Performance

Report

**1800 951 822**

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| Name of service: | Palm Lake Care Deception Bay |
| Service address: | 42-46 Bay Street Deception Bay QLD 4508 |
| Commission ID: | 5747 |
| Approved provider: | Palm Lake Care Operations Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 12 September 2022 to 13 September 2022 |
| Performance report date: | 06 October 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 Deception Bay (**the service**) has been prepared by Gai-Maree Cain, 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 provider’s response to the assessment team’s report received 30 September 2022.
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service:
  + The Assessment Team interviewed 26 consumers and/or representatives during the Assessment Contact – Site, who were satisfied with the care and services received.
* other information and intelligence held by the Commission regarding the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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)(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 |

Findings

Consumers/representatives received information that was current, and supported consumers to make informed choices in relation to the care and services they received, including menu choices and activities consumers choose to participate in.

Staff described how they provided information for consumers for whom English is a second language, to support the consumer to exercise choice.

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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities. Accurate and timely information provided to consumers, such as menus available at all dining tables and an in increase in lifestyle staffing to improve communication about activities. Consumer meeting minutes identified meetings were regularly held and information provided to consumers in relation to staffing, lifestyle, cleaning, laundry, maintenance and clinical care.

For the reasons detailed, it is my decision that this requirement is Compliant.

# 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 |

Findings

The Assessment Contact – Site report provided information that identified the service was unable to demonstrate the identification, assessment and management, including documented consents and authorisations for 2 consumers subject to chemical restrictive practices.

The Approved Provider in its written response provided information, including consumer care documentation, progress notes and email correspondence that evidenced while signed consent forms had not been completed, consultation with the named consumers representatives in relation to the prescribing of the psychotropic medication had been completed. Documentation evidenced that discussion of associated risks and monitoring strategies implemented for the named consumers had been discussed, and verbal consent provided by the consumers representatives was documented in progress notes. I have considered the information brought forward in the Assessment Contact – Site report and the written response from the Approved Provider, and I am satisfied that the service did undertake assessments, implement strategies and complete consents for the 2 named consumers subject to restrictive practices. Additionally, the service has processes to assess, manage and monitor consumers subject to restrictive practices including seeking required consent from the consumer/representative.

The service demonstrated safe and effective care for consumers in the management of skin integrity, pain and changed behaviours. Care documentation reflected regular assessments and review of implemented strategies to ensure consumers clinical and personal care is individualised and optimises their health and well-being. For example, consumers experiencing chronic pain are regularly assessed to identify the site, severity and type of pain, and implemented strategies include pain medication are reviewed for effectiveness.

For the reasons detailed, it is my decision that this requirement is Compliant.

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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. | Compliant |

The service demonstrated high impact and high prevalence risks for consumers are managed, including consumers at risk for falls, skin integrity and responsive behaviours. Care documentation for consumers identified strategies to minimise and monitor risks for consumers, including staff directives, speciality equipment and referrals to other health professionals as required.

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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities. Service policies have been updated to guide staff, including skin integrity and wound management, pain management, infection management and prevention and antimicrobial stewardship. Staff have received training in dementia and challenging behaviours, pressure injuries, wounds and nutrition.

The organisation implemented an updated clinical governance framework to ensure high impact and high prevalence risk are identified, monitoring and reviewed and include staffs roles and responsibilities in these processes, for example reporting monthly to the organisation’s clinical governance team.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Overall consumers/representatives expressed satisfaction with the variety, quality and quantity of meals provided at the service, and confirmed consumers are offered choice in the meals provided. Consumers/representatives are supported to provide feedback in relation to the meal service at monthly food focus meetings.

The service utilised individual consumer cards on meal trays which provided information in relation to the individual consumers menu choices, dietary requirements and preferences.

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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities. The service established a monthly food focus group, and reporting processes for consumers nutritional supplements has been reviewed and improved to ensure staff are provided with current consumer nutritional information. A consumer survey in August 2021 identified 35 consumers (of 37 consumers surveyed) were satisfied with the meal service.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service demonstrated appropriate and timely action is taken in response to complaints. Consumers/representatives who had made recent complaints expressed satisfaction with the response and actions taken by the service in response to their feedback.

Management and staff demonstrated understanding of the services processes in relation to actions taken when consumer/representative feedback is received. Management provided an example of a recent incident when an open disclosure process was applied, including an apology provided to the consumer/representative.

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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities including:

* In July 2021, the organisation implemented an electronic feedback and complaints system which ensured complaints are logged, actioned and responded to in a timely manner.
* Review of the feedback and complaints policy to include timeframes for completion and resolution of complaints.
* Monthly meetings with the service management team to ensure complaints are reviewed in accordance with the service documented feedback and complaints policy.
* Consumer monthly meetings include complaints and feedback as a standard agenda item.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Consumers/representatives expressed satisfaction that suggestions made were taken into consideration by the service, for example providing the menu and activities calendar in larger print. Consumer meeting minutes confirmed this suggestion would be taken to the next meeting for consultation and feedback with the wider consumer/representative group. Management provided examples of improvements made as a result of consumer feedback including cleaning and maintenance of an outdoor area of the service.

The service trends and analyses complaints and feedback data and demonstrated how the information is reviewed and utilised to make improvements at the service. 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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities including:

* In July 2021, the organisation implemented an electronic feedback and complaints system which ensured complaints are logged, actioned and responded to in a timely manner.
* Review of the feedback and complaints policy to include timeframes for completion and resolution of complaints.
* Monthly meetings with the service management team to ensure complaints are reviewed in accordance with the service documented feedback and complaints policy.
* Improvements as a result of consumer feedback include a wireless call bell system in October 2021; and review of call bell reports identified 92% of calls for assistance are responded to within 7 minutes. Consumers/representatives expressed satisfaction with the response to the consumers request for assistance.

For the reasons detailed, it is my decision that this requirement is 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 |

Findings

Consumers/representatives said staff are available when consumers need them, and staff are timely in their response to consumers requests for assistance. Management described the service’s processes for ensuring the number and mix of the workforce ensures safe, quality care and services for consumers, for example the development of a master roster with changes only made after approval from service management. Staff said there was adequate time to provide care and services in accordance with consumers’ needs and preferences, and throughout the Site Audit staff were observed to be spending time with consumers and not rushing in the delivery of care and services.

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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities including:

* Ongoing recruitment of registered and care staff, and in September 2021 the service reported a reduction of the use of agency staff by 48%.
* In August 2022, the service reported continuing reduction in the use of agency staff with most shifts covered by service staff.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Management described how staff performance is monitored through observations, analysis of clinical data and consumer/representative feedback. Staff performance reviews are completed at 3 months, 6 months and then annually, and staff confirmed they had completed performance reviews. At the time of the Assessment Contact, 5 staffs performance reviews were not completed as scheduled, however the service provided evidence to demonstrate why these were delayed and the scheduled of these to occur the week after the Assessment Contact.

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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities including:

* The implementation of a performance tracking matrix in August 2021 to ensure workforce performance appraisals were completed when due.
* The service processes for the regularly monitoring and review of the workforce’s performance, include the heads of department being accountable for specific processes including timely completion and reporting into the tracking matrix.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Contact – Site report provided information that the service did not demonstrate the use of restrictive practices in line with the legislative requirements, specifically consultation, consent and authorisation for 2 named consumers requiring a chemical restrictive practice.

I have considered this information in my decision under Requirement 3(3)(a), I am satisfied that the service did undertake assessments, implement strategies and complete consents for the 2 consumers subject to restrictive practices named in the Assessment Contact – Site report. Additionally, the service had processes to assess, manage and monitor consumers subject to restrictive practices including seeking required consent from the consumer/representative.

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. Management and staff had understanding of these organisational processes; and consumers/representatives expressed satisfaction with the way information is provided to them, and how their feedback is used to improve care and services.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| Organisational governance | |  |
| 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 organisation’s demonstrated a clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure, which were applied by staff in the delivery of clinical care. The organisation’s clinical governance reporting includes monthly reports to the service management meetings which include consumer falls, skin integrity, pressure injuries, weight loss, infections, restrictive practices and medications.

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 06 July 2021 and 09 July 2021, and the service was able to evidence, during the Assessment Contact conducted 12 September 2022 to 13 September 2022, the suitability and sustainability of these improvement activities including:

* Processes for updating, monitoring and reviewing the use of restrictive practices, for example the use of a register for consumers prescribed psychotropic medications. At the time of the Assessment Contact, the service’s plan for continuous improvement documented a reduction in environmental restrictive practice by 25% in October 2021.
* Implementation of a clinical communication framework, to support daily communication regarding consumer’s clinical and care needs.
* Weekly quality support meetings to manage consumer feedback, audits and other agenda items.

For the reasons detailed, it is my decision that this requirement is 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)