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 30 January 2024 |
| Performance report date: | 1 March 2024 |
| 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the assessment team’s report for the Assessment contact conducted 13 September 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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

The service has taken action to remediate deficits leading to non-compliance in this Requirement as identified under the assessment contact conducted 13 September 2023.

Overall, consumers and representatives gave positive feedback about the care provided by staff confirming it is safe, effective, and tailored to consumers’ needs.

Review of care documentation and charting demonstrated effective care delivery in relation to falls, pain management, changed behaviours and restrictive practices.

Consumers with falls are consistently reviewed in accordance with the service’s policy including review of falls risk assessments by registered staff, post falls review by allied health professionals as required, and update of mobility plans. Consumers with pain have regular pain assessments with pharmacological and non-pharmacological strategies implemented.

Staff demonstrated a shared understanding of consumers’ clinical care needs and the processes to support individualised care delivery. Staff described how they engage with consumers who display changed behaviours and provide non-pharmacological strategies in line with care documentation. Any instances of consumers’ changed behaviours are documented via the service’s electronic incident management system.

The service demonstrated where restrictive practices are used, appropriate consents, authorisations, person-centred behaviour support plans, and regular monitoring and review processes are in place.

The service was found to have ongoing non-compliance in the previous assessment contact due to not demonstrating safe and effective clinical care specifically in relation to the management of restrictive practices, changed behaviours, falls, and pain. The service has implemented the following improvement actions to remediate these deficits:

* Implementation of a governance and reporting process which includes monthly clinical indicator reporting. Review of clinical indicator reporting by the organisation’s quality team occurs, with further support provided where trends are identified. A monthly clinical team meeting is conducted which includes leadership members from the organisation’s other sites to review clinical indicators, trends, and key risks.
* Registered and care staff have completed mandatory training in positive behaviour support, falls prevention, pain management and restrictive practices.
* Review and update of all consumer care plans in conjunction with consumers/representatives has occurred to ensure care documentation accurately reflects consumer care needs and risks.
* Review of every consumer subject to restrictive practice and regular update of the service’s restrictive practice and psychotropic registers completed regularly by the service’s Clinical manager.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is 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)