Performance

Report

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| Name: | Calvary Elanora |
| Commission ID: | 3617 |
| Address: | 7 Mair Street, BRIGHTON, Victoria, 3186 |
| Activity type: | Site Audit |
| Activity date: | 3 October 2023 to 5 October 2023 |
| Performance report date: | 14 November 2023 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd  Service: 5312 Calvary Elanora |

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 Elanora (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives described staff as kind, caring, and respectful, demonstrating awareness of consumer identity and culture, and valuing diversity. Staff demonstrated familiarity with consumer’s personal history and cultural heritage and interactions with consumers were observed being undertaken in a dignified and respectful manner. Care planning documentation reflected what is important to consumers to maintain their identity and dignity.

Consumers’ stories and cultural needs and preferences were captured within care planning documentation. Staff were informed in the provision of culturally safe care through policies and procedures, including through the diversity and inclusion commitment statement. Consumers and representatives advised care and services were delivered in line with cultural needs and preferences, and they believed staff took care to learn about consumer backgrounds, language, and cultural needs. Cultural celebrations were identified on a cultural calendar, highlighting those requiring celebration.

Consumers and representatives described supports for consumers to maintain their independence in decision making, communicating preferences including who participates in consumer care and connections of importance. Staff provided examples of how they support consumers to make choices about care and services. Care planning document captured consumer choices on care delivery, who participates, and actions to assist maintain relationships.

Staff explained how consumers were supported to take risks to enable them to live their best lives. Risk assessments were undertaken to understand and inform consumers and/or representatives of potential harm and develop mitigating safety strategies with records maintained within care planning documentation. Consumers and representatives said consumers were supported to live their best lives, including taking risks.

Consumers and representatives said they receive sufficient information to inform them of activities, events, and available services. Staff advised they inform consumer of daily events and keep them updated with changes to activities or menus. Informative displays and documents included flyers, lifestyle calendars, menus, and newsletters.

Consumers said their privacy is respected and personal information kept confidential. Staff described actions to maintain privacy, including securing personal information through use of password and locking computers when not in use. Training is provided to all staff on privacy within the onboarding program, and ongoing mandatory training, with further reminders of the importance provided within staff meetings.

Based on this evidence, I find the service Compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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 said potential risks to consumer health and well-being are known, and solutions discussed to ensure safe and effective delivery of care and services. Staff could describe assessment and planning processes, including how validated assessment tools were used to identify risk and inform management strategies. Care planning documentation demonstrated use of assessment and planning processes to inform and communicate care.

Consumers and representatives were satisfied assessment and planning identified current needs, goals, and preferences of consumers, with opportunity to include end-of-life care. Staff identified needs, goals, and preferences of consumers in line with consumer feedback and care planning documentation. Clinical staff explained discussion of advance care directives within admission processes, with regular review. Care planning documentation included advance care directives or resuscitation preferences and, where specified, end-of-life wishes.

Consumers and representatives described the care planning process as a partnership held between themselves, staff, and other providers. Staff described practices to ensure consumers and/or representatives were consulted and informed of changes to consumer condition or care needs. Care planning documentation recorded who was to be involved in care planning processes and confirmed engagement, including for external providers.

Consumers and representatives explained staff provided clear and detailed communication about assessments to inform decisions about care, and they are consistently offered a copy of the documented care plan. Staff described how they communicate with consumers and representatives, as well as other staff and providers. Care planning documentation included summary assessment and planning in progress notes and evidence of communication with consumers and/or representatives.

Care planning documentation reflected review of effectiveness was undertaken regularly and following change or incident. Staff demonstrated understanding of evaluation and review processes, following the assessment and care planning procedures. Incident reporting processes also triggered reassessment or review of the effectiveness of strategies within the care and services plan.

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

# 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 reported consumers were receiving tailored care to safely optimise health and well-being. Staff were guided by policies and procedures to inform best practice personal and clinical care with advice from specialist providers, such as wound specialists, where required. Care planning documentation demonstrated personalised strategies for consumer care in line with consumer and staff feedback. Management described ongoing education for all staff in relation to provision of best practice clinical and personal care.

Staff were able to explain high impact or high prevalence risks for consumers, and management strategies in place. Consumers and representatives said consumer care risks were effectively managed by the service. Care planning documentation demonstrated how assessment and planning identified risks and informed strategies, with management describing processes for monitoring and evaluation of the effectiveness of interventions.

Staff described how they provided end-of-life care to maximise comfort and dignity, with support available through specialist palliative care services. Care planning documentation demonstrated discussion with consumers and representatives after which a palliative care plan is developed to direct staff on provision of care focusing on keeping the consumer comfortable and free from pain.

Consumers and representatives said staff identified changes to consumer condition, adapting care to gradual changes and appropriately responding to sudden deterioration. Staff detailed escalation processes they follow when noticing changes to consumer condition, and management described monitoring processes for consumer changes included daily updates and reviewing of progress notes. Policies and procedures were available to guide staff on management pathways, and education on recognising and reporting changes and deterioration provided in September 2023.

Consumers said their condition, needs, and preferences were known by staff. Staff explained how they ensured handover processes were effective, including communicating with visiting providers and ensuring documentation is up to date. Management said they have a daily meeting with heads of all departments to ensure clear communication of changes to consumer condition, needs, or preferences.

Staff described referral processes for review by Medical officers and other health professionals. Care planning documentation included evidence of referrals for Allied health staff, and escalation to Medical officers and hospitals. Consumers and representatives were satisfied referrals were timely and made to a provider that was appropriate for consumer needs.

Consumers and representatives recalled the service’s management of outbreaks and expressed satisfaction with actions taken to prevent further infections. Staff said they received infection prevention and control training, including hand hygiene and use of personal protective equipment, and clinical staff could explain principles of antimicrobial stewardship. Staff actions were guided by education, policies, procedures, and outbreak management plans, and overseen by the Infection prevention and control lead.

Based on this evidence, I find the service Compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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

Staff explained assessment processes to understand consumer preferences and needs and considered strategies for consumers with cognitive changes. Staff were knowledgeable about services and supports for consumers, with feedback in line with care planning documentation. Overall, consumers were satisfied with services and supports provided, although some described issues with laundry items going missing. Management acknowledged the concerns, with improvement actions captured within the Continuous improvement plan and staff training being coordinated.

Consumers said when they feel low, staff understand and provide emotional support. Lifestyle staff spoke of spending additional time with consumers who do not participate in group activities to ensure they receive sufficient emotional support for well-being. Care planning documentation included emotional support strategies, and staff could explain how these were implemented. Consumers explained available religious services and supports, including from volunteers, to meet their spiritual needs.

Consumers said they felt supported to identify and participate in activities of choice, including outside the service. Care planning documentation included information of supports provided for consumer interests, maintaining relationships of importance, and participating within the community. Staff described fostering of social relationships between consumers as well as supporting those with family and friends.

Consumers said services and supports provided are consistent, and they do not need to repeat preferences. Staff described how information is communicated verbally and within care planning documentation, including ensuring other staff, such as lifestyle and kitchen staff, are advised of changes to consumer condition, needs, or preferences.

Staff explained current referral processes, including for volunteers, to meet needs of consumers in a timely and appropriate manner. Consumers explained the services and supports coordinated for them to meet their needs. Care planning documentation demonstrated collaboration with external providers to support the diverse needs of consumers.

Consumers said meals were of suitable quality and quantity, with a variety of choices and alternates. Staff were knowledgeable about consumer dietary needs and preferences in line with care planning documentation. The service has processes in place to support consumers influencing the seasonal rotating menu, ensuring it caters to preferences. The kitchen was observed to be clean and tidy, with staff observed to adhere to food safety and workplace health and safety protocols.

Consumers said provided equipment is safe, clean, well-maintained, and suited to their needs, in line with observations. Staff described monitoring, maintenance, and cleaning processes, and said they have sufficient access when needed. Maintenance records included scheduled maintenance regimes, with monthly monitoring of consumer equipment.

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

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The environment was sufficiently lit, maintained at a comfortable temperature, had adequate signage to guide consumers and visitors, and had communal areas with sufficient seating for comfort whilst spending time with visitors or others. Consumers said they could navigate most areas independently and felt comfortable and at home. Consumer rooms were personalised with photographs, decorations, and memory boxes.

Consumers said they could freely access indoor and outdoor areas and expressed satisfaction with the cleanliness and maintenance of the environment. Most areas were observed to be clean, safe, and well-maintained, with prompt action taken in response to feedback and evidence of planned renovations to the memory support unit and additional maintenance staff hired for assistance in the interim. Cleaning schedules and maintenance logs were completed in a timely manner.

Consumers said furniture, fittings and equipment were well maintained. Staff knew processes for reporting maintenance issues. Maintenance staff were observed checking, cleaning, and repairing equipment, and explained how routine, preventative, and corrective maintenance is undertaken. Records showed evidence of contractor’s safety inspection reports.

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

# 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 said they felt safe and supported to provide feedback and make complaints. Staff described different complaints avenues, gave examples of how they could support consumers give feedback, and explained escalation processes for serious matters. The service has processes for complainants to remain anonymous if preferred. Feedback forms and lodgement boxes were available on each floor.

Consumers and representatives said they were aware of support services and other channels for complaints, with an advocacy service visiting to meet with consumers, but felt comfortable approaching staff and management. Staff knew how to access interpreter and advocacy services and explained how they could also support consumers with communication difficulties. Information on advocacy services was displayed, available in pamphlet form and documented in the consumer admission handbook.

Consumers and representatives were satisfied prompt action was taken in response to complaints, describing actions consistent with an open disclosure process and management taking a proactive approach to resolving concerns. Staff described escalation pathways, and management confirmed open disclosure was always applied following complaint or adverse event. Policies and procedures informed the complaint management process, including use of open disclosure.

Overall, consumers and representatives said feedback and complaints had been used to improve care and services. Management was aware of dissatisfaction relating to laundry services, with continuous improvement activities created including meeting with complainants, training for staff, monitoring processes, and providing ongoing updates to all consumers and representatives. Staff and management described how feedback and complaints resulted in care and service improvements. Documentation demonstrated feedback and complaints are analysed for trends and used to inform improvements.

Based on this evidence, I find the service Compliant with all Requirements in Standard 6 Feedback and complaints.

# 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

Consumer and representative feedback indicated staffing levels were sufficient, and consumers’ care and services were met with timely response to call bell use. Management described rostering and allocation processes to ensure appropriate number and mix of skilled staff to meet consumer needs and comply with required care minutes. Staff confirmed they have sufficient time to complete their required duties, and shifts are always filled. Rosters demonstrated shifts were filled and unplanned leave covered.

Consumers and representatives provided positive feedback about staff, describing interactions with consumers as respectful, kind, caring, and gentle. Management and staff demonstrated awareness of consumer’s identity, culture, and diversity, and expectations were communicated through the organisation’s statements and policies on diversity and inclusion, and position descriptions outline the values of the organisation.

Consumers and representatives were satisfied with staff knowledge and competence to perform their roles. Management explained processes for monitoring staff competency through supervision, feedback, and performance reviews. Position descriptions outline roles, responsibilities, and requirements, with monitoring processes for registrations, qualifications, police clearances, and work visas.

Staff described the training, support, professional development, and supervision received during orientation and on an ongoing basis. Training records demonstrated compliance with mandatory training attendance and needs based training. Processes ensured the workforce was effectively recruited, trained, and supported to deliver outcomes required by the Quality Standards.

Staff said their performance was monitored through competency assessments, formal review processes, training attendance, and observation, and confirmed they had undergone an annual performance appraisal within the past 12 months. Clinical staff described their responsibility to ensure compliance with the organisation’s policies, procedures, and processes and would raise any concerns with management. Management advised processes to ensure staff were monitored, and undertook formal performance evaluation by December 2023, demonstrated by documented records.

Based on this evidence, I find the service Compliant with all Requirements in Standard 7 Human resources.

# 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 and representatives described consultation processes through meetings, forums, feedback, and surveys and said they found the service well run. Management described channels to gather input of consumers and representatives and demonstrated how it influences service operations, and the organisation is in the process of developing a regional consumer advisory committee. Consumer meeting minutes included a standing agenda titled ‘you said, we did’ demonstrating implementation of consumer feedback and suggestions.

Management explained a range of strategies utilised to ensure the governing body ensures care and services are safe, inclusive and of quality, such as undertaking discussion and review of outcomes including clinical indicators, quality initiatives, and incidents at service and organisational level. Quality auditing is undertaken to monitor and review performance against the Quality Standards and organisational oversight includes analysis and review of information by service and executive management and reported through subcommittees to the governing body.

Organisation wide governance systems including for information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints are applied and controlled within the governance framework. Regional management undertakes monitoring through reviewing reporting and analysis of data, ensuring the Board is satisfied systems and processes provide care and services in accordance with the Quality Standards. For example, regulatory compliance is maintained through monitoring updates of responsibilities and ensuring relevant actions are taken, such as updating policies and procedures, communicating changes to the service, coordination of required training, and review of service compliance.

Staff described the risk management systems incorporated use of policies, procedures, and practices to identify and minimise consumer risks, including assessment and planning and reporting of incidents. Management explained the risk management framework included policies, procedures, and the incident/Serious Incident Response Scheme register. A risk register is used to record and monitor identified risks with outcomes reported to the governing body and drive continuous improvement. Actions taken in response to risk and incidents demonstrated how the framework was used to identify and responds to abuse and neglect of consumers and support them to live their best lives.

The clinical governance framework included policies, procedures, and associated tools to support and guide staff in delivery of care, overseen by the Aged care quality and clinical governance committee. For example, the framework for antimicrobial stewardship incorporated policies, training, expectations of staff, and the role of the Infection prevention and control lead. Staff and management detailed policies, procedures, and training informing their practice in relation to antimicrobial stewardship, minimisation of restrictive practices, and use of open disclosure.

Based on this evidence, I find the service Compliant with all Requirements in Standard 8 Organisational governance.

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