

**Performance Report**

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| Name: | Peninsula Aged Care Service |
| Commission ID: | 5461 |
| Address: | 111 George Street, KIPPA-RING, Queensland, 4021 |
| Activity type: | Site Audit |
| Activity date: | 3 December 2024 to 5 December 2024 |
| Performance report date: | 13 January 2025 |
| Service included in this assessment: | Provider: 7235 Beaumont Care (Holdings) Pty Ltd  Service: 3751 Peninsula Aged Care Service |

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 Aged Care Service (**the service**) has been prepared by Jemma Wilson, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# 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 confirmed they are treated with dignity and respect, with their identity and culture valued and accepted. Consumers described how staff provide care and services in line with their cultural preferences and needs. Consumers described how they are supported in decision-making and in maintaining relationships of importance. Consumers confirmed the service supports their choices, including where risks are identified. Consumers described discussions in relation to undertaking risks, and confirmed staff had completed risk assessments and discussed mitigating strategies. Consumers confirmed they have the information they need to make informed choices and felt care and services are undertaken in a way which respects their privacy.

Staff were familiar with consumers’ backgrounds, life histories and individual preferences and described how they treat consumers with dignity and respect. Staff were patient and respectful with consumers during meal services and when assisting consumers to move to and from activities, with conversation respectful. Staff demonstrated knowledge of the cultural needs of consumers and described how this informs the delivery of culturally appropriate care. Staff described how they support consumers to make decisions about care and services including where consumers take risks to enable them to live the best life they can. Staff described how they communicate information to consumers to ensure they can understand and were familiar with how they ensure consumers personal information is protected and kept confidential.

Care documentation is reflective of what is important to consumers to maintain their identity and includes detailed information regarding consumers’ backgrounds, personal preferences, and cultural practices. Care documentation includes consultation with consumers and their representatives when risks are identified to discuss the risks and mitigation strategies to minimise harm.

Service documentation includes a consumer and representative handbook which outlines all information and resources available to consumers and their families, the consumer monthly newsletter and the minutes of consumer meetings. Policies and procedures are in place to guide and support staff practices, with information systems protected by passwords and usernames, and access is delegated based on role.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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 confirmed they receive care and services which meet their current needs, goals and preferences. Consumers indicated they are involved in the assessment and planning of their care and confirmed they receive copies of their care plans which are reflective of how they want their care delivered. Consumers confirmed they can include others in assessment and planning, and the service regularly involves other services in their care when needed. Consumers described reassessment processes, confirming staff discuss their care and changes to their care on a regular basis.

Care documentation showed assessment and planning processes include the identification of the consumers current needs, goals and preferences and include risks to the consumers health and wellbeing. Advance care directives and end of life care were documented to include individualised information. Care documentation confirmed the service works in partnership with consumers, and others the consumer wishes to have involved in assessment and planning. Care documentation was current and had been reviewed on a regular basis and when circumstances change, including following incidents.

Staff demonstrated knowledge of assessment and care planning processes including consultation with consumers and other health professionals to develop an individualised care plan. On entry to the service, the clinical nurse establishes the goals of care with consumers and then undertakes initial care planning utilising a range of validated assessment tools and additional questions. If risks are identified to consumers care, mitigation strategies are developed to minimise the risk of harm. Staff confirmed end of life wishes are discussed at entry to the service, and as required during care plan reviews and if a consumer experiences deterioration. Staff confirmed care plan reviews are undertaken on a regular basis and a copy of the consumer’s care plan is offered to the consumer at each care plan review.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# 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 were satisfied with care provided and felt the care is safe, effective, and tailored to their needs. Consumers confirmed the service is effectively managing high-impact and high-prevalence risks associated with their care, including pain and skin integrity. Consumers felt staff know them well and would recognise and response appropriately to changes in their condition. Consumers indicated their needs and preferences are effectively communicated between staff, and appropriate referrals are made in a timely manner when identified. Consumers were satisfied with the infection control processes within the service and confirmed they see staff conducting hand hygiene before and after providing care.

Staff were familiar with the clinical and personal care needs of consumers and demonstrated an understanding of safe and effective processes when providing care. Registered and care staff described individualised consumer care implemented to mitigate the risks of consumers falling, and management of pressure injuries, choking, pain and changed behaviours. Staff described how they ensure consumers at end of life are kept comfortable and have their dignity maintained through monitoring for pain and delivering personal care. Staff described processes to report any changes or deterioration in consumers’ condition, and escalate to other services, including the local hospital network or other health professionals. Staff described how consumers’ care and services information is shared when changes occur through handover processes and documented in care documentation. The clinical nurse and registered staff described how changes in consumers’ health or well-being would prompt referral to relevant health professionals. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, and the use of personal protective equipment when needed. Staff confirmed they receive training in infection control practices.

Care documentation demonstrated consumers receive care in accordance with assessment and care planning. Care planning documentation for consumers at risk include directives for staff to ensure the delivery of safe and effective care. Care documentation for a recently deceased consumer showed the commencement of an end of life pathway, which confirmed staff undertook routine monitoring for comfort while also adhering to the consumer’s spiritual and religious requirements. Care documentation showed consumers who experienced incidents or clinical decline received effective assessments and appropriate referrals.

The service has systems to monitor and ensure consumers receive personal and clinical care in line with their needs, goals and preferences. The clinical nurse undertakes a daily review of progress notes, monitoring clinical indicators and incidents, and reviews all feedback. The organisation provides ongoing education, and the senior clinical team meet monthly to keep abreast with best practice. The service follows an end of life pathway procedure which includes, but is not limited to, monitoring for pain and ensuring mouth, eye and skin cares are undertaken. The service has effective processes in place for prevention and control of infections, including management of an infectious disease outbreak, and promotes the evidence-based use of antibiotics.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# 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 confirmed services and support provided assist them to maintain their independence and partake in activities of interest in line with their individual needs, goals, and preferences. Consumers indicated they have access to activities and support networks as required to meet their individual emotional, spiritual, and psychological needs. Consumers confirmed they are invited to church services and the local Catholic church volunteers visit and offer communion. Consumers confirmed they are supported to participate in as many community and social activities as they want and as often as they wish. Consumers are satisfied with processes within the service to ensure their information is effectively communicated to other services where care is shared. Consumers said they can access services such as hairdressing and non-denominational and denominational pastors through timely and appropriate referrals. Consumers expressed satisfaction with the taste and variety of meals provided. Consumers described being offered a choice at mealtimes, and they can access food between meals if they are hungry. Consumers expressed satisfaction with equipment provided and confirmed they always have access to equipment they need.

Staff demonstrated knowledge of individual consumer needs and strategies used to ensure consumers remain safe while enjoying the things they wish to do. Staff explained how they support consumers when they are feeling low and how and when a referral to external services is made. Staff described the external activities consumers participated in and relationships of importance. Staff described ways they are kept informed of the change in condition, needs, and preferences for each consumer including at handovers, and staff meetings. Important changes and updates are flagged as alerts in the electronic care system with dietary changes printed for kitchen staff and noted in the kitchen communication book. Staff were familiar with the use of equipment provided and described how to report any concerns they may have about safety. The maintenance officer described the use of the maintenance book located near the kitchen for the recording of equipment repairs and faults. Staff confirmed when equipment is shared, it is cleaned between use, and if equipment appears worn or nearing the end of its functional life, it is discarded and replaced.

Care planning documentation identified consumers’ needs, goals and individual strategies to support a range of activities and interests for each consumer. The service menu and consumer food focus meeting minutes confirm consumers are invited to provide input on the menu and offered a range of choices and personal preferences. Menus are reviewed by consumers at monthly food focus group and consumer meetings with monthly menus provided to all consumers for feedback with suggestions. Care documentation reflected individual dietary requirements and preferences. The service has appropriate arrangements for purchasing, servicing, maintaining, renewing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was suitable, clean and well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# 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

The service environment is welcoming and easy to navigate with directional signage visible throughout the service. Consumers moved freely across the service, accessing both internal and external areas easily. Common areas and personal spaces were clean and well maintained.

Consumers and representatives indicated they felt welcome to the service, and consumers confirmed they are able to personalise their rooms to make it feel like home. Consumers felt safe and comfortable at the service and were satisfied with the cleaning and maintenance of furniture, fittings, equipment and the service environment.

Maintenance and cleaning staff described processes to ensure the environment is safe, well maintained, and clean. Cleaning staff indicated a daily schedule is in place, and includes cleaning of consumer rooms, communal areas, furniture, fittings and equipment. Management and maintenance staff described systems for preventative and reactive maintenance, including the use of external contractors where needed. Staff were familiar with recognising and reporting maintenance issues, and maintenance staff described how maintenance requests are received via the maintenance logbook and prioritised for action.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisations service environment compliant, therefore, the Quality Standard is compliant.

# 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 confirmed they are encouraged and supported to provide feedback and feel comfortable in raising complaints. Consumers described a range of methods to provide feedback and complaints and indicated although they have not required advocacy services, they were aware of how to access them. Consumers expressed satisfaction with complaints processes and confirmed appropriate actions are taken in response to complaints, with apologies offered when something goes wrong. Consumers were satisfied feedback, and complaints are actioned and used to improve care and services.

Staff described how they encourage and support consumers to provide feedback and complaints and were knowledgeable of how to access language and advocacy services if required. Staff were familiar with open disclosure principles and described actions they would take in response to a complaint. Management described processes in place to encourage and support feedback and complaints and how feedback and complaints are used by the service to inform improvements.

Information on feedback, complaints and advocacy and language services are available throughout the service and accessible within the consumer handbook and in consumer newsletters. Feedback forms demonstrate the use of open disclosure where required and included the follow up actions taken, and if the consumer was satisfied with the outcome. The service’s incident register and plan for continuous improvement demonstrated feedback is used to improve care and service delivery.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard 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 |
| 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 were satisfied there are adequate staff to meet their needs and deliver safe and quality care and services. Consumers described staff as respectful, kind and attentive to their needs, while respecting and understanding their identity and cultural background. Consumers described the workforce as competent and felt staff possess the necessary skills, qualifications, training and knowledge to deliver effective care and services.

Staff indicated they have adequate time to undertake their roles, and felt staffing levels met the current needs of consumers. Staff felt satisfied with the support and training provided, confirming it equips them with the necessary skills to care for consumers. Education officers outlined mandatory education requirements, and processes to monitor and follow up outstanding training. Staff described orientation and onboarding processes which include mandatory training, competency assessments, role-specific education and buddy shifts. Staff demonstrated an understanding of the Quality Standards, the Serious Incident Response Scheme (SIRS), restrictive practices, and the code of conduct. Staff confirmed they undergo regular assessment of performance where they receive the necessary support to perform their duties effectively and include identifying areas for improvement and completing development plans.

Management outlined processes to maintain adequate staffing across all shifts, including plans to cover planned and short notice leave. Management and staff described how personal preferences and cultural needs are addressed through staffing allocation. Management described recruitment processes, which ensures staff possess the necessary qualifications, including relevant certifications and professional registrations prior to commencing work. Additionally, recruitment processes include reference checks, police checks, regulatory checks, and screening through the banned register before hiring. Management outlined the process for undertaking routine performance reviews, including evaluations for new hires and annual appraisals for existing staff. Feedback from staff and consumers is used to identify training needs, and requests for additional training are referred to the education officer. When further mentoring or training is required, management works with staff to resolve the issue.

Mandatory education records confirmed staff receive training on the code of conduct, diversity, and inclusion, while organisational policies included culturally safe care and services and dignity and respect. Staff education and regulatory compliance systems showed all mandatory training was up to date and staff have appropriate clearances and qualifications. Records demonstrate all staff had completed an annual performance review in the previous 12 months.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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 indicated they are involved in the development, delivery, and evaluation of care and services by providing feedback through formal and informal complaint channels. The service has a Consumer Advisory Body which highlights key areas of interest and concern and engages with service management and the governing body. Management described how consumer feedback is used to monitor and shape care delivery, with examples of changes made at both the service and organisational level based on their input. Ongoing engagement between consumers and the service is extensively documented, demonstrating the continued collaboration and influence on care delivery and evaluation.

The organisation has an effective organisational structure, systems, and processes in place to monitor service performance and ensure the governing body is accountable for delivering safe and quality care. Service documentation showed how the governing body has oversight of, and active involvement in addressing consumer feedback, reviewing incidents, and supporting continuous improvement initiatives.

The service has established governance systems for managing, maintaining, and reviewing information, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. Information management systems ensure consumer information is stored securely and protected, while communication processes ensure staff have the necessary information to undertake their roles. The service’s plan for continuous improvement is driven by feedback and complaints and is regularly reviewed and monitored to track progress. Processes are in place to ensure appropriate financial delegations are in place and financial oversight ensures that spending aligns with the organisation’s goals while maintaining accountability for financial decision-making. The workforce is monitored and reviewed with recruitment and rostering practices designed to ensure adequate staffing levels are maintained, with flexibility to manage periods of leave and absences. Service managers are notified about updates to regulations or legislation by various government sources with changes communicated to staff through the controlled documents folder. Organisational feedback and complaints processes ensure feedback is monitored and addressed, with oversight and reporting processes in place.

Risk management frameworks and procedures are in place to address risks, including emergency protocols for weather-related events and regional disasters. Management described how the service utilises an incident management system to track, manage, and report risks. Ongoing monitoring, review, and feedback ensure necessary improvements are implemented and the likelihood of future incidents is reduced. Staff were knowledgeable of how to identify and respond to abuse and neglect, dignity of risk, and procedures for promptly reporting and escalating incidents. Documentation, including SIRS, clinical reports, and incident reports, confirmed incidents are logged and reported within required timeframes.

The service has an established clinical governance framework to guide clinical care, including antimicrobial stewardship, restraint minimisation, and open disclosure. The framework is supported by policies, procedures, guidelines, and regular audits to ensure adherence to established practices. Management outlined the roles and responsibilities for clinical leadership, with an emphasis on data collection and analysis to inform safety and quality outcomes. Clinical audits and quality meetings address incidents related to falls, behaviours, medication management, infections, and restraints. Staff are trained in clinical governance processes, ensuring that policies are applied to maintain consistent care delivery.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

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)