Performance

Report

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| Name of service: | Performance report date: |
| Palm Lake Care Bethania | 09 September 2022 |
| Commission ID: | Activity type: |
| 5377 | Assessment contact |
| Approved provider: | Activity date: |
| Palm Lake Care Operations Pty Ltd | 16 August 2022 to 17 August 2022 |

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 Bethania (**the service**) has been considered by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for this 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 | | Not-applicable |
| 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)(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 |

## Findings

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| 3(3)(a) | Met |
| 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 service completed a number of actions within their Plan for Continuous Improvement to address the Non-compliance identified in this Requirement at the Site audit conducted between 30 November 2021` and 03 December 2021, and the service was able to evidence, during the Assessment contact conducted 16 - 17 August 2022, the suitability and sustainability of these improvement activities

Consumers and representatives provided positive feedback in relation to care and service provision and considered consumers received safe and effective personal and clinical care in accordance with their individual needs and preferences

The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ care including but not exclusive of restrictive practices, skin integrity and pain management. Where restrictive practices were used, assessments, authorisation, consent and monitoring were documented. Behaviour support plans were in place for consumers who were subject to restrictive practices. The psychotropic register maintained by the service identified diagnosis, medications prescribed and consumers who have had their medications reduced or ceased.

Care documentation demonstrated wounds were consistently attended to in accordance with the wound management plan. Pressure area care was completed as prescribed. Consumers with active pressure injuries or wounds had a wound care plan and chart which were completed following treatment and at every review. Care documentation for consumers with chronic pain had regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Pharmacological and non-pharmacological strategies were included in care plans and when pain relief medication was used, it was reviewed for effectiveness. Interviews with care and clinical staff demonstrated knowledge of individual consumer’s diagnoses, required cares as documented in consumer care plans.

Actions taken by the Approved provider to address the Non-compliance in this Requirement have included the following:

Education has been provided in various aspects of clinical care, this was evidenced by training records and improved staff knowledge relating to the delivery of clinical care. A staff member was appointed to the role of training and development, the role includes leading staff education to improve staff knowledge with current best practice care principles. Consumers were referred to allied health specialists and documentation supported these referrals were appropriate.

Clinical indicators were reviewed monthly to inform or change care and services to consumers. Staff were provided with training for the service’s electronic care system to enable them to readily and easily access information which informed the provision of care to consumers. Handover sheets were automatically generated via the service’s electronic care system to inform staff of the provision of care to consumers, in accordance with any changes to consumers’ care needs or preferences.

Diabetic management plans were updated which was evidenced through care planning documentation and regular monitoring occurred to ensure consistent blood glucose monitoring. A falls prevention strategy and post-fall monitoring process were implemented. Consumer care documentation evidenced the application of this process. Staff were required to sign an acknowledgement they had reviewed and understood the falls monitoring policy.

A pain management assessment and care plan framework were introduced which included three-monthly care plan reviews. Consumer care documentation evidenced review and charting of consumers’ pain.

Changing of catheter bags and oxygen tubing is tasked through the electronic care system to ensure weekly changes. Drainage bags were observed to be clean and well maintained.

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

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| 3(3)(e) | Met |
| 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. | |

The service completed a number of actions within their Plan for Continuous Improvement to address the Non-compliance identified in this Requirement at the Site audit conducted between 30 November 2021` and 03 December 2021, and the service was able to evidence, during the Assessment contact conducted 16 - 17 August 2022, the suitability and sustainability of these improvement activities

Consumers and representatives provided positive feedback in relation to the effective communication of consumer care needs between staff and were also satisfied with the care delivered to consumers. Staff described how changes in consumers’ care and services were documented in progress notes and discussed at handover for each shift. Staff documented in progress notes when a consumer was transferred to hospital. Care plans and other information were available on the electronic care system including alerts on the home page in relation to changes in consumers’ care and services.

Actions taken by the Approved provider to address the Non-compliance in this Requirement have included the following:

Education was provided to staff in relation to communication with consumer representatives, clinicians and other health specialists. Consumers were referred to health specialists, geriatrician, wound nurses and specialised complex care service when required. Consumer care documentation supported timely and appropriateness of referrals. Clinical indicators were reviewed to inform or change care provision to consumers.

Diabetic management plans were updated, and this was evident in consumer care planning documentation. Diabetic regimes were amended in consultation between consumers, their representatives, clinical management and medical officers. These changes were reflected in diabetic charting and documentation.

Post falls management processes were amended to include a monitoring and prevention process. Consumer care documentation provided evidence of the application of the amended process including the notification of representatives following a fall.

Consumers identified as having pain are reviewed every three months based on a pain management, assessment and care plan framework introduced at the service. Care documentation supported consistent monitoring of consumers with pain.

Based on the information contained above, it is now my decision this Requirement is now 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-2)