Performance

Report

**1800 951 822**

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| Name: | Palm Lake Care Toowoomba |
| Commission ID: | 5784 |
| Address: | 149 Hogg St, Cranley, Queensland, 4350 |
| Activity type: | Site Audit |
| Activity date: | 16 April 2024 to 18 April 2024 |
| Performance report date: | 21 May 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 Denise McDonald, 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 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 13 May 2024
* other information and intelligence held by the Commission in relation to the performance of the service

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity, knew what was important to them and respected their choices. Care documentation evidenced consumers’ personal backgrounds, history and cultural needs and preferences. Staff were observed interacting with and spoke about consumers, in a respectful manner.

Consumers confirmed staff were respectful of their cultural identities and provided care consistent with their preferences, including recognising their academic achievements when identifying them. Staff advised gender specific staff provided personal care to ensure care was culturally safe. Policies and procedures guided staff on the value of culturally safe practices.

Consumers confirmed they were supported to be their own decision maker, had nominated an alternate decision maker and had choice in how their care was delivered. Staff gave practical examples of how they supported consumers’ independence such as ensuring choice during activities of daily living and knew what supports consumers required to maintain important relationships. Care documentation evidenced consumers’ decisions about care delivery, who supported their decision making and how they wanted to maintain important relationships.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as using electric mobility devices outside of the service environment. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers and representatives confirmed they received timely information in ways and said they were well informed about scheduled activities, events and other daily living options. Staff explained information was provided to consumers in ways which met their differing sensory needs, with meetings, activity calendars, menus and in-person notifications to advise consumers of their daily living choices. Posters and pamphlets available to consumers on a variety of topics were observed to be current.

Consumers gave practical examples of how their privacy was respected, such as staff always knocked on their doors and sought consent before entering. Staff explained consumers’ confidentiality was maintained by keeping their personal information secure and sensitive discussions were held in private areas. Staff were guided by a privacy policy and attended training in how to maintain consumers’ privacy.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff advised a comprehensive assessment and care planning process was undertaken when the consumer enters care to assess for any risks and when identified, responsive strategies were planned to promote their safety and wellbeing. Care documentation evidenced when consumers have a diagnosis of dementia, risk of agitation and wandering was considered, and behaviour supports were planned. Clinical guidelines, policies and procedures guided staff in assessment and care planning processes, however, guidance on assessment for environmental practice was deficit. This is further considered under Requirement 8(3)(e).

Consumers and representatives confirmed they have had discussions, regarding the consumer’s needs for personal care, their preferences for advance care and their end of life goals. Care documentation included copies of consumers advance care directives, where these had been completed. Policies and procedures guided staff practice on end of life care planning.

Consumers and representatives confirmed they were involved in assessment and planning, during entry and on an ongoing basis. Care documentation evidenced medical officers and allied health professionals having input into assessment and care planning processes. Staff said consumers and their nominated representatives consulted during annual case conferences or when an incident occurred.

Consumers knew what care and services they received, and care documentation, evidenced copies of care plans were offered, or provided, during planned reviews of care. Consumer’s care plans were observed to be readily accessible via the electronic care management system (ECMS).

Consumers and representatives confirmed consumer’s care and services were regularly reviewed, including when an incident, such as a fall has occurred. Staff advised consumers were reassessed when their condition or preferences changed, and care plans were reviewed every 3 months. Care documentation showed care was reviewed for effectiveness and care plans were updated with new strategies, following an incident.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Following a previous performance assessment on 5 December 2023, the service was found non-compliant with Requirement 3(3)(b) evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant. In relation to time sensitive medications, these improvements included revising hand over documentation and processes, amending medication processes to clearly identify consumers with time sensitive medication requirements, adjusting electronic medication management systems to increase oversight of administration timeframes, increasing monitoring processes to ensure time sensitive medications were given on time and providing staff with additional training.

For consumers with swallowing difficulties who were not being appropriately supervised, all consumers were reviewed and reassessed, increased supervision of meal service occurred to ensure safe swallowing strategies were being implemented, staff were provided with training on dysphagia and texture-modifications, consumer’s dietary information cards for meal trays were introduced, additional clinical management staff were employed, with policies and procedures updated.

During the Site Audit between 16 April 2024 and 18 April 2024, consumer and representatives advised the timeliness of administration for time sensitive medication had improved and for consumers, who had swallowing difficulties, strategies to reduce the risk of choking had been implemented.

In relation to the remaining requirements, I find:

Consumers and representatives said consumers received the care they needed. Care documentation reflected individualised care was safe, effective, and tailored to the specific needs and preferences of the consumer. Staff demonstrated knowledge of individual consumers’ personal and clinical care needs and knew what was required of them to meet those needs. Policies, procedures, and tools supported staff in the delivery of care for restrictive practices, wound care, continence support, bowel management and pressure injury prevention.

Staff demonstrated knowledge of how to care for consumers who were approaching end of life. Care documentation evidenced care was provided consistent with the consumers wishes. identified assessments include pain and review of consumer’s medications by the MO. Staff confirmed they had been provided with training on end of life care, including the use of continuous pain medication administration devices.

Consumers and representatives said staff were quick to respond when they were advised of a change in consumer’s condition. Care documentation evidenced staff escalated and promptly responded to signs of potential infection. Policies, procedures and staff training guided staff in recognising and responding to clinical deterioration.

Consumers and representatives said their care needs and preferences were effectively communicated between staff. Care documentation provided adequate information to support staff, medical officers, and allied health professionals to understand the care needs, conditions and preferences of consumers. Staff were observed to handover changes to consumer’s medications, mobility, skin integrity, bowel patterns and behaviours.

Care documentation evidenced consumers were referred to and reviewed by allied health professionals, when required. Staff confirmed they had access to a range of specialists and allied health professionals and understood referral processes. Staff confirmed each referral is document and monitored to ensure acceptance and review of the consumer is timely.

Consumers and representatives stated they always saw staff practicing hand hygiene and wearing personal protective equipment, when required. Policies and procedures guided staff in practices to minimise infection related risks and promote antimicrobial stewardship. Staff demonstrated knowledge of how to minimise the need for antibiotics and how to use them correctly when prescribed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and said they were supported to pursue activities of interest to them, such as morning exercise classes. Staff explained consumers’ independence was promoted by tailoring activities to their needs, with additional support provided for consumers with complex needs, so they could participate in activities. Care documentation evidenced consumers’ lifestyle preferences, their interests and abilities and the supports needed to participate in activities which promoted their well-being.

Consumers confirmed their emotional, and spiritual needs were met through attending men’s group and monthly on-site religious services. Staff advised they provided emotional support to consumers when grieving and spent one on one time with them when their mood was low. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as enjoying monthly visits from local pre-school children and going to the local shops. Staff explained they supported consumers to maintain relationships by facilitating contact with loved ones and ensuring their contact information was current. Consumers were observed socialising with each other and visiting family members, whilst others were observed leaving the service to spend time with family.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, as staff knew their dietary preferences and emotional needs. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation and dietary profiles used by catering staff, contained consistent information.

Staff consumers were referred to multicultural organisations when they needed additional social support. Care documentation evidenced timely referrals were made to other organisations to meet consumers’ needs. Staff confirmed referrals are coordinated and monitored to ensure timely engagement of support services.

Consumers and representatives gave positive feedback about meals, which consumers said were enjoyable and aligned with their preferences and dietary requirements. Staff understood consumers’ individual dietary requirements and explained a seasonal menu was developed in consultation with consumers and had been reviewed by a dietician. Consumers were observed to enjoy the meals served and their dining experience.

Consumers said they had access to clean, safe equipment which was well maintained. Staff explained equipment was cleaned between each use and inspected for any damage, with replacement or additional items available when required. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service had a welcoming atmosphere and they felt safe and at home, particularly as rooms were personalised with their own belongings. Consumers’ understanding of the service environment was supported by wayfinding signs, whilst communal areas encouraged interaction with others. Consumers were observed participating in activities, entertaining visitors, socialising with each other or resting quietly.

Consumers gave positive feedback about cleanliness and maintenance of the service and said their personal rooms were regularly cleaned. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Most consumers were observed moving around without restriction, however, as some consumers were identified as not be able to release an automated locking mechanism to exit, doors were placed in an open position to remove the risk of environmental restrictive practice being applied without consent.

Consumers confirmed fittings and equipment were clean and regularly maintained, and they felt safe when staff used equipment during daily living activities. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance addressed promptly. Consumers were observed using mobility aids and shared furniture, which were clean and in good condition.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they were comfortable to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff. Staff explained consumers could provide feedback or make complaints at consumer meetings, by participation in a quarterly satisfaction survey, in writing or they were supported to complete a feedback form. Minutes from consumers’ monthly meetings evidenced consumers were encouraged to provide feedback about the care they received, their activities of daily living, catering, cleaning and laundry services.

Consumers understood how to access external complaints services and advocacy groups, whose information was shared with them during the entry process. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Posters, leaflets and brochures promoted access to the Commission, advocacy services and language services.

Consumers gave practical examples of the introduction of appointment cards, as appropriate action taken in response to their complaints of having missed consultations with external service providers, as staff had not reminded them of the upcoming appointments. Staff described the complaints management process and confirmed consumers received an acknowledgement of their feedback or an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers and representatives gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as food is served at appropriate temperatures for those who preferred to eat in their rooms, with staff available to assist them during meals, if required. Staff explained feedback and complaints were regularly reviewed to identify trends and make improvements, such as food temperatures when consumers received tray delivery service to their rooms. Continuous improvement documentation evidenced feedback and complaints were included for ongoing monitoring and action.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained staffing levels were determined according to consumers’ needs and acuity, but amended to account for changed needs and feedback from staff and consumers. Rostering documentation evidenced shifts were adequately filled, with an appropriately mix of clinical, care, environmental and hospitality staff, with a registered nurse always available.

Consumers said staff were kind, caring and respectful of their preferences when providing care. Staff explained they familiarised themselves with consumers’ cultural and individual preferences by reading care documentation and speaking with them and their families to better understand them. Staff interactions with consumers were observed to be kind, caring and respectful.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs, and consumers felt safe and supported during the delivery of care. Management explained staff competency was initially determined through the recruitment process and ongoing via an orientation and buddy program, mandatory training and performance reviews. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers gave positive feedback about staff training and said they felt safe as staff were competent in their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, manual handling and orientation to the organisation’s policies and procedures. Training records evidenced staff had completed mandatory training topics which supported them to deliver outcomes required by the Quality Standards.

Management advised staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals through observations, peer review and discussions with consumers. Staff confirmed they participated in performance reviews and described the process as an opportunity for professional reflection, goal setting and they were supported by management. Personnel records evidenced most staff performance appraisals were up to date, with a schedule in place to complete outstanding reviews.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed they were supported to evaluate their care and services through direct feedback, care review meetings, surveys and said they were advised of the outcomes of their feedback. Management explained consumers and representatives further contributed to service evaluation through feedback and complaints, food focus meetings and there was a consumer presence on the consultative committee, which met monthly. Meeting minutes evidenced consumers were engaged in evaluating their care and services.

Consumers and representatives confirmed consumers felt safe and lived in an inclusive environment with access to the care and services they needed. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through monthly reporting on clinical governance processes, quality of care and clinical audits. Meeting minutes evidenced the board received a range of operational reports for review and which supported decision making and continuous improvement activities, such as implementation of staff education sessions in medication administration and wound management.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. Staff demonstrated knowledge of restrictive practices and how to ensure they were used as a last resort, through assessment of need and development of behaviour supports. However, insufficient guidance on the assessment of consumers for environmental restrictive practice, had been provided to staff, when doors which were previously secured, had potentially impacted the free movement of some consumers.

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