Calvary Flora McDonald Retirement Community

Performance Report

206 Sir Donald Bradman Drive
COWANDILLA SA 5033
Phone number: 08 8159 7010

**Commission ID:** 6816

**Provider name:** Calvary Retirement Communities Limited

**Assessment Contact - Site date:** 15 April 2021

**Date of Performance Report:** 16 June 2021

# 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’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’s response to the Assessment Contact - Site report received 4 May 2021
* the Performance Report for the Site Audit conducted 3 February 2020 to 5 February 2020
* the service’s Plan for continuous improvement dated 12 May 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirements (3)(a) and (3)(e) in Standard 2. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(e) in Standard 2. These Requirements were found Non-compliant following a Site Audit conducted on 3 February 2020 to 5 February 2020. The Assessment Team’s report for the Assessment Contact dated 15 April 2021 included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended Requirement (3)(a) as not met and Requirement (3)(e) as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and provider’s response and come to a view of compliance with Requirements (3)(a) and (3)(e) and find the service Compliant with Requirements (3)(a) and (3)(e). The reasons for the findings are detailed in the specific Requirements below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit on 3 February 2020 to 5 February 2020 where it was found assessment documentation for a consumer with a known wandering behaviour did not include risks to the consumer. In addition, the service did not review or update the consumer’s care plan following incidents where the consumer was harmed due to their wandering behaviour into other consumers’ personal spaces.

The Assessment Team’s report dated 15 April 2021 and the service’s plan for continuous improvement provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Implementation of a Managing High Risk Care policy to support staff in identifying and managing risks for individual consumers and a review of the Resident of the Day Procedure.
* All staff were provided a copy of the policy and clinical staff were provided individual training.
* Implemented weekly care and Safety Review Meetings.
* Education programs for staff on Dementia and implementation of a Dementia Focus Group.

The Assessment Team have recommended Requirement (3)(a) in Standard 2 as not met. The Assessment Team found the service was unable to demonstrate assessment and planning, including consideration of risks, such as vision impairment and behaviours of concern were consistently used to inform the delivery of safe and effective care and services. This was evidenced by the following:

* The Assessment Team noted assessment and planning documentation had not identified risks, such as vision impairment, to inform the delivery of safe and effective services for Consumer A.
	+ The consumer stated they have a severe vision impairment. The consumer is under the care of an Ophthalmologist and Optometrist and staff administer eye drops four times a day. The consumer stated most staff are aware of their vision impairment and preferences for related care and felt their needs were generally met. The consumer reported newer staff weren’t always aware of their needs, however, reported other staff educate them or they will inform them themselves.
	+ The care plan, last evaluated in the month prior to the Assessment Contact, made no mention of the consumer’s vision impairment, the associated risks or management strategies, including in the communication assessment.
	+ Staff demonstrated knowledge of the consumer’s vision impairment and were aware of strategies to manage the consumer’s visual impairment.
* Staff do not utilise the service’s assessment and planning process to effectively identify, document and evaluate strategies to inform the delivery of safe and effective management of behaviours of concern for two consumers.
	+ Behavioural assessment and planning processes, including use of behaviour charting, was inconsistently completed, incorporated into care plans or used to inform care and services in line with the service policy and procedure. In addition, care and clinical staff demonstrated inconsistent understanding of when behaviour charting should be completed. Behaviour charts viewed for Consumer B showed 31 entries for a 42 day period, however, not all contained a trigger, evaluation or an intervention. Clinical staff said they speak to care staff when evaluating charts if sufficient details is not contained in the chart.
	+ Consumer B displays frequent physical, verbal and wandering behaviours. The representative of Consumer B reported being satisfied with management of Consumer B’s behaviours of concern and the Assessment Team observed effective strategies to manage behaviours of concerns for consumers within the service.
	+ Staff reported a strategy for de-escalating Consumer B’s behaviours of concern which was not reflected in the care plan, behaviour assessment or other care documentation.
	+ Two care staff reported the care plans are too detailed and stated they rely on the written handover sheet which the Assessment Team noted contained information in relation to Consumer B and their behaviours of concern and strategies.
	+ The care plan contained comprehensive details of past behavioural incidents and the information was not formulated in a manner which would enable staff to follow easily.
	+ The Assessment Team identified similar findings for Consumer C in relation to behaviour assessment and planning.
	+ Management reported there are monitoring processes, such as 24-hour progress note reviews in addition to weekly meetings to discuss consumers and their relevant risks.

The provider refuted the Assessment Team’s recommendation of not met and submitted the following information to demonstrate the service were Compliant at the time of the Assessment Contact:

In relation to Consumer A

* Falls Risk Assessment Tool and Mobility Assessment completed prior to the Assessment Contact identifies the consumer as having a visual impairment with relevant strategies listed. In addition, the Care Review completed prior to the Assessment Contact identified the consumer as having a diagnosed eye condition and the consumer being satisfied with the care and services provided.
* The Care and Safety Review meeting preceding the Assessment Contact shows the service was aware Consumer A had a vision impairment and clinical staff had discussed the consumer’s vision impairment and preferences.
* The handover sheet provided to staff identifies individual strategies to manage the consumer’s visual impairment.

In relation to Consumer B

* Behaviour Assessment and Management Assessment preceding the Assessment Contact shows the service regularly reviews the consumer’s behaviour strategies and details strategies to manage the consumer’s behaviours of concern.
* The Summary Care Plan provides sufficient detail in a suitable format to inform staff on how to effectively manage individual behaviours of concerns for Consumer B.
* The service provided records preceding the Assessment Contact confirming Behaviour Assessments for Consumer B were reviewed regularly for effectiveness and from 1 to 15 April 2021 had been reviewed by a Registered Nurse on four occasions.
* The service acknowledged Consumer B’s behaviour charts were not completed in full and described the charts as one source of information employed to identify, monitor and evaluate behaviour strategies with others, including a review of progress notes, incidents, high risk register and daily meetings.

In relation to Consumer C

* Communication from the representative of Consumer C in relation to not being available during the Assessment Contact was viewed and showed the representative was satisfied with the provision of care and services for Consumer C.
* Documentation provided by the provider demonstrated Consumer C, similar to Consumer B, had a Behaviour Assessment with relevant strategies which were regularly evaluated for effectiveness. In addition, the Summary Care Plan provided sufficient detail to inform staff practice.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. I have placed weight on information provided by representatives and/or consumers in relation to being satisfied with the provision of care and services. In addition, staff were able to describe strategies for all three consumers to manage their individual clinical risks and the Assessment Team observed staff undertaking effective strategies to manage consumers who displayed behaviours of concern.

I have considered information submitted by the provider in relation to the management of consumers who have behaviours of concern or vision impairment. Information provided indicates the service had considered and planned for the risks associated with the vision impairment for Consumer A. In addition, the service demonstrated both Consumer B and Consumer C had a detailed care plan identifying a number of behaviour strategies. I accept the service’s response in that behaviour charting is an adjunct to comprehensive assessment and whilst charting was not completed in entirety at all times, other forms of monitoring, including behaviour evaluations and progress note reporting was being completed to effectively monitor and manage Consumer B’s and Consumer C’s behaviours of concerns.

For the reasons detailed above, I find Calvary Retirement Communities Limited, in relation to Calvary Flora McDonald Retirement Community, Compliant with Requirement (3)(a) in Standard 2.

### Requirement 2(3)(e) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit on 3 February 2020 to 5 February 2020. The service was found not to have effectively reviewed two consumers in relation to bowel and/or medication management.

The Assessment Team’s report dated 15 April 2021 and the service’s plan for continuous improvement provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Developed a High-Risk Policy.
* Provided additional clinical training to Registered Nurses.
* Reviewed and updated the Assessment and Care Planning Policy and Procedure.
* Engaged a consultancy group to review the service’s clinical processes.

In relation to Standard 2 Requirement (3)(e), information provided to the Assessment Team by consumers and management through interviews and documentation sampled demonstrated:

All consumers and representatives sampled said they are satisfied with the consultation about the care and services consumers receive, including when a change in health status or incident occurs impacting the consumer.

Five consumer files viewed showed care and services are reviewed regularly, including when circumstances change or incidents impact on the needs, goals or preferences. Reviews were completed for consumers following incidents of falls, behaviours of concern and changes in consumers’ weight and bowel care needs.

Clinical and care staff were able to describe their schedule for care plan reviews. In addition, staff were able to describe how they review a range of clinical data, reports and use risk assessment tools to inform the review process.

For the reasons detailed above, I find Calvary Retirement Communities Limited, in relation to Calvary Flora McDonald Retirement Community, Compliant with Requirement (3)(e) in Standard 2.

# 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. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in Standard 3. This Requirement was found Non-compliant following a Site Audit conducted on 3 February 2020 to 5 February 2020. The Assessment Team’s report for the Assessment Contact dated 15 April 2021 included evidence of actions taken to address deficiencies identified which are detailed in the Requirement below.

The Assessment Team have recommended Requirement (3)(b) as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and provider’s response and come to come to a view of compliance with Requirement (3)(b) in this Standard and find the service Compliant with Requirement (3)(b). The reasons for the findings are detailed in the Requirement 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 on 3 February 2020 to 5 February 2020. The service was found not to have effectively reviewed the provision of personal and clinical care to appropriately respond to consumers’ changing needs. The service had not developed effective strategies to manage the risks associated with the care of each consumer and to minimise and/or prevent the impact of harm to consumers. Specifically, in relation to restrictive practice, falls management and skin/wound care.

The Assessment Team’s report dated 15 April 2021 and the service’s plan for continuous improvement provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Independent audits of psychotropic and anti-psychotic medication.
* Training to staff on restraint and the service’s policy procedure.
* Improved handover process and procedure, including new documentation requirements.
* Three monthly review of consumers who are chemically restrained.
* New resident of the day procedure form.

In relation to Standard 3 Requirement (3)(b), information provided to the Assessment Team by consumers and management through interviews and documentation sampled demonstrated:

Consumers were satisfied the care provided by the service is safe and right for them.

Consumer files viewed showed consumers receive effective medication management and pain management which included effective pain monitoring and evaluation. Additionally, consumer files viewed showed effective falls management which included a review of falls prevention strategies and appropriate clinical monitoring following the fall. One consumer file showed the service was effectively managing the consumer’s pressure injury. The consumer had been reviewed by an external consultant and the wound subsequently healed.

In relation to restrictive practice, the service has no consumers who are physical restrained. Consumers who are chemically restrained have their care and service needs appropriately documented and staff are aware of their responsibilities in relation to undertaking non-pharmacological interventions prior to administering authorised medication to manage a consumer’s behaviour of concern.

Care and clinical staff described how they manage high impact or high prevalence risks for individual consumers. The Assessment Team observed staff undertaking effective strategies to manage consumers who have behaviours of concern.

High impact or high prevalence risks are discussed through a range of meetings and forums. Reporting of incidents and relevant high impact risks are analysed and trended through the Monthly Clinical Indicator report.

For the reasons detailed above, I find Calvary Retirement Communities Limited, in relation to Calvary Flora McDonald Retirement Community, Compliant with Requirement (3)(b) in Standard 3.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in Standard 8. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) Standard 8. The Assessment Team have recommended Requirement (3)(d) as met.

I have considered the Assessment Team’s findings to come to a view of compliance with Requirement (3)(d) in this Standard and find the service Compliant with Requirement (3)(d). The reasons for the finding are detailed in the Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team were satisfied the service demonstrated effective risk management systems and practices.

The service has a documented risk management framework. This framework addresses high impact or high prevalence risks for individual consumers, management of neglect and abuse of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

Staff were able to describe how they use the various policies to guide their practice and effectively manage risk within the service. Staff were able to describe completing training on the Serious Incident Response Scheme and were aware of relevant reporting requirements.

The service completes a range of reports to inform the Board and clinical governance of risk within the organisation. The reports contain relevant clinical and non-clinical information to inform effective risk management.

For the reasons detailed above, I find Calvary Retirement Communities Limited, in relation to Calvary Flora McDonald Retirement Community, Compliant with Requirement (3)(d) in Standard 8.

# 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.