Performance

Report

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| Name of service: | Calvary Brighton-Le-Sands |
| Service address: | 2 Reading Road BRIGHTON-LE-SANDS NSW 2216 |
| Commission ID: | 2484 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 January 2023 to 13 January 2023 |
| Performance report date: | 20 March 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 Calvary Brighton-Le-Sands (**the service**) has been prepared by M Dubovinsky, 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.

# 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.

The provider did not submit a response to the Assessment Team’s report.

# 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 | |  |
| 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

The Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff interviewed were familiar with consumers’ religious and cultural needs to support their identity and culture. Care and services are culturally safe. Lifestyle and care staff could describe how they acknowledge consumers’ culture. The consumer handbook refers to the service’s commitment to respect each consumers’ culture, diversity and identity. Consumers sampled said they are supported to speak their preferred language with other consumers to support their culture and identity.

Consumers sampled said they are supported to make decisions about who is involved in their care, maintain relationships and communicate decisions and how their care is delivered. Staff provided examples of how they enable consumers to maintain these relationships. Care planning documentation viewed confirmed consumers are supported to exercise choice and independence.

Consumers sampled said they are supported by the service and staff to take risks and live the best life they can. Staff described strategies to support consumers who choose to smoke, consume alcohol or undertake strenuous activities. Care plans viewed contained relevant information in relation to managing activities which contain an element of risk.

Consumers sampled confirmed staff respect their privacy. Staff were observed undertaking practices to ensure consumer privacy was maintained. Policies and procedures in addition to staff training ensure privacy and confidentiality is maintained.

Based on the evidence documented above, I find all Requirements in Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives sampled said they are involved in assessment and planning. Assessments viewed contained validated risks assessments tools to identify and plan for risks associated with falls, impaired skin integrity, pressure ulcer risk, diabetes and nutrition and hydration. Clinical staff provided examples of risks that are considered during assessment and care planning which influence the delivery of care and services.

Assessment and planning addresses consumers’ current care needs, including advance care planning. One representative confirmed they were involved in the assessment process in relation to a consumer’s end of life care. All consumers sampled had an up-to-date summary care plan which was displayed in their room. Clinical staff sampled described their involvement in the assessment process.

Care planning documentation viewed was consistent with observations by the Assessment Team in relation to assessment and planning. Care staff were able to describe care and services needs consistent with assessed needs, goals and preferences.

Assessment and planning is based on an ongoing partnership with consumers and others that the consumer wishes. All sampled consumers’ care planning documentation showed evidence of case conferences, monthly consumer of the day and the involvement of a diverse range of external service providers and allied health professionals. Consumers and representatives sampled confirmed staff regularly communicate with them and they are actively involved in the assessment, planning and review of their care and services plan.

Outcomes of assessment and planning are communicated following case conferences, care plan evaluations and following the completion of assessments. Nursing staff sampled confirmed they offer consumers a copy of the care plan. Consumers and representatives sampled said they receive regular updates from clinical management and Registered Nurses through phone calls, when they visit the service, or during meetings.

Changes to a consumer’s condition, including deterioration are identified and addressed. Care plans are reviewed every three months and documentation showed care plans were being reviewed in line with the schedule.

Based on the evidence documented above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers sampled said they receive tailored personal and clinical care to optimise their health and well-being, including in relation to pain management, skin integrity, and restrictive practices. Staff described providing personal and clinical care for consumers which included management of pain, wounds, psychotropic medications and changed behaviours consistent with their assessed needs, goals and preferences.

High impact and high prevalence risks are effectively identified and addressed. Consumers and representatives sampled said they are satisfied with management of consumers’ high impact and high prevalence risks. Staff were able to describe examples of how they manage high impact or high prevalence risks which includes management of risks associated with diabetes and weight loss.

Clinical management monitor consumers’ assessment outcomes and update their clinical risk register regularly to ensure appropriate risk mitigating strategies are effective.

Consumers nearing end of life have their needs goals and preferences identified and addressed. Staff were able to describe how they ensure care is provided in a way which promotes privacy and dignity for consumers nearing end of life. Care files viewed for two consumers showed staff provided care and services to maximise consumer comfort whilst nearing end of life. Staff were able to describe how they provide care for a consumer that was receiving palliative care, such as, maintaining comfort, providing mouth care and monitoring of pain.

Consumers and representatives were satisfied staff recognise and respond to changes in a consumer’s condition in a timely manner. Clinical staff provided examples of how they respond to deterioration or changes in a consumer’s condition, including those who had changes in their swallowing ability and mobility and transfers. Clinical staff said they monitor consumer deterioration through reading daily progress notes and review of incident reports.

Information about the consumer’s condition, needs and preferences is documented in a care and service plan. Staff confirmed they are informed of changes. Documentation showed medical officers and allied health staff are notified and have access to consumers’ documentation. The service refers to a range of health professionals and other organisations and providers of other care and services, including allied health staff, medical staff and dementia specialist services. Clinical staff described processes for referring consumers to medical officers and allied health professionals. Care planning documentation showed referrals to a range of personnel in relation to personal and clinical care.

Infection related risks impacting consumers are minimised. The service has a staff and consumer vaccination program with records maintained for influenza and COVID-19 vaccinations. Infection control policies and procedures are in place to guide staff. All consumers and representatives sampled confirmed the service is always kept clean and they see staff using personal protective equipment and performing hand hygiene such as handwashing. Documentation viewed for two consumers showed staff following antimicrobial stewardship principles.

Based on the evidence documented above, I find all Requirements in Standard 3 Personal care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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

The Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers sampled described how they are supported to maintain their independent and participate in activities that promote their well-being and quality of life. Care planning documentation identified consumers’ choices and provided information about services and supports to maintain their wellbeing and quality of life.

Consumers and representatives confirmed consumers’ emotional, spiritual and psychological well-being is promoted through the provision of religious, cultural and emotional support. Care plans viewed provided detailed information for staff about how they provide emotional support to consumers. The lifestyle coordinator described how consumers who do not actively participate in activities are supported with individual conversations in their room to promote their well-being.

Consumers and representatives confirmed consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them, including being supported to spend time with friends within communal spaces. Staff were able describe how they provide lifestyle activities to support consumers to do activities of interest. The Assessment Team observed happy hour activities and noted consumers were engaged and active throughout the activities.

Consumers’ needs and preferences are effectively communicated within the service through the electronic client management system, handover and staff meetings. Staff were able to describe systems and processes used to ensure accurate and up-to-date information is communicated effectively via handover. A range of documentation showed communication between the service and others using referral processes.

Consumers are referred to range of organisations and providers, such as the National Disability Insurance Agency and allied health staff. Staff described how they use the handover documents to ensure relevant information is communicated within the organisation.

Consumers and representatives were satisfied with the quality and variety of meals. The service has a rotating seasonal menu to provide consumers a variety of meal options. Care and catering staff were able to describe consumers’ dietary needs and preferences.

Equipment provided to consumers was observed to be safe, clean and well-maintained. Consumers were satisfied with the equipment provided. Lifestyle staff described how they clean equipment. The maintenance officer described the process addressing maintenance issues.

Based on the evidence documented above, I find all Requirements in Standard 4 Services and supports for daily living Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

The service environment is welcoming and easy to understand and optimises consumers’ independence and function. There are various communal sitting areas to support consumer comfort. The service consists of four floors, a large dining area, multiple outdoor garden areas and adequate signage to assist consumers with dementia, such as outside communal bathrooms. Consumers sampled said the environment is welcoming and homely.

The internal and external service environment was observed to be well maintained. Documentation showed regular maintenance is undertaken to ensure the environment and furniture and fittings are safe and well maintained. Staff described wiping down equipment between use. Equipment and furniture were observed to be clean and well maintained.

Based on the evidence documented above, I find all Requirements in Standard 5 Organisation’s service environment Compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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

The Quality Standard is Compliant as four of the four Requirements has been assessed as Compliant.

Consumers, their families, friends and carers are supported to provide feedback and make complaints. Staff described how they assist consumers to make complaints. Staff are guided by a feedback and complaints policy. Observations showed feedback forms and suggestion boxes are readily accessible to consumers and representatives throughout the service.

Consumers and representatives confirmed they are aware of how to raise feedback externally. Staff are aware of internal and external complaints and feedback processes, including advocacy and translation services. Signage in relation to advocacy services was displayed throughout the service.

Appropriate action is taken in response to complaints and staff are aware of open disclosure practices. Feedback documentation confirmed feedback is recorded, actioned and addressed. Policies and procedures guide staff in ensuring feedback and complaints are identified, captured and actioned. Feedback from two consumers in relation to meals indicated they were satisfied following the investigation and outcome. Feedback is reviewed and used to improve the quality of care and services. Recent improvements include improving the outdoor gardening area and implementing a gardening activity following feedback from consumers.

Based on the evidence documented above, I find all Requirements in Standard 6 Feedback and complaints 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 |
| 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

The Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers sampled were satisfied with the sufficiency of staffing. Staff have the resources to provide the right level of care to consumers, and the levels of staffing changes based on consumers’ needs. The service uses feedback from staff and consumers and monitors call bell data, to ensure the levels of staffing are sufficient.

Consumers and representatives said staff are kind and caring and treat consumers with respect. Respectful interactions were observed between staff and consumers. Feedback records showed consumer satisfaction with staff. The service’s screening process for staff ensures staff who are hired are kind, caring and respectful.

Consumers and representatives were satisfied with staff level of training and competency. Staff are required to have minimum training qualifications and competency’s based on job roles. Induction documentation outlines minimum requirements to ensure competency and further training is provided through the onboarding process. Records showed the service monitors training undertaken by staff, including on infection control, manual handling and restrictive practices.

Staff performance is monitored and reviewed on a regular basis. Records showed performance appraisals are undertaken and staff are supported in further training and development. The feedback register showed consumer feedback is provided to staff where required and forms part of staff performance development. Staff interviewed confirmed performance appraisal processes.

Based on the evidence documented above, I find all Requirements in Standard 7 Human resources Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives sampled said they were satisfied in the development delivery and evaluation of care and services. Documentation including meeting minutes shows consumers provided feedback on a range of topics including staffing, call bell response times and clinical services.

A range of reports are provided to the Board to ensure they are aware of undertakings within the service. As the service transitioned to the new Approved Provider, Calvary Aged Care Service, a proactive approach by the organisation ensured an effective transition. This included implementing relevant policies and regular meetings.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. Consumer information is managed through an electronic client management system. Continuous improvements are identified through a range of mechanisms and recorded on the plan for continuous improvement. The finance department oversees the budget and the service has financial delegations to purchase items, such as equipment and items required by consumers. The organisation has workforce governance processes which include a range of policies and procedures and a human resource department. A range of audits are undertaken to ensure regulatory compliance.

The organisation demonstrated effective risk management systems and practices. The organisation has an incident management reporting system to ensure relevant reports are completed according to legislative requirements and to inform the organisation of any trends or risks. Staff are provided training on responding to abuse and neglect with management alerted following incidents. Consumers are supported to live the best life they can through relevant assessment and planning and the development of risk mitigation strategies.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Infections are monitored and reported through the incident management system which includes information on antibiotic usage. Processes support restrictive practices to be as least restrictive as possible. Incident management processes support the use of open disclosure practices.

Based on the evidence documented above, I find all Requirements in Standard 8 Organisational governance Compliant.

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