Performance

Report

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| Name of service: | Performance report date: |
| Palmwoods Care Centre | 21 July 2022 |
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| 5247 | Site audit |
| Approved provider: | Activity date: |
| Sundale Ltd | 8 June 2022 to 10 June 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 Palmwoods Care Centre (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Sit Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to 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 to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 their representatives said staff treat them with dignity and respect and value their identity, culture, and diversity. Staff demonstrated an understanding of consumers’ backgrounds and preferences and described how they tailor care to meet consumers individual needs.

Consumers were satisfied they are supported to exercise choice and independence, make decisions about their care and services, and felt encouraged to maintain relationships with people important to them, both inside and outside of the service. Staff provided examples of how they encourage consumers to be independent and demonstrated respect for their choices.

Consumers and representatives indicated they receive information that is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice and independence

The Assessment Team inspected care documents and found they reflected consumers’ cultural, spiritual and activity preferences. Care documents also demonstrated consideration of risk for some activities and strategies to mitigate risk, which included consultation with consumers and representatives.

Consumers felt that the service and staff respect their privacy and were confident that their personal information is kept confidential The Assessment Team observed staff closing doors and speaking privately in consumer’s rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 their representatives confirmed they are involved with assessment and care planning, on entry to the service and then during periodic reviews. Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals and applicable risks. Care plans note consumers’ preferences, including for advance care and end of life care.

Care planning documents reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explain information regarding care and they have access to care planning documents.

Care planning documents reflected regular reviews occur, at least every three months and following any change of circumstances or condition of the consumer. Representatives said they are informed of changes. The service reviews clinical indicators and monitors trends to identify areas of risk and strategies for improvement.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 considered that consumers received personal and clinical care that was safe and tailored to meet their needs. Staff described consumers’ individual care requirements and used this knowledge to deliver personal and clinical care aligned to meet their needs.

Staff demonstrated an understanding of risks involved with consumers condition and used strategies to maximise their well-being and comfort. The service demonstrated it adequately managed high prevalence risks including falls and infection. Consumers expressed confidence in how the service assessed, communicated, and managed high impact risks and staff described the specific strategies the service had in place to manage risks to consumers’ health and comfort. Care plans showed consumers received effective care for skin integrity, pain, and behaviour management.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff were able to describe their roles and responsibilities of how they identified and reported changes or deteriorations in consumer’s health. The service demonstrated it used effective records management processes. Consumer care planning documents showed input from allied health professionals and their representatives said they were satisfied with the care they received from referral services.

The needs, goals and preferences for consumers nearing the end of life are addressed as part of care planning and staff were able to explain processes for supporting the needs and preferences of consumers nearing the end of life. Staff are further supported by internal guide practices for palliative care.

The organisation had policies and guidelines for key areas of care including, nutrition, skin integrity, pressure injuries, medication safety and falls management. Monitoring processes were employed by the service to ensure consumers were provided with safe and effective care included clinical management meetings and review of clinical indicators.

Infection control training had been provided to all staff and included handwashing competencies, donning and doffing of personal protective equipment and the minimisation of infection related risks for consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 described how staff support consumers to participate in activities that are of interest to them and described the various ways the service enables consumers to optimise their independence and well-being. Care planning documents reflect consumers’ activity preferences and staff described how they tailor activities and cater to consumers’ interests.

Staff described how they provide support to consumers to promote spiritual and psychological well-being, including engaging with consumers, referral to external services, and supporting consumers to attend religious services. Consumers and their representative’s said consumers are supported to maintain relationships and participate in the community.

Staff demonstrated a shared understanding of the external supports utilised by consumers and could identify the supports and external organisations available to consumers if required. Care planning documentation demonstrated the occurrence of timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives reported that where care is shared, their needs and preferences are effectively communicated between relevant staff or other organisations where appropriate.

Consumers and representatives provided mostly positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements. Hospitality staff described how they are informed of consumers’ needs and how they evaluate the suitability of the menu. The kitchen environment was observed to be clean and well maintained.

The Assessment Team observed that where equipment was provided it was safe, suitable and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs and staff described the regular cleaning and maintenance processes.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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

Consumers described feeling at home and as though they belonged in the service and described feeling safe and comfortable in the environment. Consumers rooms were observed to be individualised, decorated and contained personal items. The service had multiple common areas throughout the facility for consumers and representatives to utilise, which was observed by the Assessment Team as maintained at a comfortable temperature and easily accessed by consumers.

Staff described the maintenance and cleaning schedules undertaken at the service and a review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Chemical storage and medication rooms were locked to ensure consumer safety and operational areas, such as the laundry room were observed to be clean and tidy.

Furniture, fittings and equipment within the service was safe, clean and well maintained. The service had processes in place to ensure preventative and reactive maintenance is conducted regularly, with maintenance staff available throughout the week. A review of the maintenance request logs found that maintenance issues are raised and actioned quickly within the service.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 felt encouraged, safe and supported to provide feedback and make complaints anonymously or with the assistance of staff. Staff advised that consumers were encouraged to provide feedback and demonstrated they know the service’s escalation process for managing complaints from consumers and representatives. For example, the service maintained a feedback register that included compliments, complaints, and suggestions which is reviewed and actioned monthly by management or more often, if required.

Consumers were aware of advocacy and other external complaints services available and felt confident the service would resolve issues and take appropriate action. Staff were aware of advocacy services available to consumers and representatives. Documents for various advocacy services and outreach providers were on display throughout the service. Communication methods for how consumers and representatives can contact these services was included on the material.

Consumers and representatives were confident that prompt and relevant action is taken by the service when responding to complaints. The service had complaint handling procedures and policies in place to instruct staff on how to manage feedback and grievances. Staff demonstrated an understanding of open disclosure policy. The service demonstrated it uses an open disclosure approach when a mistake occurs.

**Standard 7**

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| Human resources | | Compliant |
| 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 were satisfied that the workforce was planned to enable the delivery and management of safe and quality care and services. Consumers and staff indicated there were enough staff to meet the personal and clinical care needs of consumers in a timely manner. The Assessment Team observed staff assisting consumers in a manner which was respectful and did not rush the consumers through their daily care activities.

Consumers expressed that workforce interactions with staff were kind, caring and respectful of their identity, culture and diversity. Staff said that the work environment was very positive and that interactions with consumers were overwhelmingly positive. The Assessment Team observed various interactions between staff and consumers to be kind, caring and respectful.

Staff indicated they are appropriately trained and that they receive continuous professional development through mandatory training sessions. Policies and procedures reviewed by the Assessment Team demonstrated an effective framework for training, tracking competencies and identifying knowledge gaps at the service.

Management advised that they monitor staff practices through feedback from supervisory staff, consumers and representatives. Management described the service’s implementation of reflective practice through self-assessments to support staff in monitoring and reviewing their own practice and identify opportunities for development. Staff indicated they have regular retention conversations with management and staff demonstrated an awareness of the service’s performance development processes.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Consumers and their representatives said they are engaged in the development and evaluation of care and services, and considered the service is well run. Management obtain feedback through meetings, surveys and discussions to support consumer engagement in improving the delivery of care and services.

The service’s Board shows accountability for a culture of safe and inclusive care through ongoing engagement with the service to analyse incidents, assess feedback and communicates with staff and consumers through newsletters and visits. The Board has endorsed improvements to the service, such as renovations.

The service has effective governance systems to support information management, financial governance and workforce governance. The service demonstrated it identifies opportunities for continuous improvement, including through information received via feedback and complaints and analysis of incidents. The service monitors regulatory compliance and communicates legislative changes to staff.

The service demonstrated it has a clinical governance framework that supports clinical care practice within the service. Management demonstrated an understanding of the underlying principles of open disclosure and how it was applied within the service.

The service has an effective risk management framework in place. Staff described relevant policies and how they apply them, such as through reporting incidents, abuse or neglect. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

1. The preparation of the performance report is in accordance with section s40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)