Pyramid Residential Care Centre

Performance Report

65 Cairns Road
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Phone number: 07 4056 1454

**Commission ID:** 5111

**Provider name:** Pyramid Residential Care Centre

**Assessment Contact - Desk date:** 12 April 2021

**Date of Performance Report:** 6 May 2021

# Publication of report

This Performance Report **may 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 8 Organisational governance** |  |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* Other information and intelligence held by the Commission relating to the service.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all Requirements relating to this Standard therefore a compliance rating or summary is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*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.*

In relation to deficiencies previously identified relating to the clinical governance framework in particular the concept of open disclosure, the service provided documentation to support the effective management of an open disclosure process.

The service has commenced using an incident analysis system that is completed by the Quality and Clinical Manager or the Facility Manager. The analysis process prompts management to consider all contributing factors, so the incident and outcomes lead to improvements at the service and assist in the reduction of the incident reoccurring. The information available includes consumer factors, staffing patterns, training opportunities and information that will be communicated to the Board of Directors. Information from the incident analysis system has assisted in the recruitment, orientation and training of new staff in incident management/ reporting and open disclosure.

Management had contracted an external provider that has conducted training in open disclosure with all staff and Board members. Remote access to the service’s electronic clinical system is available to management and this enables documentation and incident reporting to be monitored and instances where open disclosure are required, management can liaise with registered staff to ensure this is conducted in a timely manner.

Management provided examples that demonstrated open disclosure had occurred. Including a medication incident whereby management was notified by staff at the service and advised of the incident, the incident report was accessed via the remote access and management was able to support staff to apply an open disclosure process in a timely manner.

Management advised they have received positive feedback from staff since the analysis system has been implemented, including the ease of use of the system, the increase of information collected through the process and the increase in confidence of staff utilising an open disclosure process.

Management advised they have received feedback from consumers and representatives when open disclosure has been utilised. Representatives have expressed the service’s communication has increased and relationships have been strengthened through the process.

Through review of the above information, it is my decision 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.