Performance

Report

**1800 951 822**

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| Name of service: | Calvary Flora McDonald Retirement Community |
| Service address: | 206 Sir Donald Bradman Drive COWANDILLA SA 5033 |
| Commission ID: | 6816 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 2 February 2023 |
| Performance report date: | 10 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Calvary Flora McDonald Retirement Community (**the service**) has been prepared by T Wilson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The service was found to be Non-compliant in Requirement 2(3)(e) following a site audit conducted on 19 July to 21 July 2022, where it was found care and services for a consumer were not reviewed for effectiveness after an incident occurred and when changes were identified. Continuous improvement was implemented which included, but was not limited to, staff training including training for clinical staff via a clinical consultant, implemented a consumer hospital transfer checklist and revised consumer documentation review procedures.

The Assessment Team is now recommending the service is compliant with this requirement.

Consumers and representatives confirmed involvement in care plan reviews and communication occurs when things change and/or incidents happen. Staff could describe how to lodge incidents and the escalation processes as required and confirmed they participated in training related to this Requirement. Review of care records confirmed the care needs of consumers following an incident or change where updated and relevant referral we made as required.

The service was offered an opportunity to respond to the Assessment Team report on 7 February 2022, however, a response has not been received.

I agree with the Assessment Team that the service has implemented continuous improvement to rectify the deficits.

Accordingly, I find 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.

Where only some Requirements of a Quality Standard have been assessed as Compliant the overall assessment of the Quality Standard is not applicable.

# 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 |

Findings

The service was found to be Non-compliant following a site audit conducted on 19 July to 21 July 2022 in Requirements 3(3)(a) and 3(3)(b) due to one consumer not receiving safe and effective care and their high impact high prevalence risks have not been managed effectively. Continuous improvement was implemented which included, but was not limited to, appointing a Clinical Advisor to identify gaps in systems and processes, staff education on various topics and tools and internal audits to address the gaps for the individual consumers.

The Assessment Team is now recommending the service is compliant with both requirements.

Consumers and representatives confirmed they are satisfied with personal and clinical care they are provided. Staff acknowledge they have received additional training in relation to best practice and procedures have been updated to ensure this is followed. Staff confirmed they deliver care that is consistent with best practice and documentation reviewed confirmed this is occurring.

The service demonstrated they hold risk meetings each week to discuss the high impact high prevalence risks for consumers and maintain ongoing minutes that include an action plan to ensure risks are managed. Staff confirmed they monitor and document the risks of consumers and they are aware of the policies and procedures they must follow.

The service was offered an opportunity to respond to the Assessment Team report on 7 February 2022, however, a response has not been received.

I agree with the Assessment Team that the service has implemented continuous improvement to rectify the deficits identified in both Requirements.

Accordingly, I find Requirement 3(3)(a), Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; is tailored to their needs; and optimises their health and well-being, and Requirement 3(3)(b), Effective management of high impact or high prevalence risks associated with the care of each consumer, Compliant.

Where only some Requirements of a Quality Standard have been assessed as Compliant the overall assessment of the Quality Standard is not applicable.

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