Performance

Report

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| Name of service: | Casa Mia Aged Care Centre |
| Service address: | 28 Alma Road PADSTOW NSW 2211 |
| Commission ID: | 2550 |
| Approved provider: | IC (Padstow) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 May 2023 to 10 May 2023 |
| Performance report date: | 12 June 2023 |

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 G-M. Cain, 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 site audit conducted from 8 May 2023 to 10 May 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the site audit report, received 31 May 2023.
* Other information and intelligence held by the Commission in relation to this service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1**

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers are treated with dignity and respect and feel valued. Staff described what was important to consumers and how they engaged with them to support their identities, cultural needs and diversity. Observations showed kind, supportive interactions between staff and consumers with care plans detailing individual cultural backgrounds and what is important to consumers.

Consumers and representatives said the service recognises and supports their cultural backgrounds, customs and preferences and considers these in consumers' care and services. Staff demonstrated understanding of consumers' diverse backgrounds and described support to celebrate their culture.

Most consumers confirmed they were supported to maintain the relationships they wished, decide who was involved in their care and are given a choice about when care is provided, which is respected. Care documentation included consumer preferences, who is involved in their care and how the service supports them in maintaining relationships.

Consumers are supported to make choices and take risks that enable them to live their best lives. Staff demonstrated an awareness of the risks taken by consumers and how supporting these risks can enable consumers to live the way they choose. Care documentation included risk assessments, acknowledgement of risk, mitigation strategies and signed dignity of risk forms.

Information related to consumer care and services is provided to consumers and representatives in a way that is clear and easy to understand, allowing them to make informed decisions. Consumers and representatives confirmed they are kept informed through printed information sources, verbal reminders, and email and text correspondence. Observations showed consumers being provided with menu choices and involved in the monthly consumer meeting where upcoming events and activities were discussed and an opportunity for questions and feedback.

Consumers said staff were respectful when providing care and maintained their privacy. Staff advised that they knocked on doors before entering rooms, announced themselves, and sort consent from consumers before discussing consumer care with others. Care staff confirmed that consumer information is secured appropriately and the electronic care management system is accessed within the staff workstation, not visible to others. Observations showed staff knocking and announcing themselves before entering consumers' rooms, handling consumer information with an awareness of confidentiality, and using credentials to access care documentation in the electronic care management system.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives confirmed they were involved in the assessment and care planning process and that consumers received the care and services they needed. Staff described the assessment and care planning process, including the initial assessment and care planning process when consumers enter the service and ongoing care planning reviews.

Most care documentation showed individualised care that reflected consumers' identified risks, needs, and preferences and included advance care planning and end-of-life planning if the consumer wishes.

Consumers and representatives said staff involved them in assessing and planning. They felt the service maintains good communication with them, particularly around changes in care, and said that staff explained things to them clearly and clarified clinical matters if needed. Consumers and representatives said that clinical staff regularly discuss consumers' care needs with them, and any changes requested are addressed promptly. Management said that care plans are available for all consumers and representatives. Staff described how they communicate changes to the care and services plan with consumers and their representatives through telephone calls or when representatives visit the service. Care documentation reflected 4-monthly care plan evaluations and reviews and included the input of other health professionals in the delivery of care and services. The services assessment, care planning and evaluation policy outline that consumers and representatives will be partners in care and will be communicated care outcomes.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Overall, consumers said they receive safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer's needs and optimises their health and well-being. Staff described how they are supported to deliver personal and clinical care that is best practice and meets the needs of each consumer. Care documentation reflects the consumer's needs and preferences, and personal care and clinical care are tailored to the needs of the individual. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place. The response submission to the Site Audit report confirmed the involvement of the medical officer in the review of the environmental restrictive practice for a named consumer.

The service demonstrated that high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and reporting, and implementing suitable risk mitigation strategies for individual consumers. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including directives from health professionals.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Care documentation included an advance care plan and the consumer's needs, goals, and preferences for receiving end-of-life care.

Consumers and representatives sampled said the service recognises and responds to changes in condition appropriately and promptly. Clinical staff described how deterioration is recognised, responded to, documented and monitored at the service. Care documentation evidenced timely identification and response to deterioration or changes in consumers' health and condition.

Consumers and representatives confirmed that the consumer's care needs and preferences are effectively communicated between staff and others where responsibility for care is shared. Care documentation provided adequate information to support effective and safe sharing of the consumer's condition to support care. Observations of clinical staff handover showed discussion of consumers' health condition for the past shift, including any incidents, appointments and medication changes.

Consumers and representatives interviewed said referrals are timely, appropriate and occur when needed, and that the consumer has access to a range of health professionals. Overall, care documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

Consumers and representatives said they see staff using personal protective equipment and practising hand hygiene. The service had policies and procedures to guide staff on antimicrobial stewardship, infection control management and managing a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. Observations showed staff adhering to appropriate infection control practices at the service.

# 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supports them in maintaining their independence, quality of life and pursuing activities of interest. One consumer spoke of participating in bus trips and playing board games and cards, which they greatly enjoyed. Staff described the activities and supports of importance to consumers; this information aligned with care planning documentation. A review of the lifestyle activities calendar identified a range of activities, including book club, arts and crafts and Mother's Day celebration.

Consumers described how the service promotes their emotional, spiritual, and psychological well-being. Staff described ways they support consumers' emotional and psychological well-being, including facilitating connections with people important to them through technology, visits from priests and lifestyle staff supporting religious activities.

Consumers described how staff supports them to participate in the community, do things of interest to them, and maintain social and personal relationships. Staff described how they support consumers to participate in activities and engage in the community; for example, ensuring consumers are ready to attend community activities. Care documentation identifies what is important to consumers and activities of interest and provides information to guide staff in supporting their needs.

Consumers and representatives said the consumer's condition, needs, and preferences are effectively communicated within the service and with others responsible for care. Staff described various ways information about the consumer is communicated, including shift handover and information in the electronic care management system.

Consumers and representatives said they feel supported by the service and providers of other care and services. Staff described the referral process and advised that they have access to a wide range of individuals and providers for consumer needs; for example, the service's lifestyle program is supported by performances from the local musical society, a guitarist and pet therapy.

Consumers provided mixed feedback about the meals provided, with consumers reporting meals are not consistently of good quality. They are offered alternative meal options if this wish. Staff demonstrated that they were aware of consumers' dietary needs and preferences. Management advised that they were aware of complaints regarding the service's food and, as a result, have implemented food focus groups and encouraged consumers and representatives to provide feedback through surveys. I have considered this under my decision for Requirement 6 (3)(c).

Consumers and representatives confirmed that consumers have access to equipment such as mobility aids and lifting equipment, as well as resources and equipment for lifestyle activities and daily living. Staff confirmed they have access to equipment when needed and could describe how it is kept safe, clean, and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they felt comfortable navigating the service environment, which is welcoming and spacious. Staff described how they supported consumers to move freely and safely throughout the service environment with signage, and consumers could personalise their rooms with belongings. Observations showed the service environment to be clean, with wide hallways and handrails to aid mobilisation and artwork aided in the orientation to different areas of the service.

Consumers said they felt the service environment was safe, clean and well-maintained, allowing them to move freely. Staff described cleaning schedules with rooms receiving a daily light clean and a more thorough weekly clean. Observations showed all service areas to be clean, with consumers moving freely to an outdoor garden and staff supervising consumers with impaired mobility to access these areas.

Observations showed, and consumers confirmed that equipment was safe, clean and well-maintained. Staff described their role and responsibilities relating to equipment maintenance and cleaning. A review of service documentation and interviews with maintenance staff confirmed all scheduled maintenance had been carried out, including fire equipment inspections, hot water unit maintenance and personal aids were routinely inspected.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives described how they provide feedback and complaints, that they feel safe doing so, and that there are various ways to provide feedback and complaints. Management and staff could describe the process in place to encourage and support consumers and representatives to provide feedback and complaints. The service has policies, procedures, and systems to ensure consumers and their representatives know the various ways they can provide feedback and complaints.

Consumers and representatives felt comfortable raising concerns about the service and were aware of advocacy services if needed. Management described information around advocacy and language services available to consumers and representatives. Observations showed information about feedback and complaints displayed throughout the service, including on noticeboards, posters, pamphlets, and booklets. Information about the 2 named consumers who can advocate for the consumers residing at the service was also displayed.

The site audit report contained information that the service's complaints register evidenced that not all complaints were recorded, and several consumers and representatives stated that when they made a complaint, there was a lack of follow-up. While management and staff described the principles of open disclosure, including being transparent and supplying an apology and explanation when something goes wrong, one consumer stated they had not received an apology. I have come to a different decision following the submission of a response by the approved provider. I have decided that Requirement 6(3)(c) is Compliant. The response submission addressed each of the named consumer and representative examples brought forward in the Site Audit report and immediate actions taken by the service, including providing an apology. The response contained updates to the plan for continuous improvement with strategies the service has or will undertake to address deficiencies brought forward in the Site Audit report. In relation to information relating to the lack of complaints documentation, I am of the view that this does not evidence a lack of action as the response submission asserted that some of the feedback had not been raised with the service. I have placed weight on representatives' feedback that some concerns pre-dated the service's new management and the positive feedback from consumers and representatives saying they felt comfortable providing feedback or making a complaint and that most reported that their feedback is used to improve services. I am satisfied that the response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies identified. I am satisfied that Requirement 6(3)(c) will be compliant through implementing these actions.

The service demonstrated systems and processes for receiving, monitoring, and responding to feedback from consumers and representatives. Overall, consumers and representatives said their feedback is used to improve services. Management described complaints received and actions to improve consumers' care and services. A review of the service's plan for continuous improvement evidenced improvements from the trending and analysis of consumer feedback. These included reviewing the quality of meals, external maintenance, review of contract arrangements and purchasing new tablecloths to enhance the dining experience. The service's feedback and complaints policy guided staff, including using feedback for quality improvement, open disclosure, encouraging and making feedback accessible to all consumers and ensuring privacy and confidentiality.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Overall, consumers and representatives said there was adequate staff to provide safe and effective care, and consumers received assistance when required. While some consumers said that sometimes there are not enough staff, they did not report an impact on the quality of care and services they received. The workforce was planned to meet the needs of consumers and deliver quality care and services, and the service had systems and processes in place to ensure sufficient staff were rostered across all shifts. The service monitored and actioned call bell wait times, which exceeded the service's key performance indicator.

Consumers and representatives said that staff were kind, caring and respectful when providing care and services, recognising each consumer's identity and diversity. Observations showed that staff always interacted with consumers in a kind and caring manner, using each consumer's preferred name when greeting and speaking.

Consumers and representatives said staff were capable, experienced and knew what to do. Staff said they are well supported by a buddy system on commencement and described the qualifications and requirements to be appointed to their roles. Position descriptions provided included relevant qualifications and competencies required for each role.

Consumers and representatives said staff mostly had appropriate skills to ensure the delivery of safe, quality care and services. One consumer representative did speak of staff requiring additional specialised training in behaviour management. Staff confirmed they received mandatory and additional training to support them in providing quality, and additional workshops were organised when clinical trends were identified. A review of service documentation evidenced that staff training and mandatory training were up-to-date.

Management described staff performance monitoring through formal appraisals, informal performance monitoring and reviews. Staff explained the annual performance appraisal process and the outcomes, including further education to promote professional development. The service had a performance framework policy that addressed underperformance, including providing counselling or following a formal disciplinary process along with the opportunity to provide additional buddy shifts for support.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said they were involved in developing, delivering and evaluating their care and services and were comfortable providing feedback or raising concerns. They expressed satisfaction with the management of the service and said they feel like they are involved in their care and are supported to be a partner in their care. One consumer spoke of participating in consumer meetings to improve the quality of care and services delivered. The organisation provided various avenues for consumers and their representatives to raise complaints or feedback, including the website, feedback forms and suggestion boxes in each service section. Management and the governing body stated that the service also conducted the 'Project Butterfly' campaign, which sought to seek feedback about care and services proactively.

Management described the governing body's involvement in promoting a culture of safe, inclusive and quality care and services by making recommendations based on a range of reports and committees within the organisation. Board members advised that they participate in operational meetings and, on occasion, consumer meetings and utilise the service's reporting mechanisms to keep informed and implement change. All notifications under the Serious Incident Response Scheme are reported to the Board.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management. The service had a continuous improvement plan which recorded service improvements in response to trends, identified issues, planned actions, responsible person, planned completion date and outcomes. The feedback and complaints register did not have all issues recorded and actioned. However, I am of the view that the service demonstrated effective organisation systems with consumer feedback and complaints, as reflected in my decision under Requirement 6(3)(c).

The organisation demonstrated risk and incident management systems that effectively manage, prevent and respond to incidents. Staff described their role and responsibility in escalating incidents, and consumers and representatives expressed satisfaction with the way the service responded to critical incidents and the preventative strategies that had been in place to mitigate risk. Overall, staff understood incident and risk reporting protocols, and management described their role in investigating and reporting incidents, with monthly reports reviewed by management and the Board. The service's clinical incident register evidenced that incidents were reported promptly, including those required to be notified under the Serious Incident Response Scheme.

The organisation's documented clinical governance framework included policies, procedures, service delivery practices, staff roles and responsibilities, and staff training requirements across antimicrobial stewardship, restrictive practice minimisation, and open disclosure. Management provided examples regarding the use of antibiotics and discussions at medication advisory committee meetings, open disclosure processes and the minimisation of restrictive practices.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)