Pyramid Residential Care Centre

Performance Report

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**Commission ID:** 5111

**Provider name:** Pyramid Residential Care Centre

**Site Audit date:** 18 August 2020 to 21 August 2020

**Date of Performance Report:** 29 September 2020

# 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 Site audit report. The Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved provider’s response to the Site audit report received 14 September 2020 and 28 September 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### 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.

## Assessment of Standard 1

Consumers interviewed by the Assessment Team stated that they were treated with dignity and respect at the service and were supported to exercise choice, including choices involving risk. They confirmed that staff knew what was important to them and they were supported to maintain relationships with family members and friends.

Staff were observed treating and engaging with consumers in a respectful manner.

The organisation has policies and procedures promoting dignity and respect in the provision of care to consumers. Care and service planning documents included information on each consumer’s identity and included life histories, spiritual preferences, family and social networks and significant days or events of celebration. The service utilised a risk activity form and risk assessment tool to determine and record discussions with consumers about risk. The service demonstrated personal information remained confidential and consumer privacy was respected.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

Consumers interviewed by the Assessment Team confirmed they were involved in the initial and ongoing planning of their care, including end of life planning. Consumers said they were happy with their care and services and felt their care and services were delivered the way they wished. Consumers and representatives confirmed they were informed of the outcomes of assessment and care planning.

The Assessment Team reviewed assessment and care planning documentation and identified that reviews and case conferences were completed regularly with the involvement of consumers and/or their representatives, medical officers and other allied health professionals. Care planning documents generally detailed the individual’s current needs, goals and preferences and included personal care, pain, mobility, communication, skin care, nutrition and hydration, sleep, advance care planning and end of life planning.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 COMPLIANTPersonal care and clinical care

### 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.

## Assessment of Standard 3

Consumers and representatives said the consumers gets the care they need, and they feel safe. Consumers and representatives said consumers are referred to medical officers or other health professionals promptly.

Consumers’ files reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Care documentation described the key risks such as falls, swallowing, pain and smoking. Care documentation reflected the input of other health professionals following referrals, including input from a dietician, physiotherapist, speech pathology and medical officers. Progress notes, care plans and handover reports provided adequate information to support effective and safe sharing of the consumers’ information to support care. Clinical observation charts and records reflected regular monitoring of consumers by registered staff.

The service has systems and processes to ensure consumers get safe and effective personal and clinical care, including monthly clinical audits, whole of service audits and training. Clinical incidents were recorded, and data is used to inform improvements for individual consumers and in general.

The service has policies, procedures, tools and flow charts in place to support the delivery of care. The service also has policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

The service was able to demonstrate consumers who were nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

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

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

*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.*

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

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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 COMPLIANTServices and support for daily living

### 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.

## Assessment of Standard 4

Consumers and representatives confirmed that consumers were supported by the service to do the things they liked to do to optimise their independence, health, wellbeing and quality of life.

Representatives confirmed that consumers were supported to keep in contact with people who were important to them, and were supported in their emotional and spiritual care, interests and social and personal relationships.

The service demonstrated meals were varied and of suitable quality and quantity. Consumers advised that they liked the food, the menu was revised regularly, and they were consulted about the food. Menu documentation and interviews with catering staff demonstrated food options were varied and catered to specific dietary preferences such as vegetarian and special preferences. Care planning documents reflected the dietary needs and preferences for each consumer.

The service demonstrated services and supports for daily living promoted each consumer’s emotional, spiritual and psychological well-being. Care plans contained information about emotional and spiritual or psychological well-being.

The service demonstrated each consumer was supported to participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. Consumers confirmed the service’s lifestyle program was supporting their lifestyle needs and stated staff assisted them to be as independent and as safe as possible in activities of daily living.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements*.*

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### 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.

## Assessment of Standard 5

The Assessment Team observed the environment to be secure, clean and tidy. The temperature within the service was comfortable and there was sufficient natural light. Furniture, fittings and equipment was safe, clean and well-maintained and suitable for use by consumers. Fire evacuation diagrams and illuminated emergency exit signage was displayed and fire-fighting equipment was readily available to staff.

The service environment appeared welcoming and promoted each consumer’s sense of belonging, independence, interaction and function. Consumers who required mobility aids were observed using them freely. The call bell system was observed to operate effectively.

Consumers and representatives said they found the service environment safe, clean and well-maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback 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

Consumers interviewed by the Assessment Team said they felt comfortable raising concerns and providing feedback. The family members of consumers also reported they could raise concerns and confirmed management was approachable and responsive.

The service demonstrated appropriate action was taken in response to feedback or complaints. Staff described the mechanisms available to consumers to submit feedback or make a complaint. The service used a continuous improvement plan to record issues and improvements.

Access to advocates, language services and methods of raising complaints were promoted by the service.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 COMPLIANTHuman resources

### 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.

## Assessment of Standard 7

Consumers interviewed by the Assessment Team said staff knew what they were doing and were competent in their duties. They also stated there were sufficient staff to provide them with the care they needed, including promptly responding to calls for assistance.

Workforce planning ensured the allocation of staffing was adequate to meet the care and service delivery needs of consumers.

The service was able to demonstrate members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational 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

Consumers confirmed they were consulted by management to inform the delivery and evaluation of care and services by means of a consumer advocacy group and a consumer representative at board meetings.

The service has organisational wide governance systems that support effective information management, financial governance, workforce governance, regulatory compliance and clinical care. It regularly reviewed the effectiveness of its processes in maintaining a culture of quality and safety for consumers, their representatives, staff and volunteers. The service demonstrated risk management systems were in place to identify and manage the safety and wellbeing of consumers.

The clinical care governance framework supported antimicrobial stewardship and minimising the use of restraint. The clinical governance framework included policies and procedures for open disclosure. However, the policies and procedures did not provide sufficient guidance for staff to enact all elements of an open disclosure framework in response to adverse events and were not reflective of the all the principles of open disclosure.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Non-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.*

The Assessment Team found that the organisation demonstrated that its clinical governance systems promoting antimicrobial stewardship and minimisation of restraint. However, the organisation was not able to demonstrate that a clinical governance framework for open disclosure was effective. Whilst staff confirmed they had participated in training modules on open disclosure, they were not able to accurately identify what open disclosure meant or when it was used. Management’s understanding of open disclosure constituted an apology being provided in response to an adverse event. Management advised the open disclosure policy would be reviewed to ensure all principles of open disclosure were reflected.

In response to the Assessment Team’s findings, the Approved Provider submitted a revised policy, training attendance sheet, evidence of the inclusion of open disclosure on a continuous improvement plan and the inclusion of open disclosure on the Nursing Orientation Checklist. The Approved Provider also discussed the application of the open disclosure framework in relation to a recent case at the service.

I have considered the Approved Provider’s response and acknowledge the interventions to improve the awareness of the open disclosure framework with staff. I note that the staff in attendance during training sessions included personal carers, catering, laundry, maintenance and office staff and two clinical staff. The training attendance sheet does not indicate what was included in the training and whether that training was effective. I note that the Board will now consider the continuous improvement plan with the inclusion of open disclosure at its meetings. I consider that the Approved Provider’s response has not established that personnel at governing levels, including the Board, have a comprehensive knowledge about, and actively promote, an open disclosure framework. For this reason, I find the service is Non-Compliant in relation to Requirement 8(3)(e).

# 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 8(3)(e) – The Open disclosure process requires documentation of the steps the organisation has taken to prevent the adverse event from happening again, at the conclusion of the process.