Performance

Report

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| Name: | Beaumont Care Wamuran |
| Commission ID: | 5514 |
| Address: | 60 Ziviani Road, Wamuran, Queensland, 4512 |
| Activity type: | Site Audit |
| Activity date: | 31 October 2023 to 2 November 2023 |
| Performance report date: | 7 December 2023 |
| 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 P. Golledge, 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.
* other information and intelligence held by the Commission in relation to the 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 and representatives said consumers were treated with dignity and respect, and their identity was valued by the service. Staff demonstrated good knowledge of the consumers residing within the service, their needs, and preferences. Staff were observed to be treating consumers with respect and in a caring manner.

Consumers confirmed they felt culturally safe within the service. Staff sampled described cultural, religious, and personal preferences for consumers and demonstrated knowledge of what matters to them. Care documentation contained information about consumers which allowed staff to have knowledge and understanding of their individual needs and preferences.

Consumers said they felt supported to exercise choice, make decisions, and were encouraged to be as independent as possible. Staff described how consumers were assisted to make choices and maintain relationships of choice.

Consumers and representatives reported consumers are encouraged to maintain their independence, supported to take risks and that staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

Consumers and representatives said they receive up to date information provided by the service and felt well informed about the menu, activities, and the external service providers available to them.

Consumers and representatives stated they felt the consumers’ privacy and personal and confidential information was respected. Staff were able to identify ways in which the privacy of consumer information was maintained, including the use of passwords on the computers for staff.

# 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 and representatives said assessment and care planning delivered safe and effective care and services for consumers. Staff were able to describe the care planning process and how it informed the delivery of care and services. Care documentation reviewed demonstrated consideration of potential risks to consumers’ health and wellbeing including, but not limited to, falls, behaviour management and pain management. The service had policies and procedures to guide staff practice in the assessment and care planning process.

Review of consumer care documentation demonstrated awareness and support of the needs and preferences of consumers, confirming the service had discussed and documented their preferences for their end of life. Staff described the needs and preferences of consumers, which aligned to consumer feedback and documentation.

Consumers and representatives confirmed they provided input into the assessment and care planning process and said they were confident consumers’ care needs were being met. Care documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives said staff discussed consumer care needs and recorded it clearly in their care plans. Consumers and representatives confirmed they could assess a copy of the care plan. Staff confirmed they had easy access to information regarding the outcomes of assessments and reviews, including consumer care planning documents, via handovers and the electronic care management system. Care documentation contained entries reflecting communication with consumers, representatives, and others where care was shared.

Care documentation demonstrated the service regularly reviewed consumer’s health, wellbeing and needs. Staff described the process for reviewing care and services every 3 months and said incidents trigger reassessment with any relevant changes relayed to the consumers and representatives. Care documentation evidenced the regular review and updating of consumer care plans including when a change or incident had occurred.

# 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 and representatives reported they felt consumers were receiving care, which was safe, right for them and tailored to their needs. Care documentation, and observations, reflected consumers at the service were receiving individualised care, which was safe, effective, and met their specific needs and preferences. The service had a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care including wound management, skin integrity and restrictive practices.

Care documentation included consumers’ end-of-life needs and preferences, advance health directives, and a palliative care plan where required. Staff understood the palliative care pathway and resources available to them to support consumers nearing the end of life.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, skin integrity, pain management and behaviour management and the risk mitigation strategies that are used for these. The service review, trend and analyse clinical incident and quality indicator data which is reported within the organisation and to external bodies.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition and clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions.

Staff described the ways in which information was shared amongst staff, which included within the electronic care management system, handover, and staff meetings.

The service was able to demonstrate minimisation of infection related risks through standard and transmission-based precautions to prevent and control infection, and through antimicrobial stewardship.

# 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 and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living optimise consumers’ emotional, spiritual and psychological well-being.

Consumer care documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life. Care documentation included information about external services, such as pastoral care services, pet therapy organisations, individuals and community volunteers who support consumers to maintain their interests and participate in the community outside the service.

Staff were able to describe what is important to consumers, what is of interest to them, and their social, emotional, cultural, and spiritual needs.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, and with other health care providers as required.

The service was able to demonstrate timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

Consumers provided positive feedback in relation to the meals and reported having input into the menu. Consumers dietary needs and preferences are accommodated, and staff demonstrated an awareness of consumers’ nutrition and hydration needs and preferences which are available and recorded within the electronic care management system.

Consumers said the service’s equipment was clean and suitable. The service demonstrated effective arrangements for purchasing, servicing, and maintaining equipment. Mobility and lifestyle equipment were observed to be clean and well maintained.

# 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 felt they belonged and felt safe and comfortable in the service environment. Consumers confirmed the service environment was clean, tidy, and well maintained; and equipment and furniture provided was safe, clean, and suitable for their needs. Consumers could access call bells to alert staff if they needed assistance and could move freely inside and outside the service if they chose to do so.

Consumer rooms were observed to be personalised and decorated with pictures and furnishings. Consumers were noted to be moving within and outside the service. The indoor and outdoor environment of the service was observed to be welcoming, clean, well-maintained, and easy to access.

The service equipment, fittings and furnishings were observed to be well-maintained, clean and safe for consumers. Cleaning and maintenance tasks are scheduled and monitored daily. Maintenance staff have preventative and reactive maintenance schedules and maintenance is attended to in a timely manner.

# 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:

* felt encouraged, safe and supported to provide feedback and make complaints, including directly speaking with staff and management and providing feedback during meetings
* were familiar with their access to external mechanisms for raising and resolving complaints and advocacy services
* were satisfied with the actions taken in response to the complaints. They said their complaints were resolved quickly and improvements were made at the service in response to their feedback

Staff described their role in the service’s complaints management processes, including supporting consumers and representatives to raise feedback, complaints, and access external complaints bodies. Management identified various avenues from which complaints and feedback are actively sourced, including surveys, meetings and verbally from staff, consumers, and others. Open disclosure is understood and used by staff in response to complaints and when things go wrong.

The service uses feedback and complaints to improve the quality of care and services. Review of the service’s feedback and complaints register, consumer meeting minutes, and food focus group meeting minutes, identified timely actions taken to resolve complaints and improvements were made as a result of feedback and complaints.

# 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

Overall consumers and representatives said the care and services consumers received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were generally responded to in a timely manner. Consumers and representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff capabilities and how their care and services were delivered.

Staff generally said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

The organisation has policies and processes to ensure staff are recruited, trained, supported, and have the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. Registered staff qualifications were monitored by the organisation to ensure they remain current.

The service has a suite of documented policies and procedures to guide staff practice, and which outlines that care and services are to be delivered in a person-centred manner. Management reviews staff performance on a regular basis.

Training records indicated staff had been provided with additional education opportunities and mandatory education online and face to face. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and dignity and respect.

# 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

Overall consumers and representatives said they felt the service was well run and that they could partner in the delivery and evaluation of care and services. Consumers and representatives said they participated in the development and evaluation of services, and consumers were able to describe processes such as consumer meetings and food focus meetings where they contributed their ideas and suggestions regarding service delivery.

The service was able to demonstrate it promotes a culture of safe, inclusive, and quality care overseen by its governing body. The governing body regularly reviews information and reports relating to clinical and incident data trend analysis to identify compliance with the Quality Standards and provide monitoring and accountability for care and service delivery.

The service has effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The service has strategic quality and clinical governance frameworks that promote a culture of safe, inclusive, and quality care. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It includes policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

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)