Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Calvary Cessnock Retirement Community |
| Commission ID: | 1474 |
| Address: | 19 Wine Country Drive, CESSNOCK, New South Wales, 2325 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 September 2023 |
| Performance report date: | 31 October 2023 |
| Service included in this assessment: | Provider: 2496 Calvary Retirement Communities Limited  Service: 569 Calvary Cessnock Retirement Community |

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 Cessnock Retirement Community (**the service**) has been prepared by Decision Maker M.Wyborn, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 26 October 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service demonstrated safe, clean, well maintained, and suitable furniture, fittings, and equipment and consumers advised of their satisfaction with the cleanliness and suitability of the furniture, fittings, and equipment. The Assessment Team observed a clean service environment that is well maintained. Equipment related to safety and quality of life of consumers, including wheelchairs, shower chairs, alternating pressure mattresses, lifters, call bells and walking frames were clean, well maintained, and in good working order. Electrical items were tagged appropriately and fridges in common areas were clean and correct labelling of food was observed.

The service demonstrated appropriate policies and procedures related to repairs and maintenance, fire and emergency procedures and external contractor management. Effective systems are available for staff to log issues relating to cleanliness or maintenance of furniture or equipment and the service’s electronic maintenance system generates a daily task list for scheduled maintenance as well as ad hoc repairs. The service’s quality manager oversees the maintenance schedules and conducts additional regular audits to ensure cleaning and maintenance standards are maintained.

Staff and management confirmed they are trained in the correct use of equipment and are required to clean multiuse items after each use. Staff demonstrated their knowledge and actions to ensure that regular cleaning schedules are sufficiently and routinely completed at the service.

With these considerations, I find the service compliant in Requirement 5(3)(c).

# 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 |

Findings

Consumers and representatives advised that staff are meeting the care needs of consumers and expressed their satisfaction with staffing at the service. They emphasised that call bells are answered in a reasonable timeframe. Management explained they monitor the care needs of consumers to determine the number and mix of staff to deliver the care required. As a result of the service’s continuous improvement efforts, the service ensures ongoing recruitment for care service employees and recent trainees commenced employment at the service. The service’s rostering manager and director of care conduct regular and routine checks of the roster to ensure coverage and skill mix is available, and training and education was provided to all staff related to call bell usage to promote reduction in call bell wait times. Ongoing discussions occur at resident meetings to discuss staffing assistance and to maintain focus on consumer support and the service demonstrated an increase in positive feedback from consumers about staff at the service.

Consumers and representatives advised that staff are kind and caring, and that they are treated with respect. The Assessment Team observed staff interactions with consumers to be caring and respectful and staff demonstrated their knowledge of individual consumers’ needs and preferences. The Assessment Team reported that staff spoke about consumers in a respectful manner and the Assessment Team observed staff interacting with consumers in a caring and personal way. The service’s continuous improvement efforts relating to kind, caring and respectful interactions include all staff education related to methods of monitoring and identifying respectful workforce interactions and ensuring that each consumer’s identify, culture, and diversity is considered. The service has included code of conduct training to the service’s monthly training schedule and this topic is now regularly discussed during staff meetings, and the service routinely review the results from consumer experience surveys and take proportionate action as necessary.

With these considerations, I find the service compliant in Requirements 7(3)(a) and 7(3)(b).

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

The Assessment Team reported that the organisation was unable to demonstrate effective risk management systems and practices to manage and prevent incidents, including effective monitoring of incident management actions. The Assessment Team reported effective organisational oversight of high impact or high prevalence risks, as well as effective organisational oversight to identify consumer abuse and neglect, and organisational support to ensure consumers are able to live their best life possible. The Assessment Team, however, reviewed the organisation’s Clinical Incident Management Policy and observed a number of recent consumer incidents that were appropriately recorded on the service’s incident management system however did not demonstrate harm score assessments, relevant investigation or follow-up in response to each incident.

In their response to the Assessment Contact Report, the Approved Provider highlighted their immediate efforts to remediate the non-compliance demonstrating that the service has assessed and confirmed a harm score assessment for all incidents on record, as well as undertaken an evaluation of the incidents on record to ensure the service has a better understanding on what’s needed to manage and prevent incidents in the future. In order to ensure sustainable and continued improvement, the service has also completed education with each of the clinical care coordinators covering roles and responsibilities related to oversight of all incidents and completed further education with the Care Manager, with a focus on their responsibility to oversee the processes and to provide reporting to management. The Approved Provider highlighted that the Regional Quality Manager distributes routine reports relating to compliance to the local leadership team and confirmed that related reports are stored on the service’s common drive to allow for better tracking and monitoring of compliance in relation to risk and incident management. In addition, consumer incident closures continues to be reviewed regularly at both local and regional governance meetings.

After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to effective risk management systems and practices, and with these considerations, I find the service compliant in Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)