Performance

Report

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| Name of service: | Performance report date: |
| Paradise Lakes Care Centre | 30 September 2022 |
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| Approved provider: | Activity date: |
| Linbrell Pty Ltd | 30 August 2022 to 01 September 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 Paradise Lakes Care Centre (**the service**) has been considered by D. McDonald, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 | | 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 representatives felt consumers were respected regardless of their culture and background. Staff spoke of consumers with respect and an understanding of their backgrounds and were observed treating consumers with dignity and respect, such as addressing them by their preferred name. Care planning documents included consumer’s background and likes and dislikes.

Consumers said their cultural and religious needs were valued in the service. Care planning documents reviewed, reflected consumer’s cultural and spiritual needs and preferences. The service has processes and policies which demonstrated how it supported and managed consumer’s dignity, independence, and cultural safety.

Staff described how they support consumers to be independent and make choices, such as through providing options, encouraging relationships and delivering care in line with consumers’ preferences. Consumers and representatives said the consumers were offered choices about deliver of care and services, and said they could maintain relationships with who they choose. Staff described how they support consumers to maintain relationships with those who were important to them.

Information was provided to support consumers to make choices regarding their care needs and lifestyle activities. Staff described how they present information according to consumers’ preferences and needs, including the use of aids for consumers with communication barriers.

Staff were observed to be respecting consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information was secured through a password protected electronic care management system, and the nurses’ station was locked.

# 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

Care planning commenced when consumers entered the service. Care plans addressed consumers’ needs, goals and preferences and included interventions to manage personal or clinical risks current needs and preferences, including advance care and end of life planning. Staff described consulting extensively with consumers and representatives, to develop a care plan which was safe, effective and right for them identifying relevant risks and mitigation strategies.

Consumers and representatives said staff involved them in the assessment and planning process. Staff stated discussion regarding consumer’s end-of-life preferences was initiated during assessment and during reviews of care and services. Care planning documents reflected the needs of the consumer as well as goals and preferences, and included advance health directives and end-of-life planning.

Representatives reported they participated in assessment and care planning on a regular basis. Staff advised how other providers of care including physiotherapy, dietician, medical officers and specialists were engaged in the assessment, planning and review of care for consumers. Care planning documentation evidenced the involvement of other health care providers including audiologists, dentists and allied health professionals in the assessment of consumer needs.

Consumers and representatives said they were regularly updated on consumer care plans and staff explain what is written. Staff advised consultation is requested of the consumer’s representative when reviewing a care plan and the consumer’s medical officer is also involved. Progress notes demonstrated consumers and representatives are consulted when the consumer’s care and service plan is reviewed and are offered a copy of the consumer’s updated care and service plan.

Staff described, and representatives confirmed, how care plan reviews occurred following incidents. Scheduled reviews occur every 3 months. the service’s assessment and care planning policies and organisational procedures included guidance for staff about the timing of care plan reviews and when assessment should occur.

# 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 said they were happy with the personal and clinical care provided. Staff described how they delivered best practice care, including skin care, pain management and restrictive practices consistent with the services’ policies. Care plans reflected individualised care which was safe, effective and tailored to the specific needs and preferences of the consumer.

Care plans identified the high impact and high prevalence risks for consumers. A documented risk management framework guided staff on how risk was identified, managed and recorded. Staff described how they manage incidents through recording and escalating the information and how incidents were followed up by clinical staff.

Consumers and representatives expressed confidence when the consumer needed end-of-life care, they would be supported to be as free as possible from pain and to have those important to them with them. Staff described the delivery of care for consumers nearing end of life and how consumer’s comfort was maximised. The service had clinical guidelines to support the delivery of palliative care services.

Staff described their roles and actions in monitoring consumer’s health and well-being, including observations when performing cares, assisting with mobilisation, monitoring fluid intake and general moods. Representatives said they were notified of changes and consumers received suitable care. Documentation evidenced how referrals were made to other health services when deterioration or change of a consumer’s health was identified.

Consumers and representatives stated they believed the consumer’s needs and preferences were accurately communicated between staff, resulting in them receiving the care and services they required. Staff stated information regarding consumers’ needs and condition were documented and shared electronically, as well as verbally through shift handovers, and staff meetings. Consumer documentation verified family conferences were conducted, and progress note entries provided evidence of ongoing communications between the staff and consumers and their families.

Consumer files demonstrated input from others was sought and recommendations from other providers of care and services were consistently recorded. Consumers and representatives said the service made appropriate referrals and arranged transport to other services, if required. Staff stated services external to the service were used when specific issues related to the consumer care needs were identified, including access the local public hospital to assist with the management of consumers with specific clinical issues such as complex wound management, palliation or catheters.

Consumers stated staff wash their hands, wore masks, and maintained social distancing, adding they have not seen any staff working while sick. Staff described how they minimise infection related risks and had a shared understanding of the service’s procedures for infection control and minimising the use of antibiotics. The service had documented policies and procedures to support the minimisation of infection related risks.

# 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 felt consumers were supported to engage in activities of interest to them and were provided with relevant support to promote their independence and well-being. Staff explained what was important to consumers and their preferred activities, consistent with care planning documents The service’s monthly activities calendar offered a range of different activities includings crafts, exercise, board games, musical concerts and pampering sessions.

Consumers and representatives reported staff were kind and caring and they were comfortable speaking to them, or management, should the need arise. Staff stated if a consumer was down or low, they spend one-to-one time with them, document in the progress notes, and inform clinical staff for further investigation. Progress notes evidenced staff reporting on consumer’s moods, engagement in activities or changing behaviours. Staff were observed to be sharing quiet times with different consumers, during mealtimes, playing board games or supervising in the garden areas.

Consumers described participating in a range of activities, including interacting with volunteers or enjoying entertainers from outside the service as well, as accessing the community independently. Staff said the service supported consumers to maintain their wellbeing through contact with family and friends, and by participation in activities within the service and community. Consumers were observed spending time with visitors in various parts of the service, and consumers leaving the service with family members.

Consumers and representatives said staff knew about their condition, needs and preferences. Staff described how changes in consumers’ care and services were communicated through verbal and documented handover processes and care plans. The service’s electronic system provided staff with alerts regarding all consumer changes. Activities were supplemented by external volunteers and organisations who provided entertainment.

Consumers and representatives said they were supported by other providers of other care and services. Consumers care planning documentation reflected the involvement of others in provision of lifestyle supports, including referrals to optometrists, dentists and physiotherapists to improve consumer’s abilities to engage and participate in activities within the service. Staff advised they engaged with, and provide referrals to other organisations to provide support to consumers.

Consumers and their representatives were happy with the variety, quality and quantity of meals provided at the service. Staff described how they comply with consumers’ individual dietary needs and preferences and obtain consumers’ feedback through consumer meetings. Meal service was observed during the site audit and staff were observed assisting consumers with their meals and offering them choices. Noise was kept to a minimum during meals and consumers were observed to be relaxed and enjoying their meals.

Staff said sufficient equipment was available. A range of lifestyle activity products, such as board games and craft materials, were observed to be available and appeared to be in good condition. The preventative maintenance schedule demonstrates regular servicing of equipment. Corrective maintenance logs demonstrated issues brought forward were followed up and rectified by maintenance staff in a timely manner.

# 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 and representatives said the service environment was comfortable and clean and consumers felt at home describing it as calm and quiet. The service environment was observed to be easy to navigate, clean and comfortable. Staff stated, and observations confirmed, the service was well lit and each room had signage to assist in room identification.

Consumers said they felt free to go outside when they want were able to go on outings with family and friends. Consumers were observed utilising indoor and outdoor areas, including the café which was available each morning. Staff said the environment was safe and well maintained through scheduled preventative and reactive maintenance. A review of the maintenance log evidenced regular maintenance of the service environment.

Consumers and representatives stated the furniture, fittings and equipment were safe, clean, well maintained and suitable for them. Staff described how shared equipment used for moving and manual handling of consumers was cleaned and maintained. Furniture, fittings and equipment at the service were observed to be safe, clean, well-maintained and suitable for the use of all consumers and visitors, equipment was stored securely. Equipment in the kitchen and laundry were clean and appeared well maintained.

# 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 stated they were comfortable raising concerns or providing feedback verbally, completing “compliments, suggestions and problems” form, or through consumer meetings. Staff described the different avenues where consumers could provide feedback or complaints. Compliments, Suggestions and Problems forms were located at the main reception and the entrances of each wing of the service.

Consumers reported they were informed about how to access advocacy, interpreter, legal services, as well as external complaints through the resident handbook. Staff knew how to access advocacy and interpreter services for consumers. Advocacy and interpreter information such as OPAN and ADAA were observed within the service. The service had a complaint management process which included information on accessing various support services for raising a complaint.

Consumers said the service responds to their complaints appropriately and discussed complaints with them. Staff were aware of the complaint management and open disclosure process. The service has policies detailing how to effectively manage complaints, promoting the use of open disclosure including open communication and providing an apology when things go wrong.

Consumers indicated feedback and complaints were reviewed and used to improve the quality of care and services. Staff described how service improvements were made in response to feedback, and the service’s complaints management process stated compliments and complaints data would be recorded and used for continuous improvement. A priority plan register was observed which detailed changes made in response to feedback and complaints to improve services, including reduction of noise after consumer complaints.

# 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 reported there were adequate staff and call bells were answered immediately. Staff reported shift vacancies were usually filled and agency staff were only used as a last resort. A review of the rosters and other documents demonstrated the service had sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers and representatives stated the workforce interacted with the consumers in a kind, caring and respectful way regardless of cultural background. Management, clinical staff and care staff were observed addressing consumers by their preferred name and using respectful language when assisting consumers.

Consumers and representatives said felt staff knew what they were doing. Management described how they determined whether staff were competent and capable for their roles and all required approvals and qualifications were checked. Management described the process to ensure staff were suitable for, and competent in their role. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. Position descriptions were available for all roles and were observed to include responsibilities, accountabilities, qualifications, training and experience.

Consumers and representatives advised staff were trained and equipped to do their jobs. Management said the workforce was trained through e-learning and face-to-face training. Staff said adequate training was received to perform their assigned duties. A review of other documentation found additional evidence the workforce was satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by the quality standard.

Staff members described the performance appraisals process, and a review of staff records and documentation pertaining to staff performance further supported this. Appraisals were completed on an annual basis and identified training needs, and at the time of the Site Audit all appraisals were up to date.

# 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 representatives reported the service engaged them in the development, delivery and evaluation of care and services, such as through monthly consumer and relatives’ meetings. Management and staff described the various mechanisms used to engage consumers such as consumer meetings, feedback from consumers and representatives, and surveys. The service’s consumer consultation policy detailed the process of involving consumers and representatives in the facility’s decision-making process.

Consumers said they felt safe and received the care they required. Management described how the governing body, consisting of the company directors, participated in the delivery of care and services as indicated in its corporate and clinical governance policies. Policy documents provided further evidence how the organisation’s governing body played a role in promoting a culture of safe, inclusive and quality care and services and was accountable for their delivery. The governing body satisfies itself the Standards were met through the review of internal reports.

The service demonstrated appropriate governance systems were in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself the Quality Standards were met. Management and staff indicated how information was communicated via email, noticeboards, referrals and staff meetings and staff advised they could access information they need.

The service had a risk management framework in place which ensured current and emerging risks were identified and their potential consequences understood so appropriate and effective steps were taken to mitigate and manage the identified risks. Management and staff described the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks were escalated to management and further to the governing body who had the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The organisation had a clinical governance framework in place which included policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, medication administration, restrictive practices, and open disclosure. indicated a practical knowledge of open disclosure, including truthful, clear, and timely communication with consumers and their representatives when something goes wrong, in line with the service’s open disclosure policy. For example, staff indicated a practical knowledge of open disclosure, including truthful, clear, and timely communication with consumers and their representatives when something goes wrong, in line with the service’s open disclosure policy.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)