Performance

Report

**1800 951 822**

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| Name: | Pyramid Residential Care Centre |
| Commission ID: | 5111 |
| Address: | 65 Cairns Road, GORDONVALE, Queensland, 4865 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 June 2024 |
| Performance report date: | 3 July 2024 |
| Service included in this assessment: | Provider: 956 Pyramid Residential Care Centre  Service: 3468 Pyramid Residential Care Centre |

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 Pyramid Residential Care Centre (**the service**) has been prepared by P. Sherin, 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 provider’s response to the assessment team’s report received 21 June 2024 acknowledging the assessment team’s findings and providing additional information.
* The assessment team’s report for the assessment contact (performance assessment) - site conducted on 5 March 2024 and the performance report dated 28 March 2024.

# Assessment summary

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| Standard 4 Services and supports for daily living | 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

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.

# Other relevant matters:

The assessment team monitored Requirement 7(3)(a) as a part of this assessment contact (site). Consumers and representatives expressed satisfaction with staffing allocation at the service. Sampled staff said they have sufficient time to complete their allocated duties and to provide care and services according to consumers’ needs and preferences. Staff were observed attending to consumers promptly and providing consumers with support and assistance in an unrushed manner.

# 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 |

Findings

The service was previously found non-compliant in this Requirement during an assessment contact conducted on 5 March 2024 due to not demonstrating consumers living in the service’s memory support unit received safe and effective services and supports for daily living. The service demonstrated a range of improvement actions have been implemented to ensure consumers in the memory support unit now receive safe and effective services and supports for daily living that meet their individual needs, goals, and preferences and optimise their well-being and quality of life.

Sampled consumers and representatives said the service is providing safe and effective services and supports in line with the consumer’s needs, goals, and preferences. Representatives of consumers residing in the memory support unit said the service has increased activities within this residential area and consumers are kept engaged in a meaningful way.

Consumers were observed to be involved in group and individual activities within the memory support unit, including being taken out to attend activities within the service’s main hall.

Sampled staff demonstrated knowledge of individual consumers’ lifestyle needs and preferences and provided examples of how they engage consumers in activities; this aligned with information captured under consumers’ care planning documentation.

Review of documentation identified lifestyle and care staff complete a diversional therapy daily activity chart for each consumer to record their engagement and this is stored within the electronic care management system.

Interviews with management and staff, and review of documentation confirmed the service has implemented the following improvement actions to remediate the deficits identified following the previous assessment contact on 5 March 2024:

* A monthly memory support unit activity calendar with a diverse range of activities has been implemented. Activities within the broader service have also been made more accessible for the attendance of consumers from the memory support unit.
* Training and toolbox talks have been conducted for memory support unit staff on the use of activity boxes to engage consumers, how to prepare and start activities, and documenting participation in activities.
* Review of consumers’ leisure and lifestyle care planning documents has been completed to ensure individualised leisure and lifestyle care plans for all consumers.
* Leisure and lifestyle activities are discussed at monthly consumer and representative meetings and the service has sought interest from consumers’ representatives to form a committee. Review of recent consumer and representative meeting minutes identified positive feedback in relation to recent activities.
* Fortnightly leisure and lifestyle meetings have commenced to review activity attendance, care plan reviews and assessments, changes to consumer needs and preferences, staff training and education needs, feedback and complaints, and other relevant information.
* A memory support unit project has been initiated focusing on improvements to the unit, including the creation of a sensory garden.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is compliant.

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