Performance

Report

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| Name: | Casey Aged Care |
| Commission ID: | 3819 |
| Address: | 300 Golf Links Road, NARRE WARREN, Victoria, 3805 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 29 May 2024 |
| Performance report date: | 1 July 2024 |
| Service included in this assessment: | Provider: 1303 Aged Care Group Pty Ltd  Service: 5946 Casey Aged Care |

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 Casey Aged Care (**the service**) has been prepared by V Plummer, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the clinical care the consumer receives and said known risks of consumers were managed effectively. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, restrictive practices, changed behaviours, wound care, and other specialised care needs. Staff were able to describe the individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. Care documentation evidenced staff are effectively monitoring, assessing, and managing consumers clinical needs. Interviews with management and review of service documentation, including incident management records, demonstrated effective management of high-impact and high- prevalence consumer risks. These included the management of falls, diabetes, wound and skin care, behaviour support and restrictive practices.

I have considered the information within the assessment contact team report, and I have placed weight on the information provided in the assessment contact report, including the positive feedback from consumers, staff knowledge in managing consumers’ risks, and documentation review reflecting effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) 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

Overall consumers and representatives provided positive feedback in relation to consumers care and services and said there were enough staff on duty who are knowledgeable in providing consumers’ individualised care and clinical needs. Documentation demonstrated the service has systems in place to regularly review the delivery and management of safe, quality care and services.

Staff described their understanding of consumers’ individualised needs and confirmed the regular education and training they receive to ensure they are qualified and competent including training on clinical tasks and on the escalation process. A suite of other allied health professionals were engaged at the service in addition to the medication competent care staff.

In relation to the workforce responsibilities (including, 24 hours a day, 7 days a week (24/7) registered nurse (RN) requirement and mandatory care minutes), there are RNs rostered on-site and on duty 24/7, including senior care managers who are RNs. However, a review of the service’s roster, interviews with staff and management identified the service is not currently meeting its mandatory care minute targets. Management stated the data being reported was not always up to date and the organisation is implementing a new system which will provide up to date live data on care minutes. Strategies currently being implemented include, extending shift times for care staff and providing additional medication training for care staff, to allow the RNs additional clinical time. The service is utilising a mix of registered staff and care staff across the service 24/7, with RN team leader roles being implemented.

The assessment contact report contained information in relation to delays in calls bell response times for 3 named consumers. In response management acknowledged the feedback provided and provided evidence of actions taken and plans to improve performance under this requirement. I acknowledge the provider’s response to feedback and actions taken, the overall consumer and representative satisfaction with care and services provided and note there was no direct consumer impact reported in relation to call bell response times.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

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

# Standard 8

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| Organisational governance | |  |
| 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

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure, which provides guidance to staff and the service to ensure the delivery of quality care to consumers. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

The clinical governance system covered a range of clinical topics including specialised clinical care, diabetes management, end of life care, falls, wounds as well as antimicrobial stewardship, restrictive practices and open disclosure. The service maintains a high-risk register which identifies consumers who have clinical care risks, which is monitored by senior management and reviewed weekly. The clinical governance process includes clinical observations and a process for recognising deterioration for consumers health and wellbeing, and the escalation process for staff to follow. Records show the organisation has a systematic approach to clinical auditing and data analysis which supports improvements in clinical care, with clinical oversight from the governing body.

In relation to workforce responsibilities, the service provides staff training and monitors staff competencies, including medication competency. The service has a suite of policies and procedures to guide staff including and in regard to clinical escalations.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high-impact and high-prevalence consumer risks, a competent and qualified workforce, and ongoing continuous improvement actions.

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