Performance

Report

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| Name: | Palm Lake Care Toowoomba |
| Commission ID: | 5784 |
| Address: | 149 Hogg St, Cranley, Queensland, 4350 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 20 August 2024 to 21 August 2024 |
| Performance report date: | 25 September 2024 |
| Service included in this assessment: | Provider: 6794 Palm Lake Care Operations Pty Ltd  Service: 22950 Palm Lake Care Toowoomba |

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 Toowoomba (**the service**) has been prepared by Bruce Bassett, 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 (performance assessment) – 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 18 September 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The service must ensure the workforce is planned and the number and particularly, the mix of staff, enables the delivery of quality care and services.

# Standard 3

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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 |

Findings

Information in the Assessment Team report indicated the service was unable to demonstrate it was monitoring and responding effectively to the management of high impact and high prevalence risks associated with individual consumers. The Assessment Team report recommended a non-compliance finding.

Care documentation reviewed for sampled consumers did not consistently demonstrate information relevant for the identification and management of high-impact or high-prevalent risks associated with the care of consumers is monitored and communicated consistently to ensure best practice care is delivered for each individual. For example, one named consumer has consistently had stage 2 pressure injuries (PI) since entry to the service. Review by a wound specialist documented in care documentation noted the wounds were caused by skin irritation associated with incontinence associated dermatitis, in addition to shearing with repositioning. Recommendations on wound care are captured in the wound plan and charts. In addition, recommendations were included to assess how repositioning is managed to reduce shearing due to inappropriate patient handling and ensure slide sheets are being used for all repositioning.

Care documentation was reviewed with registered staff who said the consumer regularly refuses repositioning and personal care and chronic wounds are discussed at the clinical team meetings daily and referred to a contracted wound specialist for electronic consultation review when required. However, reports or outcomes of consultation were not recorded on care documentation for this consumer.

The Assessment Team found the service could not demonstrate advice of health professionals was documented and implemented to minimise the ongoing risk to the consumer such as ensuring staff rostered to provide care had sufficient skill and knowledge to complete appropriate patient handling to reduce shearing of the wound. The service could not demonstrate it is providing guidance to staff to ensure this is implemented to potentially reduce instances of the consumer refusing cares which would have an impact on wound healing.

In response to the Assessment Team report, the service advised the consumer’s wound was always under the care and management of their Medical Officer (MO), who had not requested review by a wound specialist. Care support strategies had been implemented such as regular pressure area care every 2 to 3 hours, an air mattress and a pressure relieving cushion for his wheelchair. The response advised regular reviews had been completed throughout the consumer’s time onsite, including discussions with the consumer and his representative regarding his refusal and/or declining pressure area care and supports from staff on occasion. The service noted there had never been any incidents or complaints related to manual handling, unreasonable use of force or other associated matters in relation to the consumer.

The service conceded that measurements of the PI using a ruler were lacking but contended that this represented evidence of poor care and the wound was monitored with photographic evidence. The service advised the consumer’s wound was reviewed by wound specialist services on 11 April 2024 and the recommendations of this review were implemented.

Following the assessment contact a case conference with the consumer and his representative was held and the consumer indicated pain was not a reason why he sometimes refused pressure area care. His feedback was that he trusted certain staff members to perform his pressure area care. The service advised care and services had been provided in accordance with all directives and the wound had not been adversely affected by any act of the service’s staff.

I acknowledge the complexities in managing the PI of the consumer. Healing of the wound is complicated by comorbidities and the refusal, at times, of the consumer to allow pressure area care to be completed. I also accept the consumer had been referred to a wound specialist prior to the assessment contact and the recommendations have been enacted. While minor issues regarding documentation are conceded by the service, I agree with their contention that this does not evidence poor management of the consumer’s wound.

For another named consumer, the Assessment Team report noted care documentation included assessments that were inconsistent and indicated potential risks to the consumer due to a decline in cognitive ability or mental health were not identified. For example, assessments of the consumer’s cognitive impairment over a two-year period varied from severe to mild. In response to feedback from the Assessment Team registered staff said they could not explain the changes in cognitive assessments recorded in care documentation from mild to severe and then back to mild cognitive impairment. They could not advise what guidance was provided to staff on the care requirements if the cognitive needs for this consumer had changed.

In responding to the Assessment Team report, the service noted cognitive status is not static and can fluctuate over time due to various factors including life changes and physical and mental health conditions. In this instance, the service noted the consumer has an underlying renal condition and a history of depression and mood disorders which can impact upon cognitive assessments. I accept this proposition, along with the explanation that staff could not necessarily be expected to speak to cognitive assessments done up to two years prior. There is insufficient evidence to conclude this has led to any deficits in the consumer’s care.

A third named consumer told the Assessment Team she had made a formal complaint to management on 16 August 2024 regarding a male consumer residing in the room next to her who had entered her room in the middle of night. She said this had happened on two occasions and she was afraid of the male consumer.

The female consumer said she was feeling anxious staff would not be able to respond to her care needs quickly in an emergency if she was locking herself in her room. It was also distressing for her sitting in the dining room to have meals as she felt the male consumer is sitting and staring at her.

The Assessment Team said in response to their feedback management advised no incident was recorded in either consumers’ progress notes, no incident form was completed by care staff or following lodgement of the complaint, and no investigation had been completed to determine what had occurred. The male consumer has cognitive impairment however no reassessment had been completed for him following the complaint.

No assessments on potential risk for the female consumer or consideration of psychological impact had occurred since the complaint was lodged. Staff had not considered whether the strategy of the consumer locking her door when she was in her room was potentially restraint or if the psychological impact on the female consumer should be reported as a potential Serious Incident Response Scheme (SIRS) incident.

Management confirmed on the second day of the assessment contact an incident form had been completed and investigation was underway including reviewing closed circuit television footage from the previous weeks. Reassessment of the male consumer was being undertaken and a referral made to Dementia Services Australia to seek advice on strategies to manage behaviours. The service was still considering strategies to support the female consumer, and they were unsure what that would look like at the time of the assessment contact.

Management said staff advise registered staff of incidents and these are recorded in progress notes and on an incident form. Clinical staff are responsible for investigating incidents and liaising with the care manager on reporting requirements for the SIRS.

In response to the Assessment Team report, the service acknowledged the consumer had made a complaint regarding the male consumer entering her room. The service said she had not stated she felt psychologically or physically unsafe. The service said several options had been discussed with her, but her preference was to lock her door in the evenings. This was not the preferred option for management. At the time of the assessment contact investigations were still underway and a SIRS had been logged on 21 August 2024. The service said the consumer had been provided emotional support. The male consumer involved, was reassessed and determined to have severe cognitive impairment and had episodes of wandering. The male consumer is no longer at the service.

I note investigation of this incident was still in progress at the time of the assessment contact. I acknowledge a SIRS was reported, and actions were taken by the service to address the consumer’s concerns, which they report, have been successful.

In considering the evidence before me, I note the deficiencies raised by the Assessment Team report are not insignificant. Concerns regarding wound management, inconsistent cognitive assessment and the safety of consumers in their own rooms were appropriately raised. However, the response by the approved provider to these matters was comprehensive and detailed and included information which may not have been available to the Assessment Team during the assessment contact. Additionally, the service has taken further actions to address these concerns since that time. As a consequence, I have decided not to accept the Assessment Team recommendation and find the requirement to be 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. | Not Compliant |

Findings

The Assessment Team report indicated the service was unable to demonstrate the workforce is planned to enable effective delivery of care and services. Consumers and staff interviewed raised concerns regarding the high utilisation of agency staff, continuity of staff and the insufficient mix of experienced staff to meet the needs of consumers. It was identified this resulted in consumers missing or receiving delayed care including showers, repositioning, wound care, and medications arising from nil stock. The Assessment Team report recommended a finding of non-compliance.

Seven of nine consumers sampled said they often have to wait for staff, and the delivery of care and services was often missed or delayed. Consumers expressed concerns regarding the continuity of care saying most agency staff do not know them or their care needs. For example, one consumer said while staff ‘do the best they can,’ he often lays in his bed hoping for staff to respond to his call bell. The consumer said the MO had recommended frequent repositioning and daily wound care however, this is not always completed as per recommendations.

The Assessment Team report indicated call bell data for the month of July identified the average response time was 4:01 minutes. Approximately 25% of call bells exceeded the 7-minute service expectation with a 17% of total call bells of exceeding 15 minutes.

Four care staff interviewed said there is not enough time for them to complete their work effectively. Most permanent staff advised the high levels of agency staff rostered causes delays as they often have to direct agency staff in delivering care and services as they often do not know the consumers or their care needs.

Staff expressed concerns with rostering and continuity of care. For example, personal care workers (PCW) said their day is often fast paced and at times they are working alone which means they are unable to assist consumers who require 2-person assistance to have their preferred shower and therefore provide a sponge bath instead.

The Assessment Team report identified omitted medication incidents due to nil stock as staff did not have time to order medication on their shift. Staff said they been handed the same handover notes at the start of a shift as the day before noting some care had not been completed including daily wound care. As noted in the Assessment Team report under requirement 8(3)(d), clinical indicator data for May to July 2024 identified 286 medication related incidents, with 77 reported as priority 2 SIRS. Analysis of the data by the service indicates a high number of the incidents relate to omitted medications due to nil stock or the consumer opting not to take non-critical medications.

Management said a roster template is generated by the organisation’s workforce management tool to deliver the required care minutes. The rostering team ensure the shifts are filled and if unplanned leave occurs move staff to ensure an adequate number and mix of experienced staff are rostered to meet consumers care needs. Management advised the allocations are reviewed on a daily basis and they schedule higher numbers of registered staff in response to infection outbreaks or if there are consumers with high care needs deteriorating. Management advised they are focusing on retaining staff and reducing the high turnover within the workforce.

Management advised they endeavour to balance the risk of utilising a high percentage of agency staff by developing lock-in contracts with agencies and utilising an onboarding process. Management said they are currently undergoing a recruitment campaign for all registered staff.

In responding to the Assessment Team report, the service advised staff and management consistently collaborate and implement strategies to ensure the workforce is sufficient and appropriately skilled to ensure the delivery and management of safe and quality services to consumers. The response noted clinical care is enhanced by an extra 6 clinical team members (primarily from management) during weekdays.

The service response outlined recruitment and retention strategies in place and the successful onboarding of over 30 new staff since May 2024. This is in the context of an acknowledged issue of staff turnover in regional areas. The service acknowledged the use of agency staff, noting it is standard industry practice, and outlined attempts to ensure continuity of care by utilising agency staff familiar with the service whenever possible. The service always ensures agency staff engaged are appropriately qualified and are supervised and supported to fulfil their duties. The service acknowledged it was not always possible for allocations to remain consistent when managing unplanned or emergent leave.

The response outlined the mechanisms by which the service ensures all staff are kept informed of the needs of residents on a daily basis and any changes in the conditions of individual consumers. The service contended there was no clinical evidence to support a conclusion that inadequate staffing or skills mix had impacted upon resident cares. The service noted that medication incidents had shown a marked improvement in recent months, evidencing that activities to address these were effective. The service acknowledged that resident refusal of medication remained an issue and that nil stock incidents do occur.

The service response included data from call bell audits in significant detail, which did not mirror the evidence in the Assessment Team report. However, the service did acknowledge a number of call bell time frames exceeded seven minutes and noted the contribution of infection outbreaks at the service to these results.

The response also questioned the sample size for care staff interviewed in the report and noted it was difficult to respond to concerns regarding delayed care in the absence of specific incidents or individuals being identified.

I acknowledge the significant detail in the approved provider response and accept the efforts undertaken to plan and enable a sufficient and suitable workforce to provide cares and services to consumers. I also acknowledge difficulties created in this by infection outbreaks and workforce retention issues. However, I am persuaded by the evidence provided by a clear majority of consumers and staff sampled that staffing issues are contributing to delayed or omitted provision of personal care for some consumers including showering, repositioning and medications. I also note a continuing high level of medication incidents while accepting a downward trend in this regard and the acknowledged call bell response times beyond the service’s benchmark of less than seven minutes. I have therefore decided this requirement is Not Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Team report indicated the organisation has a governance system to identify, evaluate and monitor risks to the health and well-being of consumers. Management said the service provides a clinical indicator report to the monthly board meeting for governance and oversight. The clinical indicators are compared to other sites within the organisation and the national average to identify trends. A sub-committee is being created specifically for the service’s clinical staff to meet quarterly and discuss clinical indicator trends.

However, the Assessment Team report indicated the service was unable to demonstrate the current risk management systems and practices had effectively identified and managed risk and recorded all incidents. For example, the report indicated the service’s clinical monitoring and risk practices have not been effective in identifying, recording and managing high-impact or high-prevalence risks for consumers or identifying and responding to potential abuse and neglect of all consumers.

The report indicated the service is operating with an inconsistent workforce and it is not clear all staff have sufficient understanding of incident management practices, and that management and staff have a consistent understanding of SIRS reporting requirements.

Management advised in response to high numbers of medication incidents, the governing body will continue to monitor and oversee incident data and are currently investigating the replacement of the medication management software.

The service’s Plan for Continuous Improvement has strategies under ‘MP-1118 Medication Incident Numbers’ to address the high prevalence of medication incidents. However, it is unclear if actions have been evaluated for effectiveness and the entry has not been reviewed and updated since 2 June 2024 despite the ongoing high prevalence of medication incidents. The Assessment Team report recommended a finding of non-compliance.

In responding to the Assessment Team report, the service contended deficiencies identified in relation to high-impact or high-prevalence risks for some consumers were not supportable. In light of additional information provided in the response by the service provider, I accept this submission.

The service advised recruitment and retention of staff remains a priority area with the use of agency staff as needed to ensure continuity of care and services for residents. As outlined under requirement 7(3)(a) the service described how they plan and deploy the workforce to provide quality care and services. While I have decided that requirement is Not Compliant, I am of the view the deficiencies identified are related to the implementation of deployment and management of staff and are not indicative of a poor risk management system. Nor am I convinced staff and management are unaware of their reporting obligations under SIRS.

I note the deficiencies regarding medication incidents identified in the Assessment Team report and stress the importance of the service continuing to monitor and respond to these and continue to take action to reduce their frequency as evidenced in the response. I note the service’s evidence of a downward trend in medication incidents over recent months in this regard. While it appears evaluation of the actions to address medication incidents may not have been documented in the service’s PCI, I am persuaded the service has effective risk management systems in place to manage medication incidents and other risks.

Following consideration of the above information, I have decided 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)