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 March 2024 |
| Performance report date: | 28 March 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 22 March 2024 providing additional information.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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.

* Requirement 4(3)(a): Ensure consumers in the service’s memory support unit receive safe and effective services and supports for daily living that meet their individual needs.

# Other relevant matters:

This visit was commenced as a monitoring visit and changed to an assessment of performance following feedback from consumers, representatives, staff, and observations at the service.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives expressed satisfaction with care provided and actions taken by the service to effectively manage high impact or high prevalence risks associated with consumers’ care.

Staff demonstrated knowledge of risks associated with individual consumers such as falls, wounds, and weight loss and described strategies in place to manage these risks.

Review of care planning documentation identified information is captured to guide staff practice in managing risks to individual consumers. For example, care plans for sampled consumers with wounds identified wound management plans in place, with regular wound care occurring and photographs and measurements captured. Care plans for sampled consumers with falls demonstrated neurological observations were completed, physiotherapist reviews conducted, and risk mitigation strategies implemented to manage the risk of falls. For sampled consumers experiencing unintentional weight loss, dietician recommendations have been implemented to minimise further weight loss and ongoing monitoring occurs.

The service conducts monthly clinical trending and analysis and reviews this information to implement improvements.

Based on the information above, I find this Requirement is compliant.

# 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. | Non-compliant |

Findings

The Assessment contact report identified the service did not demonstrate consumers in the service’s memory support unit receive safe and effective services and supports for daily living that optimise their health, wellbeing, and quality of life. There is no specific activities schedule catering to leisure and social needs of consumers with varying levels of functional and cognitive ability in the memory support unit. Representatives raised concern regarding lack of consumer engagement and meaningful activities. Review of documentation identified nil to minimal entries under diversional activity charts for consumers. Observations throughout the assessment contact identified consumers being left unattended or unengaged by staff in common areas.

The Provider responded with additional information and documentary evidence of improvement actions planned and implemented in response to the deficits. This includes:

* A weekly activities schedule for the memory support unit has been established, with a monthly activities and events schedule to be introduced in April 2024. Consumer representatives will be invited to form an advisory committee on the leisure and lifestyle plan in April 2024. Audits will be conducted to monitor and review the effectiveness of activities.
* A memory support unit project is currently underway with a project team established consisting of management, quality, clinical and lifestyle staff. The project aims to implement a new care model based on best practice dementia care principles. Improvement areas include, but are not limited to the interior design, outdoor environment, and activities program to promote consumer autonomy, function, and meaningful engagement.
* Review and update of consumers’ leisure and lifestyle care plans, diversional activity charts, and related documentation has commenced and is scheduled for completion by the end of May 2024. Staff are to be trained in lifestyle documentation processes.
* A designated space is prepared each morning as an activity hub equipped with resources to engage consumers.
* Adequate lifestyle and care staff allocation has been ensured to keep consumers engaged in various activities. Staff have been provided resources and enrolled in training on dementia care and engagement.

I acknowledge the Provider’s responsiveness and efforts to remediate the deficits identified. However, having considered the Assessment contact report and the Provider’s response, I find deficits remain. Majority actions under the service’s continuous improvement action plan remain in progress. Additionally, improvement actions implemented will require time to be embedded within the service and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-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 Assessment contact report brought forward information identifying the service did not demonstrate consistent and sufficient staffing to meet care and service needs of consumers.

Consumers in the service’s memory support unit include multiple consumers with wandering behaviours or requiring 2 staff for assistance with care needs. Staff in the memory support unit advised staffing had been cut from 3 to 2 care staff as a trial since the previous week, resulting in decreased monitoring, supervision, and engagement with consumers. Observations identified several occasions where consumers were left unattended in common areas in the memory support unit whilst staff attended to other consumers. Five out of 9 sampled consumers residing outside of the service’s memory support unit reported wait times greater than 10 minutes when requiring assistance from staff, including occasions when they experienced incontinence as a result. Call bell reports were not available as the system generating reports required repair.

The Provider refuted some of the findings and advised delays to call bell response times were owing to multiple infectious outbreaks within the service in past months and a recent weather event which prevented some staff from attending the service. The service is currently exceeding mandatory minimum care minutes requirements. The Provider submitted additional information and documentary evidence of improvement actions implemented in response. This includes:

* Staffing numbers in the service’s memory support unit have been reverted to the original level prior to the trial period. Adequate lifestyle and care staff allocation is now in place to ensure appropriate monitoring, supervision, and engagement of consumers in the memory support unit. Communication regarding staffing levels will be circulated to representatives to provide reassurance.
* The computer system for generating call bell reports has been repaired. Management monitor and investigate call bells greater than 10 minutes. An automatic escalation system is established to alert registered staff or management regarding overlength call bells.
* A new Quality care manager has been recruited to commence in April 2024. This role will provide further oversight and monitoring of call bell response and work with rostering staff to ensure workforce allocation meets the needs of the consumer cohort.

Having considered the Assessment contact report, and the Provider’s response I am satisfied the Provider has submitted satisfactory supporting information and demonstrated appropriate actions to ensure sufficiency of staff at the service.

I, therefore, find 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)