Performance

Report

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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: | Assessment Contact - Site |
| Activity date: | 19 July 2023 to 20 July 2023 |
| Performance report date: | 17 August 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 K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 03 August 2023
* the Performance report completed 06 January 2023, following the Site audit conducted 23-25 November 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7** **Human resources** | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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.

* The need for, use of, and effectiveness of restrictive practices must be continually monitored, reviewed, and documented.
* Informed consent is required for all consumers subject to restrictive practices, and ongoing review of risk assessments and effective behaviour management strategies are required.
* Incidents are required to be consistently recorded and documented to ensure the analysis of incidents that occurred or that the risks associated with the incidents had been reviewed to decrease the risk of the incidents reoccurring.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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 |

Findings

Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

Consumers and representatives provided positive feedback in relation to care provided to consumers relating to pain and falls. However, representatives said the service has not had periodic discussions related to ongoing consent, behaviour management and review of consumers subject to restrictive practices. The service was unable to demonstrate informed consent for all consumers subject to restrictive practices, ongoing review of risk assessments or effective behaviour management strategies were implemented.

Documentation for all consumers subject to restrictive practices was reviewed. The risk assessments completed for consumers subject to mechanical restrictive practice indicated bed rails were in place due to the consumers being a high falls risk. The service did not document alternative strategies to mitigate falls risk prior to the use of bedrails nor ongoing review to minimise the use of the restrictive practice.

The Approved provider in its response to the Assessment Contact – Site report has stated the seven consumers subjected to mechanical restraint in the form of bed rails are at the choice of the consumer and their family. The Approved provider has stated the consumers and families have requested the bedrails to make them feel safe, despite whether the consumers had a history had a history of falls. The Approved provider acknowledged behaviour support documentation could have better demonstrated the choice of families or consumers to request bedrails, despite other strategies being discussed. Behaviour support documentation has been updated to record this information.

The Approved provider included information in its response relating to its knowledge that decision makers for the authorisation of restraints were only required to initially authorise consent. This decision is not in accordance with the Aged Care Quality and Safety Commission’s Overview of restrictive practices which quotes ‘the need for, use of, and effectiveness of restrictive practices must be continually monitored, reviewed and documented’. By reliance on historical authorisation and consent information, this process does not support the minimisation of restraints as noted in Standard 8 Requirement 3 e) of the Aged Care Quality Standards.

For one named consumer who was subject to both an environmental and chemical restrictive practice, consent and assessment documentation indicates authorisation was completed 14 April 2020. While medical officer authorisation was current, there was no documentation to support periodic risk assessments or ongoing consent had been obtained. The named consumer had episodes of physical and verbal aggressive behaviours, however, their behaviour support plan contained strategies that were not individualised and were not effective, as behaviours continue to occur.

The Approved provider in its response has provided information the Behaviour support plan for the consumer has been updated and is now more individualised, and recent behavioural episodes have been reported to the Serious incident response scheme. The Approved provider also identified an error in the incident management system in use at the service and have corrected this error to ensure appropriate reporting. This change of process was relayed to staff via online communication and through a staff meeting.

For a second named consumer who handover documentation indicated they were unable to leave the service independently but was not authorised to be subject to environmental restrictive practice. The Approved provider in its response has provided information handover information was incorrect and a behaviour support plan has been developed to manage the consumer’s wandering behaviour.

For a consumer who entered the service 04 July 2023 and exhibits wandering tendencies, the representative stated they were unaware of the wandering behaviours exhibited by their family member. Handover documentation included information a piece of furniture was to be placed in front of a door leading to a courtyard overnight. The Approved provider in its response has not refuted that furniture was used to restrict the consumer’s movements, but also stated there were two other options to leave the wing. The furniture previously used has been removed and a bed sensor mat has been placed on the consumer’s bed to alert staff. The behaviour support plan has also been updated to include individualised strategies to assist with the consumer’s wandering behaviours.

Recommendations from a dementia advisory service for a named consumer who exhibits challenging verbal and physical behaviours have not been included in behaviour support planning for the consumer, and behaviours continue. As required chemical restraint has been administered to the consumer on two occasions in the absence of any alternate strategies trialled before the chemical restraint. Incidents of aggression have not consistently been recorded or escalated when the incidents met the reporting requirements of the Serious incident response scheme.

The Approved provider in its response has committed to discussions with the consumer’s decision maker regarding consent to ongoing environmental and chemical restraint. The behaviour support plan has been updated to include recommendations form the dementia advisory service. The medical officer reviewed the consumer based on recommendations from the advisory service relating to pain and the consumer has been commenced on a pain patch, pain assessments indicated the consumer had no pain following the application of the pain patch. Meaningful activities have also been included in the consumer’s behaviour support plan. Retrospective incident reports have been completed for incidents involving the consumer which met the reporting requirements for the Serious incident response scheme, and changes to the service’s incident management system have been made to ensure reportable incidents are flagged.

For a named consumer with bilateral wounds and swelling, documentation does not support wound care was completed on 15 July 2023. The Assessment contact-site report contains information the wounds were not attended on 15 and 16 July 2023, the Approved provider has refuted this information and states progress notes completed by a Registered nurse on 16 July 2023, demonstrated wound care was completed. While the consumer required hospitalisation, I am not convinced this was due to a lack of wound care on one occasion. The Approved provider in its response has stated a registered staff meeting was held 28 July 2023 to discuss the need to follow directions for wound dressings and documentation. Consultation has occurred with the consumer’s family and medical officer and photos have been taken to demonstrate the improvement in the consumer’s legs and these have been sent to the consumer’s family.

A named consumer who had a Stage I pressure injury on their sacrum which required a daily dressing, cushion, and review to occur, documentation does not support this occurred on 15 occasions between 23 June and 16 July 2023. The Approved provider acknowledges deficits in wound care documentation and discussed this at the Registered staff meeting and management committed to audit the wound folder. The consumer has a behaviour support plan which indicated they could be aggressive, shout, swear, bang, and rattle furniture. Strategies in the behaviour support plan have not been effective in addressing the consumer’s behaviours and a referral to a geriatrician, mental health or other specialists had not occurred. The Approved provider has reviewed the consumer’s behaviour support plan to include individual strategies. The consumer was being supported by twice weekly individual sessions and is enjoying having the newspaper read to them. The Approved provider stated the consumer was not referred to a dementia advisory service or mental health service as they have an intellectual disability, rather than a diagnosis of dementia, and the medical officer will be consulted regarding a geriatrician referral. The consumer’s behaviour support plan has been updated to provide a better overview of the consumer’s personality and choices.

A consumer who resides in the memory support unit was noted to have an absence of authorisation, assessment, or consent documentation in relation to environmental restraint. The Approved provider’s response indicated verbal consent was provided by the consumer’s decision maker, 21 June 2023, to trial a period of time for the consumer to reside in the memory support unit, due to significant deterioration of health and cognition. This trial became a permanent move to the memory support unit following a further discussion with the consumer’s decision maker on 26 June 2023. The consumer’s decision maker has since authorised and consented to environmental restraint for the consumer.

Behaviour charting completed for the consumer above between April and June 2023, indicate episodes of aggressive behaviours towards staff. The consumer was reviewed by a dementia advisory service in March 2023 and recommendations were provided to assist in decreasing refusal of care from the consumer. The behaviour support plan for the consumer did not contain the strategies recommended by the advisory service. The incidents of aggressive behaviour towards staff have not been recorded in the service’s incident management system.

The Approved provider acknowledged behaviour incidents for this consumer were not recorded due to deficits with its previous incident management system and the behaviour support plan for this consumer has been updated to include strategies recommended by the dementia advisory service.

While the Approved provider has been responsive to deficits identified in the Assessment contact-site report and has amended behaviour support plans to include individual strategies to address consumers’ challenging behaviours, this process was prompted by deficits identified by the Assessment Team and not through the service’s own monitoring or auditing processes. While consumers and their decision makers may have requested mechanical restraints, it is still the role of staff at the service to continually monitor, review and document the need for, use of and the effectiveness of all restrictive practices, to ensure restrictive practices are only used as a last resort. For these reasons, it is my decision this Requirement is Non-compliant.

**Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.**

Incidents have not been consistently recorded or documented to ensure the analysis of incidents that occurred or that the risks associated with the incidents had been reviewed to decrease the risk of the incidents reoccurring.

Incidents involving verbal and physical aggression for five consumers who reside in the memory support unit have not been recorded and were not recorded in the incident management report, and therefore not trended or reviewed to provide mitigating strategies to manage the risk of the aggression.

The Approved provider has acknowledged the incident management system in use at the service failed to record the behaviour incidents. It was identified care staff were using an area of the computerised system to record incidents which was not linked to the incident management system. Therefore, the incidents were not included in clinical indicator reports or reviewed to determine if the incidents meet the criteria for escalating to the Serious incident response scheme. The service was required to retrospectively report three behaviours incidents to the Serious incident response scheme following receipt of the Assessment contact-site report. The Approved provider documented meetings were held 28 and 31 July 2023, to instruct staff not to use the previous method of recording incidents. The service has put into place a system whereby all behaviour incidents are reported to the registered nurse who will enter the incidents correctly. Management will check incidents daily to ensure reportable incidents are escalated appropriately.

The Assessment contact-site report included information three consumers were the subject of medication incidents, caused by staff error. While the consumers were reviewed by their medical officer, analysis of the incidents did not occur to determine if the incidents required escalation to the Serious incident response scheme. The Approved provider in its response stated the incidents recorded were not deemed as potential to cause significant harm to the consumers. I am unable to determine if this analysis occurred at the time of the incidents, or if occurred following feedback from the Assessment Team. While the Approved provider sought clarification of what potential to cause significant would be, I have also reviewed the Commission’s fact sheet relating to Reportable incidents: neglect, which lists an example of neglect may be ‘failure to assist a consumer to administered correct or time critical medication (where this is the responsibility of the staff member).’

In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the Approved provider to address the deficits identified in the Assessment contact-site report, however, it is my decision processes to ensure incidents are recorded, trended, and analysed will take time to be embedded and tested for their effectiveness. Therefore, it is my decision this Requirement is Non-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.**

Care documentation for consumers identified staff recognised, reported and responded to changes in a consumer’s condition. Care staff notified registered staff if they had concerns about a consumer and registered staff advised consumers were referred to the Medical officer, representatives were notified and transfer to hospital was initiated if necessary. Representatives were satisfied with the processes used by the service to identify and manage deterioration in consumers.

Registered and care staff explained the process for identifying and reporting changes and deterioration in consumers’ condition to clinical staff and how this information was discussed at handover and documented within the handover documentation.

While the service was not consistently recording incidents to identify changes in consumers’ behaviours, it is my decision that information is better suited to Requirement 3 3) b), and this Requirement 3 3) d) is Compliant.

# 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 |

Findings

The service’s workforce was planned to enable the delivery of safe and quality care and services. Consumers and representatives confirmed there was enough staff at the service to meet consumers’ needs. Management had contingency plans in place to replace staff when required and rosters were reviewed on a regular basis to ensure staff allocations were adequately meeting changing consumer needs and preferences.

Consumers and representatives confirmed staff were available when needed and were generally quick in response to call bells. Staff said there was adequate time to provide care and services in accordance with consumers’ needs and preferences and feedback from consumers and representatives supported this.

Management described the service had a base roster with the Human resource manager overseeing the hospitality and environmental service and the Clinical care manager overseeing clinical and care staff with both reporting directly to the Facility manager. The service employed five registered nurses and one enrolled nurse allowing for a Registered nurse to be rostered 24 hours a day, seven days a week and management were available on-call as needed. Feedback from staff, consumers and representatives guide management in ensuring the mix and level of staffing within the service’s roster was adequate.

While two Requirements have been found to be Non-compliant, it is my decision the Non-compliance was not a result of lack of staffing, therefore it is my decision this Requirement is Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)