Performance

Report

**1800 951 822**

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| Name of service: | Costa House |
| Service address: | Investigator Avenue LARA VIC 3212 |
| Commission ID: | 3634 |
| Approved provider: | Karingal St Laurence Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 July 2023 to 26 July 2023 |
| Performance report date: | 18 August 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 Costa House (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - 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

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service was found Non-compliant in Standard 4 in relation to Requirement 4(3)(f) following a site audit in April 2022 where it did not demonstrate meals provided were of a suitable quality, quantity and offered sufficient variety.

At the July 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives provided positive feedback that the meals and snacks served are of good quality and quantity, with a variety of options available in line with the seasonal menus. All consumers said the kitchen provided alternative meals and the food service staff were responsive to their requests. The service has engaged a full time food and domestic services manager. In addition to monthly food satisfaction surveys, consumers can provide input and feedback into the menu through monthly food focus meetings and seasonal menu tastings. Consumers confirmed attending meetings to provide feedback and suggestions in relation to the menu and this was supported by meeting minutes. Food services staff demonstrated understanding of individual consumers’ preferences and dietary requirements. Care planning documents reflected each consumers’ dietary needs, dislikes, allergies, and preferences, which was also documented on the dietary forms available for food service staff. The service demonstrated it offers seasonal menu reviewed by a dietitian. All consumers have access to a daily menu and the seasonal menu is displayed in each of the dining rooms. All dining rooms were well attended by consumers who were observed interacting with each other and staff during the dining experience. Care staff were observed to assist consumers with their meals in a respectful and unhurried manner while food service staff served each table of consumers with their meal choices. Consumers who prefer to dine in their rooms were observed to have received their meals, with staff assisting, where required.

Based on the available evidence, I find Requirement 4(3)(f) is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was found Non-compliant in Standard 5 in relation to Requirement 5(3)(b) following a site audit in April 2022 where it did not demonstrate the service environment is safe, clean, well maintained and enabled the free movement of consumers.

At the July 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives provided positive feedback the service environment is safe, clean, and comfortable and said they could freely access all areas of the service. The service demonstrated it has reviewed and updated its cleaning schedules. Cleaning service is provided seven days a week and follows a schedule of a weekly full room clean and a daily service. Maintenance staff demonstrated understanding of proactive and reactive maintenance processes. Maintenance records reflected all maintenance requests were completed within a timely manner. Cleaning staff were observed cleaning consumer rooms and communal areas. Consumer rooms, common areas and corridors were observed to be clean and clear allowing safe movement for consumers. Internal courtyards were accessible to consumers and outdoor areas included well maintained walking paths, gardens, and a car park.

Based on the available evidence, I find Requirement 5(3)(b) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

The service was found Non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit in April 2022 where it did not demonstrate the workforce was planned to enable the delivery of safe and quality care and services.

At the July 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives were satisfied that staffing levels were sufficient and that staff were available when consumers call for assistance. The service demonstrated it has reviewed its roster to ensure the number and mix of staff enables the delivery of safe and effective care. The review resulted in the engagement of a permanent clinical support role to focus on assessment and care planning and an additional registered nurse added to the night shift. Clinical staff reported the skills mix allows adequate time to perform clinical duties in a safe and efficient manner. Care staff described how they prioritise simultaneous call bells according to the consumers’ level of risk during busy periods. Management described the strategies in place to provide adequate staffing levels during periods of unplanned leave including casual and part-time staff, extended shifts, and/or agency staff. Due to a recruitment and retention drive the service has not needed to engage agency staff. Management described the process for monitoring excessive call bell response times. Call bells were observed to be answered promptly during the assessment contact.

Based on the available evidence, I find Requirement 7(3)(a) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)