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: | Site Audit |
| Activity date: | 16 May 2023 to 18 May 2023 |
| Performance report date: | 16 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 Care Caloundra (**the service**) has been prepared by P. Sherin, 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.
* the provider’s response to the assessment team’s report received 06 June 2023 acknowledging the assessment team’s findings.

# 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

Consumers and representatives said staff treat them with dignity and respect and described how staff provide care and services that are culturally safe and consistent with consumers’ needs and preferences. Care documentation identified information regarding individual consumers’ backgrounds, life history and cultural preferences to guide staff practice. Staff were observed treating consumers with dignity and respect and were able to describe individual consumers’ background, preferences, and how their cultural needs influenced delivery of care.

Consumers and representatives confirmed consumers are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice. Staff described various ways they support consumers to maintain relationships of choice. Care documentation captured information regarding consumers’ care and service preferences, key people important to them, and those involved in their care planning.

Consumers and representatives said consumers are supported by staff to take risks and live the best life they can. Staff could describe areas in which consumers have chosen to take risks, and how the consumer is supported to understand the benefits and possible harm and involved in strategies to ensure their safety. Care documentation identified completion of risk assessments for consumers who engage in activities of risk.

Consumers and representatives said they are provided with adequate information to enable informed decision-making, such as via attendance at consumer meetings and newsletters provided in large print. A range of information was observed available and accessible to consumers around the service via posters and electronic noticeboards including but not limited to daily activities, menus, and aged care specific information.

Consumers and representatives said staff respect consumers’ privacy and felt confident their information is kept confidential. Staff were observed to be knocking on bedroom doors to seek permission before entering, conducting handovers in private, keeping computers locked, and using passwords to access consumers’ personal information. The service provides privacy information during the initial admission process and in the consumer handbook.

# 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

Consumers and representatives considered assessment and care planning leads to the delivery of safe and effective care and services. Care planning documentation reflected the consideration of potential risks to consumers’ health and wellbeing. Registered staff were able to describe the assessment, care planning, and review process. Policies and procedures are available to guide staff practice in assessment and care planning.

Review of consumer care planning documentation demonstrated individual consumers’ needs, goals and preferences are addressed, including advance care planning where the consumer has chosen to do this. This was confirmed by consumers and representatives. Staff advised there is discussion about a consumer’s advance care and end of life wishes when a consumer enters the service, via care planning documentation at care plan review, and if a consumer's condition deteriorates.

Consumers and representatives confirmed they are involved in the assessment, planning and review of consumers’ care and services. Clinical management and staff described how they partner with consumers and representatives to assess, plan and review care and services, including via case conferences. Care planning documents reflected the input and involvement of the consumer, representatives, and a range of other health professionals and services.

Consumers and representatives said staff discuss consumers’ care needs and care plan information with them, and confirmed they have received a copy of the care plan and felt comfortable requesting this from staff. Staff confirmed they have access to consumer information via the electronic care management system and handovers. A review of consumer files demonstrated the outcomes of assessment and planning are documented and readily available to staff.

Consumers and representatives said care and services are reviewed regularly including when a consumer’s circumstances change, or incidents occur. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service has a 3-monthly care plan review schedule in place. Care documentation demonstrated assessments were reviewed and care plans updated in line with the care plan review schedule.

# 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

Consumers and representatives provided positive feedback about the care consumers receive at the service. Review of care planning documentation demonstrated safe and effective care delivery including in relation to the management of wounds, pain, challenging behaviours, diabetes, and medication administration. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery. Where restrictive practices are used, the service demonstrated appropriate assessments, authorisation, behaviour support plans and monitoring practices in place.

Review of care documentation identified effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Staff demonstrated knowledge of individual consumers’ risks and strategies in place to manage and mitigate these risks. The service monitors and trends clinical indicators and reviews daily progress notes to ensure timely identification and response to consumer risks.

Consumers and representatives said they felt confident staff would provide end-of-life care in line with consumers’ preferences to maximise dignity and comfort. Registered staff and management described how staff discuss and document end-of-life care preferences via case conferences and as consumers enter palliative care. The service has end-of-life and palliative care pathways to guide staff practice and access to external palliative care support.

Care planning documentation reflected timely identification of, and response to, deterioration or changes in consumers’ condition, including notification to representatives. Registered staff explained the assessment process following changes to a consumer’s condition and care staff were able to describe how they report any changes to clinical management.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff and others responsible for care. Care planning documentation contained adequate information to support safe and effective sharing of consumers’ information. Staff confirmed they receive up to date information about consumers at handover and via access to care plans.

Staff described the referrals process at the service and how consumers have access to a range of health professionals and providers based on their need. Care documentation demonstrated input from other health professionals and services including but not limited to medical officers, speech pathologists, physiotherapists, podiatry, and specialist dementia support services.

The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of respiratory and other outbreaks. Staff demonstrated knowledge of infection control practices and minimising antibiotic usage. The service implements influenza and COVID-19 vaccination programs for staff and consumers and has appointed an Infection prevention and control lead.

# 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

Consumers and representatives confirmed the service’s lifestyle and activities program supports their lifestyle preferences and said staff assist them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals, and preferences and the support they require to participate in activities or pursue individual interests. Care documentation included strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

Consumers said they can continue cultural and religious practices at the service and are provided emotional and spiritual support when needed. Care documentation reflected information to guide staff in supporting consumers’ emotional, spiritual, and psychological well-being including any information that is not to be discussed with specific consumers as it may cause them distress.

Consumers and representatives said consumers are supported to take part in activities within and outside of the service, to visit family and friends, or pursue a previous interest. Consumers provided examples of activities they participate in at the service including but not limited to watching movies at the service’s movie theatre, attending a bible reading group, and playing Mah-jong and bowls. Staff could describe those consumers who have personal relationships or who have developed a close friendship. Care planning documentation identified the people important to individual consumers and the activities of interest to them.

Consumers and representatives said services and supports are consistent, and the staff know consumers’ individual needs and preferences, and other organisations that may be involved in care and service delivery. Staff described various ways they are updated on the changing condition, needs, or preferences of consumers as they relate to services and supports for daily living, including via handover.

The service demonstrated timely and appropriate referrals to other individuals, organisations, or providers and how they collaborate to meet the diverse needs of consumers. Staff could describe how the consumer and/or representative is involved in decisions and how referrals are made, and consent is obtained. Lifestyle staff described how they work with external organisations to help supplement the lifestyle activities offered within the service.

Consumers and representatives said the meals are varied and of suitable quality and quantity. Consumers have opportunities to give feedback in relation to the meals through consumer meetings, food focus groups, and food surveys. Other meal options are available if consumers choose not to select what is offered on the menu. Care documentation reflected information regarding individual consumers’ dietary requirements and preferences, and staff were aware of this information.

The service has appropriate arrangements for purchasing, maintaining, renewing, and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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 service environment was observed to promote consumers’ sense of belonging, interaction, and function with consumers observed socialising with others and mobilising freely around the service. The service provides a café, gymnasium, and multiple outdoor areas. Elevators, handrails, and way finding signage are available for ease in navigation. Consumer rooms are spacious and have been personalised with items reflecting their individual tastes and styles.

Consumers and representatives said they feel safe living at the service, they can move around freely, and the environment is kept clean and well-maintained. The service’s internal and external environment including gardens and courtyards were observed to be kept clean and well-maintained with appropriate lighting, spacious corridors, and level pathways. Consumers were observed freely accessing various indoor and outdoor areas of the service independently and with the use of mobility aids.

Consumers and representatives said the furniture, fittings, and equipment are kept clean and well-maintained and staff are competent in the use of equipment. Maintenance staff are available to undertake reactive and scheduled maintenance which is kept up to date.

# 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

Consumers and representatives said they feel encouraged, safe, and supported to provide feedback and make complaints. Management described various methods available for consumers and representatives to submit feedback and complaints including speaking directly to staff or management, during consumer meetings, food focus meetings, case conferences, and through feedback forms. Feedback forms and return boxes were observed located throughout the service.

Consumers and representatives said they are aware of advocacy and language services available to them and referenced the promotional material displayed at the service. The service utilises staff to provide translation for a small number of consumers and have engaged an advocacy service to present information to consumers via their monthly consumer meeting. The assessment team observed information on external complaints mechanisms, advocacy, and translation services displayed on noticeboards around the service.

Consumers and representatives expressed confidence in management addressing complaints and resolving any concerns promptly. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received and regarding open disclosure principles. Policies and procedures on complaints handling and open disclosure are available to guide staff practice. Review of the service’s feedback register identified timely response and resolution to feedback and complaints.

Consumers and representatives said the service uses feedback and complaints to improve the quality of care and services. Management advised the service trends and analyses feedback and complaints and uses this information to inform continuous improvement activities. Review of the service’s plan for continuous improvement identified various improvements in response to consumer and representative feedback and complaints.

# 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

Consumers and representatives said staff numbers are adequate and enable the provision of care and services in a timely manner. Staff confirmed they have enough time to complete their allocated tasks and meet the needs of consumers. Management advised the service conducts monthly call bell audits and any response times over 5 minutes are investigated to identify the cause and prevent recurrence.

Consumers and representatives said consumers are treated kindly and with respect. Staff were observed assisting consumers with their meals with patience and speaking to consumers in a kind and caring manner. Management said they use consumer and representative feedback to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s expectations.

Consumers and representatives felt the workforce is competent and staff have the knowledge to deliver care and services in accordance with consumer needs and preferences. Staff reported they felt confident and capable in their roles and receive support to ensure they have the required skills and knowledge to undertake their duties. Management advised staff competency is determined through line manager feedback, performance assessments, consumer/representative feedback, surveys, and reviews of clinical records and care delivery.

Consumers and representatives were satisfied staff are trained to provide safe and effective care to consumers. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management advised staff compliance with mandatory training is monitored through an electronic learning management system and staff are provided with additional training where a need is identified.

The service demonstrated systems and processes in place to regularly assess, monitor and review staff performance. New staff undergo probationary appraisals at 6 months and receive annual appraisals thereafter. Staff confirmed their involvement in performance review processes including feedback from supervisors on their performance and an opportunity to identify areas for further improvement and training.

# 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

Management described various ways consumers are supported to be engaged in the development, delivery and evaluation of care and services, including via monthly consumer/representative meetings, food focus meetings, care plan reviews, and through feedback forms. Consumers said they felt the service is well run and they can provide feedback and suggestions to management which is considered.

Management explained the organisational structure and governance arrangements and described how information such as clinical and operational risks and audits are reviewed by executive leadership and reported to the organisation’s Board. The Board uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive, and quality care and services.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems in place for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. An incident management system is in place and review of incident data identified incidents have been classified correctly and reported within appropriate timeframes.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and were able to describe how they would apply these as relevant to their roles.

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