Performance

Report

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| Name of service: | Palm Lake Care Caloundra |
| Service address: | 95 Village Way Little Mountain QLD 4551 |
| Commission ID: | 8214 |
| Approved provider: | Palm Lake Care Operations Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 March 2023 |
| Performance report date: | 04 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 Caloundra (**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 commencing service report completed 03 November 2022
* the Accreditation decision completed 03 November 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

# 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 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 |

Findings

Assessment and planning for care and services optimised consumer health and well-being in accordance with consumer needs, goals and preferences. Assessment and planning processes considered the risks to consumer health and wellbeing, informed the delivery of safe and effective care and services; identified consumers’ current needs, goals and preferences and informed communication with others involved in consumers’ care.

Consumers and representatives considered assessment and care planning delivered safe and effective care and services. Documentation considered potential risks to consumers’ health and wellbeing including falls, wound care, weight loss, pain and skin integrity. Registered staff described the assessment, care planning and review process. The organisation had policies and procedures available to guide staff practice in the assessment and care planning process.

Staff described how they used handover information to communicate changes in consumers’ needs and preferences to ensure care was tailored to their needs. Staff received copies of handover sheets and any changes to consumers’ care and services was highlighted on the handover sheets.

# 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 |

Findings

Requirement 3(3)(a)

The organisation delivered safe and effective personal care and clinical care in accordance with consumer needs, goals and preferences to optimise their health and well-being. Where restrictive practices were used, assessments, behaviour supports plans, authorisations, consumer or representative consent processes and monitoring practices occurred.

Care documentation confirmed wounds were consistently attended to as per the consumer’s wound management care plan. Pressure area care was completed as prescribed, and the service did not have any consumers with pressure injuries. Consumers with wounds had a wound care plan, with regular measuring, photographing and referral to wound specialist services if required. A consumer representative provided positive feedback regarding wound care and the involvement of allied health professionals.

Consumers who experienced chronic pain had regular pain assessments identifying the site, type and severity of pain identified. Validated assessment tools were used, with both pharmacological and non-pharmacological interventions included in care planning documentation, pain relief medication was reviewed for effectiveness.

In relation to restrictive practices, six consumers at the service were subject to chemical restrictive practice and they were reviewed every three months or sooner if required, and one consumer was subject to an environmental restrictive practice in the form of an electronic bracelet. The service had no consumers subject to mechanical, physical or seclusion restrictive practice. Consumers had appropriate assessment, consent, monitoring and review documentation in place for the use of restrictive practices. The service monitored the usage of psychotropic medication, including the type of psychotropic, regular and as required medications.

Behaviour support plans were in place for consumers, and they included identified triggers and strategies to guide staff to support and manage consumers with responsive behaviours. Positive feedback was provided by a representative whose family member required a behaviour support plan in relation to the responsiveness of the service to a request for a change in location for the consumer at the service.

Staff demonstrated individual knowledge of consumers’ needs and preferences and how they met these.

Requirement 3(3)(b)

Care planning documentation identified high impact and high prevalence clinical and personal risks and effective managing strategies were recorded in assessment tools, care plans, and progress notes for consumers. Risks included choking, pain management, weight loss and falls prevention.

The Clinical manager and Clinical nurse had weekly Falls Focus Meetings. Fall were a high risk to consumers and the service’s Physiotherapist worked three days per week. The Physiotherapist completed falls risk assessments for consumers identified as a falls risk and documented mobility aids required and non-pharmacological strategies for the management of pain. The Physiotherapist completed post falls reviews, balance and exercises classes and individual exercise programs for consumers with some consumers utilising the service’s gymnasium under supervision. Consumers provided positive feedback in relation to the gymnasium.

Consumers who required time critical medication, confirmed they received their medication on time. Staff described what risks were considered high impact and high prevalence in relation to consumers in the service and individual risks were reflected in care documentation. Clinical incidents were recorded on the service’s electronic care system and these contributed to a suite of monthly clinical indicators. Review of monthly clinical indicator data was completed at a service level and reported at an organisational level.

# 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 |

Findings

Staff interactions with consumers were observed to be kind, caring and respectful and this was confirmed by consumers and representatives. The service demonstrated effective policies, processes and systems were in place to ensure the workforce was planned to enable the delivery of safe and quality care and services and to ensure there was sufficient number of staff rostered across all shifts. Consumers and representatives provided positive feedback in relation to staff interactions, the care consumers received and the timely delivery of care.

Staff confirmed they had enough time to complete tasks and work together when it gets busy to ensure tasks are completed. Staff stated they received good support and training and completed extended shifts if required to cover unplanned leave. Staff explained handover processes included a handover sheet highlighting any changes to consumer needs which was discussed and provided to each staff member at the start of each shift.

An annual master roster was approved by Head Office and reviewed annually, or as consumer needs changed. As a new service, the aim was to only move four new consumers into the service per week to allow for adequate consumer assessments and review of staffing requirements. The organisation’s Board has not set timeframes to fill the unoccupied wings in the service as they prefer to ensure existing occupancy is managed appropriately first. The organisation is currently undertaking a recruitment process for new staff and the service will liaise with Head Office Human Resources regarding staffing requirements prior to moving consumers into currently unoccupied wings.

The daily Heads of Department meetings were utilised to discuss any changes in consumer needs to review the mix and staffing requirements. Strategies may include rostering a staff member to work across different areas to meet consumer needs. Agency staff were utilised to cover unplanned leave when necessary and provided with the handover sheet or checklist at the start of their shift to guide them in providing care to consumers.

The target is for call bells to be answered was under five minutes. The service manager monitored call bell data weekly to identify delays and response times and shared with staff. A monthly report was generated and provided to the Quality Manager and trends and identified gaps were discussed at monthly Quality Support meetings.

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)