Performance

Report

**1800 951 822**

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| Name: | Casa Mia Aged Care Centre |
| Commission ID: | 2550 |
| Address: | 28 Alma Road, PADSTOW, New South Wales, 2211 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 May 2024 |
| Performance report date: | 17 June 2024 |
| Service included in this assessment: | Provider: 7106 IC (PADSTOW) PTY LTD  Service: 923 Casa Mia Aged 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 Casa Mia Aged Care Centre (**the service**) has been prepared by Therese Solomon, 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 27 May 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable as not all requirements have been assessed. |
| **Standard 3** Personal care and clinical care | **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.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Requirement 2(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

During the previous assessment, it was identified that assessment and planning was not effectively considering risks to consumer’s health and well-being and informing safe and effective care and services, assessment and planning were not updated with new or changed risks to consumers, and assessment and planning was not consistently completed comprehensively. The service implemented actions to address the non-compliance including training and education in assessment and planning for clinical staff and conducting a full review and evaluation of all consumer care plans.

During this assessment contact, the service demonstrated that assessment and planning considers risks to each consumer’s health and wellbeing and informs the delivery of safe and effective care and services. Consumers and/or representatives confirmed they receive the care and services they need, and staff described the assessment and care planning process and how it informs the delivery of quality care and services.

Documentation reviewed demonstrated effective assessment and care planning occurs to identify the needs, goals, and preferences of consumers. Clinical staff described the initial assessment and care planning process when consumers are admitted to the service, as well as the ongoing comprehensive assessment and care planning review process.

# 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 |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

During the previous assessment it was identified that consumers were not consistently receiving safe and effective personal care and clinical care that is tailored to their needs and optimising their health and well-being, the service was not consistently managing consumer pain effectively, the service did not effectively manage wounds, and timely response to unplanned weight loss did not consistently occur. The service implemented actions to address the non-compliance including education and training for registered nurses on clinical assessments, education and training on pain management, audit and evaluation of pain charts, education and training on wound management.

During this assessment contact, consumers and/or representatives provided positive feedback in relation to the personal care and/or clinical care and services consumers received. However, the Assessment Team identified areas for improvement in relation to behaviour management documentation and continence management documentation.

The service has policies and procedures in place to identify, assess and monitor the management of changed behaviour for consumers. The service advised they currently have consumers subjected to chemical restraint, environmental restraint, and mechanical restraint. The organisation has a restrictive practice policy that outlines their philosophy in relation to restraint and guidance for staff on how to manage consumers using restrictive practices according to best practice.

Care documentation showed restrictive practices are implemented with consideration given to risk to consumers. Consents were evidenced together with regular reviews of strategies to ensure quality of life for consumers is maintained. Documentation for consumers on mechanical and chemical restraint confirmed that monitoring and reviews were consistent, and staff were aware of the needs of consumers ensuring safe and effective use of those restraints.

Review of the psychotropic medication register showed medication is regularly reviewed by the medical officer and administered in a timely manner. All medication were noted to have correct diagnosis and staff had sound knowledge in relation to the risks and purpose of medications.

The service has a falls policy and procedure in place to assist staff with falls management. Staff described the expectations set by the organisation in relation to falls management and the resources available to them to ensure they provide safe and effective care. Staff indicated they refer to the falls management flow chart found in all the nurses’ stations to remind them of the various steps required when managing a fall. Review of clinical indicator documentation showed the service has reduced the number of falls in the last 6 month significantly.

Management advised they regularly monitor consumer's weight to ensure their nutrition and hydration is maintained. Clinical audits are completed monthly to monitor and analyse changes noted and evaluate the effectiveness of care and services. Staff stated the monitoring of consumer weights enables other parts of care to be reviewed and improved such as meals, and stated when consumers are identified as not eating their meals a food and fluid chart is commenced to identify any issues they may be experiencing.

Documentation review shows wound treatment is consistent with the nurse practitioner recommendations. Staff could identify consumers who required regular repositioning and management stated a pressure area care practice alert has been used at the service since 2023 with good effect. Staff described how they identify if a consumer is in pain, either verbally or through monitoring for discomfort when attending to personal care, such as grimacing.

The Approved Provider responded with additional information and actions taken to address the non-compliance, including ongoing education and training for staff and a review of the current bowel management policy. The Approved Provider’s response submission acknowledged some of the findings contained within the Assessment Contact report, however further clarifying information was provided demonstrating compliance with the Requirement.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and training for staff and have taken immediate action in response to areas of the Assessment Contact report. This Requirement requires that each consumer gets safe and effective personal care and clinical care that is best practice, tailored to consumer needs and optimises consumer health and well-being.

Therefore, it is my decision that Requirement 3(3)(a) is 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)