Performance

Report

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| Name of service: | Calvary Cooinda Retirement Community |
| Service address: | 42 Bathurst Street SINGLETON NSW 2330 |
| Commission ID: | 0150 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Site Audit |
| Activity date: | 14 November 2022 to 16 November 2022 |
| Performance report date: | 7 December 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 Cooinda Retirement Community (**the service**) has been prepared by Denise McDonald, 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

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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

Consumers and representatives said they were treated with respect and dignity and their identity, culture and diversity was respected and valued. Staff were observed to treat consumers with dignity and respect and demonstrated an understanding of consumers’ individual choices and preferences. Staff were aware of consumers’ identities and care documentation supported their care was tailored care to suit them.

Consumers confirmed care and services were culturally safe and delivered in line with their needs and preferences. Care planning documentation included lifestyle plans which documented their preferences for care and services. Staff demonstrated an understanding of consumers’ identity, background, and individual values.

Consumers said they were supported to make choices regarding their care and the way services were delivered, who they wanted to be involved in their care, communicate their decisions, make connections, and maintain relationships of choice. Staff provided examples of how consumers made choices about their care and services. Consumers were observed interacting with each other and with visiting family members.

Consumers reported being supported to take risks which enabled them to live the best life they could. Staff discussed areas in which consumers wanted to take risks and how they were supported to understand the benefits and possible harm in taking risks. Care planning documentation contained risks assessments which included consultation with consumers, representatives and medical officers, and detailed risk mitigation strategies.

Consumers said they received timely updates regarding changes or incidents and were kept informed on all matters relating to the service. Staff described how information is communicated to consumers through newsletters, electronic mail, and other communications. The Assessment Team observed information provided to consumers and representatives was available in a clear and easy to understand format and in a size best suited to individual consumer’s needs.

Staff identified ways consumers’ privacy is respected and consumer information is kept confidential, including ensuring privacy is maintained when providing care and services, protecting information through passwords and storing documents in locked offices. Consumers considered their privacy was respected and the Assessment Team observed staff knocking on doors prior to entering, and ensuring doors were closed when providing personal cares to consumers.

# 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

Consumers and representatives confirmed they were involved in assessment and planning processes and were satisfied with the management of risks. Staff identified risks for individual consumers and described interventions which aligned to their care planning documentation. Care planning documentation demonstrated a range of assessments were completed and included a consideration of risks.

Consumers and representatives said they were consulted in relation to their needs, goals and preferences and were spoken to about advance care and end of life planning. Staff and management demonstrated an understanding of sampled consumers’ individual needs and preferences and described how they approached end of life and advance care planning conversations on entry to the service and when consumers’ needs change. Care planning documentation reflected consumers’ current needs, goals, and preferences and advance care plans.

Consumers and representatives confirmed involvement in assessment through case conferences and described involvement of people important to them. Staff and management described the involvement of others in consumers’ assessment planning through case conferences three monthly reviews and when required. Care planning documentation demonstrated involvement and input from consumers, representatives, medical officers and allied health specialists.

Consumers and representatives said they received verbal updates and communication from nursing staff when care changes occurred and confirmed they received a copy of the care plan. Staff and management advised the outcomes of assessments were documented in case conference records and were updated on consumers’ care needs handover. Care planning documentation demonstrated care planning information relevant to consumers’ individualised care, and regular communication with the consumers and representatives about the outcomes of assessment and care planning.

Care planning documentation demonstrated care planning was reviewed on a regular basis and when changes, or incidents occur. Consumers and representatives said they were regularly informed when consumers’ care changes and when incidents occurred. Staff and management confirmed care plans were reviewed three monthly or when health or care needs change and described how incidents might generate a reassessment or review of consumers’ needs.

# 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

Consumers and representatives said the care provided met consumers’ personal and clinical care needs. Care planning documentation evidenced individualised care which is safe, effective, and tailored to specific needs and preferences of consumers. Staff and management described consumers’ individual needs and preferences and the Assessment Team observed cares being delivered in line with care planning documentation.

Staff identified and described risks and the related management for individual consumers. Care planning documentation demonstrated high impact and high prevalence risks were identified and effectively managed by the service, including pressure injuries, falls, weight loss, and pain. Consumers and representatives reported satisfaction with the management of high impact and high prevalence risks.

Most consumers said they have completed an advance care directive, which documented end of life wishes and preferences. Staff and management described ways consumers’ comfort was maximised and dignity preserved for consumers nearing the end of life. Care planning documentation evidenced advance care planning, and the needs, goals, and preferences of consumers for end-of-life care.

Care planning documentation reflected identification and response to deterioration or changes in condition. Staff and management explained the process for identifying and reporting changes to consumers’ condition and deterioration. The service was supported by policies and procedures relating to acute deterioration.

Consumers and representatives said their care needs and preference were effectively communicated between staff, and said they received the care they needed. Staff said consumer information was documented in the electronic case management system and shared through handovers and communicated with others involved in the care. Care planning documentation demonstrated notification of changes in condition or incidents to representatives and medical officers.

Consumers advised timely and appropriate referrals occurred and confirmed they had access to relevant health supports, and services, including medical officers and allied health professionals. Staff described the processes for referral of consumers to other health professionals and how this informed care and services provided to consumers. Care planning documentation and progress notes demonstrated a referral process to other health care providers as needed.

The service had implemented policies and procedures which guided staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infections and steps which could be taken to minimise the need for antibiotics. Consumers and representatives confirmed staff performed standard and transmission-based precautions to prevent and control infection.

# 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

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences. Staff demonstrated an understanding of what was important to consumers and what they liked to do. Care planning documentation included information about the services and supports required for consumers to optimise their quality of life, health, well-being, and independence.

Consumers felt they received emotional, spiritual, religious, and psychological supports which promoted, maintained, and sustained their well-being. Management and staff described programs available at the service which support consumers’ emotional and spiritual well-being. Care planning documentation contained information about consumers’ emotional and spiritual or psychological well-being and how staff supported them.

Consumers stated they participated in activities of interest to them, within the service community with the assistance of staff, family and friends where required. Staff described how consumers are supported to maintain relationships with family and friends. Care planning documentation recorded information on how consumers participated in the community, did things of interest and stayed connected with family and friends.

Consumers said changes in their needs, preferences, and condition were communicated within the service and with others where responsibility of care is shared. Staff described how they are kept informed of any changes. Care planning documentation provided adequate information which supported the delivery of effective and safe care.

The service had policies and procedures in place which supported a referral process to other organisations. Care planning documentation confirmed the service collaborated with external providers which supported the diverse needs of consumers. Consumers confirmed timely and appropriate referrals were made.

Consumers provided mixed feedback relating to meals provided at the service, and consumer meeting minutes contained complaints about the taste and variety of meals. The service presented their quality improvement action work plan which specified actions taken to improve the meal services through a new menu and staff education. The Assessment Team observed meals were well-presented and consumers were attended to in a caring manner during the meal services.

The Assessment Team observed equipment which supported consumers to engage in activities of daily living and lifestyle activities, was clean, and well-maintained. Maintenance records identified scheduled and reactive maintenance was completed and consumers and representatives confirmed equipment is safe, suitable, clean and well-maintained.

# 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

Consumers and representatives said they felt at home at the service and most consumers had personalised their rooms with personal belongings. The service environment was observed to be light filled and had wide hallways and handrails for support. Consumers were observed moving freely between their rooms, the lounge and dining areas, courtyards, and gardens.

Consumers and representatives said the service environment was clean, well-maintained and comfortable and confirmed they can move freely indoors and outdoors. The service had a cleaning policy and procedure which included waste management, environmental cleaning, and decontamination. The Assessment Team observed the service environment to be clean and well-maintained.

The Assessment Team observed furniture and fittings were safe, practical, clean, and well-maintained. Maintenance staff described and demonstrated how maintenance was scheduled and carried out for routine and corrective maintenance. Consumers and representatives confirmed equipment provided for consumer use was safe and clean.

# 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

Consumers and representatives felt feedback was welcomed by the service and were aware of the variety of methods feedback could be provided. Staff described avenues for feedback and complaints and how consumers are supported in providing feedback. Documentation demonstrated the service invited feedback through consumer committees, feedback forms and surveys.

Consumers described external avenues for making a complaint and the availability of external resources. The Assessment Team observed information displayed in the service relating to advocacy services and the consumer handbook contained information about external complaint mechanisms, translation services and advocacy services.

The service’s complaints register demonstrated all complaints had been responded to and detailed the actions which were taken. Staff were guided by open disclosure and complaints policies and procedures and demonstrated an understanding and practice of open disclosure.

Consumers and representatives said feedback and complaints were used to improve care and services at the service. Staff and management described processes in place relating to the escalation of complaints and how they were used to improve care and services. Complaints recorded in the complaints register were also reflected in the services plan for continuous improvement.

# 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

Although some consumers reported understaffing at the service, they said they never had to wait long for staff to attend and there was no impact on care and services provided. Call bell data identified the average call bell response time was below 4 minutes. Management and staff described how they ensured there is adequate staff by having a roster designed to cover the care needs of consumers and utilise double shifts and agency staff to fill vacant shifts.

Consumers and representatives said staff are kind and caring when providing care. The service had a suite of documented policies and procedures which guided staff practice and staff were observed to engage with consumers in a respectful and personable manner.

Consumers and representatives felt staff were effective in their roles, had the necessary qualifications and were satisfied with the care provided. Management described how they ensured staff met qualifications and registration requirements for their respective roles and ensured they had current criminal checks. Staff said they received orientation training, mandatory training and completed competencies relevant to their role.

The service demonstrated staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Consumers were unable to identify any additional training that staff required. Staff reported they received ongoing training and felt comfortable requesting additional training to improve their performance. Training records evidenced high completion rates of mandatory training, including for responding to serious incidents, restrictive practices and manual handling training.

The service had a performance development guideline which outlined staff performance reviews must be conducted every three months during the probationary period and annually thereafter. Performance review documentation indicated formal performance reviews have not been completed. Management described how verbal feedback is provided to staff in the absence of formal performance reviews. The service’s PCI reflected a target of completing all due performance appraisals by the end of 2022.

# 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

Consumers said they were engaged with the development and delivery of their care and services through individual care and consumer/representative meetings. The service had various committees through which it engaged consumers in the development, delivery, and evaluation of processes at the service. Management and staff explained feedback from consumers and representatives was used when planning engagement activities, programs, and continuous improvement.

The organisation demonstrated the governing body promoted a culture of safe, inclusive, and quality care and is accountable for its delivery. The board satisfied itself that systems and processes are in place which ensured care is provided in accordance with the Quality Standards through designated quality teams, reports and routine audits.

The organisation demonstrated governance was applied and controlled with a governance framework relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Senior management monitor and review reporting and analyse data related to incident management, workforce requirements and complaints.

The organisation demonstrated effective risk management systems and practices were implemented to identify and manage risks to consumer safety and well-being, including high impact and high prevalence risks. Documentation evidenced risk management was embedded throughout the operating system, including standing agenda items for quality and operational meetings, policies, and procedures, and learning and development. Staff demonstrated an understanding of the organisation’s policies and procedures and confirmed they received training in relation to risk management.

The organisation had a clinical governance framework which included policies and practices related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had received training in relation to these policies and provided examples of relevance to their work. The service had formal training modules for minimising the use of restraint and antimicrobial stewardship.

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)