appropriately and skilled to meet their care needs. Position descriptions are in place and set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. Staff said they received training and supervision to do their job well.

All members of the workforce said they were trained, equipped and supported to deliver safe and effective care. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

Staff confirmed annual performance reviews were conducted, and they received feedback more frequently in direct response to their work performance. Staff performance was monitored through a range of avenues, including observation, consumer/representative and staff feedback, incident and clinical indicator reports. Management advised most annual performance reviews had been conducted, and review of the service’s Plan for Continuous Improvement (PCI) identified the deficit in staff appraisals was recorded as a high priority for completion.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers consfimed they are partnered in improving the delivery of care and services by participating in meetings, surveys and care plan reviews. Consumers felt the service was well run, and said the new service’s management was approachable and supportive. Feedback and suggestions made by consumers/representatives were included in the service’s continuous improvement plan, for action.

The service’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Committees met regularly with the Board to review and report information regarding trends, and incident reports were reviewed to identify the service’s performance.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the governing body was linked with organisations to keep abreast of regulatory changes in aged care.

Risks were reported, escalated and reviewed at service level. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme. Risks related to incidents were managed with progress notes, workshops for reportable incidents, handover meetings, and senior management team meetings.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Overall staff demonstrated their understanding of open disclosure and antimicrobial stewardship and the service also undertook toolbox talks to further educate staff in relation to these areas to strnghten staff knowledge.

Based on this evidence, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)