Pyramid Residential Care Centre

Performance Report

65 Cairns Road
GORDONVALE QLD 4865
Phone number: 07 4056 1454

**Commission ID:** 5111

**Provider name:** Pyramid Residential Care Centre

**Assessment Contact - Site date:** 21 June 2022

**Date of Performance Report:** 21 July 2022

# Performance report prepared by

Stewart Brumm, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 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 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.
* the provider’s response to the Assessment Contact - Site report received 13 July 2022.

# STANDARD 3 NON-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

The Approved Provider was not able to demonstrate consumers get safe effective clinical care in relation to the management and use of restrictive practice.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

This requirement was previously found non-compliant following site audit conducted 27 – 29 July 2021.

The Assessment Team provided information that the Approved Provider did not demonstrate that restrictive practice assessment, review and authorisations were completed in line with legislative requirements. The service did not demonstrate best practice in relation to the management of wounds and skin integrity.

For named consumers restrictive practice authorisation are not being reviewed in line with the Service policy, not all consumers being managed by chemical restraint had been identified and for one named consumer was not having wounds attended to inline with the care planning directives.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a plan for continuous improvement, restrictive practice consent forms, restrictive practice process forms, education records, checklists, monitoring documents and an audit schedule.

The Approved Provider has commenced implementing improvement activities to address the deficits identified by the Assessment Team. Improvement’s include the employment of a new clinical nurse to provide additional clinical oversight, restrictive practice consent forms have been reviewed and updated to reflect current care needs of consumers. Additional education and training have been provided to staff and additional clinical and process monitoring practices have been commended.

In regard to named consumers and restrictive practice, all consumers have been reviewed for the need for restraint and consent forms updated to reflect current needs.

In regard to the named consumer and wound care, the Approved Provider acknowledged that the documentation was not current, however indicated that interviews with registered staff identified that the wounds were being attended to as directed and the wounds were healing. They identified that the issue was ensuring that documentation to support care delivery as not being consistently completed.

I have considered the Assessment Team report and the Approved Provider response. I find that at the time of the audit the Approved Provider was not able to demonstrate compliance with this requirement. I acknowledge that improvements had been undertaken since this requirement was identified as non-compliant following the Site Audit in July 2021, however these improvements have not been consistently effective to ensure ongoing compliance.

I was persuaded by the ongoing risks to consumers with the ineffective management of restrictive practice, and that additional improvement actions taken since this audit have not had sufficient time to be reviewed for sustainability and effectiveness.

I find this requirement is non-compliant.

# STANDARD 7 Human 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

The Approved Provider demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

## As all requirements were not assessed, no overall rating for the standard is provided.

## Assessment of Standard 7 Requirements

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

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

This requirement was previously found non-compliant following site audit conducted 27 – 29 July 2021.

The Assessment Team provided information that the Approved Provider has implemented actions to improve its performance in relation to this requirement. The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The organisation’s workforce performance assessment policy has been updated to reflect timeframes for staff appraisals to occur within 3 months for probation and annually thereafter for all full-time, part-time and casual staff. A

The service’s Human Resource (HR) Coordinator has been tasked with updating the service’s performance appraisal spreadsheet which is also made accessible to the service’s team leaders.

Staff appraisals have been added as a standard agenda item in the service’s leadership team meetings to ensure staff appraisals are tracked and completed in a timely manner.

Staff sampled advised they were aware of the service’s performance review processes; confirmed they have undergone a performance appraisal within the last year; and provided feedback they were satisfied with the performance appraisal process.

Based on the information provided by the Assessment Team I am satisfied that the Approved Provider has implement improvement actions to ensure ongoing compliance with this requirement.

I find this requirement is compliant.

# STANDARD 8 Organisational 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

## The Approved Provider has demonstrated effective organisation wide governance systems and effective risk management systems and practices,

## As all requirements were not assessed, no overall rating for the standard is provided.

## Assessment of Standard 8 Requirements

### 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.*

This requirement was previously found non-compliant following site audit conducted 27 – 29 July 2021.

The Assessment Team provided information that the Approved Provider has implemented actions to improve its performance in relation to this requirement. The service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Information is readily accessible within the organisation’s information management systems that supports staff to undertake their role. Staff can access policies, procedures and training via the service’s online systems. The service’s electronic care management system (ECMS) provides care, registered staff and external contractors varying levels of access to consumer care plans and referral documentation relative to their role. However, I note some ongoing issues with wound documentation and acknowledge the appointment of a new clinical nurse to provide additional clinical oversight.

Opportunities for improvement are identified through a range of sources including but not limited to consumer/representative feedback, audit and survey results, clinical indicator trends and critical incident data.

The service’s Facility Manager develops the budget annually after consultation with the relevant department heads which includes workforce review and consideration of capital planning and purchase as well as capability development and quality improvement investments.

The organisation has engaged a consultant to conduct a workforce review project this year. As a part of this project, a new organisational structure has been approved by the Board in June 2022; all position descriptions are currently under review; and costing is being finalised for a new roster to support the service’s expansion in the coming year once an additional 20 bedrooms have been built

The organisation has mechanisms in place to track, audit and monitor compliance with legislative and regulatory standards. Industry standards and guidelines are monitored through subscriptions to various legislative services and peak bodies. However, I note some ongoing inconsistent application of the legislation in relation to restrictive practice.

Staff meeting agendas have been updated to include SIRS as a standard agenda item. Registered staff have been provided education during registered staff meetings regarding distinguishing between Priority 1 and Priority 2 Serious Incident Reporting Scheme incidents and capturing information under incident reports. Review of staff meeting minutes confirms this.

Guidance sheets and decision-making tools for SIRS have been uploaded to the service’s ECMS and communicated to staff to refer to for incident reporting. Copies of correspondence sighted confirms this.

Based on the information provided by the Assessment Team I am satisfied that the Approved Provider has implement improvement actions to ensure ongoing compliance with this requirement.

I find this requirement is compliant.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

This requirement was previously found non-compliant following site audit conducted 27 – 29 July 2021.

The Assessment Team provided information that the Approved Provider has implemented actions to improve its performance in relation to this requirement. The service demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

A new online training system has been introduced with all staff required to complete the mandatory Serious Incident Response Scheme training module in the new system. The service’s Facility Manager and Infection Prevention and Control Lead are currently subscribed to a Serious Incident Response Scheme Community of Practice to receive regular updates in relation to the Serious Incident Response Scheme.

The service has worked with providers of the electronic care management system to strengthen the incident management and reporting functionality which now allows for categorisation of a serious incident under a Priority 1 or 2 category.

Based on the information provided by the Assessment Team I am satisfied that the Approved Provider has implement improvement actions to ensure ongoing compliance with this requirement.

I find this requirement is compliant.

# 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.

Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.