Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Calvary Capel Sands |
| Service address: | 8-16 Capel Avenue CAPEL SOUND VIC 3940 |
| Commission ID: | 3548 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 30 May 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 Capel Sands (**the service**) has been prepared by G. Hope‑Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they received safe and effective care that maintained their independence, well-being and quality of life. Staff described how consumer’s culture and preferences influenced the way care and services were delivered. Care planning documents captured information on consumers’ background, identity and culture, to guide staff practice.

Consumers received care and services that were culturally safe. Consumers’ cultural needs and preferences were captured during entry to the service and recorded in care planning documents. The service engaged consumers in religious services and celebrations aligned with their background.

Consumers and representatives said consumers were supported to exercise choice and independence, to decide who was involved in their care, and to maintain relationships. Staff described how consumers were supported to maintain relationships, such as through regular family visits and video chats. The service’s policies and procedures outlined consumers’ rights to make choices enabling them to live according to their preferences.

Consumers and representatives said consumers were supported to take risks, which enabled them to live their best lives. The service completed risk assessments, which supported consumers to make informed risk-taking decisions. The service also supported consumers to implement safety strategies to help mitigate the potential impacts of their chosen risks.

Consumers said information provided was timely, accurate, easy to understand and enabled them to exercise choice. Staff described how they utilised various communication methods to suit individual consumers’ needs. A range of information such as menus, activity calendars, newsletters and notices were observed around the service.

Consumers reported their privacy and confidentiality was respected. Staff maintained confidentiality through conducting handover privately and securing consumers’ information. Privacy and confidentiality of consumers’ information was supported through policies and procedures.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives were satisfied with the care and services provided. Staff described the assessment and care planning process, and how it informed delivery of care and services. Care planning documents evidenced a comprehensive assessment and care planning processes to identify needs, goals and preferences. Sampled care plans also included consideration of risks to the consumer’s health and well-being. Advance care and end of life planning were included and updated as the consumer’s care needs changed.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. This was reflective of consumer and representative feedback.

Consumers and representatives said staff explained information about care and services. They said they could access a copy of the consumer's care and service plan when they wanted to and that they knew how to do so. Care planning documents were reviewed every 2 months, or earlier if any changes to a consumer’s condition was recognised or any incidents occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers received personal and clinical care that was right for them and met their needs and preferences. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. Restrictive practices were managed in line with legislative requirements. Care documentation showed staff used strategies to guide and deliver effective and individualised care that prioritised the well-being of consumers. For example, staff encouraged consumers to attend lifestyle activities to support them to regulate their mood and behaviours before considering chemical restrictive practices.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives were satisfied risks were well-managed. The service had several policies and procedures to inform staff as to the management of high impact and high prevalence risks.

Care planning documents showed consumers who were nearing end-of-life had their dignity preserved and that staff delivered care in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service partnered with the Local Palliative Care outreach team and the Residential In-Reach program to ensure consumers received end-of-life care that maintained their dignity, comfort and well-being.

Staff said they recognised and responded to deterioration or changes in consumers’ conditions and that they reported or escalated changes as appropriate. Care planning documents showed staff identified deterioration and applied strategies to improve consumers’ conditions. This correlated with consumer and representative feedback.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care planning documents and progress notes provided adequate information to support effective sharing of the consumer’s condition, preferences, and care needs.

The service had a network of approved individuals, organisations and providers they referred consumers to. Care planning documents showed staff made timely referrals to other health professionals and that staff understood the process to refer matters to other providers. Consumers confirmed referrals were made in a timely manner.

Consumers and representatives were satisfied with the service’s management of infection control practices especially during COVID-19. The service had an Infection Prevention Control (IPC) lead, and policies and procedures to guide staff. Staff understood infection-minimising strategies and they knew the service’s approach to minimise use of antibiotics, including non-pharmacological strategies for doing so.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers expressed satisfaction with the services and supports provided for daily living. They said the service’s daily living supports met their needs, goals, and preferences. Care planning documents showed consumers’ preferred activities, and the supports required for consumers to engage in them. Staff described the varying levels of the activities program, including program components specifically for consumers living with dementia.

Consumers felt supported to maintain important social, emotional, and spiritual connections. Staff described additional support provided for consumers experiencing a change in mood. Care planning documentation contained information about consumers’ emotional and spiritual or psychological well-being and how staff could support them.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do what they wanted. Care planning documents evidenced consumers participated in the community, pursued their interests, and maintained personal and social relationships.

Consumers said information was adequately communicated between staff. Staff described how communication of consumers’ dietary and daily living needs and preferences occurs via care planning documents and shift handover.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborated with external services to support the needs of consumers, including the visiting podiatrist.

Consumers expressed satisfaction with the quality and quantity of the service’s food. Care planning documents included information on dietary needs or preferences, and hospitality staff described how they were kept informed of these. Kitchen processes were observed to be organised with a spreadsheet detailing consumers’ diets, allergies, likes and dislikes. The service was committed to continually reviewing and improving the dining experience of consumers.

Consumers said the service’s lifestyle equipment was suitable, clean and well maintained. Staff described the process for reporting faulty equipment. The service has schedules in place for preventative maintenance and a manual maintenance log register for any corrective maintenance items.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumers felt welcome and at home at the service and were encouraged to personalise their rooms. The service also has several activity rooms, reading nooks and a communal lounge in each unit for consumers to access, with the garden in the centre of the building. Consumers were observed moving freely between their rooms, the lounge and dining areas for daily activities, and enjoying outdoor areas.

All areas of the service were observed to be safe, clean, well serviced, and maintained. Consumers were satisfied with cleanliness of their rooms and common areas. Regularly scheduled maintenance occurred, and testing, service and maintenance was conducted by different contractors for different systems.

Furniture, fittings, and equipment were safe, clean, and suitable. Consumers and staff confirmed sufficient equipment was available. Staff were observed moving care equipment throughout the service, without impacting movement of consumers in corridors.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and their representatives said they were encouraged to provide feedback and that they were comfortable raising their concerns with management or staff. Staff described the process they followed if a consumer raised an issue with them directly. The process included addressing the concern if appropriate, and either escalating it or assisting consumers to complete and submit a feedback form. Feedback forms and boxes were located throughout the service.

Consumers and representatives were aware of other complaints channels but were comfortable raising concerns with management. While no consumers required language or advocacy services to resolve complaints, consumers and staff were aware of these services. Posters were displayed throughout the service and brochures available regarding complaints, language and advocacy services.

The service had processes to follow when feedback or a complaint was received. These included using open disclosure and providing an apology when things went wrong. Documentation and consumer feedback showed the service acted promptly to respond to complaints and that it applied an open disclosure process.

Consumer and staff feedback showed the service had a system for receiving and actioning feedback and complaints and that it used them to inform its continuous improvement plan. The Assessment Team identified examples of service-level improvements made in response to consumer complaints and feedback, such as when the service demolished a wall separating its dining and lounge rooms, to provide consumers a more open living space.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said there were sufficient staff to meet consumers’ needs, and that staff responded promptly when consumers wanted assistance. Management described the rostering processes to deploy sufficient staff and replace absences. Staff said they had sufficient time to complete their duties and felt supported by management. Documentation reviewed evidenced call bells generally were answered within 10 minutes.

The workforce interacted with consumers in a kind and caring manner, and staff were respectful of each consumer’s identity, culture, and diversity. Consumers and representatives said staff treated consumers kindly.

Consumers said staff had been trained appropriately and that they were sufficiently skilled to meet consumers' care needs. Position descriptions set out the expectations for each role and recruitment processes included verification of minimum qualification and registration requirements.

All members of the workforce said they were trained, equipped, and supported to deliver safe and effective care. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

The Assessment Team found the service regularly assessed, monitored and reviewed the performance of its staff. Staff performance reviews were conducted 3 and 6 months after commencement, and annually thereafter.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers were satisfied with their level of engagement in the development, delivery and evaluation of their care and services. The service had multiple methods to engage consumers including through meetings, forums, surveys and care plan reviews.

The service’s governing body promoted a culture of safe, inclusive and quality care and was accountable for its delivery. Committees met regularly with the Board to review and report information regarding trends, and incident reports were reviewed to identify the service’s performance.

The service had effective organisation-wide governance systems relating to financial governance, feedback and complaints, regulatory compliance and information management. Workforce governance was suitable, and the service had implemented improvement actions, such as buying extra air mattresses and replacing current mattresses to aid consumer movement and help maintain consumers’ skin integrity.

The organisation had an effective risk management system to monitor and assess high-impact, high-prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The Approved Provider had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising use of restrictive practices and open disclosure. Members of the workforce had been educated about the policies and were able to provide relevant examples of how the policies applied to their work.

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)