Performance

Report

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| Name of service: | Casey Aged Care |
| Service address: | 300 Golf Links Road NARRE WARREN VIC 3805 |
| Commission ID: | 3819 |
| Approved provider: | Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 May 2023 to 24 May 2023 |
| Performance report date: | 7 July 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 Casey Aged Care (**the service**) has been prepared by D.McDonald 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; 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 provider’s response to the assessment team’s report received 5 July 2023, including a plan for continuous improvement.
* other information and intelligence held by the Commission in relation to the 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 were treated with dignity, respect and felt valued. Staff were observed interacting with consumers in a respectful manner and in line with consumers’ preferences. Care documentation reflected consumer preferences and staff were guided by diversity and inclusion policies.

Consumers and representatives provided positive feedback regarding support of consumers’ culture, values and diversity. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly, including utilising translation tools and allocating female care staff in line with cultural preferences. The lifestyle calendar reflected a range of cultural activities of relevance to consumers.

Consumers said they were supported to make choices about care delivery and maintaining important relationships. Staff were knowledgeable of consumers’ choices, facilitated video contact with family and ensured choices by consumers with cognitive impairment were respected. Staff were guided by a dignity and choice policy to support consumers.

Consumers and representatives said consumers were supported to take risks to live their best lives. Staff confirmed assessing consumers wishing to take risks, in collaboration with consumers and allied health professionals, explaining the potential consequences and implementing mitigations. Care documentation reflected risk assessments, discussion with consumers, agreements and mitigation strategies.

Consumers and representatives provided positive feedback regarding provision of timely and accurate information. Staff described regularly informing consumers about their care, including speaking in other languages or using communication tools for multilingual consumers. Consumer meeting minutes evidenced information was provided to consumers and representatives regarding the menu, activities, maintenance and feedback processes.

Consumers said their privacy was respected and their personal information kept confidential. Staff were knowledgeable of consumers’ individual privacy needs, including not entering rooms at designated times and closing curtains in shared bathrooms. Staff were observed knocking on doors and awaiting consent to enter and locking the nurses’ stations.

# 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 involvement in care assessment and planning. Staff were knowledgeable of the care assessment and review processes and care documentation evidenced risk assessments and mitigation controls. Staff were guided by guidelines and procedures regarding care assessment and planning.

Consumers and representatives confirmed involvement in care assessment and planning, including end of life care. Staff discussed end of life care with consumers upon entry, if consumers wished to do so, or discussed during subsequent care reviews. Care documentation evidenced consumers’ needs and preferences, including advance care plans.

Consumers and representatives confirmed they provided input to assessment and planning of consumers’ care and services. Staff confirmed including consumers and representatives throughout the assessment, planning and review processes. Care documentation evidenced integrated and coordinated assessment, planning and review involving consumers, representatives and allied health professionals.

Consumers and representatives confirmed they were informed of assessment and planning outcomes and were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes and care documentation evidenced regular staff communication and availability of care plans to consumers and representatives.

Consumers and representatives gave positive feedback regarding regular review of care and services. Staff described undertaking routine care reviews every 3 months or in response to changes or incidents. Care documentation evidenced reviews, assessments and changes in consultation with consumers and allied health professionals.

# 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

Consumers and representatives provided positive feedback regarding personal and clinical care which was tailored to consumers’ needs and preferences. Staff confirmed 24-hour oversight by a registered nurse and clinical information exchanged between staff several times each day. Care documentation evidenced consumers were receiving care that was safe, effective, tailored to their needs and preferences.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of individual consumer risks, such as pressure injuries and falls, and working with allied health professionals to develop minimisation strategies. Care documentation reflected assessments undertaken to identify risks and responsive clinical mitigations.

Staff described initiating medical officer review when consumer deterioration was identified to determine a palliative pathway, ensure ongoing involvement by representatives and update care needs. Staff were guided by policies to respond to deterioration and ensure consumer comfort and dignity during the palliative process.

Representatives provided positive feedback regarding staff promptly recognising and responding to deterioration in a consumer’s condition. Staff confirmed seeking medical officer review to assess identified deterioration or referring consumers to hospital for urgent needs. Care documentation evidenced prompt identification of and response to changes, including consultation with allied health professionals.

Consumers and representatives provided positive feedback regarding staff effectively communicating information regarding consumers’ condition, needs and preferences. Staff described exchanging consumer information during handovers and through the electronic care management system. Staff were observed exchanging consumer information during a shift handover in a private area to maintain confidentiality.

Consumers and representatives gave positive feedback regarding the service’s referral process to specialised individuals and services. Staff were knowledgeable of referral pathways in response to identified need and care documentation reflected referrals made to a range of allied health professionals, including dieticians, speech pathologists and podiatrists.

Consumers and representatives gave positive feedback regarding the service’s infection management practices. Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection risk and were guided by an Infection Prevention Lead who monitored practises and tested for viral infections. Observations confirmed sufficient supply of personal protective equipment and that a high proportion of staff and consumers had been vaccinated.

# 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 confirmed they were supported to engage in activities of interest which promoted their independence and quality of life. Staff described supporting consumers to engage in group activities or undertake independent activities, if appropriate. A calendar reflected a range of activities tailored to consumers’ interests and abilities such as trivia, walking and spiritual groups.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers through one-to-one care, facilitating visits by religious and spiritual representatives and offering activities relevant to consumers’ cultural preferences. Care documentation reflected consumers’ spiritual, religious and lifestyle preferences.

Consumers said they were supported to maintain important relationships and participate in the community. Staff described facilitating community bus trips and consumer participation in charitable events. Observations confirmed consumers hosting charity events with family members and the availability of lifestyle equipment relevant to consumer interests.

Consumers and representatives said the service effectively shared consumer information with those involved in their care. Staff were knowledgeable of consumers’ individual care needs and confirmed exchanging consumer information during handovers and meetings. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Staff described collaborating with other care providers to supplement consumers’ care and interests, including those aligned with consumers’ specific preferences. Documentation evidenced referrals were made to a range of services including emotional support volunteers, charities and culturally specific support organisations.

Most consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed consumers’ dietary requirements and feedback informed seasonal menu development and alternate options were offered every meal. Consumers attended food focus groups to provide feedback and observations confirmed staff assisted consumers during meal service where required.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff were knowledgeable of processes to report hazards or unsuitable equipment and confirmed cleaning shared equipment following each use. Observations confirmed equipment was clean, maintained and readily available.

# 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 the service environment was welcoming, safe and easy to navigate. There were multiple indoor and outdoor spaces, a café, navigational signage and mobility infrastructure. Staff described relaying consumer feedback regarding the service environment to management for action and consumers decorated their rooms with personalised items.

Consumers said the service environment was safe and maintained and they could move freely indoors and outdoors. Staff described the reactive maintenance system, including approved contractors to attend to specialised requests, and cleaning schedules for daily and weekly tasks. Maintenance and cleaning records were up to date and consumers were observed moving freely throughout the service.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment were safe, clean, and well-maintained. Staff confirmed faulty items were immediately removed and assessed for repair, and mobility equipment was routinely serviced. Records evidenced regular servicing of equipment.

# 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 said they were comfortable providing feedback or making a complaint and were aware of relevant processes. Management confirmed they supported consumer feedback and complaints through direct discussion, email or feedback forms. A recent consumer survey confirmed all respondents were aware of feedback and complaint processes.

Linguistically diverse consumers confirmed they had access to multilingual staff or support tools to assist them to provide feedback or make a complaint. Staff were knowledgeable of advocacy and language services and this information was displayed in various languages throughout the service.

Consumers and representatives said appropriate action was taken in response to feedback and complaints and they were involved in the resolution process. Staff were knowledgeable of complaint processes, including the use of open disclosure. A register evidenced management of complaints, open disclosure practices and relevant staff training. Policies guided staff through the use open disclosure following incidents.

Documentation evidenced consumers’ feedback and complaints were used to inform changes and improvements, including trialling additional open hours for the in-house café to cater to consumers and their visiting families. Staff confirmed consumer feedback was promptly reviewed and addressed and procedures guided staff to implement a resolution-focused approach to continuous improvement.

# 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

The assessment team recommended Requirement 7(3)(e) was not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in the implementation of the organisation’s program to review, monitor and assess the performance of the workforce.

While the organisation’s policies confirmed all staff were to complete an annual performance review, and staff were knowledgeable of the process, records evidenced annual performance reviews for over half the staff cohort were overdue for completion, with some staff having not completed a review since 2019. One long term staff member stated they had never participated in an annual performance appraisal.

Management confirmed awareness of overdue performance appraisals, stating other events were prioritised, such as infectious outbreaks, and a new human resources management tool was planned for introduction within months to streamline the annual appraisal process.

Management stated staff performance was otherwise monitored through staff surveys and performance issues were escalated by team leaders and addressed.

The provider responded on 5 July 2023 and acknowledged they had identified the gaps in their staff performance appraisal process prior to the Site Audit and submitted their plan for continuous improvement which confirmed action items were planned and have been completed to support compliance with this requirement.

The provider confirmed they had reviewed their employee listing and following removing staff names belonging to staff who no longer worked at the service and identifying those on long term leave, the rate of completed performance appraisals was 62% at the time of the Site Audit. I acknowledge the provider’s response which evidences that all outstanding performance appraisals have now been completed and their further planned actions of implementing a computerised human resources management database will improve ongoing monitoring.

Therefore, I have found this requirement as compliant.

I find the remaining 4 requirements of Quality Standard 7 compliant as:

Consumers and representatives said the number of staff was sufficient to provide care and services. Management confirmed shift vacancies were filled with permanent staff, those from another service of the organisation or agency staff as a last resort. Rosters evidenced adequate staff for each shift and call bell data reflected prompt responses.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable and respectful of consumers’ needs and preferences and were observed addressing consumers by their preferred names and using respectful language.

Consumers and representatives said staff demonstrated knowledge and competency to perform their roles. Records evidenced recruitment screening processes to establish credentials and competencies and that staff were appropriately qualified and held required professional registrations.

Staff confirmed participating in mandatory and elective training and receiving reminders to enrol in upcoming modules. Management confirmed new staff underwent orientation training and were paired with experienced staff upon commencement. Records reflected staff participating in training for manual handling, dementia, wound management and cultural diversity.

# 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 and representatives said they were involved in the development and delivery of care and services. Management confirmed involving consumers through meetings, surveys and feedback. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

Management described the organisational structure that supported accountability by the governing body, including clear reporting lines from the service to the governing body. Minutes from governing body meetings reflected ongoing monitoring of regulatory compliance and discussions regarding risk, clinical indicators and serious incidents.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify, respond to, and report serious incidents. Records evidenced staff had participated in training regarding management of serious incidents.

Most staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Records reflected staff had participated in training regarding minimising the use of restraint and open disclosure or were scheduled to undergo refresher training. Frameworks, policies and guidelines assisted staff to maintain best practice.

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