

**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 13 November 2024 |
| Performance report date: | 18 December 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 Micheal Cooper, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received on 5 December 2024.

# 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 | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 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

Consumers and representatives confirmed care provided is tailored to the consumers’ needs and preferences. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care. Care and clinical staff demonstrated knowledge of consumers individual needs and preferences and described strategies they use to support consumers. The service demonstrated clinical and personal care is delivered safely and effectively which is best practice and tailored to consumers’ needs.

I have considered the information within the Assessment Team report, and I am satisfied the organisation ensures each consumer receives safe and effective personal and clinical care which is best practice, tailored to their needs and optimises their health and wellbeing.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living |  |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.
 | Compliant |

Findings

Consumers and representatives said they were supported to participate within their communities, have social and personal relationships, and do things of interest to them. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and identified the people important to the individual consumer. Staff were observed supporting consumers to participate in activities and engage with others to enhance and maintain relationships.

I have considered the information within the Assessment Team report, and I am satisfied the organisation ensures the services and supports for daily living assists each consumer to participate in their community within and outside the service environment, have social and personal relationships and do things of interest to them. This is reinforced by the overall positive feedback from consumers, their representatives and staff regarding assistance with activities of daily living.

It is my decision Requirement 4(3)(c) is 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

Consumers and representatives interviewed confirmed that staff are meeting the care needs of consumers in a timely manner and reported the service is adequately staffed and call bell requests were responded to in a reasonable timeframe. Management explained how the care needs of consumers is monitored to determine the number and mix of staff to deliver safe, quality care and services. The service demonstrated systems in place to ensure the workforce is maintained with strategies in place to rectify shift gaps as unplanned or unexpected leave arises. Service documentation and interviews with management confirmed the service evaluates call bell response times daily, with investigations conducted in relation to extended call bell response times as they occur to inform improvement opportunities.

I have considered the information within the Assessment Team report, and I am satisfied the organisation ensures a workforce capable of delivering and managing safe and quality care and services. This is reinforced by the overall positive feedback from consumers, their representatives and systems the service evidenced in ensuring the workforce is appropriately planned, monitored, and deployed.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance |  |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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.
 | Compliant |

**Findings**

In relation to Requirement 8(3)(b), consumers and representatives confirmed they are provided with an opportunity to provide feedback and said they feel respected and heard. Staff interviewed said they feel valued and are supported to provide the consumers with safe, inclusive quality of care, through additional staffing and support where needed. The service’s management advised they have systems and processes in place to ensure accountability for the delivery of care and services, through interviews and documents they demonstrated how the organisations governing body promotes a culture of safe quality care and services. Service documentation and interviews with staff and management confirmed the service is establishing a consumer advisory body to support and promote feedback among consumer’s residing within the service.

It is my decision Requirement 8(3)(b) is Compliant.

In relation to Requirement 8(3)(c), effective organisation wide governance systems were demonstrated in relation to information systems, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the Assessment Team recommended Requirement 8(3)(c) Not Met in relation to the current regulatory compliance deficits in relation to the services care minutes responsibilities.

The service has not achieved compliance with the total direct care

minute targets which came into effect on 1 October 2023. Management

reported they have registered nurses on site and on duty 24 hours a day, 7 days per week, however, are not yet achieving their targeted registered nurse care minutes or their total direct care minute target.

The organisation in their response described and evidenced immediate actions and strategies the service has and plans to implement to meet its care minutes target including:

* a business intelligence dashboard has been introduced to support the monitoring of the service’s care minutes target
* fortnightly meetings are conducted with the service’s governing body and the service’s management staff to discuss recruitment opportunities
* ongoing recruitment of staff
* the approved provider reports the service has recruited a number of staff within the past 12 months to support workforce deployment
* a buddy program has been introduced to support new staff during their onboarding period
* additional education is provided to support internation staff through the services sponsorship processes
* additional register nurse pathway initiatives and enhanced employee value propositions
* accommodation and relocation packages are advertised to attract staff and enhance recruitment opportunities

In coming to my decision for Requirement 8(3)(c), I have considered the information in the assessment contact report and approved provider’s response. I have placed weight on the strategies outlined in the response submission including the introduction of an effective business intelligence plan, retention strategies to support staff stability, and incentivisation’s the service has included through its recruitment processes. I am of the view the service has demonstrated effective actions in place, and planned, to support the positive improvement in complying with its mandatory care minutes target.

It is my decision Requirement 8(3)(c) 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)