Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Pyramid Residential Care Centre |
| **RACS ID:** | 5111 |
| **Name of approved provider:** | Pyramid Residential Care Centre |
| **Address details:** | 65 Cairns Road GORDONVALE QLD 4865 |
| **Date of site audit:** | 30 July 2019 to 01 August 2019 |

**Summary of decision**

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| **Decision made on:** | 20 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 11 October 2019 to 11 October 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Not Met |
| Requirement 1(3)(d) | | Not Met |
| Requirement 1(3)(e) | | Not Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Not Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Not Met |
| Requirement 3(3)(f) | | Not Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Not Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Not Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Not Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Not Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 10 January 2020 | |
| **Revised plan for continuous improvement due:** | By 05 October 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Pyramid Residential Care Centre (the Service) conducted from 30 July 2019 to 02 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers and representatives | 28 |
| Chairperson | 1 |
| Facility Manager | 1 |
| Quality and Compliance Officer | 1 |
| Clinical Care Coordinator | 2 |
| Registered Staff | 5 |
| Lifestyle staff | 2 |
| Care staff | 8 |
| Allied health professionals | 2 |
| Hospitality staff | 4 |
| Maintenance staff | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation has not met four of the six requirements under Standard 1.

Consumers and representatives agree the organisation is inclusive and they are treated with dignity and respect; their privacy is respected. Feedback from 28 consumers/representatives, and review of strategies employed to enable and support consumers to make decisions, exercise choice and independence does not consistently support consumers to live the best life they can.

The organisation does not consistently consult or communicate with consumers to ensure consumers are supported to make and communicate decisions at any time and exercise control over planning and delivery of care and services as they want.

The workforce does not consistently enable consumers to make choice to give them clear and accurate information and options to inform their choices.

The organisation could not effectively demonstrate:

* Evidence of systems and procedures that demonstrates a consumer centred approach to delivery of care and services, enabling consumer choice, independence and taking risks.
* Systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied the workforce supports them to maintain their identity and live the life they choose.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Not Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Not Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation has not met all the requirements under Standard 2.

While the majority of consumers and representatives said they get the care they need most of the time, consumers and representatives interviewed were not aware of the need for partnership in assessment and planning processes to help them to receive the care and services they need for their health and well-being. Some consumers and representatives reported that care delivery had not changed when feedback had been provided to the organisation.

The workforce did not consistently describe how consumers and others who contribute to the consumer’s care (including doctors, allied health professionals and representatives) work together to deliver a tailored care and service plan and monitor and review the plan as need.

The organisation could not effectively demonstrate:

* The initial or ongoing assessment and planning of care and services was in partnership with consumers to meet their goals, needs and preferences.
* The assessment or planning tools consistently focus on optimising the health and well-being of consumers in accordance to their needs, goals and preferences.
* Seeks input from other professionals to ensure consumers receive the right care and services that meet their needs.
* Effective systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with their ongoing involvement in assessment and planning which is tailored to them, documented, communicated and optimises consumers health and well-being.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Not Met

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.

Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation has not met six of the seven requirements under Standard 3.

While the majority of consumers and representatives interviewed said they get the care they need most of the time, feedback from some consumers/representatives regarding strategies employed for the safe and effective personal and clinical care identified deficiencies.

While the workforce demonstrated an understanding of precautions to prevent and control infection including the need to minimise antibiotics, they could not describe how they ensure:

* care is best practice.
* commitment to continuing education.
* information is shared both within the organisation and with others outside the organisation.

Workforce could not identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

The Assessment Team were provided with electronic documentation of policies and procedures, relating to clinical quality and safety, review of consumers’ clinical documentation and interview with management and staff identified these were not understood and applied.

The organisation could not adequately demonstrate:

* How it exercises best practice, seeks opportunities for continuing professional development or share information within the organisation and with others outside the organisation.
* Delivery of safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise consumers health and well-being.
* Systems, policies or procedures to underpin the delivery of personal or clinical care.
* How they review practice and policies to ensure they remain fit-for-purpose or how they seek information from consumers and other professionals.
* Effective systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with personal or clinical care in accordance with their needs, goals and preferences.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Not Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation has not met two of the seven requirements under Standard 4.

Of consumers and representatives interviewed, it was identified that:

* Most consumers and representatives said they liked the food most of the time or always.
* The majority of consumers and representatives said they have a say in their daily activities most or all of the time. Some consumers and representatives said the activities program could be improved with the need for more activities due to boredom and in particular over weekends.
* All reported they are encouraged to do as much as possible for themselves most or all the time.
* Some consumers and representatives said consumers did not receive the support they required to do the things they want to do including enabling their access to other areas in the organisation and engaging in the activities they choose to do.

The organisation could not adequately demonstrate:

* Delivery of services and supports for daily living that are important for each consumer’s health and well-being and how consumers are enabled to do the things they want to do.
* Effective communication within the organisation and with others responsible for the consumers’ care regarding the information about the consumers condition, needs and preferences.
* Effective systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with the services and supports for daily living.

#### Requirements:

Standard 4 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Not Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation has not met two of the three requirements under Standard 5.

While the majority of consumers and representatives expressed satisfaction with the maintenance of the furniture, fittings and equipment, some consumers and representatives were not confident the workforce ensures environment effectively supports the consumers’ health and well-being.

The organisation’s service environment does not consistently provide a safe and comfortable service environment that promotes consumers’ independence and function:

* While the organisation ensures the environment is clean and comfortable and consumers are able to move freely within and externally to the service, the organisation has not ensured the actual and potential risk within the living environment are effectively identified to provide a safe environment.
* The organisation does not provide consumers and/or their delegated representatives with information regarding best practice in relation to application of equipment to inform decision making.

The organisation could not adequately demonstrate:

* Effective assessment by qualified staff or health professionals with consideration of suitable equipment available for consumers’ care.
* Adequate workforce training to demonstrate its understanding of how they support and promote a safe and comfortable environment for consumers’ independence and enjoyment.
* Systems, policies or procedures to demonstrate systems for the timely purchase of furnishings and equipment and how environmental related risks to consumers were identified and managed.
* Effective systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with the organisation’s service environment is safe.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Not Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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 provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation has not met two of four requirements under Standard 6.

The majority of consumers and representatives indicated the service encourages consumers and their representatives to provide feedback and make complaints and are made aware of and have access to supports available and other methods for raising and resolving complaints. Other consumers and representatives interviewed expressed dissatisfaction with the actions taken in response to their complaints.

The organisation could not adequately demonstrate:

* Complaints are consistently identified through the various feedback mechanisms employed by the organisation.
* Effective monitoring of complaints to inform appropriate actions and identify improvement activities.
* Effective systems, policies or procedures to demonstrate the organisation’s system to manage complaints, including what consumers, their representatives, the workforce and others can expect when they provide feedback or make a complaint.
* Effective systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied are satisfied with the organisation’s feedback and complaints system.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Not Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation has not met four of five requirements under Standard 7.

While the majority of consumers and representatives provided a range of examples of how staff interactions are kind, caring and respectful and they get the care they need most or all the time, other consumers and representatives expressed dissatisfaction with aspects of care and services.

Review of consumers’ clinical files, interview with staff and management and observation of staff practices, the Assessment Team identified deficiencies in staff knowledge and application of the provision of safe, quality care and services.

The organisation could not adequately demonstrate:

* The workforce is recruited, trained, equipped and supported to deliver outcomes required by these standards.
* Education processes to ensure staff are supported to understand and apply safe and quality care and services are effective.
* Education and training are consistently monitored to ensure relevant education has been undertaken.
* Identify training needs are analysed in response to incidents and/or complaints.
* The workforce is competent and have the knowledge to effectively preform their roles.
* Monitoring of staff practices to identify deficiencies through data analysis including clinical incidents, to support effective provision of care and services to consumers.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Not Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation has not met all five requirements under Standard 8.

While the majority of consumers and representatives agreed the place is well run all the time or most of the time, some consumers and representatives expressed dissatisfaction with aspects of care and services. Most consumers and their representatives advised they were not a partner in improving the delivery of care and services they receive.

The organisation’s governing body has not met the requirements of this Standard in relation to governance of the service including effective organisational systems that support effective information management, the workforce, compliance with regulation and clinical governance for the delivery of safe and effective care.

The organisation could not adequately demonstrate:

* An effective risk management system for managing high impact or high prevalence risks.
* Effective analysis of incident data to understand what is occurring at the organisational level.
* Effective clinical governance framework that demonstrates effective provision of clinical care.
* Effective use of information to provide care to the consumers.
* Effective consultation occurs with consumers or the consumer’s delegated representative to enable and support decision making in relation to the care and services.
* Consumers are engaged in the development, delivery and evaluation of care or are consistently supported in that engagement.

#### Requirements:

Standard 8 Requirement 3(a) Not Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Not Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.