Calvary Haydon Retirement Community

Performance Report

2 Jaeger Circuit
BRUCE ACT 2617
Phone number: 02 6264 7402

**Commission ID:** 2930

**Provider name:** Calvary Retirement Communities Limited

**Assessment Contact - Site date:** 20 January 2022

**Date of Performance Report:** 9 March 2022

# Performance report prepared by

P. Lai, 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

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 25February 2022

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Although not all consumers stated they were aware of care plans being shared or their care being discussed, the service could demonstrate that consumers and or representatives have been involved in the process of assessment and care planning.

A previous assessment of the service on 13th April 2021 identified that Standard 2(3)(d) was not met as care plan reviews were not evident or documented. The Assessment Team on this assessment has since noticed improvements at the service regarding the communication of assessment and planning, and the sharing of care plans.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(d) Compliant

*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.*

The Assessment team reviewed a sample of care and services documentation which recorded that outcomes of assessment and planning are communicated to the consumer (or a representative on their behalf).

The team observed that the organisation has written materials to support staff to undertake assessment and planning which includes consulting with consumers and their representatives. The team also identified that the service has improved from the last performance assessment by improving their care review forms to include prompts for staff to offer a copy of the care plan to a consumer.

Staff interviewed were also able to communicate their process of communicating the outcomes of care planning to consumers.

A sample of consumer and representatives were interviewed, and some noted they were not included in discussion regarding care and/or were not provided a copy of the care plan.

The provider has since responded by providing evidence of care consultation or the sharing of care plans with all consumers/representatives interviewed. The evidence consists of past written communication to consumer representatives which confirmed discussion of care had taken place and a care plan was noted to have been shared, or past evidence of signatures from a consumer or representative acknowledging that the outcomes of assessment and planning have been communicated.

I acknowledge that some consumers could not describe their awareness of discussions regarding their care plan at the time of assessment, and the management staff interviewed had acknowledged this feedback as well at the time of assessment. However, I am persuaded by the provider’s submitted evidence that this may not necessarily be due to outcomes of care planning or care plans not being communicated.

On balance, I find this requirement compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service had some identified gaps which required improvement at the time of Assessment. At the same time, the service has demonstrated they have provided safe and effective care for most consumers; this is demonstrated by an absence of identified risk or significant consumer incidents that would otherwise signify care is systemically not safe, effective or best practice

A previous assessment of the service on 13th April 2021 identified that Standard 3(3)(a) was not met as environmental or chemical restraints were not managed as per best practice. The Assessment Team identified improvements at the service and found no concerns with chemical or environmental restraints at the service.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team reviewed a sample of care documents and identified concerns with wound assessment and care planning documentation. The team identified that wounds were photographed on a variable basis up to once per month (as per the service’s policies), however, the wounds were not regularly measured. For one consumer, the team identified conflicting information in their care documentation. Another consumer was also identified to have generic information in their plan regarding pain management.

The Assessment Team reviewed documentation related to restrictive practices at the service. They identified that there was a consumer with mechanical restraint who had their bed against the wall for safety reasons with no identified documentation regarding this circumstance at the time of assessment; it was later advised by staff this was requested by the consumer’s family. The team also reviewed consumers under environmental restraint and/or prescribed chemical restraint and identified they all had up to date consent and/or behaviour management plans (where applicable) in place.

The Assessment Team interviewed a sample of consumers whom provided mixed feedback. Some consumers (or representatives on their behalf) said they felt safe at the service and the care was ‘good’. However, some consumers also provided negative feedback about care such as not being repositioned for their pressure injury, safety issues and other matters.

Staff interviewed could describe the clinical and personal care provided for the sampled consumers. Registered nurses explained that the care they provide is best practice as they receive training and guidance and are supported by a suite of policies and procedures. On the other hand, care staff interviewed said consumers were not receiving the care they need as they have been assigned to help out in the kitchen at mealtimes which takes them away from carer responsibilities; management interviewed subsequently clarified that care staff are expected to help serve meals during mealtimes but are not assigned away from other duties to complete this task.

The provider has since responded to the concerns identified by the Assessment Team.

In regard to the concerns with wound management, the provider notes that the frequency of measurements/photographs were in accordance with their wound management guideline. They also note on all occasions wound stage, repair stage, colour, odour, exudate, edge appearance was assessed and documented in the wound care records. However, since this performance assessment, they have updated their guidelines to increase the frequency of reviews of wounds, have provided further training to staff, and instructed for measurements to be documented in the wound chart. They have also since conducted follow up wound audits to ensure these are followed.

In regard to the conflicting information in a consumer’s care plan, the provider acknowledges this, although they wished to highlight the consumer’s documentation did include correct and up to date information. For the consumer with generic information in their plan regarding pain management, the provider has submitted the care plan to evidence goals, observations, and an individualised pain management strategy to demonstrate the available information for staff in managing the consumer’s pain.

In regard to the consumer with the bed against the wall, the provider’s response supports that the consumer was not under mechanical restraint as they were able to freely mobilise out of their bed on the other side whenever they wished, and their exit was not restricted by barriers or limited functional capacity. They have also submitted evidence the consumer’s behaviour plan from September 2021 which documents notes about the consumer’s bed against the wall.

In regard to the negative feedback of consumers, the provider has acknowledged this feedback and have submitted evidence to respond to them individually. They noted some issues were historical concerns that have already been, or in progress of, being addressed, as evidenced by file notes or care discussions. The provider has also provided evidence of call bell records indicating that 98% of call bells over the month of Jan to Feb were answered within their internal timeframes.

I have considered the above evidence when making a determination on this requirement.

The service had some identified gaps which required improvement at the time of Assessment. At the same time, the service has demonstrated they have provided safe and effective care for most consumers; this is demonstrated by an absence of identified risk or significant consumer incidents that would otherwise signify care is systemically not safe, effective or best practice. It has also been evident that the service has recognised the concern identified by the Assessment Team and have since taken actions to improve and conduct internal audits.

On balance, I find this requirement compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Although some consumers stated issues with cleanliness at the service and the team observed some gaps, most consumers provided positive feedback, and the Assessment Team generally observed the environment was safe, clean and well maintained.

A previous assessment of the service on 13th April 2021 identified that Standard 5(3)(b) was not met as the memory support unit was locked and consumers were unable to move outdoors. There were also obstructions in the corridors preventing free movement. The Assessment Team identified improvements at the service and identified the service had identified automatic doors to allow free access for consumers in both memory support units, and the areas were generally observed to be safe and clean.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team observed the service was generally safe, clean and well maintained, both internally and externally. Cleaning staff were observed cleaning internal areas of the service during the visit, and the floors were mopped in communal dining areas after the lunch service. The corridors, communal areas and courtyard were free of clutter and obstructions. However, some areas were observed to have some mild cleanliness issues, such as crumbs and small wet spills left on tables.

The Assessment Team observed that automatic opening doors have been installed since the last performance assessment, which allow access to the courtyard from both memory support units. The care manager advised the doors allow consumers free access to the courtyard between 8.30am and 6.30pm daily. All consumers who reside in these two units have a consent for environmental restraint on their files.

Most consumers and representatives interviewed provided positive feedback. They said they could tell staff if something wasn’t working and the staff would arrange for it to be fixed, but this was rarely required. Consumers sampled could not recall any specific examples.

However, there were some consumers and representatives who did not think the service environment was clean and comfortable. One consumer (and their representative) mentioned that their toilet was blocked, and their room was not cleaned to standard which has been mentioned to the service many times, but they have not seen improvement. Furthermore, this consumer and another consumer mentioned that their beds were uncomfortable, but the service has not made any improvements. One other consumer’s representative also mentioned their consumers room was a mess whenever they visited.

Most consumers said they were able to freely move around the service. However, one consumer said they were not able to access outside the service and have been told this was due to COVID-19 in the community.

Staff interviewed could describe what they do when they identify a hazard or safety issue. They were also able to describe maintenance and cleaning logs located in the foyer and when and how they are used. They reported maintenance and cleaning issues are actioned quickly and there were no outstanding maintenance issues apart from a blocked toilet, which had occurred that morning and was being actioned.

The general manager explained how the service’s responsive and preventative maintenance systems work and that preventative maintenance is coordinated and managed centrally by head office. There is a detailed preventative maintenance schedule (sighted by the Assessment Team), which is managed through an electronic system where all work is scheduled and signed off as completed.

Cleaning staff at the service (contractors) were also interviewed and could describe how they know what cleaning is to be done each day and how completed cleaning should be recorded. The cleaners were aware the logs for documenting completed cleaning were full and cleaning had not been recorded for the upstairs areas since 20 May 2021 and for downstairs since mid-April 2021. The contracted cleaning supervisor was aware of the issue, but it had not been actioned.

The Assessment Team reviewed cleaning audit reports, conducted by the contracted service provider, for the months March to June 2021 and August to December 2021 (9 reports). The audit reports show cleaning audits were completed for 4 of the 9 months. There were numerous recurring issues identified in the March, April and May 2021 cleaning audits. At least 10 of these issues were again identified in the December 2021 audit. These issues included cleanliness of the frames on the underside of consumer beds.

The provider has since responded to the concerns identified by the Assessment Team.

In regard to the consumers who did not indicate they felt the service was clean, the service indicates they have not received previous complaints about the cleanliness of their rooms from these consumers, however, they have since acknowledged the consumers’ feedback. They have provided evidence of actions taken and positive feedback received after consulting these consumers.

In regard to the consumer that was not able to freely access outside service, the service notes that the consumer had previously conducted external activities with their family prior to COVID restrictions and anticipate this will resume shortly. In the meantime, they have submitted the consumer’s activity log to evidence a range of group and individual activities available to them at the moment.

In regard to the gaps identified in the cleaning audit reports, the provider notes that the absent external audits by the cleaning contractor were not able to be completed due to the COVID-19 lockdown. However, they note this period was a heightened period for infection control and regular cleaning was occurring during this period, and they have provided supporting evidence of internal cleanliness audits, infection control audits, environmental audits, spot checks, and other activities to demonstrate oversight and governance of cleanliness. They have also provided evidence of deep cleaning activities occurring at the service during this period.

I have considered the above evidence when making a determination on this requirement.

Although some consumers stated issues with cleanliness at the service and the team observed some gaps, I acknowledge that most consumers provided positive feedback, and that the Assessment Team generally observed the environment was safe, clean and well maintained. I also appreciate that the consumers with concerns about cleanliness have had their issues addressed.

Despite some gaps in the cleaning records managed by contracted cleaners, I accept the context that led to the gaps in the cleaning records and am satisfied with the provider’s evidence to demonstrate governance and oversight of the service environment.

It is also evident that that provider seeks to continuously improve on this requirement based on observed improvements since the last performance assessment as noted by the Assessment Team.

On balance, I find this requirement compliant.

# 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.

# Other relevant matters

Standard 7(3)(a) has previously been determined as Non-Compliant for this service. However, it has not been assessed during this performance assessment.