Casa Mia Aged Care Centre

Performance Report

28 Alma Road   
PADSTOW NSW 2211  
Phone number: 02 8707 6010

**Commission ID:** 2550

**Provider name:** Christadelphian Homes Limited

**Assessment Contact - Desk date:** 3 November 2021 to 5 November 2021

**Date of Performance Report:** 1 December 2021

# Performance report prepared by

Glenda Cherry, 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(e) | 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 - Desk; the Assessment Contact - Desk report dated 3 November 2021 was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 24 November 2021
* the Performance Report dated 19 May 2021

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team assessed Requirement (3)( e) in this Standard, all other requirements in this Standard were not assessed.

This requirement was found to be non-compliant following a site audit conducted on 7-9 April 2021. It was found care was not reviewed/reassessed following a change in consumers condition.

The Assessment Team bought forward evidence at this Assessment Contact conducted on 3 November 2021 some actions and improvements had been implemented, however the service did not demonstrate consistency in ensuring care and services are reviewed for effectiveness when circumstances change or incidents impact consumer’s needs.

The Assessment Team bought forward evidence that, overall, sampled consumers consider they feel like partners in the ongoing assessment and planning of their care and services. Representatives consider they are involved and informed about the assessment and planning of consumers care and staff described the process for reviewing care planning documentation and conducting reassessment.

The Assessment Team reviewed documentation which evidenced reassessment of care needs generally occurs after a change in consumers condition, however they identified this is not consistency completed for all consumers. While the service maintains a range of assessment and care planning tools these are not consistently utilised to identify consumers current needs, goals or preferences.

The Assessment Team bought forward evidence recorded notations within monitoring documentation are not consistently utilised to identify contributing factors. The identified for one consumer experiencing ongoing complex behaviours and sleep deprivation, issues (such as unaddressed pain, hunger, ineffective medication management) were not reviewed/reassessed to identify possible causal factors and/or individualise strategies to mitigate reoccurring incidents. Medication documentation does not consistently detail a diagnosis to align with prescribed psychotropic medications. Management advised informed consent in relation to administration of psychotropic medication is not consistently conducted.

In their response to the Assessment Team’s findings, the approved provider acknowledged gaps in practices resulting in a lack of reassessment and documentation update. They detailed responsive actions such as reassessment of sleep, pain, behaviour, mobility, medication, consultation with decision maker, review by geriatrician, implementation of non-pharmalogical interventions, education provided to registered nurses and updating of relevant policy.

I acknowledge these reactive actions implemented in response to the evidence bought forward by the Assessment Team. The service’s systems and processes did not identify the deficits and at the time of the visit could not demonstrate compliance.

I find this requirement non-compliant.

# STANDARD 3 Personal 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

This requirement was found to be non-compliant following a site audit conducted on 7-9 April 2021. It was found information about consumers’ need and preferences is not consistently documented and communicated to others where responsibility for care is shared; relating to diet and restrictive practices.

The Assessment Team bought forward evidence at this Assessment Contact conducted on 3 November 2021 improvement actions had been effectively implemented.

Overall, sampled consumers consider they receive personal and clinical care that is safe and right for them.

The service demonstrated processes to document and communicate information about consumers’ condition, needs and preferences to those who provide care and make decisions on the consumer’s behalf. Representatives consider they are updated when consumers’ needs change and allied health professionals described the process for transfer of information and availability to relevant documentation.

Staff described the various formats for information transfer and documentation review demonstrated an effective method of information exchange. Policy documentation guides staff in relation to disclosure and sharing of information with appropriate personnel.

I find this requirement 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.

* Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.