Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Peninsula Palms Retirement Village |
| Service address: | 77 Morris Road ROTHWELL QLD 4022 |
| Commission ID: | 5358 |
| Approved provider: | Peninsula Palms Aged and Community Services Limited |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 12 October 2022 |
| Performance report date: | 8 November 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 Peninsula Palms Retirement Village (**the service**) has been prepared by Grace Hope-Simpson, 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; 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they are treated with dignity and respect, their culture and identity is valued and care provided is consistent with their preferences. Staff said they tailor care based on consumers’ culture and preferences, details of which were documented in care plans.

Consumers reflected they were supported to make decisions about their care and how it should be delivered. Staff and consumer feedback demonstrated the service supported consumers to maintain relationships of choice within and outside the service.

Consumers said the service supports them to take risks. Staff were aware of risks taken by consumers, and said they support consumers to make informed decisions about risks. The service maintains risk assessment processes to support informed decision-making.

Information is provided in a timely and clear manner to support daily decision-making. The service communicates with consumers through newsletters, activities notice boards, meetings and daily walk arounds by staff to support consumer choice.

Consumers described how their personal privacy is respected. Staff were observed closing the door during provision of personal care. Consumers’ confidential information is secured at nurse stations and restricted to relevant staff.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers confirmed they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Care plans demonstrated risks to consumers health and well-being were considered, to inform the delivery of safe and effective care and services. Consumers were supported by a multidisciplinary team of medical professionals, and other providers of care and services to best support their needs, as confirmed by care plans, consumer, and staff feedback.

Staff explained advance care directives, and end of life wishes were discussed upon admission to the service, and as needs changed. Representatives said, and care plans confirmed consumers’ end of life care preferences were identified and documented.

Consumers and representatives said they had a copy of the consumer’s care plan or had been offered one. Staff explained the outcomes of care planning are communicated in an open manner to consumers and representatives through telephone calls to next and providing access to care plans via mail where requested.

Care plans reflected recommendations and directives from allied health professionals and medical officers. Care planning documentation, inclusive of progress notes and assessments, confirmed the service regularly reviewed consumers’ care and services for effectiveness and when consumer needs or circumstances changed.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers and their representatives said consumers receive satisfactory, tailored care that optimises their health and well-being. Staff said they are guided by policies and procedures to direct care. Consumers subject to restrictive practices have relevant consent, assessments and behaviour support plans in place. Care plans reflected consumers receive suitable wound care and pain management which is monitored and reviewed.

Consumers and representatives considered that high impact risks such as falls, and weight loss are appropriately managed. Staff described how high prevalence, high impact risks are monitored and managed. Care plans showed the service appropriately manages risks including falls, pressure injuries, pain, and restrictive practices.

Staff explained in practical terms how care and services changed for consumers nearing end of life, to support consumers’ preferences and dignity. Most consumers and representatives confirmed they had discussed or completed end of life planning. Sampled care plans for palliating consumers reflected advanced care planning and/ or end of life planning.

Consumers and representatives said staff identified changes or deterioration to consumers’ condition and gave practical examples to demonstrate this. Staff outlined processes used to monitor consumers’ health and well-being and care plans confirmed changes to consumer condition were identified and responded to in a timely and appropriate manner.

Information consumers’ condition, needs and preferences is documented and shared with consumers and their representatives. Staff said electronic care plans and handovers provide adequate information to support effective and safe care. Care plans contained sufficient information to support care and showed consumer referrals were completed in a timely and appropriate manner to various allied health professionals and medical specialists.

Consumers said, and observations confirmed the service followed measures to prevent and control infection, such as staff washing their hands and wearing personal protective equipment. Staff explained the methods used to promote appropriate antibiotic prescribing, such as, obtaining pathology test results to determine if antibiotics were required.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they feel supported to participate in activities they like and are provided with appropriate support to optimise their independence and well-being. Staff described how care and services are individualised and targeted to optimise consumer independence and wellbeing. Care plans included consumers’ goals, preferences and favoured activities.

Consumers described services and support for their emotional and spiritual well-being, including religious services. Staff provided examples of how they support consumers’ spirituality and psychological well-being. Religious, cultural and spiritual activities are supported, and the service has a counsellor for consumers to access as needed.

Consumers and representatives said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections, including married couples. Staff described community, recreational, and special events they facilitate to support consumers’ relationships and social interaction.

Consumers and representatives said information about consumers’ services, supports, needs and preferences is effectively communicated between staff, or with others involved in care. Staff confirmed information about consumer condition, needs and preferences is communicated through handovers, progress notes and electronic care documentation. Staff were observed to share and clarify consumer information during a handover.

Consumers said the service refers them to external providers to supplement their needs as required. Care plans showed referrals are made to other services and providers to optimise consumers’ well-being. Lifestyle staff outlined a range of external services involved in consumer care and service delivery.

Consumers and their representatives said they were satisfied with the quality, quantity and variety of meals provided. Staff confirmed consumers are involved with menu planning and can request alternatives meals. Observations confirmed consumers’ dietary needs and preferences are accessible to hospitality staff and the kitchen was observed to be clean and tidy.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers confirmed this to be the case and staff described the maintenance process for reporting faulty equipment.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they find the service environment welcoming and easy for them to move around, and said they have a sense of belonging and independence. The service environment was observed to have appropriate signage to indoor and outdoor areas to support consumers’ navigation. Design elements such as colour coding assisted consumers to navigate the service. Consumers’ rooms were personalised.

Consumers said the service environment is clean and well maintained and they are able to move around freely both indoors and outdoors. All service areas are regularly cleaned in line with a daily schedule. The service environment was observed to be free of hazards and obstructions with consumers on walkers and wheel chairs freely mobilising inside and outside the service buildings.

The Assessment Team observed furniture, fittings, and equipment to be safe, clean, and stored appropriately. Consumers and representatives said the equipment is safe, and furniture is clean and well maintained. Staff described how maintenance issues are reported and the service has reactive and planned maintenance schedules. Maintenance logs were up to date.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives felt supported to provide feedback and make complaints. Staff described how consumers raise concerns through feedback forms, real time ‘smiley’ terminals, emails, resident meetings, and direct conversations with management. Mail boxes for feedback collection were observed throughout the service. The service’s Resident Handbook and Feedback and Complaints Policy outlines an open and transparent approach to complaints and feedback.

A review of the Resident Handbook and observations in service confirmed consumers had been provided with information about advocacy services, interpreting services and internal and external complaints avenues. Staff outlined how they would assist consumers with communication barriers to access advocacy, language or external complaint services.

Consumers and representatives said the service responds to complaints in an open and transparent manner. The service had a documented feedback and complaints policy and procedure which guides staff to document, investigate and resolve matters. Staff confirmed they provide an apology where appropriate. The service’s complaints log demonstrated the service responds appropriately and in a timely manner.

Consumers and representatives said they regularly see improvements made in response to their feedback and complaints. Staff nominated examples of service-level improvements made as a result of consumer feedback. Review of the service’s complaint register evidenced that trends are identified and analysed to inform continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Most consumers said there were enough staff and consumers considered they received quality care, despite staff being busy at times. Call bell records reflected responses are generally prompt, however some consumers reported delays. Management confirmed the governing body had implemented a workforce planning strategy and decided to cap the number of consumers in the service, so staff have enough time to deliver quality care and complete daily tasks. Staff said they manage unfilled shifts, and review of staff rosters indicated an adequate mix and number of staff available.

Consumers said staff were caring, gentle and respectful of their values. Staff were observed interacting with consumers in a caring and respectful manner.

Consumers and representatives felt staff are competent and confident, that staff are skilled to meet their care needs. Staff said they have position descriptions for their roles that align with their duties and receive mandatory and ongoing training to improve their skills. The service has processes to monitor training and a review of staff records showed staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff are regularly assessed, monitored and measured through annual performance appraisals. Performance is also evaluated through daily supervision, staff meetings, reviews and self-assessment to establish further training.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers reported they actively contribute to decisions about how the service is run and the service acts on their recommendations. Management described how consumers engage in the development, delivery and evaluation of care and service delivery, through resident meetings, feedback forms, suggestion boxes and smiley touch terminals located throughout the service.

The service demonstrated the governing body is involved in and accountable for the delivery of quality care and services via the clinical governance committee which reports to them monthly. The service had policies that outline the governing body’s role and review of recent monthly reports demonstrated the governing body’s promotion of inclusion, safety and quality.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example: Management provided evidence on how opportunities for continuous improvement are identified, including changes to budgetary expenditure, and monitoring compliance with relevant legislation and regulatory requirements.

The service’s risk management framework includes practices and policies in relation to high impact and high prevalence risks, addressing abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Management and staff were able to describe these systems and related practices.

The service’s documented clinical governance framework included policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff understood the principles of antimicrobial stewardship and open disclosures, as well as practical ways to minimise the use of restrictive practices.

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-1)