Performance

Report

**1800 951 822**

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| Name: | Pinaroo Roma Inc |
| Commission ID: | 5068 |
| Address: | 50-56 Bowen Street, ROMA, Queensland, 4455 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 October 2023 |
| Performance report date: | 7 November 2023 |
| Service included in this assessment: | Provider: 204 Pinaroo Roma Inc  Service: 3425 Pinaroo Roma Inc |

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-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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Performance report completed 17 August 2023 following the Assessment contact – site conducted 19 July 2023
* 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 |  |

Not all Requirements have been assessed in this Standard, therefore a Compliance rating is not provided. A detailed assessment is provided later in this report for each assessed Requirement.

# 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 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 |

**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.**

The service was found to be Non-compliant in this Requirement following an Assessment Contact – site 19 to 20 July 2023. Deficiencies included staff were unaware that pain may be impacting consumers’ behaviours, restrictive practices were not implemented appropriately, and behaviour support plans were not effective.

Consumers’ personal and clinical cares were tailored to meet their needs, goals and preferences and other organisations were involved to optimise the individual health and wellbeing of consumers. Staff described the individual needs of consumers and how they delivered personal and clinical care safely in accordance with the consumers’ needs. Consumers and representatives provided details of consumer’s specific personal and clinical care needs and described how staff delivered consumer care needs safely in accordance with their preferences.

Actions were taken to address the deficiencies previously identified in this Requirement.

Registered staff were provided pain management training 17 August 2023 on how to effectively identify, monitor and respond to pain. Registered staff confirmed they had undertaken recent pain management training and were more aware of the behaviours of some consumers who may not be able to verbalise pain and how their timely response in managing pain has reduced behaviours.

Authorisations were reviewed for eight consumers requiring an environmental restraint in the secured area of the service and for two consumers with a mechanical restraint for bedrails and five consumers identified as having a chemical restraint. All restraint authorisations contained regular three monthly reviews and were signed by the Medical officer and the consumers’ representatives. Chemical restraint authorisations documented discussion dates between the Medical officer and decision makers regarding the medications’ effect and associated risks.

Behaviour support plans for five consumers receiving a chemical restraint were reviewed and identified triggers and strategies were noted for staff to provide support to consumers prior to the administration of an ‘as needed’ medication, and to assist staff in providing supportive assistance.

Staff monthly meeting minutes from July 2023 to 28 September 2023 identified ongoing discussions with staff regarding wound management, incidents, restrictive practices, falls management and staffing requirements.

Management reviewed all restrictive practices and updated authorisations by the Medical officer and decision makers.

Based on the information recorded above, this Requirement is now Compliant.

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

The service was found to be Non-compliant in this Requirement following an Assessment Contact – site 19 to 20 July 2023. Deficiencies were identified including Incidents were not consistently recorded or documented within the service incident management system. Without consistent reporting, incidents were not analysed or reviewed to identify trends or provide mitigating strategies to decrease the risk of reoccurrence.

Consumers and representatives were informed and involved regarding risk, incident review and management and the care provided to consumers was safe and right for them. Staff described strategies to keep consumers’ safe when delivering personal and clinical care and confirmed care plans provided guidance on managing risks. Staff confirmed incidents were escalated and reported to management who conducted an assessment. Care documentation verified the service had consistent processes for identifying, documenting, and managing risks to consumers.

The service introduced a hydration encouragement program to manage the risk of dehydration and associated illness. All consumers within the service were provided fresh water throughout the day and staff assisted with pouring water for those consumers who were unable to manage. In the secured area of the service hydration rounds were conducted nine times per day and staff were required to complete a hydration chart for each consumer to ensure adequate intake of water.

Actions were taken to address the deficiencies previously identified in this Requirement.

The service identified care staff were recording behavioural incidents in an area of the computerised system that did not report to management correctly. The service held documented staff meetings on the 28 July 2023 and 31 July 2023, where staff were instructed not to use the previous method of recording incidents. The service introduced a new incident reporting process whereby all behaviour incidents are reported to management by the Registered nurse recorded and managed the event. Staff were provided education in this process and were able to correctly demonstrate their knowledge. Management completed an audit over a two-month period from August 2023 to September 2023 and results indicated all staff were following the new process of escalation and documenting incidents.

Management completed a daily review of progress notes for potential unreported incidents and followed up anomalies with staff to ensure information was documented. Meeting minutes dated 29 September 2023 confirmed management met monthly to review incident management data, highlight trends, and initiate prevention strategies. Meeting minutes evidenced high impact high prevalent risks and strategies to manage these risks were now an ongoing agenda item at monthly staff meetings. The first meeting held on 31 July 2023 included staff education and a platform for staff to raise questions or report on strategies working or not working.

Based on the information recorded above, this Requirement is now 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-1)