Performance

Report

**1800 951 822**

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| Name of service: | Beaumont Care Wamuran |
| Service address: | 60 Ziviani Road Wamuran QLD 4512 |
| Commission ID: | 5514 |
| Approved provider: | Beaumont Care (Holdings) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 July 2023 |
| Performance report date: | 22 August 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 Beaumont Care Wamuran (**the service**) has been prepared by T Wurf, 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 - Site; the Assessment Contact - Site 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 10 August 2023 and 22 August 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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 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 |

Findings

Consumers and representatives said staff treat consumers with dignity and respect, and respect consumers’ personal preferences. One consumer described how the service sometimes cooks food from their native country for them to enjoy.

The Assessment Team observed staff assisting consumers with meals and mobility in a respectful and caring manner. Staff demonstrated an understanding of consumers’ backgrounds, cultures and individual preferences.

Most care documentation reflected consumers’ backgrounds and those things important to consumers to maintain their culture and identity. Whilst the service was in the process of updating care documentation information for some consumers, the staff demonstrated solid knowledge of those consumers.

# 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 |

Findings

Consumers and their representatives were satisfied with consumers’ personal and clinical care, including the management of wounds, pain, and restrictive practices. They described how staff communicate with them, especially when there is a change in care, or an incident occurs.

The Assessment Team reviewed a sample of consumers’ care documentation and found:

* Effective management of restrictive practices, and individualised behaviour support plans for those consumers subject to restrictive practices.
* Assessment, management and review of wounds, skin integrity, pain, falls and specialised nursing care. For example:
  + - Comprehensive skin care assessments were completed. Wounds were attended to in accordance with wound management plans and were regularly reviewed.
    - Consumers with chronic pain were regularly assessed and pain was managed using pharmacological and nonpharmacological strategies.
* Staff utilise various assessment and care planning tools.

The service analyses and reports clinical incident data including falls, weight loss, behaviours, medication, and pressure injuries.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The Assessment Team found the service was welcoming and easy to access and navigate around. The service had well-kept gardens and professional landscaping.

However, the Assessment Team found deficiencies in the safety, cleanliness and comfort of the service environment related to smoking.

The service has eight (8) consumers who smoke cigarettes. The service has two designated smoking areas, one in an outside pavilion and another within the secure living environment. The Assessment Team found:

* Consumers did not routinely smoke in a designated smoking area:
  + The Assessment Team observed several consumers smoking in an outdoor patio area outside their room. These consumers said their preference was to smoke in this area and not the designated smoking area.
  + Management confirmed that consumers had been resistant to using the designated smoking areas.
* There was a strong smell of cigarette smoke in the corridors close to where consumers were smoking outside their rooms. Staff told the Assessment Team that the smell of cigarettes within this area was common.
* Outdoor furniture in the designated smoking area in the secure living environment had cigarette burn marks.
* The other designated smoking area did not have a call bell or system for consumers to contact staff, and outdoor furniture and floor were covered with bird faeces.
* Risk assessment documentation was incomplete for those consumers who smoke.

In response to the Assessment Team's feedback, management completed an environmental risk assessment that identified potential hazards and strategies to manage those, including providing consumers with alert pendants, removing soft padded furniture and creating a comfortable and inviting space with suitable seating in the designated smoking areas. Management also developed a plan with several actions to rectify deficiencies identified by the Assessment Team.

The approved provider’s response to the Assessment Contact Report included evidence that the improvement actions had been completed. For example:

* The service’s August 2023 newsletter reminded consumers about only smoking in the designated smoking area.
* Management met with consumers who smoke and discussed smoking arrangements.
* Risk assessments were completed for relevant consumers who smoke.
* On 1 August 2023, consumers who smoke attended Fire Blanket demonstration training.
* The Resident Personal Significant Details form was updated for consumers who smoke to sign their agreement to smoke only in designated smoking areas.
* Cushions were recovered with fire-resistant material.
* Pressure washing was arranged to clean smoking areas and remove bird droppings.

Based on the findings in the Assessment Contact Report and the approved provider’s response, I am satisfied that while there were issues with the service environment related to smoking at the time of the assessment contact visit, the approved provider acted quickly to rectify the deficiencies including by re-educating consumers about the need to use the designated smoking areas to smoke, conducting risk assessments, replacing furniture, and cleaning. Therefore, I have decided that this requirement is compliant.

# 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 |

Findings

Consumers and their representatives considered there is enough staff at the service to meet consumers’ needs. They said staff are available when needed and are generally responsive to their calls for assistance. Staff said they have sufficient time to complete their assigned tasks and meet consumers’ needs and preferences.

The service has a staff roster, which is reviewed fortnightly to ensure the workforce is sufficient to deliver care and service to the changing needs of the consumer cohort. Staff on unplanned leave are generally replaced, including with care staff (who are also trained in domestic and hospitality roles) or agency staff.

The service has a system to audit and monitor call bell response times, however, management acknowledged this was not routinely occurring and the system would be reviewed.

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)