Performance

Report

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| Name: | Casson House |
| Commission ID: | 7069 |
| Address: | 2-10 Woodville Street, NORTH PERTH, Western Australia, 6006 |
| Activity type: | Site Audit |
| Activity date: | 31 July 2024 to 2 August 2024 |
| Performance report date: | 9 September 2024 |
| Service included in this assessment: | Provider: 1305 Casson Homes Incorporated  Service: 4597 Casson House |

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 Casson House (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 5 September 2024.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff understood their diverse backgrounds and values. Staff were respectful when speaking of or with consumers and gave examples of how they provided respectful and dignified person-centred care. Care planning documentation highlighted consumer diversity within life history and cultural assessments used to understand and support preferences.

Staff described how consumers’ cultural needs influenced care and services. Consumers explained provision of culturally safe care through meeting their personal and cultural needs, including within provided meals. Training was provided on provision of culturally safe care and services and guided by policies and procedures.

Consumers said they were supported to maintain independent decision making and nominate who should be involved and were observed entertaining visitors and engaging with other consumers. Staff described processes to support informed decision making and how consumers were aided to maintain relationships of choice. Care planning documentation reflected consumer decisions on the delivery of care and relationships of importance with supporting strategies.

Consumers explained staff supported them to take risks and ensured they were aware of the potential for associated harm. Staff were familiar with risks taken by consumers and strategies for safety, and the process to ensure informed consent was obtained by the consumer or their representative. Care planning documentation highlighted the risk and included the risk assessment, mitigating strategies, and consultation with consumers.

Consumers and representatives said they felt comfortable to ask if they didn’t understand something, and information is shared in a way to support understanding for consumers with different needs. Staff explained written information available through newsletters, notices, and flyers, and verbal updates in meetings and through reminders, tailoring communication style to use strategies within care and services plans. Daily menus and monthly activity calendars were provided to consumers and displayed throughout the service.

Policies and protocols protected consumer privacy and ensured personal information kept confidential and used only for relevant purposes. Consumers said staff respect privacy, seeking permission to enter rooms and closing doors when delivering care. Staff explained measures to maintain confidentiality, including not discussing consumer matters in front of other people.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained the care planning process, using assessments to identify needs and risks, and develop tailored care and services. Care planning documentation identified risks and management strategies to inform care. Staff followed a checklist to undertake key assessments for new consumers following entry and during ongoing reviews.

Care planning documentation outlined current needs and preferences of consumers, verified by consumers as an accurate reflection, and captured end of life decisions. Staff explained how they captured the current and future wishes of consumers and shared information within the care and services plans.

Consumers and representatives detailed how they were involved in assessment and planning processes, and the process incorporated input from others involved in consumer care. Staff described assessment and planning practices undertaken in partnership with consumers, representatives, and other providers including allied health and specialists. Policies and procedures outlined the approach to working with individuals and organisations to meet the care needs of consumers.

Care planning documentation was able to be accessed by staff, however, the service was using a combination of electronic and paper based information with inconsistencies between systems (considered further within findings for Standard 8 Requirement 8(3)(c)). Consumers and representatives said they were updated on the outcomes of assessments and provided copies of the care and services plan.

Consumers and representative were aware care and services were regularly reviewed, and when incidents occurred, or consumer circumstances changed. Staff explained consumer needs were evaluated regularly to determine if there was a need to alter how care was provided. Procedures outlined requirement to review and update consumer care plans following change of health or deterioration.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff demonstrated understanding of best practice care principles captured within policies and procedures. Consumers and representatives described personal and clinical care as safely and effectively meeting their needs. Care planning documentation included assessments, strategies, and charting reflective of tailored care.

Consumers and representatives said risks were understood and effectively managed with effective interventions. Staff described familiarity with consumer risks and strategies, with monitoring for effectiveness. Care planning documentation outlined management of risks in line with documented strategies and monitoring for effectiveness.

Staff explained how they recognised consumers nearing end of life and addressed needs and preferences, including managing symptoms and optimising comfort and dignity. Care planning documentation evidenced end of life care was provided in a manner to meet consumer needs and goals and support comfort and emotional needs.

Care planning documentation reflected timely identification of deterioration or changes of consumer health, and actions taken in line with policies and procedures. Staff explained by working closely with consumers they could promptly identify and escalate changes in health or condition and would escalate it appropriately to the medical officer, specialist, or call an ambulance.

Consumers and representatives said staff effectively shared information about consumers which was reflected in the understanding of consumer needs and preferences. Staff explained processes to communicate information about consumers through documentation, verbal handover, and meetings. Care planning documentation was comprehensive and accessible to staff.

Staff explained referral processes for a range of organisations and providers to support consumer needs. Consumers and representatives said referrals were made in a timely manner to appropriate providers.

Consumers and representatives described actions from staff to prevent infections and transmission, including practicing hand hygiene and wearing personal protective equipment. Policies and procedures, including an outbreak management plan, informed staff of infection control and antimicrobial stewardship practices, supported by an infection prevention and control lead. Consumers could access immunisation programs through weekly medical visits, and vaccine rates were monitored for consumers and staff.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives explained how services and supports were used to optimise quality of life and meet needs, goals, and preferences. Staff explained how assessment and planning was used to understand needs, goals, and preferences.

Staff described signs of low mood in consumers, and actions they could take including spending time talking or providing reassurance or engaging in other activities. Consumers and representatives outlined available services and supports for emotional and spiritual wellbeing, including church services and staff spending time with them.

Consumers and representatives gave examples of how they were supported to maintain relationships and participate in the local community. Care planning documentation outlined consumer’s interests and involvement in the community. Staff explained how the activity schedule was tailored to consumer interests. Consumers were observed interacting with each other and entertaining visitors.

Staff in a range of roles explained processes to communicate information about consumers, including changes, and considered support services. Consumers and representatives said staff were familiar with care and service needs and directives always followed.

Although care planning documentation did not include record of services and support referrals, consumers gave examples of timely referrals made for them, such as to counsellors, support workers, and volunteers. Staff explained access to a range of services and supports to meet consumer needs.

Consumers and representatives gave positive feedback on the quality, quantity, and variety of provided meals with a range of options available. Staff explained the rotating menu was adjusted in response to feedback collected verbally and within focus meetings. The monthly menu included a variety of options and alternate selections, and the meal service was observed to be timely and coordinated with sufficient assistance available.

Consumers reported access to clean equipment. Staff described processes for cleaning and maintaining equipment, including mobility aids and lifestyle items. Equipment was observed to be suitable, 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming and easy to understand and navigate. Management and staff described the features of the service to support consumers, including encouraging them to personalise rooms to optimise a sense of belonging. Courtyards, lounges, dining, and activity areas were fit for purpose and supported consumer interaction, and the environment had sufficient lighting and signage to support independent movement between areas.

Consumers reported the service environment was regularly cleaned, and they could access indoor and outdoor areas independently. Staff explained cleaning and maintenance processes used to ensure the service environment was comfortable and safe. Whilst external doors were locked at night for security, and management had not considered whether this restricted free movement, one of the consumers interviewed identified they had been offered a key but declined it. Management developed improvement actions to ensure no consumers had been environmentally restrained by security measures.

Furniture, fittings, and equipment were maintained through scheduled actions and regular checking. Staff described cleaning and safety programs adhered to. Consumers and representatives confirmed items were cleaned regularly and well-maintained.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives were familiar with the range of available feedback and complaint processes, and said they felt comfortable to raise concerns. Staff explained processes to encourage and support consumer feedback and complaints, including through discussions with staff, raising within consumer meetings, or providing written feedback. Feedback and complaint forms and locked boxes were available for anonymous complaints, and meeting minutes included feedback as a standing agenda item for new business or follow up.

Consumers and representatives said they knew how to access external supports for complaints, and information on services was displayed. Staff could access translating and interpreting services, if needed, and could support consumers access advocates or external complaint services. Notices and pamphlets were displayed to remind consumers and representatives of available supports.

Consumers and representatives said the service addresses and resolves complaints. Feedback and complaint documentation reflected timely and appropriate actions following policies and procedures and use of the open disclosure process. Staff described the open disclosure steps used to respond to complaints, including providing an apology, investigating, providing updates, and taking corrective action.

Management explained feedback was analysed for trends and used to identify improvements, with relevant activities created and added to the Continuous improvement plan. Consumers, representatives, and management gave examples of improvements made following feedback.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives and staff said there were sufficient staffing to meet consumer needs without rushing. Management detailed how workforce planning considered consumer care needs, with processes to ensure all shifts were filled. Rosters verified shifts were filled to avoid impact to consumers, using agency staff if essential, and the service met legislated nursing and care minute delivery requirements.

Consumers and representatives described staff as kind, caring, and gentle. Policies and procedures provided guidance to staff on organisational values and expected practices and behaviours, and management said all staff receive training on ensuring respectful interactions. Staff interactions with consumers were observed to be caring and respectful, including when consumers appeared distressed.

Management explained processes to assess and monitor competency of new and ongoing staff, including through education and evaluation. Recruitment and onboarding processes considered staff skills, qualifications, and knowledge, including through training and assessment and buddy shifts. Position descriptions outlined expectations of staff performance, professional registration, knowledge. Personnel records were monitored for compliance with employment requirements, including security checks and vaccinations.

Staff said they received sufficient mandatory and supplementary training to deliver care and services. Management explained staff receive training to support performance outlined within the Quality Standards and monitored compliance with education. Whilst many staff were overdue training, this was known and being addressed by management, verified within continuous improvement activities. Training modules included topics relevant to the Quality Standards, including incident reporting, open disclosure, and use of restrictive practices.

Staff described the formal annual appraisal process to monitor performance and identify areas for growth. Management said they were constantly assessing, monitoring, and reviewing staff performance using observations and feedback, and performance management processes were available if required. Staff appraisal forms included assessment of key competency areas, and ability to identify improvement opportunities and goals for ongoing 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The assessment team recommended Requirement 8(3)(c) Not Met due to inconsistencies in information management practices, continuous improvement, and management of regulatory compliance for aged care consumers in a service with consumers with different funding and regulatory requirements. The service used a combination of paper and computer-based documentation, with care staff unable to access electronic records. The assessment team noted some inconsistencies in information within the dual systems, particularly in relation to care plan review completion and recording non-clinical referrals. Continuous improvement actions were not consistently logged, with management relying upon meeting minutes, and recorded improvement actions were not updated or completed within time periods. Whilst regulatory compliance included monitoring, review by the compliance and operations committee, and methods to implement change, the outcomes did not differentiate between different regulatory bodies and used the same outcomes for all consumers. The assessment team raised concerns around application of practices for cigarette allocations as a restrictive practice, impacting dignity of risk.

The provider has not specifically addressed the findings, however, has submitted continuous improvement actions developed in response to the Site Audit report. These include improving the documented schedule of care and service plan reviews, ensuring all referrals were reflected in documentation, and improvement in documentation following incidents. The facility manager is to ensure continuous improvement planning and actions are documented and monitored in line with the organisation’s policies and procedures. An action has been raised to review another supplier’s electronic care management system to replace the paper-based systems used.

I acknowledge the provider’s response and improvement activities, including updates on progress. In reviewing all the evidence before me, I have come to a different conclusion than the assessment team. Whilst there may be potential for improvement in information management systems, I do not find this is reflective of non-compliance, with staff familiar with consumer needs, preferences, and care strategies supporting effective provision of care and services. This is supported by findings of compliance in all other Quality Standards, but particularly Standard 2 Ongoing assessment and planning with consumers, Standard 3 Personal care and clinical care, and Standard 4 Services and supports for daily living. Of the 36 consumers present at the time of the Site Audit, the Assessment Team only identified one overdue care and services plan overdue review, and by a period of only a few weeks, which is not reflective of a systemic issue.

The service could demonstrate how feedback and complaints informed actions in the Continuous improvement plan, and deficiencies were not reflected within findings for Standard 6 Feedback and complaints, which was found compliant in all Requirements.

In relation to the decision to adopt the same policies and procedures for all consumers, regardless of whether they accessed aged care or alternate funding, I do not find there any evidence of impact. The example brought forward by the Assessment Team relates to registering consumers as subject to restrictive practices where cigarette access is restricted. I note this is in alignment with *Quality of Care Principles 2014* which defines environmental restraint as a practice or intervention that restricts free access to all parts of the care recipient’s environment, including items and activities, for the primary purpose of influencing behaviour. I consider the cigarettes would be considered as items under this definition, and as the service has demonstrated they have undertaken the necessary assessment, planning, and consent practices for restrictive practices, I find this meets legislative requirements for use of restrictive practices.

Accordingly, I find Requirement 8(3)(c) compliant.

Consumers explained their input into the service through feedback, surveys, and meetings. Management explained efforts to form consumer engagement committees, including a consumer advisory body, however, no consumers nominated interest. Consumer meeting minutes evidenced encouragement of consumer input into the development, delivery, and evaluation of care and services.

Management explained the structure of the governing body, including executive management and the Board, and systems to support delivery of safe inclusive care including monitoring of compliance, audit outcomes, and feedback. The Board make up included 2 executive officer positions to support effective communication between the service and governing body, with a range of organisational meetings to discuss service performance and develop improvements or training opportunities.

Risk management systems and practices supported identification of high impact or high prevalence risks through assessment processes, audits, and analysis of reports with monitoring for effective management. Staff received education on identifying and reporting elder abuse and neglect. The incident management system included guidelines for mandatory reporting to the Commission through the Serious Incident Response Scheme and records reflected investigations undertaken and outcomes. Consumers were supported to live their best lives within the framework of policies, including where this involved taking risks.

The clinical governance framework included policies, procedures, and guidelines for provision of best practice clinical care. Management explained how they worked with medical officers to reduce use of antibiotics, and oversight of infections was maintained through the medication advisory committee and governing body. Staff understood obligations relating to the use of restrictive practices, and management outlined monitoring and ongoing evaluation by the service and governing body. Staff were trained and supported to use open disclosure processes to manage when things went wrong.

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)