

**Performance Report**

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| Name: | Calvary Corymbia |
| Commission ID: | 1096 |
| Address: | 51 Childs Circuit, BELROSE, New South Wales, 2085 |
| Activity type: | Site Audit |
| Activity date: | 20 January 2025 to 22 January 2025 |
| Performance report date: | 5 March 2025 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd Service: 27611 Calvary Corymbia |

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 Corymbia (**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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* a performance report dated 5 December 2024 from an assessment contact (performance assessment) conducted on 15 October 2024 to 16 October 2024

# 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

These 6 Requirements have been found Compliant, as:

Consumers and representatives said staff were respectful, treated consumers as individuals, supported their cultural needs and preferences, and care was inclusive and personalised. Staff were familiar with consumers’ life histories and what was important to them. Staff were observed interaction with consumers in a respectful manner and acknowledged them by name.

Consumers and representatives said they were supported and encouraged to identify their specific preferences based on the cultural experience and life history. Staff were familiar with consumers’ cultural needs and described how these were supported. Consumers of Chinese heritage were observed to reside within the same area and the services provided to them had been adapted to support their dietary preferences and other cultural needs.

Consumers and representatives gave positive feedback on the ability to make independent decisions on how their care was delivered and were able to exercise choice over who provided their care. Staff confirmed offering choice to consumers and prompting them to make their own decisions. Care documentation evidenced consumers’ decisions on who they had nominated as an alternate decision maker.

Consumers said they were supported to do the activities they want to do, including those which involved risk. Staff outlined the consultation process undertake with consumers and how consumers were supported to make informed decisions regarding risk. Policies and practices guided staff to support consumers in pursuing activities which maintain their independence while acknowledging the potential risks involved.

Consumers and representatives said they receive regular communication through a variety of ways which kept them informed of what was happening. Staff confirmed current information was communicated through written and verbal means, including inviting consumers to attend organised activities each day. Documentation displayed was observed to be accurate, in a format which was easy to understand, with various options for meals and activities to promote consumer choice offered.

Consumers and representatives said the consumer’s privacy was respected as the confidentiality of their personal information was maintained. Staff understood the practice of maintaining consumer confidentiality and described various ways in how consumer information was protected. Staff were observed seeking consent prior to entering consumer rooms and locking nursing stations were not in use.

Based on the information above, this Standard is found 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

These 5 Requirements have been found Compliant, as:

Policies, procedures and the electronic care management system guided staff in systematically assessing risks for consumers and the development of a care plan to guide care delivery. Care documentation evidenced when risks to consumers were identified, interventions were planned to support their safety and wellbeing. Staff were knowledgeable of the care required to be delivered by them to minimise risks and promote consumers’ health.

Consumers and representatives gave positive feedback about their involvement in discussions on the consumer’s care preferences including for advanced care and end of life planning. Staff explained processes, including regular review, which ensured consumers’ documented needs, goals and preferences remained current. Care documentation accurately reflected consumers’ assessed needs, stated preferences and advance care directives or plans were in place, where these had been chosen to be completed.

Consumers and representatives confirmed they were involved in assessment and planning processes and were able to see other health providers as needed. Staff said case conferences occurred every 3 months to ensure ongoing consumers and representatives were continuously involved in care decisions. Care documentation evidenced consumers, representatives, medical officers and allied health professionals contributed to the assessment and planning of care.

Consumers and representatives confirmed they had been advised of assessment outcomes through frequent communication with staff regarding consumer care. Consumer representatives confirmed they had or had been offered a copy of the consumer’s care plan. Care plans were observed to be easily accessible via the electronic care management system.

Care documentation evidenced review of care and services was completed routinely and updated following the consumer receiving a new diagnosis. Care documentation supported care strategies were monitored and evaluated for effectiveness. Policies and procedures guided staff on reviewing consumer care and electronic alerts were used to ensure review occurred when scheduled.

Based on the information above, this Standard is found 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

These 7 Requirements have been found Compliant, as:

Following a previous assessment contact the service was found non-compliant with Requirements 3(3)(a) and 3(3)(b). Evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance with staff education and training provided in restrictive practices, pain assessment, wound care. Care documentation was being regularly monitored to ensure consistency with procedural requirements. Clinical oversight of consumers care has been increased, and consumers’ behaviour support plans have been reviewed, including where consumers’ behaviours were minimised using a chemical restraint.

Consumers and representatives confirmed consumers received the care they needed, when they needed it, and it was delivered in line with the consumers preferences. Care documentation supported staff were using non-pharmacological strategies prior to using restrictive practices, where consent had been given and were appropriately authorised. Staff described strategies used to manage and monitor consumers for pain, following a fall and when they had a wound, with monitoring records evidencing tasks had been completed as required. Staff described following medical officer directives, policies and procedures ensured consumers received best practice care.

Staff demonstrated knowledge of risks relevant to individual consumers and gave practical examples of how these were managed. Care documentation evidenced staff are guided on strategies to be implemented to minimise risk of responsive behaviours and inappropriate use of chemical restraint. Care documentation evidenced high impact risks to consumers were monitored for frequency and trends, with care strategies updated in response to specialist review.

Staff understood the care needs of consumers who were approaching end of life and described how they would meet care needs, with consumer comfort being optimised. Care documentation evidenced the use of palliative care specialists, provision of care was monitored, and end of life medications had been prescribed to ensure consumers were pain free. Policies and procedures were available to guide staff practice.

Care documentation evidenced when deterioration in a consumer was detected, monitoring was increased and review by a medical officer was undertaken in a timely manner. Consumers’ representatives confirmed, staff responded quickly to any change in consumer condition and escalation pathways were followed, including transfer to hospital where relevant. Staff demonstrated knowledge of the signs, symptoms and monitoring processes used to detect acute or gradual decline in a consumer’s health.

Consumers and representatives said consumer care needs and preferences were effectively communicated between those who were involved in their care. Staff described how handover was used to share changes to consumer needs and an electronic care management system was used to access consumer’s care plans. Care documentation evidenced the exchange of information between care, clinical, and allied health professionals, with documents from hospitals and

Consumers said they are referred to health professionals when required and referrals happened quickly. Staff demonstrated knowledge of the referral pathway and confirmed a network of approved individuals and organisations were available to consumers. Care documentation evidenced the involvement of medical officers, allied health professionals and specialists, who reviewed consumers promptly.

Policies and procedures were in place guide staff in infection prevention, outbreak management and prescribing and usage of antibiotics. Staff said they completed infection control and prevention training and were knowledgeable on practices which reduce the likelihood of consumers contracting an infection and its transmission. Care documentation evidenced pathological testing occurred to inform the prescribing of antibiotics.

Based on the information above, this Standard is found 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

These 7 Requirements have been found Compliant, as:

Following a previous assessment contact the service was found non-compliant with Requirements 4(3)(b). Evidence within this Site Audit report supports the service had implemented improvements to promptly identify or respond to consumers who required additional emotional and psychological supports to be implemented including following traumatic events.

Consumers and representatives described how consumers were supported to undertake activities of daily living safely and as independently as they wished. Care documentation evidenced consumers had been assessed for assistive cutlery, crockery and texture modifications so they could eat their meals independently and safely. A suite of policies and procedures guided staff to support consumer independence, promote their wellbeing and ensure consumer safety while they engage in activities which maintains their quality of life.

Consumers and representatives said they felt consumers were supported to create and maintain social, emotional, and spiritual connections that were important to them. Staff demonstrated knowledge of consumer emotional and spiritual needs and described how they supported individuals. Care documentation included information on emotional, spiritual, and psychological needs and preferences, evidencing volunteers and external services were utilised to support consumer well-being.

Consumers and representatives said consumers were supported to do things which interested them, including participating in activities within the internal and external community and maintain their personal relationships. Staff were knowledgeable on which activities consumers liked to do and gave practical examples of supporting consumers to vote as maintaining their community participation. Care documentation identified the people important to individual consumers and the supports required to assist them to maintain these relationships.

Consumers and representatives said consumer needs and preferences for lifestyle and activities of daily living were communicated effectively. Staff from various departments consistently described the service and supports required by individual consumers. Care documentation contained adequate information on consumers’ conditions, needs, were updated following changes and were shared between each other.

Consumers and representatives confirmed referrals occurred promptly and they could access other organisations as needed. Staff described referrals pathways to volunteer organisations and pet therapy services to reduce social isolation and promote consumer wellbeing. Care documentation evidenced referrals to other support services was undertaken quickly, as required.

Most consumers and representatives gave positive feedback regarding the variety, and quantity of meals, noting the quality of meals had improved. Staff were knowledgeable of consumer preferences, dietary requirements and advised a rotating menu provides variety in meals. Consumers were observed to be served and enjoy their meal of choice as they interacted with each other in the dining rooms.

Consumers and representatives said service equipment was safe, suitable, clean, and well-maintained. Equipment used to support the consumer’s activities of daily living, and mobility was observed to be in clean and in good condition. Staff advised equipment allocated to individual consumers was assessed to determine it was fit for purpose and suitable for each consumer.

Based on the information above, this Standard is found 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

These 3 Requirements have been found Compliant, as:

The service environment was observed to be welcoming, furnished in a home like manner, the layout easy to understand, with large easily read signage to assist consumers with navigation. Communal spaces and lounge areas were furnished in ways which promoted consumer socialisation with each other and their visitors. Consumers were observed to mostly be able to utilise indoor and outdoor areas as they wished, however consumers within the memory support unit did not have independent access to the garden, which is further considered below.

Consumers and representatives gave positive feedback on the cleanliness of the service and the way it was maintained. Staff said, and documentation evidenced consumers rooms, and all internal communal areas were routinely cleaned, and inspected to ensure consumer safety. Most consumers were observed to have free access to indoor and outdoor areas, except for those who resided within the memory support unit who were unable to operate an electronic locking mechanism to release the door to the courtyard garden. Staff advised the removal of the lock had been scheduled to promote their free movement.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and appropriate for consumer use. Consumers gave positive feedback on the maintenance systems, which was supported by maintenance documentation, evidencing preventative and reactive maintenance was completed promptly and when scheduled.

Based on the information above, this Standard is found 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

These 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged and supported to give feedback and make complaints through various methods and felt comfortable doing so. Staff described how they supported consumers to provide feedback including through regular scheduled consultations and meetings. Feedback forms and lodgement boxes were readily accessible to support consumer to raise concerns and make suggestions.

Consumers and representatives said they had not needed to access advocacy services, but knew they were available to assist if needed. Staff were knowledgeable of how to access advocacy, language services and the Commission. Posters and brochures promoted consumers to access these services, if they wished.

Consumers and representatives gave mixed feedback on the appropriateness of actions take to resolve their food complaints, but confirmed actions were always taken quickly. Staff understood and gave examples of how they had applied the principles of open disclosure when managing complaints. Complaints documentation evidenced management closed complaints within a timely manner and apologies were given.

Consumers and representatives said their feedback had been used to improve the quality of the meals served. Staff gave practical examples of improvement initiatives driven by feedback including keeping meals warm at the point of service and increasing staff training. Continuous improvement documentation evidenced improvement actions were initiated when a trend in consumer feedback was identified.

Based on the information above, this Standard is found 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

These 5 Requirements have been found Compliant, as:

Consumer and representatives said staff are available to assist consumers when needed, with staff observed to respond promptly to consumers’ calls for assistance. Staff advised sufficient staff of the right skill and mix are allocated to each area which supports consumers to receive safe and effective care. Management advised consumer care needs and occupancy levels informed the development of the base roster, the number of staff allocated, and casual staff are used to respond to unplanned leave.

Consumers and representatives said staff provided person-centred care focussed on the needs of individual consumers. Staff were observed to interact with consumers with kindness, compassion and politely.

Consumers and representatives said staff had the knowledge and skills to perform their roles effectively and provided care in accordance with their needs and preferences. Staff were knowledgeable of their roles and responsibilities and confirmed they had attained the qualification required under their position description. Education records evidenced staff competency, including for medication administration was assessed annually.

Personnel files evidenced recruitment processes ensured staff suitability to work in aged care was checked and monitored for currency. Staff advised the onboarding systems used and the training provided assisted them to understand the outcomes required by the Quality Standards. Education records evidenced staff are provided with training on incident management, elder abuse and additional training is available for skill progression.

Management advised the performance of the workforce was regularly monitored through informal and formal mechanisms. Personnel records evidenced staff performance was assessed and reviewed during probation and annually thereafter, with documentation supporting performance reviews were completed as scheduled.

Based on the information above, this Standard is found 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

These 5 Requirements have been found Compliant, as:

Following a previous assessment contact the service was found non-compliant with Requirements 8(3)(d). Evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance as they had initiated actions to improve reporting of and governing body oversight of both clinical and serious incidents.

Consumer and representatives confirmed they were offered various mechanisms in which they could make suggestions, including receiving regular notification of consumer meetings. Management described various written and verbal methods were used to promote consumer involvement in the design and evaluation of care and services, however, interest in participating in a consumer advisory body was minimal within the current consumer and representative cohort. Noticeboards promoted consumer meetings and encouraged participation.

Meeting minutes evidenced the governing body’s commitment to deliver safe and quality care through its review of monthly reports on clinical indicators, incidents, feedback and improvement activities. Management described the governing body promotes a safe, inclusive and quality focussed culture through its vision, mission and values provided to staff at commencement. Management confirmed service performance was monitored, with regular visits from members of the executive and clinical governance committee who maintain their accountability for service delivery through instant escalation of serious incidents.

Effective governance systems were observed to have been implemented as care documentation was current and included information for staff on the care needs, goals and preferences of consumers. Management demonstrated an understanding of continuous improvement processes, with examples given to substantiate improvements based on consumer feedback had resulted in enhancements to care and meal services. Management confirmed financial governance systems were in place and funding was available to support the relocation of nursing stations to improve the frequency of staff interactions with consumers. Staff confirmed they understood their roles and responsibilities, as these were described in their position descriptions and compliance with regulation was maintained through subscriptions which track changes and prompt policy updates.

Management advised they, and staff, had completed training on incident management and understood the need to keep comprehensive records, to inform the risk identification, escalation and evaluation of risk minimisation strategies. Meeting minutes and clinical indicator reports evidenced, risks, and their prevalence were trended and analysed to inform staff risk management practices. Incident reporting systems evidenced incidents were reviewed at executive and governing body level, with adverse results prompting intensive investigation into areas of concern. Risk registers monitored consumers at high risk with policies and procedures guiding staff in how to support them to live their best life.

A clinical governance framework was in place and including policies and procedures on antimicrobial stewardship, open disclosure and minimising restrictive practices. Staff demonstrated knowledge of implementing care strategies prior to applying restrictive practice and gave practical examples of how they applied open disclosure and promoted antimicrobial stewardship when performing their daily duties. Management advised the framework guides leadership, culture, workforce, clinical risk management, practice and oversight.

Based on the information above, this Standard is found 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)