Performance

Report

**1800 951 822**

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| Name: | Peninsula Aged Care Service |
| Commission ID: | 5461 |
| Address: | 111 George Street, KIPPA-RING, Queensland, 4021 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 September 2023 |
| Performance report date: | 10 October 2023 |
| 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 P. Sherin, 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.
* the provider’s response to the assessment team’s report received 29 September 2023 providing additional information.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – Ensure safe and effective clinical care in relation to management of restrictive practices, changed behaviours, falls, and pain.

# Other relevant matters:

Requirements 1(3)(a), 5(3)(b) and 7(3)(a) were monitored during this Assessment contact.

# 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. | Not Compliant |

Findings

The Assessment contact report identified the service did not demonstrate safe and effective clinical care that is best practice, tailored to consumers’ needs, and optimises their health and well-being specifically in relation to the management of restrictive practices, changed behaviours, falls, and pain. The Assessment contact report brought forward the following deficiencies:

* The service was unable to identify the total number of consumers subject to a restrictive practice. Review of documentation identified consumers subject to chemical, mechanical, and environmental restraint without appropriate assessments, authorisations, consents, and behaviour support plans in place. Despite gaps in restrictive practice documentation identified via an internal audit in July 2023, no action had been taken to address this.
* Consumers with changed behaviours had not been effectively managed or reviewed for possible triggers or behaviour management strategies. Consumers advised, and the Assessment Team observed one consumer vocalising loudly throughout the day of the Assessment contact. Care documentation noted the consumer’s daily behaviours of verbal disruption and physical aggression towards staff. The consumer had not been referred to a medical officer or specialist health professionals for medication review and behaviour management.
* The service is not documenting behaviour incidents in its incident management system or conducting clinical incident trending and analysis. Management was unable to provide clinical indicators for the past 6 months to demonstrate trends and improvements.
* Care documentation of 3 consumers identified neurological observations were not being consistently documented or completed following a fall.
* For 3 consumers who experience significant and ongoing pain, whilst pain medication is provided, alternative pain management strategies had not been trialled.

The Provider did not refute findings under the Assessment contact report and advised an immediate review had been undertaken to identify contributory factors to the non-compliance which included the performance of a recently recruited Clinical nurse experiencing challenges in undertaking the role. Informal clinical supervisory coaching was provided, and weekly meetings conducted to review status of care documentation and correct use of the organisation’s clinical assessment and reporting tools. Additional actions planned and underway at the service include monthly reporting to the Group Service Manager; reporting of ongoing challenges to the Quality management working group to ensure continuous improvement; training to staff; and review of clinical supervision arrangements across the organisation’s services. Nil information was provided to evidence ongoing clinical trending and analysis and actions taken to ensure appropriate behaviour management and alternative pain management strategies for consumers named in the Assessment contact report.

I acknowledge the Provider’s immediate actions and commitment to addressing the deficits identified in the Assessment contact report. However, having considered the Assessment contact report and the Provider's response, I find deficiencies in the provision of safe and effective clinical care remain. I have based this decision on improvement actions not having been fully completed, requiring time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

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