Performance

Report

**1800 951 822**

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| Name of service: | Pinaroo Roma Inc |
| Service address: | 50-56 Bowen Street ROMA QLD 4455 |
| Commission ID: | 5068 |
| Approved provider: | Pinaroo Roma Inc |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 6 January 2023 |

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 Pinaroo Roma Inc (**the service**) has been prepared by Denise McDonald, 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 Site Audit; 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said they felt staff treated them with dignity and respect; and felt valued as an individual. Staff were observed to be treating consumers with dignity and respect and demonstrated knowledge of consumers, their individual cultural backgrounds and preferences. Staff described how they support consumers emotional, social, and spiritual needs by facilitating connections with pastors and weekly church and religious services. Care planning documentation outlined consumers’ backgrounds, personal, cultural and spiritual needs and preferences.

Consumers and representatives said they were supported to making decisions about their care and were able to involve family, friends and maintain relationships of choice. Care planning documentation identified the consumers individual choices around when care is delivered, who is involved in their care, and how the service supports them in maintaining relationships. Staff were able to describe how they supported consumers to exercise their preferences and how they maintain relationships of choice.

Consumers described how the service supports them to take risks. Care documentation showed the service is supporting consumers to take risks to live the best life they can, however, a named consumer did not have documented risk assessments or consent for the use of motorised wheelchairs or leaving the service independently, despite describing how the risk was managed. Management confirmed the documentation was completed prior to the conclusion of the Site Audit.

Consumers and representatives confirmed they receive timely information they can understand in relation to care and to assist them in decision making. Management and staff described the different ways in which information is provided to consumers, in line with their individualised needs and preferences. The Assessment Team observed monthly activities calendars displayed throughout the service and in consumers’ rooms, and menus displayed throughout the service.

Most consumers said their privacy was respected by staff. However, one representative, raised concerns, regarding a staff member having breached confidentiality, a complaint has been lodged and appropriate action has been taken by the service. Staff described strategies for ensuring confidentiality while providing care. A confidentiality agreement is signed by staff as part of their induction.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives confirmed they received the care and services they needed. Staff were able to describe the assessment and care planning process, and how it informs the delivery of care and services. Care planning documentation reviewed evidenced consideration of individual risks that influenced delivery of care and services.

Consumers and representatives said staff involved them in the assessment and planning of care, including end of life care (EOL) through regular conversations with clinical staff or management during admission. Staff described how the service ensures assessment and planning reflect consumers' current preferences. Care planning documentation identified and addressed consumers' current needs, goals and preferences, including advance care planning and EOL planning if the consumer wishes.

Consumers and representatives sampled were able to explain who was involved in their care. Care planning documentation evidenced regular care plan evaluations and reviews, and involvement of a diverse range of external providers and services such as Medical Officers and allied health professionals. Staff described the importance of consumer-centred care planning and explained how they actively collaborate with consumers.

Consumers and representatives felt the service maintains good communication with them, and care and service plans were readily available. Clinical staff said representatives are contacted through telephone and email conversations. Care documentation evidenced the outcomes of assessment and planning being communicated to the consumer and representatives and confirmed a copy of the care plan is made available to them and others involved in their care.

Consumers and representatives said clinical staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner. Most care planning documentation evidenced review on both a regular basis, when circumstances had changed, or deterioration, or an incident occurred. Clinical staff described how and when consumer care plans are reviewed.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers said they receive safe and effective personal and clinical care which is tailored to meet the individual consumers needs and optimises their health and well-being. Care planning documentation reflects safe and effective personal care which addressed specific consumer needs and optimised wellbeing. The Assessment Team identified some consumers did not have behaviour support plans. Management were made aware and the deficit was rectified during the Site Audit.

The service demonstrated identified high-impact and high-prevalence risks were effectively managed for individual consumers. Management and staff described the high-impact and high-prevalence risks for consumers at the service. The service has a documented policy pertaining to high-impact and high-prevalence risks for consumers.

The service was able to demonstrate consumers who are nearing the EOL have their dignity preserved and care is provided in accordance with their needs and preferences. For the consumers sampled, care planning documentation included an advance care plan and the needs goals and preferences of the consumer who received EOL care.

Consumers and representatives said the service recognises and responds to changes in condition in an appropriate and timely manner. Care documentation evidenced the identification of, and response to, deterioration or changes in condition. Clinical staff explained how deterioration is recognised, responded to, documented and monitored at the service.

Consumers and representatives said the consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need. Clinical staff described how information is handed over through various channels. Care documentation demonstrated provided adequate information to support effective and safe sharing of the consumer’s information to support care.

Consumers and representatives said referrals are timely and appropriate and they have access to a range of health professionals. Care planning documentation and progress notes evidence the involvement of Medical Officers, allied health professionals and other providers of care where needed. Management and staff explained how the service provides a regular and scheduled allied health services review for consumers.

Consumers and representatives interviewed also expressed confidence in the service’s ability to minimise and prevent infections and outbreaks. Staff were able to describe how they applied best practice infection control practices in their routine work. The Assessment Team observed these practices while on site, staff were wearing personal protective clothing (PPE) and a thorough visitor and staff COVID-19 screening process was completed.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said they felt supported to participate in the activities they like, and they were provided with the appropriate support to optimise their independence and quality of life. Staff could explain what sampled consumers like to do and what they like to have conversations about, and this aligned with information in the consumer's care planning documentation. The Assessment Team observed consumers participating independently or being assisted to participate in activities.

Consumers and representatives said they were supported to participate in activities within and outside the service, maintain social and personal connections that are important to them, and do things that are important to them. Care planning documentation identified the people important to individual consumers and the activities that interest the consumer. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service.

Consumers and representatives said the consumers condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff interviewed were able to describe ways in which they share information and are kept informed of consumers conditions, needs and preferences changes with each other. Most care planning documentation reviewed provided information to support safe and effective care delivery for daily living support.

Consumers and representatives said they were supported by other organisations, support services and providers of other care and services. Care planning documentation reviewed, identified referrals to other organisations. Staff could describe other organisations, providers of other care and services and specific consumers who utilise these services.

Consumers and representatives said the service provides meals of suitable quantity, quality and variety. Consumers at the service with dietary needs or preferences are accommodated and staff are knowledgeable regarding their needs. Care documentation reflected dietary needs and preferences. Hospitality staff explained the 8-week rotational menu, which is approved by a dietitian and the various options available.

Consumers and representatives reported having access to equipment to assist them with their daily living activities as well as providing resources and equipment for the leisure and lifestyle activities. Staff interviewed said they have access to equipment when they need it and could describe how equipment is kept safe, clean, and well maintained. The Assessment Team observed consumers equipment such as mobility aids to be clean and in good condition.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment is easy to navigate and they feel as though they are as close to home as they can be. Management and staff described aspects of the service environment that make consumers feel welcome and optimise their independence, interaction, and function. Consumers rooms were personalised with photographs, decorations, and items of importance on display in their room.

The service demonstrated it was safe, clean and well maintained, and consumers were able to move freely, both indoors and outdoors. Consumers and representatives interviewed said they thought the service environment was safe, clean and well maintained. Staff described how the service environment is cleaned and maintained.

The Assessment Team observed, and consumers confirmed that their equipment is checked, cleaned and maintained regularly. Staff described how cleaning and care of personal cleaning equipment is managed. Maintenance staff provided records that showed all preventative maintenance had been carried out.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they felt comfortable providing feedback or raising concerns with staff and management. Management and staff were able to describe the process in place to encourage and support feedback and complaints. Staff across all levels at the service could describe their role and responsibilities in responding to, and escalating feedback and complaints raised by consumers and their representatives. The service's feedback policy indicates the service’s commitment to promoting and encouraging feedback and complaints from consumers.

Consumers and representatives said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management described the information and brochures available around advocacy organisations, and while all consumers currently at the service speak English, management was able to describe language services available for any potential future consumers who may require the service.

Consumers and representatives said the service responds to and takes action to address their complaints or concerns when they are raised, or when an incident occurs. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. The service has a documented feedback and complaints procedures and an open disclosure framework which provides the processes for staff to follow, and an electronic system to record complaints.

Consumers and representatives said feedback is used to improve services. Management said in response to feedback from consumers, the service arranged for and purchased new chairs for the dining room and communal area. In response to consumer feedback following consumer meetings and review of meeting minutes demonstrated consumer feedback is used for service improvement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there were enough staff to provide care and services. Management and staff were able to describe how they ensure there is enough staff to provide safe and quality care by having a base roster which is designated per classification of staff member and is designed to cover care needs and preferences of the consumers, and documentation reviewed evidenced the service is planning staffing levels to meet the needs of consumers. Call bell data showed call bells were answered in a timely manner.

Consumers and representatives said all staff were kind, gentle and caring when providing care. Staff were observed interacting with consumers in a kind and respectful way, using their preferred names. The service has a range of documented policies and procedures to guide staff practice, and which outline that care and services are to be delivered in a person-centred approach.

Consumers and representatives said staff performed their duties effectively. Management and staff were able to describe how the workforce is supported to build competencies and knowledge to perform their roles. Documentation reviewed evidenced the service has structures and processes in place to ensure the workforce is appropriately qualified and competent to perform their roles. Evidence of all registered staff's current registration with their governing body were viewed by the Assessment Team.

Most consumers and representatives sampled said they believe staff have the appropriate skills and knowledge to deliver safe and quality care and services. Staff interviewed said the service provides mandatory and supplementary training to support them to perform their role effectively. The services training records demonstrated that 100% of current active staff were up to date with their mandatory training, with the service able to demonstrate management was tracking, monitoring and reminding staff.

The service demonstrated performance of staff is regularly assessed, monitored and reviewed in line with the services 12 to 24-month cycle. Staff described how their performance is reviewed within the cycle period and management described how they maintain regular assessment and monitoring of staff’s performance.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives felt the service listened and responded to their suggestions and confirmed their input was sought on a range of topics such as the food menu and lifestyle activities at the service. Management described a variety of mechanisms in place to ensure consumers provided input and made their own decisions about the care and services provided to them. Review of various feedback mechanisms demonstrates suggestions are followed up by staff and the information is used to plan improvements.

The service has a strategic plan that monitors the direction and improvements of the service through reporting. Management described the role the Board, and other governing teams play, in ensuring safe and quality care is delivered within the service and provided examples. Management described, they undertake a variety of internal audits around the Aged Care Quality Standards to ensure they are delivering wholistic quality care and services and can identify opportunities for improvement.

The service was able to demonstrate it has effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, feedback and complaints. The service was able to demonstrate it has effective organisation wide regulatory compliance with the exception of meeting its’ legislative requirements in regards the absence of a BSP for 3 consumers under a restrictive practice and for 2 consumers that exhibited changes in their behaviours, this was rectified by management when raised.

The service has effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents through the use of an incident management system. The Assessment Team reviewed the services' SIRS register, which included documentation and submission of SIRS reports to the Commission that were reported within the required timeframes.

The service demonstrated a clinical governance framework in place, including policies and procedures regarding antimicrobial stewardship, minimising the sue of restrictive practice and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how these principles applied to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)