Casson House

Performance Report

2-10 Woodville Street
NORTH PERTH WA 6006
Phone number: 08 9328 8422

**Commission ID:** 7069

**Provider name:** Casson Homes Incorporated

**Assessment Contact - Site date:** 27 July 2022

**Date of Performance Report:** 18 August 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider did not respond to the Assessment Contact - Site report; and
* the performance report dated 28 October 2021 for the Site Audit undertaken from 20 September 2021 to 22 September 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care at the Assessment Contact. As no other Requirements in this Standard were assessed, an overall rating of the Standard has not been provided.

Requirement (3)(b) was found non-complaint following a Site Audit conducted from 20 September 2021 to 22 September 2021, where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This Requirement was found non-compliant following a Site Audit conducted from 20 to 22 September 2021 where it was found the service did not effectively manage high impact or high prevalence risks, specifically in relation to medication, including the administration of psychotropic medication.

The Assessment Team’s report for the Assessment Contact conducted on 27 July 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to, staff training, review of policies and procedures, and Medical officer assessment of consumers.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Two consumers interviewed discussed risks associated with their care and were satisfied these risks have been effectively managed.
* Staff described the process for identification, management and review of high impact or high prevalence risks, including in relation to medication management, behaviours, pain and infections. Staff demonstrated understanding of risks associated with sampled consumers’ care and provided examples of strategies to manage these risks.
* Care files sampled showed identification of risks associated with the care of consumers, such as diabetes, wounds, falls and medication. Risk mitigation strategies were documented and followed by staff, and where required, further review of risks was undertaken.
* Appropriate action has been taken in response to medication incidents, including contacting the Poisons hotline and representative, monitoring affected consumers, arranging a Medical officer review and completing an incident report. Staff have undertaken competencies in medication management.
* Eight sampled consumers are under and external mental health clinic, who reviews as required medication usage each month. Documentation showed the effectiveness of as required medication is documented after administration.
* Where consumers make choices that include an element of risk, conferences are held with the consumer and representative to ensure they understand and accept the associated risk. Strategies to minimise the risk have been implemented and where possible, the consumer is monitored.
* The service reports incidents, including medication, skin, falls, adverse events, infections and weight loss, however, analysis of the incidents has not been undertaken to identify improvements. There was no evidence that this has resulted in adverse impacts to consumers.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.