Performance

Report

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| Name of service: | The Palms Nursing Home |
| Service address: | 454 President Avenue KIRRAWEE NSW 2232 |
| Commission ID: | 2253 |
| Approved provider: | Palms Aged Living Management Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 31 July 2023 |

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 The Palms Nursing Home (**the service**) has been prepared by G-M. Cain, 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.
* The provider’s response to the assessment team’s report received 17 July 2023.
* Other information and intelligence held by the Commission in relation to this 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

Consumers considered they were treated with dignity and respect, and had their culture and diversity valued. Staff knew what consumers preferences were, and described how they supported and respected the diversity, identity, and life journey of each consumer. Policy and training outlined ways consumers were to be supported to maintain a sense of self, be independent, and treated with dignity and respect.

Consumers and representatives said consumers culture was respected, and staff met their cultural preferences, for example, providing culturally appropriate meals. Staff explained they captured information about consumers cultural background, goals and preferences through assessment and planning, to inform the delivery of culturally safe care and services.

Consumers said they were involved and supported to make decisions about their care, make and maintain connections and relationships within and outside the service. Staff described how they supported consumers to make and communicate their decisions, for example, asking consumers what they like, and who they would like to be involved in their care. Observations showed consumers participating in group activities, individual activities and sitting together conversing.

Consumers said they are supported to take risks which enable them to live their best lives. Staff were aware of consumers who chose to partake in risk activities and described how they support consumers to understand the possible harm involved and implement strategies to ensure their safety. Care documentation evidenced the assessment of risks and strategies implemented to minimise the risk.

Consumers considered the service provided them with information in an easy to understand and timely manner, which helped them to make decisions about care and services. Information was provided to consumers in various ways, such as direct feedback, noticeboards, newsletters, and meetings.

Consumers and representatives said staff respected consumers’ privacy, and staff described how they respected privacy, for example, by knocking on a consumer’s door before entering. Staff were observed treating consumers with respect and maintaining consumers’ personal privacy, including the confidential storage of consumers’ personal information. The service’s ‘Resident Information’ booklet contained the service’s Privacy Statement and details the collection and use of sensitive information, and informs consumers that information stored on the service’s electronic system is protected from misuse, unauthorised access or loss. If a data breach does occur the service is required to notify those affected.

# 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

Consumers expressed satisfaction that their care is well planned, meets their needs and they feel involved in care planning decisions. They spoke of feeling safe and confident that the staff support their health and well-being. The service’s assessment and planning processes included consideration of risks to consumers health and well-being to inform the delivery of safe, effective care. The service uses validated risk assessment tools, consults with other providers of care and services, and has policies and procedures to guide staff practice. Consumers spoke of how they were supported to do things with an element of risk, with risk mitigation strategies in place. Care planning documents identified risks associated with the care of consumers, and ways to safely support the delivery of consumers care and services.

Consumers and representatives confirmed that the assessment and planning process included considering consumers' needs, goals, and preferences and that staff had discussed end-of-life planning with them. Care documentation identifies consultation with consumers and representatives, including developing advanced care plans, if they choose to do this. Staff could describe how the assessment and care planning process identifies consumers' goals, needs and preferences to inform care delivery.

Consumers and representatives said they were actively involved in the assessment, planning, and review of consumers care and services. Staff described how they involved consumers, representatives, and others as appropriate in the assessment and review processes. Care planning documents evidenced consumers, representatives, and other providers of care and services were regularly engaged and involved in the assessment and planning process for consumers.

Consumers said they were aware of, and knew how to access a copy of their care plan. Staff described how they documented and communicated the outcomes of assessment and planning to consumers, representatives, and others in a timely and appropriate way. For example, staff explained they would send email correspondence for representatives unable to visit the service in person.

Consumers and representatives considered the service regularly reviewed care and services, and made changes to meet consumers current needs, goals, and preferences. Consumers said when something went wrong, or their circumstance changed, staff communicated with them about this, and sought their input to ensure the delivery of safe, effective care and services. Care documentation demonstrated that the regular review and update of care plans occur every 4 months or earlier if there are changes in a consumer's health or condition or when an incident occurs.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Consumers considered they received care that was safe and right for them, consistent with their needs and preferences, and supported their well-being. One consumer representative spoke of being happy with the care of his wife, including how the service is managing current pressure injuries and implementing preventative strategies. Care documentation evidenced that care is safe, effective and individualised to each consumer. For consumers subject to restrictive practice, documentation reflects appropriate authorisations, behaviour support plans, monitoring and review. The service has a policy of de-prescribing psychotropic medication use. Clinical managmen described the process of regular review of medications, such as, following a consumer fall, at regular medication management reviews and at consumer 3 monthly care plan reviews.

Consumers and representatives were satisfied that risks, including falls, weight loss, and infections were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including directives from health professionals. Policies, procedures, and clinical protocols guided staff in the management of high-impact, high-prevalence risks.

Care documentation showed that consumers nearing end-of-life had their dignity preserved and care provided in accordance with their needs and preferences. Advanced care plans outline consumers' needs, goals and preferences. Staff provided practical examples of maximising consumers' comfort, such as pain management, mouth care and monitoring of pain.

Consumers considered staff knew them well, and identified changes in their condition in a timely manner. Staff described how they identified changes in consumers, such as looking for changes in demeanor, eating and sleeping patterns, or an increase in falls. Staff explained, and documentation confirmed staff promptly responded to deterioration or changes in consumers, including review, monitoring, and referrals completed as necessary. The Approved Provider’s response to the site audit report advised toolbox sessions and medication competency checks were completed for clinical staff, as a result of a medication incident. The response outlined other proposed continuous improvement activities, such as signage on medication trolleys, and communication with medical officers regarding allergy checks.

Consumers said that those who need information to deliver their care are well informed and trained to deliver that care, and that care is constant and reliable, and information is communicated well. Staff said information was accessible to them to guide the delivery of care and services, and management explained how information was effectively shared within the organisation and with other providers of care and services such as through shift handover, alerts in the electronic care documentation system and the daily diary.

Consumers and representatives said referrals were timely, and staff provided examples of referrals to individuals and other organisations and providers of care. Care documentation confirmed the referral to and input of others in consumers' care and services.

Consumers and representatives said the service is kept clean, and they observe staff utilising personal protective equipment, and practicing safe hand hygiene techniques like hand washing and sanitising. Staff explained how they minimised infection related risks, such as maintaining appropriate hand hygiene, wearing personal protective equipment, and COVID-19 screening measures. Staff demonstrated knowledge of antimicrobial stewardship, and explained ways they promoted appropriate antibiotic prescribing. The service environment was observed to have infection prevention and control measures in place, such as hand hygiene stations, and adequate supply of personal protective equipment, COVID-19 tests, and influenza antiviral medication.

# 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

Consumers considered they received services and supports for daily living which met their needs, goals, and preferences, and helped them to be independent. Consumers spoke of enjoying morning walks around the service and weekly bus outings every Friday. Care planning documents identified consumers choices, and ways to support consumers do the things of interest, such as group activities. Staff demonstrated knowledge of consumers’ needs and preferences, which aligned with information in care planning documents.

Consumers said their emotional, spiritual, and psychological well-being was supported. Staff said if they identified consumers experiencing low mood, they would provide emotional support, complete assessments, or refer the consumer to other services or providers, such as the chaplain. Care planning documents outlined ways to support consumers emotional, spiritual, and psychological well-being.

Consumers considered they were supported to participate in their community within and outside the service, have social and personal relationships, and do things of interest. Management and staff explained how they supported consumers social and community participation, and enabled consumers to do things of interest. Consumers were observed participating in various social activities.

Staff explained how they shared information about consumers to support the delivery of care and services with staff, and others as appropriate, such as documented shift handovers. Documentation demonstrated information about consumers was effectively shared.

Management and staff explained how they worked with external organisations and individuals to support consumers to do the things they wanted to do. Care planning documentation demonstrated that consumers were referred to other individuals, organisation, and other providers of care and services in a timely and appropriate manner, to supplement lifestyle services and supports available at the service. For example, pet therapy and the Men’s club.

The service provides meals that are varied and of suitable quality and quantity. Most consumers said the dining experience was positive and that they always had meal choices. The chef described how the menu was developed and considered the needs of consumers. Document review confirms that the kitchen is notified and maintains a dietary requirements folder to support the delivery of appropriate and correct meals. However, consumers did advise that meals were sometimes not hot when served. A review of food monitoring documentation and the Food Safety Audit identified that food monitoring temperatures were not consistently recorded. Management and a relevant staff member acknowledged that the service’s food safety program processes did not align with internal documentation. The Approved Provider’s response to the site audit report advised actions were in place to revise the documentation and refine processes, including weekly auditing and meetings.

Consumers said they felt safe when using equipment and considered equipment to be in good condition, which aligned with observations. Documentation demonstrated appropriate systems were in place to maintain the safety and cleanliness of equipment.

# 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

Consumers said the service environment was welcoming, encouraged a sense of belonging, and was easy to navigate. One consumer spoke of their love for the garden, and the ease of accessing the outdoor garden from their room. The service environment was observed to be welcoming with space for consumers, no clutter, and adequate lighting and clear signage throughout to aid navigation.

Consumers said the service was clean and well maintained, and could easily access indoor and outdoor areas. The service had dedicated personnel and systems in place to maintain the safety and cleanliness of the service environment, including identifying and recording hazards and maintenance issues. The service environment was observed to be well maintained, with consumers freely moving throughout the service.

Consumers and representatives said furniture and equipment was safe, clean, and well maintained. The service had schedules and maintenance systems to maintain the safety of furniture, fittings, and equipment. Review of service documentation, including maintenance logs confirmed consistent maintenance and cleaning of equipment.

# 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

Consumers and representatives said they were encouraged and supported by management and staff to provide feedback and make complaints. Management and staff described the ways consumers were able to provide feedback or complaints, such as feedback forms, meetings, or direct feedback to staff. Staff explained how they supported consumers with communication barriers in providing feedback or complaints, such as using cue cards and reading non-verbal cues. Documentation demonstrated consumers were supported to raise and discuss issues, with actions taken by management. Observations showed brochures and posters about the internal and external complaints system displayed throughout the service.

Consumers and representatives said they were aware of other avenues to raise complaints, such as through the Commission or an advocacy service. Staff demonstrated knowledge of the external complaints pathways available to consumers, such as advocacy services and language services. Observations showed suggestion boxes, translating and interpreting services posters, complaints forms and information about external complaints services.

Consumers and representatives said management promptly addressed and resolved their concerns following a complaint, or when things went wrong, and provided an apology, as evidenced in documentation. Management and staff demonstrated knowledge of open disclosure principles and explained the process to address and resolve complaints or incidents. Staff have received training in open disclosure, and this was evidenced in training records. A review of the service’s incident management system and incident forms identifies that staff and management apply an open disclosure process following an adverse event, and details of the open disclosure process are documented.

Consumers and representatives said the service listened to their feedback and complaints, took appropriate action to resolve concerns, and implemented changes to care and services. Management described the process of reviewing complaints, feedback, and incidents to inform improvements to care and services, as evidenced on the service’s continuous improvement plan and other relevant documentation.

# 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

Consumers advised there was an adequate number of staff available, staff were not rushed when providing care, and their calls for assistance were answered in a timely manner. Management feedback and documentation demonstrated monitoring processes, such as audits, and maintained oversight of the deployment of appropriate number and mix of staff across the service. The staff roster included a sufficient mix of staff across all areas of service delivery, and systems were in place to account for unplanned leave.

Consumers said they were treated with care, respect, and kindness, as observed. Staff demonstrated an understanding of consumers’ needs and preferences and described how they supported consumers’ culture and diversity, which aligned with information in care planning documents. Observations showed staff interacting with consumers in a kind, gentle, and respectful manner.

Consumers said staff are competent in performing their roles and meeting their care needs. The service had policies, procedures, staff training, and systems to ensure staff were qualified, and had up-to-date qualifications and knowledge to effectively perform their role. Management explained they maintained oversight of staff competency through recruitment processes, orientation and onboarding training, feedback, regular meetings, and ongoing competency and skill assessments.

Consumers said staff are trained and equipped to deliver their care and services and that the care they provide is respectful and meets their health care and lifestyle needs. The workforce was supported to deliver the outcomes required by these standards through formal recruitment processes. Staff confirmed they received training during their orientation and induction and regularly throughout the year which included training in the Aged Care and Quality Standards. Staff training records evidenced training provided to the workforce including the Serious Incident Response Scheme, infection control, pressure area care, and elder abuse.

Management said staff performance was reviewed on an annual basis, and included assessment, review and feedback. Documentation confirmed staff performance was reviewed on an annual basis. Staff advised that they had been involved in a performance review process, and were able to provide details of this process and the support management had provided. For example, a care staff member spoke of being provided the opportunity to undertake palliative care training.

# 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

Consumers said the service sought their feedback about care and services, for example, through consumer and representative meetings, regular surveys, and face to face discussions. Management explained feedback or suggestions provided by consumers and representatives were included in the service’s continuous improvement plan.

Management explained how the organisation’s governing body was accountable for the delivery of safe, inclusive, quality care and services, through strategies such as reporting and monitoring mechanisms, audits, policies and procedures, a risk register, and governance frameworks. Documentation demonstrated the governing body was accountable the delivery of safe, inclusive care and services.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management. For example, opportunities for continuous improvement at the service are drawn from various sources, including consumer and representative feedback and complaints mechanisms, consumer survey results, regular clinical and incident data analysis, and internal and external audits.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers. Staff had received training in identifying and reporting suspected abuse or neglect of consumers, falls management, restrictive practice, infection control and skin integrity. Risks are reported, escalated, reviewed, and analysed at a service and organisational level and reported to the governing body. A review of the service's Serious Incident Response Scheme notifications identified that incidents had been reported in line with legislative requirements.

The service has a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and could describe how they apply these as relevant to their roles.

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)