Performance

Report

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| Name: | Beaumont Care Wamuran |
| Commission ID: | 5514 |
| Address: | 60 Ziviani Road, Wamuran, Queensland, 4512 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 7235 Beaumont Care (Holdings) Pty Ltd  Service: 7349 Beaumont Care Wamuran |

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 Beaumont Care Wamuran (**the service**) has been prepared by Kimberley Reed, 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 Assessment contact (performance assessment) – site 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 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated high impact and high prevalence risks for each consumer were effectively managed, including managing unexpected weight loss, changed behaviour, hydration and nutrition. Consumers and representatives were satisfied that high-impact or high-prevalence risks were effectively managed. Documentation identified effective identification of risks to consumers and strategies to manage the risks were recorded in assessment documents such as the falls risk assessment tool, risk assessment plan, care plans, and progress notes. Staff were aware of individual risks for consumers and effectively demonstrated this.

The high risk of clinical deterioration for consumers was minimised through regular clinical assessments including pain, fluid intake and behaviour changes. This was evidenced for one named consumer who experienced weight loss, changed behaviours and an increase in falls. Consumers and representatives were satisfied with the management of consumers who experienced changed behaviours, and consumers provided feedback they felt safe at the service. Staff demonstrated alternative strategies in managing consumers with changed behaviours including nonpharmacological strategies, this was evidenced and documented in consumer notes.

Weight loss was monitored through entries into the service’s electronic care management system. Monthly weight checks were completed for each consumer, and consumers who experienced unexpected weight loss or gain were weighed more frequently.

The service utilised a falls management framework, staff were aware of the framework and confirmed they reported all falls and near misses as incidents. Following a fall, consumers were monitored in line with the framework and referred to the physiotherapist and medical officer for review. Falls risk assessments were completed and care plans updated to include falls minimisation strategies. Staff identified consumers at high risk of falling and were aware of their mobility needs and fall minimisation strategies.

Consumers with changing behaviours had behaviour management plans in place. The service consulted with Dementia Services Australia to ensure best practice strategies were used to manage changed behaviours. Visual sighting charts were in place for consumers as needed and increased care was provided for consumers at the greatest risk of changed behaviours. Staff identified the changing behaviours and recommended strategies for individual consumers including those with verbally and physically aggressive behaviours.

Based on the information recorded above, it is my decision this Requirement is Compliant as high impact and high prevalent risks to consumers was effectively managed.

# Standard 8

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| Organisational governance | |  |
| 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 |

**Findings**

**Requirement 8(3)(c)**

The service had effective organisation-wide governance systems in place that guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. The organisation demonstrates compliance through their risk management system and the organisational governance system. The organisation utilised diverse online systems such as an electronic care management system, staff intranet, and a risk management system to allow the governing body, management, and staff to have live access to relevant information via computers and mobile phones. The risk management system, workforce governance and regulatory compliance was regulated and monitored by the Quality manager, the Chief executive officer and the Board of directors.

Staff confirmed they could easily access relevant information to deliver safe and quality care and services. Staff felt supported in undertaking their respective roles through information recorded in the electronic care management system, meeting minutes, memorandums and handovers. Consumer information was kept in the electronic care management system which required a password to access, and any other relevant paper documents were within a secure office and locked cabinets.

The continuous improvement process was drawn from a variety of sources, including consumer and representative feedback, complaints mechanisms, consumer experience survey results, regular analysis of clinical data, incident data, and internal and external audits. The organisation’s continuous improvement plan showed evidence of ongoing analysis. The executive leadership team monitored the plan for continuous improvement and escalated high prevalent actions to the Board if required.

The financial team was responsible for managing the annual budget for the service and supported the service manager. Additional expenditure outside of the annual budget was referred to the executive leadership team. The organisation was responsive to requests for budgetary changes to support the needs of consumers.

The governing body, executive leadership team and service manager oversaw the workforce governance and responsibilities. The Service manager reported on workforce challenges and governed workforce management at the site level and the executive leadership team oversaw staffing levels to meet the current Aged Care Quality Standards.

The organisation had governance mechanisms to track, audit, and monitor compliance with legislative and regulatory standards. Industry standards and guidelines were monitored by the organisation’s executive leadership team through subscriptions to various legislative services and peak bodies including the Commission. Regulatory compliance was tracked via a dashboard accessible to the organisation’s executive leadership team with key information reported to the Board. The security of tenure policy was in draft form and will be reviewed at the September 2024 Board meeting. Management was aware of the security of tenure guidelines and the executive leadership team was in communication with the Commission to ensure the developed policy was compliant with legislation. Management confirmed if security of tenure issues arose in the future, they understood the service needs to give 14 days’ written notice to the consumer and ensure alternate accommodation that was appropriate, affordable, and comparable was secured prior to notice being given. The written notice must clearly state the reason for the service’s decision, a date for the consumer to leave, details of the alternate accommodation, and the consumer’s rights.

The service had a feedback and complaints management system and used this to ensure continuous improvement for consumers and the organisation. The service committed to supporting consumers and representatives to provide feedback by offering feedback forms, verbal comments, and official regulatory surveys to ensure a broad spectrum of preferences was collected. Feedback collected at the service level informed the organisation of consumer driven changes.

Based on the information recorded above, it is my decision this Requirement is Compliant as the organisation had effective wide governance systems.

**Requirement 8(3)(d)**

The service demonstrated governance frameworks, policies, and procedures that supported the management of risk associated with the care of consumers. The service had a risk management system for identifying, managing, reporting, and preventing risks associated with consumer care. Management and staff provided examples of these risks and how incidents were managed within the service. The service identified and responded to abuse and neglect and delivered quality care to consumers including completing risk assessments for consumers who chose to take risks to support them to live their best lives.

The organisation had policies and systems for identifying, managing, and monitoring high-impact and high-prevalence risks, including the incident reporting process. Management monitored incidents daily and generated a weekly incident report which was discussed at the weekly clinical meeting. Incident reports were reported monthly to the Chief executive officer for discussion at the monthly Board meetings.

Staff demonstrated the ability to identify potential reportable incidents, including incidents that met the threshold for the Serious incident response scheme, and understood the escalation process. Staff and management were aware of the online decision-making tool and reporting timeframes. Staff escalated suspected serious incidents immediately to the clinical team or Service manager. The Facility manager or a member of the clinical team was on call 24 hours a day to respond to possible serious incidents.

The service’s policies and procedures provided management and staff with the tools and training to effectively manage, record, and report incidents. Key indicator reports were reviewed weekly in the service’s clinical meetings and reported monthly to the Quality manager including, falls, wounds, weights, skin tears, pressure injuries, infections, and hospitalisations.

Staff were aware of signs of abuse or neglect which would be immediately reported to a registered staff who would commence an investigation and report to management.

Consumers were supported to undertake risk based activities following the completion of a risk assessment.

Based on the information recorded above, it is my decision this Requirement is Compliant as the organisation had effective risk management systems and practices.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)