Performance

Report

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| Name of service: | Performance report date: |
| Calvary Bonbeach | 20 July 2022 |
| Commission ID: | Activity type: |
| 4268 | Site Audit |
| Approved provider: | Activity date: |
| Calvary Aged Care Services Pty Ltd | 1 June 2022 to 3 June 2022 |

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 Calvary Bonbeach (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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

Consumers confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Staff were observed treating consumers in a respectful and friendly manner. Personalised decorations and photographs, reflecting consumers’ past and current interests, cultural or religious background were displayed in consumers’ rooms. Care planning documentation identified the specific cultural needs of consumers.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff provided examples of how they support consumers to exercise choice and independence that included decisions related to care and lifestyle choices.

Staff demonstrated an awareness of activities that included an element of risk to consumers and could describe the strategies in place to mitigate these risks. Consumers were able to describe the ways the service supports them to take risks to enable them to live the best life they can.

Staff were able to describe how the service provides information to consumers regarding their care and services that enables them to exercise choice. Consumers sampled advised they are provided with information to assist them in making choices about their daily care and lifestyle choices, such as activity calendars, meal menu’s, noticeboards, meetings and by visits from staff.

Consumers confirmed their privacy and confidentiality is respected. Staff outlined the practical ways they respect the personal privacy of consumers, such as, knocking on consumers’ doors prior to entry and closing their doors during the provision of care. Care documents and records were secured when not in use and the service had a policy regarding protection of personal information and staff confirmed they have received training on this.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and representatives confirmed they are involved in assessment and care planning and stated the care delivered meets the consumer’s needs. Consumers and representatives said the staff involve them in the assessment and planning of their care through conversations with staff, family meetings and care plan reviews. Staff demonstrated an awareness of the assessment and care planning processes and how to identify the risks associated with consumer’s safety, health and well-being.

The Assessment Team inspected care planning documentation that evidenced consumer and representative consultation throughout assessment and care planning, including advance health directives. Staff were able to describe how the consumer’s current needs, goals and preferences shape the way care is provided.

An inspection of care planning documentation demonstrated regular reviews are undertaken to ensure individual care planning documentation for all consumers at the service include all the necessary assessments and screening tools which are required to be completed from admission. Consumers and representatives confirmed they are consulted in the creation of care plans and staff regularly engage with them.

Consumers and representatives expressed that staff regularly check in and explain information regarding their care and services and they can access their care plans when needed. Staff described how changes to consumers’ care and services are communicated to staff, including progress notes and care plan reviews for any changes in consumer’s care requirements and said they regularly provide updates to consumers and representatives

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and representatives indicated that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. Consumers and representatives confirmed consumers care needs and preferences were effectively communicated between staff, medical officers, and other providers of care with referrals undertaken promptly.

Care planning documentation and progress notes include referrals and recommendations from specialist services and demonstrate directives are being implemented and followed. Incident reporting captures behaviour related incidents which are reported upon monthly, benchmarked and a trend analysis is completed.

The service documented clinical and personal risks for each sampled consumer within their care plans and monitors the impact or prevalence of risks such as pain, skin integrity concerns including pressure injuries, falls, behaviour, medication, nutrition and hydration, and infection through compilation of clinical incident data.

Staff described the way care is provided to consumers that are palliating and practical ways staff ensure the comfort of consumers. Care planning documentation included advance care planning and outlined the needs, goals and preferences of consumers in the event end-of-life care is required.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team.

Consumers and representatives felt that their needs and preferences are effectively communicated between staff. Staff demonstrated a shared understanding of how changes in the care and services of consumers are communicated within the service through progress notes and handover processes, as well as electronic documentation system.

Care planning documentation reflected the involvement of others in assessment and planning, including physiotherapists, dietitians, speech therapists, specialist dementia services and lifestyle staff. Consumers interviewed said they have access to relevant health supports. Staff described the process for referring consumers to other health professionals and how this provides safe and effective care and services for consumers.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff demonstrated an understanding of antimicrobial stewardship and could provide practical examples how they minimise the unnecessary use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Consumers and representatives felt that consumers received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff demonstrated a clear understanding of the needs, goals and preferences of consumers and described how the activities schedule is tailored to consumers.

Staff demonstrated a shared understanding of consumer’s needs and outlined how they provide additional support to consumers if they identify a negative change in their mood. Care planning documentation included information about the consumer’s emotional, spiritual or psychological well-being.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Consumers provided examples of the activities they enjoyed and outlined they are supported by the service to engange in these activities.

Consumers and representatives reported that information about their daily living choices and preferences was effectively communicated throughout the service, and staff understood their needs and preferences. Care planning documentation provided detailed information regarding the consumer’s needs and preferences and the strategies in place to support the delivery of safe and effective care.

Care planning documentation demonstrated the occurrence of timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described how the service is engaged with external organisations and volunteers to help supplement lifestyle activities offered within the service.

Consumers were satisifeid with the quality, quantity and variety of meals provided. Care planning documentation reflected the dietary needs and preferences of consumers. The Assessment Team observed the kitchen to be clean and tidy and staff were observed to be adhering to general food and work health and safety protocols.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Assessment Team observed the service is designed to create a welcoming environment for consumers that optimises their sense of belonging and which supports their interactions, independence and is easy to navigate. Consumers expressed the service environment is comfortable and optimises their sense of belonging.

The service was observed to be safe, clean, well maintained, and comfortable. Consumers were able to move freely throughout the facility, both indoors and outdoors. Maintenance staff described the procedures for scheduling routine checks and how entries are logged to ensure the service is safe and well-maintained.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. Staff described the processes in place to ensure the service is safe, hygienic and suitable for use. A review of the maintenance folder evidenced regular maintenance of the service environment with the only outstanding issues being the most recent entries.

**Standard 6**

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| Feedback and Complaints | | Compliant |
| 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

Consumers and representatives advised they felt safe to raise feedback and concerns with staff and management. A review of the monthly consumer meeting minutes evidenced communication to consumers and representatives which encouraged them to provide feedback for improvements which can be submitted through various avenues including feedback forms and surveys.

Staff demonstrated a shared understanding of internal and external processes in place to provide feedback and complaints and could describe how they provide support to consumer’s with impairments to raise their feedback and concerns. Some consumers were aware of and had access to advocates, language services and other methods for raising and resolving complaints. However, most consumers advised they felt safe raising concerns with staff at the service.

Consumers and representatives indicated that the service takes appropriate action in response to complaints and the practice of open disclosure is utilised. Staff demonstrated a shared understanding of the open disclosure process and provided examples of how they have applied open disclosure in practice.

Staff demonstrated how the organisation records, analysis and acts on feedback and complaints to address concerns raised and improve care and services. The organisation’s continuous quality improvement plan demonstrates a commitment that the service will work in partnership with consumers and representatives to address issues and learn from any incidents in a process of continuous improvement.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers and representatives indicated there are sufficient staff to meet their needs and staff always respond promptly when assistance is required. The Assessment Team observed staff assisting consumers in a way which was respectful and did not rush consumers through their daily care tasks.

The Assessment Team observed staff engaging with consumers and their family members in a respectful, kind and caring manner. Consumers and representatives expressed positive feedback regarding their interactions with staff and indicated that staff were kind and caring.

Management advised the competency of staff is monitored through consumer and representative feedback, completion of mandatory training and observation of staff in practice. Consumers and representatives indicated that staff perform their duties effectively, and they are confident staff are trained appropriately and are sufficiently skilled to meet their care needs.

Management described the recruitment process for candidate selection, screening and onboarding including regulatory compliance checking, pre-employment health screening, work rights, qualifications and reference checking. The service undertakes annual competencies and staff are scheduled according to their anniversary date. The service provided completion rates for all competencies and mandatory trainings for 2021, including training for Serious Incident Response Scheme.

The service has an appropriate performance and development system that include the regular assessment, monitoring and review of staff performance. Staff confirmed the occurrence of annual performance reviews and indicated they receive feedback on areas that require improvement.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

The service has established processes to support consumers to engage in the development, delivery and evaluation of care and services through regular care and service plan reviews, feedback and complaints, audits, surveys and consumer meetings. Consumers and representatives expressed confidence the service is run well, and they are satisfied with their level of engagement in the development, delivery and evaluation of care and services.

The governing body promotes and is accountable for a culture of safe, inclusive and quality care and services. Management stated the organisation’s governance structure includes direct communicating of information to the organisational management team from the front-line managers of each service.

The service has implemented effective governance systems relating to the improvement of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff advised these policies had been discussed with them and could provide examples of the relevance to their work.

The service demonstrated it had an effective clinical governance framework that outlined antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff demonstrated a shared understanding of the open disclosure principles and provided examples of strategies to minimise the risk of infections.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)