Peninsula Aged Care Service

Performance Report

111 George Street
KIPPA-RING QLD 4021
Phone number: 07 3883 2457

**Commission ID:** 5461

**Provider name:** Beaumont Care (Holdings) Pty Ltd

**Assessment Contact - Desk date:** 8 August 2022

**Date of Performance Report:** 7 September 2022

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact – Desk conducted on 18 July 2022; the Assessment Contact - Desk report was informed by interviews with management staff; and
* the Assessment Team’s report for the Assessment Contact – Desk conducted on 8 August 2022. The Assessment Contact - Desk report was informed by the provider’s response to a section 67 request for information received on 5 August 2022, and the Assessment Contact Desk report dated 18 July 2022.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

### The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service has a policy and procedures available to staff that describe how the service records, responds to and reviews feedback and complaints. The policy outlines the responsibilities of the governing body, management and staff in complaints management and a commitment to education and training.

The service demonstrated it receives feedback and complaints in a variety of forms, and documents, actions, resolves and provides feedback in response to individual feedback and complaints. Staff receive a variety of in-person and online education and training on managing feedback and complaints.

The service has a process to record and review feedback and complaints to identify trends and opportunities to improve the quality of care and services for consumers. Improvement actions are documented in the service’s Quality Register/Plan for Continuous Improvement.

The service provided examples where consumer feedback/complaints had resulted in improvements to the quality of services, including in relation to the safety of the service’s bus, meal temperatures and menu information, and the living environment.

The Assessment Teams provided information that demonstrated the service has improved feedback and complaints processes and how these are used to improve the quality of care and services. Improvements included:

* updating the policy on feedback and complaints;
* including feedback and complaints as an item for discussion at consumer/representative meetings and care plan reviews;
* providing information and education for management and staff on the service’s complaints management policy and procedures; and
* establishing processes to regularly review feedback and complaints to identify trends and improvement opportunities.

Based on the above, this requirement is now compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.