Performance

Report

**1800 951 822**

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| Name of service: | Casey Manor Aged Care |
| Service address: | 445 Ormond Road NARRE WARREN SOUTH VIC 3805 |
| Commission ID: | 3663 |
| Approved provider: | Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 2 November 2022 to 4 November 2022 |
| Performance report date: | 16 January 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 Manor Aged Care (**the service**) has been prepared by James Howard, 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 2 November 2022 to 4 November 2022; 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.
* 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 | | Compliant |
| 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

Care planning documentation identified the days of cultural significance to consumers and demonstrated each consumer was treated with dignity and respect. The Assessment Team observed staff respected consumers’ identities and cultures.

Consumers and representatives confirmed the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and outlined how they delivered culturally safe care and services.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships Care planning documentation identified consumers’ choices regarding when care should be delivered, who should be involved in their care and how the service supported them to maintain relationships.

The service demonstrated consumers were supported to take risks that enabled them to live their best lives. Staff were aware of the risks taken by consumers, and stated they supported the consumers’ wishes to take risks to live the way they choose.

The Assessment Team observed staff knocking on consumers’ doors and awaiting a response prior to entering. Staff confirmed personal information was kept confidential and was discussed in private.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 were satisfied consumers’ needs and preferences were considered in the care planning process and assessment of risk. Staff described how they assessed consumers and utilised care planning to deliver safe and effective care.

Care planning documentation identified and addressed the consumers’ current needs, goals and preferences, including advance care planning. Staff demonstrated a shared understanding of what was important to consumers regarding the delivery of their personal and clinical care.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Consumers and representatives confirmed they were actively involved in the assessment, planning and review of consumers’ care and services.

The service demonstrated it effectively communicated the outcomes of assessment and planning to representatives and documented the outcomes in a care and services plan. Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Consumers and representatives were satisfied with the changes to care and services made by staff following incidents.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 advised consumers received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. Staff described the policies and procedures in place which guided their practice and were widely accessible.

The service demonstrated it effectively managed high impact or high prevalence risks through regular clinical data monitoring, trending and implementation of risk mitigation strategies. Consumers and representatives were satisfied with the service’s risk management practices, including behaviour management and COVID-19 outbreaks.

Staff described how they approached conversations and the delivery of care for consumers requiring end-of-life care. The representative of a consumer receiving end-of-life care confirmed the consumer’s end of life pathway was discussed with the service and was regularly reviewed to ensure their pathway continued to reflect their preferences.

Staff outlined a range of signs related to deterioration, including changes to mobility, appetite, disinterest in activities, and changes in mood and behaviours. Care planning documentation evidenced deteriorations or changes in consumers’ health was recognised and responded to in a timely manner.

Care planning documentation indicated the consumers’ care needs and preferences were effectively communicated between staff and they received the care they required. Consumers and representatives were confident consumers’ information was well documented and shared between staff.

The service demonstrated referrals to other providers and organisations was timely and appropriate. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

Management staff described how they utilised monitoring tools, monthly reporting and the quarterly Medication Advisory Committee meetings to maintain oversight and benchmark antibiotic usage against national standards and other services within the organisation. Consumers and representatives expressed positive feedback regarding the service’s management of COVID-19 and other infection control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were satisfied they received services and supports for daily living that met their needs, goals and preferences. Care planning documentation accurately identified consumers’ choices and identified the supports consumers required to engage in their preferred activities.

Consumers and staff described services and supports which promoted consumers’ emotional, spiritual and psychological well-being. The Assessment Team observed consumers engaged in religious activities within the service.

Care planning documentation identified activities of interest to consumers and the supports they required to participate in activities both within, and external to the service. Staff demonstrated a shared understanding of the activities enjoyed by consumers and the supports in place to assist them to engage in these activities.

The service utilised an electronic documentation system and a handover process between shifts to ensure consumer information was communicated and shared. Consumers advised that staff knew their needs and preferences and information regarding their care and services was communicated amongst staff.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers advised the meals provided were varied and of suitable quality and quantity. Staff described how they met consumers’ dietary needs and preferences and how any changes were communicated.

Consumers stated the equipment provided was safe, suitable, clean and well maintained. Staff advised they had access to the equipment and resources they needed to support consumers.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Staff described how they supported consumers to customise their rooms to promote a sense of belonging and independence. The Assessment Team observed signage directing consumers and visitors to the various areas of the service.

The service had processes and systems in place for identifying and recording hazards, maintenance issues and cleaning, and those requests were completed in a timely manner. The Assessment Team observed consumers could move freely throughout the service, both indoors and outdoors.

Consumers and representatives felt furniture, fittings and equipment was safe, clean, well maintained and suitable for use. Staff explained how they reported any maintenance issues via the communication book.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 stated they felt comfortable and understood how to provide feedback or make complaints. Management and staff described the processes in place to encourage and support feedback and complaints.

Consumers and representatives were aware of advocacy services available to them and felt confident using these services if required. Management discussed how the consumer handbook and agreement provided contact information and details regarding advocacy and support services.

Staff demonstrated an understanding of open disclosure and outlined actions taken in the event of an adverse event. Consumers and representatives indicated the service took appropriate action in response to complaints.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Staff described how information from feedback and complaints were used to improve the quality of care and services.

# Standard 7

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| Human resources | | Compliant |
| 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

Management and staff ensured there were enough staff to provide safe and quality care. The service utilised a base roster, designated by staff classification, designed to cover the care needs of consumers. Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services.

Consumers and representatives felt staff were kind, gentle and caring when providing care. Staff demonstrated they were familiar with consumers’ individual needs and identity and were observed to greet consumers by their preferred name.

Consumers and representatives indicated staff performed their duties effectively, and were confident staff were skilled to meet their care needs. The Assessment Team observed position descriptions for staff included key competencies and qualifications that were either desired or essential for each role.

Staff advised the service provided them with mandatory and supplementary training which supported them in providing quality care. The Assessment Team reviewed the service’s training records, which showed all active staff were up to date with their mandatory training.

The service’s records showed performance reviews were mostly conducted annually for all staff, and after an initial probation period for new staff. The service had a range of documented policies and procedures which guided the management of the workforce, recruitment of staff and reviews of staff performance.

# Standard 8

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| Organisational governance | | Compliant |
| 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 indicated they were engaged in the development, delivery and evaluation of care and services, and the service encouraged their participation when making decisions. Management advised consumers and representatives were engaged through a variety of ways, including monthly consumer meetings, regular surveys, care planning conversations and conferences, and a robust feedback management system.

Management described a robust organisational structure that governed the delivery of quality care and services across the organisation. The Approved Provider’s governing board communicated information to the service through monthly meetings, emails and memoranda.

Organisation-wide governance systems supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff described the feedback and complaint mechanisms utilised by the service, which encouraged consumers to provide feedback.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best lives possible. Management and staff provided examples of how risks were managed within the service.

The service demonstrated it minimised infection-related risks through implementing standard and transmission-based precautions to prevent and control infections or promote appropriate antibiotic prescribing. Staff described the importance of open disclosure and how they applied it in practice.

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)