Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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: | 14 November 2023 to 15 November 2023 |
| Performance report date: | 22 December 2023 |
| 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 E Woodley, 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 11 December 2023

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |

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 2(3)(a) – the approved provider must demonstrate assessment and planning consistently identifies and addresses risks to consumer’s health and well-being and informs the delivery of safe and effective care and services. This includes the re-assessment of new or changed risks. Behaviour support planning is effective to inform safe and effective care, and is in line with the organisation’s policies and current legislation.
* Requirement 3(3)(a) – the approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. This includes personal hygiene care, and management of pain, wounds, skin integrity, and unplanned weight loss. The service has effective processes to ensure consumers are consistently receiving safe and effective care, including processes to identify where this is not occurring and take appropriate action in response.
* The approved provider must demonstrate the service has implemented all continuous improvement actions identified in their response to the Assessment Contact report.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant.

The Assessment Team found assessment and planning was not effectively considering risks to consumer’s health and well-being, and informing safe and effective care and services. For consumers sampled, assessment and planning was not updated to consider new or changed risks to consumer’s health and well-being including mobility, aspiration pneumonia, falls, and dehydration. Assessment and planning was not comprehensive to inform the effective management of two consumer’s diabetes and blood glucose levels. Assessment of chemical restrictive practice and behaviour support planning was not consistently effective to inform safe and effective care, and ensure it is undertaken in line with the organisation’s policies and current legislation.

The provider’s response to the Assessment Contact report acknowledges some aspects of assessment and planning lacked detail to inform management of risks to consumer health and well-being. The provider’s response identifies that the service has completed a suite of assessments and review of care planning documentation. For one consumer I acknowledge that assessment and planning to manage their aspiration pneumonia was underway during the Assessment Contact. The provider’s response identifies continuous improvement action implemented since the Assessment Contact to improve consumer assessment and planning. This includes staff education and training, consultation with consumers and representatives, review of high risk consumers, and the implementation of a new care review schedule.

I acknowledge the approved provider has reviewed the care for consumers and the risks identified in the Assessment Contact report and identified continuous improvement action in response. However, the service has not demonstrated this has been effective in identifying deficiencies in consumer assessment and planning across the service for all consumers, and risks to consumer’s health and well-being are consistently identified and addressed in assessment and planning.

I find Requirement 2(3)(a) is non-compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Not 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 |

Findings

The Quality Standard is assessed as non-compliant as one of the seven specific Requirements has been assessed as non-compliant.

The Assessment Team found consumers were not consistently receiving safe and effective personal and clinical care that is tailored to their needs and optimising their health and well-being. Several consumers interviewed were not satisfied with the personal care provided at the service, particularly assistance with personal hygiene. One consumer said personal care was not safe and effective, and staff were not kind or supportive during personal care. Four consumers were not receiving personal care in line with their preferences including frequency of showers and/or assistance with staff of a specific gender. The Assessment Team found pain management was not consistently assessed, including effective consultation with consumers, and managed to optimise consumer well-being. The Assessment Team found gaps in the monitoring of consumers post-fall incident. The service did not demonstrate safe and effective management of wounds and skin integrity including incorrect classification of wounds, wound charting not completed for all wounds, and management of wound infection. For two consumers, the service did not demonstrate timely response, including action of dietitian recommendations, to their unplanned weight loss.

The provider’s response identifies that the service has reviewed the care and consulted with consumers and representatives identified in the Assessment Contact report to ensure their personal and clinical care is meeting their needs. The provider’s response incudes some additional information regarding pain management and acknowledges areas for improvement in pain monitoring. I note the additional documentation provided in their response relies on consumer’s verbal pain identification with no evidence of non-verbal pain monitoring. The provider’s response identifies that fall monitoring was generally conducted in line with organisational expectations, and overall I am satisfied that post-fall monitoring and review was occurring for consumers identified. The provider’s response identifies continuous improvement action implemented since the Assessment Contact focusing on education and training, pain monitoring, incident management, clinical oversight, personal care, pathology, wound management, and weight management.

While the provider has identified continuous improvement action in response to the Assessment Contact report, the service requires time to evaluate the effectiveness in ensuring consumers are consistently receiving safe and effective care, including processes to identify where this is not occurring and take appropriate action in response. I am not satisfied that consumers are consistently receiving best practice personal and clinical care that is tailored to their needs and optimising their health and well-being.

I find Requirement 3(3)(a) is non-compliant.

The Assessment Team identified the service did not identify or respond appropriately to deterioration or change of a consumer’s condition. The service did not respond appropriately to one consumer’s increased pain, and there were gaps in the monitoring of one consumer’s deterioration prior to the consumer being transferred to hospital.

The provider’s response includes additional information regarding the management of the consumers identified in the Assessment Contact report, including review of the consumer’s care following the change in their condition.

While pain was not appropriately managed for one consumer, I have considered this in my assessment of Requirement 3(3)(a). For the other consumer, while risks associated with their deterioration were not effectively considered in assessment and planning I have considered this in my assessment of Requirement 2(3)(a). For this consumer, while there were gaps in documentation, I consider that their deterioration was appropriately recognised and subsequent transfer to hospital was arranged in response.

I find Requirement 3(3)(d) 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)