Performance

Report

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| Name: | Calvary Flora McDonald Retirement Community |
| Commission ID: | 6816 |
| Address: | 206 Sir Donald Bradman Drive, COWANDILLA, South Australia, 5033 |
| Activity type: | Site Audit |
| Activity date: | 3 January 2024 to 5 January 2024 |
| Performance report date: | 29 January 2024 |
| Service included in this assessment: | Provider: 2496 Calvary Retirement Communities Limited  Service: 4262 Calvary Flora McDonald Retirement Community |

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

**This performance report**

This performance report for Calvary Flora McDonald Retirement Community (**the service**) has been prepared by M Glenn, 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.

# 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 response to the assessment team’s 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 said consumers are treated with dignity and respect and staff understand their culture and who they are as individuals. Care files include key information relating to consumers’ culture, identity, spiritual needs, and past lived experience. Care staff described how they ensure provision of culturally safe care and were observed delivering care and services in a way that was respectful of consumers’ ethnicity and culture. Representatives of consumers from culturally and linguistically diverse backgrounds said the service is culturally safe and does not make assumptions regarding culture based on cultural stereotypes.

Care files include decision making relating to consumers’ own care and services, declining of medical treatments, relationships of importance and those people involved in their decision making. All consumers said they make daily decisions regarding when they wish to get up for the day, the time they wish to be assisted with personal hygiene, meals they would like to eat, and who is involved in their care, and these choices and decisions are respected. Representatives of consumers living with dementia said they visit the service regularly, and staff encourage their involvement in decision making processes, tailoring care to support their family member.

Consumers said they are supported to engage in risky activities of their choosing to enable them to live the best life they can. Care files demonstrated consumers are involved in discussions regarding risks associated with their chosen activity and interventions to minimise the risks. Staff are aware of risks taken by consumers, and said they support all consumers’ wishes to take risks to live the way they choose.

A range of avenues are used to communicate with consumers, including meeting forums, newsletters and emails. Staff are aware of communication challenges of individual consumers and described strategies used to ensure effective communication, including involvement of representatives, bilingual staff and interpreter services, where required, to ensure consumers’ understanding and to support decision making. There are processes to ensure each consumer’s privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice 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

A range of assessments, including validated assessment tools, are completed on entry and ongoing and are used to identify risks to consumers’ safety, health and well-being. Information gathered through assessment processes and consultation with consumers and/or representatives is used to develop individualised care plans which include strategies to reduce risk and guide provision of care and services. Care files outline a range of identified risks, including those related to falls, malnutrition, swallowing, pressure injuries, and pain. Consumers and representatives are satisfied with assessment and planning processes and are aware of strategies implemented when risks are identified.

Care plans include detailed, personalised information relating to consumers’ needs goals and preferences for personal, clinical and lifestyle aspects of care. Advance care planning is discussed with consumers and their representatives on entry and during care plan reviews. Consumers without an existing advance care directive are encouraged to complete a medical orders for life-sustaining treatment form in collaboration with the medical officer which outlines specific guidelines for goals and wishes regarding end-of-life care. Specific screening tools, assessments and forms are implemented and/or completed where consumers are identified with a life-limiting condition.

Consumers and representatives said they are actively involved in assessment and planning processes and receive regular updates on changes to consumers’ health and care needs. Care files demonstrated involvement of both internal and external service providers in consumers’ care, and staff said they consult with consumers, their representatives and other health care providers during assessment and planning processes.

Outcomes of assessment and planning are documented in a care plan which is offered to consumers and their representatives and is accessible to staff and other service providers. Staff described how they share and receive information about the outcomes of assessment and planning, including through access to care plans and handover processes, and consumers and representatives confirmed receiving care plans and said they can request a copy.

Care files demonstrated consumers are reassessed and care plans updated in response to changing circumstances, such as following incidents and hospitalisations. Care files also demonstrated involvement of allied health professionals in the reassessment and review process. Monitoring processes, such as progress note reviews, staff floor huddles, and weekly clinical meetings also assist staff to identify and discuss any changes in consumers’ needs, goals and preferences, ensuring timely reassessment. Representatives said they receive information about every incident, regardless of its severity and actively contribute to updating care and services to ensure delivery of safe and effective care.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers 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

Each consumer receives safe, tailored and effective personal and clinical care, including in relation to wounds, falls, catheter care and oxygen management, in line with best practice guidelines. Staff demonstrated an understanding of individual consumer preferences and described how they customise care accordingly. Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files included appropriate assessment and strategies to mitigate risks relating to behaviours, chemical restraint, swallowing, diabetes and weight loss. Care files also evidence involvement of medical officers and allied health professionals in assessment and management of high impact or high prevalence risks. Staff are knowledgeable of sampled consumers and strategies and interventions to mitigate risk, and consumers and representatives are satisfied with the management of consumers’ risks.

The needs, goals and preferences of consumers nearing end-of-life are recognised and addressed. Staff described their approach to maximising comfort and preserving consumers’ dignity during end-of- life care, and care files sampled demonstrated collaboration with consumers, their families, the medical officer and palliative care specialists to ensure delivery of high quality end-of-life care.

Care files demonstrated deterioration in a consumer’s condition is identified promptly, and where required, timely referrals to medical officers and/or allied health professionals are initiated. A variety of tools are used to identify and respond to deterioration, and there are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared. Representatives said they are always kept up to date regarding any changes to consumers’ care and service needs, and staff always seek input before making changes.

There are processes to support the minimisation of infection related risks, to monitor infections and promote appropriate antibiotic prescribing and use. Care files demonstrate specimens are collected for pathology where signs of infection are identified and antibiotics are prescribed based on pathology results. Staff provided examples of how they minimise consumers’ risk of infection, were familiar with antimicrobial stewardship principles, and confirmed they have undertaken training in infection control. Consumers and representatives said staff are competent in identifying and managing infection related risks and indicated appropriate infection control processes are implemented.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care 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

Consumers and representatives feel the services consumers receive are safe and effective and staff support them to do the things they want to do. Clinical and care staff demonstrated an understanding of consumers’ needs, preferences, life experiences and interests, in line with care files, and confirmed care and services are provided based on consumers’ needs or preferences on that day. Representatives of consumers living with dementia said supports provided by staff ensure quality of life for their family member.

Consumers and representatives are confident consumers’ emotional and spiritual well-being is a priority for staff. The service facilitates a number of programs focused on consumers’ emotional and psychological well-being, such as sensory activities, exercise and meditation classes, pet therapy and religious worship. Where a consumer is identified as not being socially engaged, has a low mood or decreased attendance at lifestyle activities, additional one-to-one visits and emotional support is provided, as required.

A lifestyle program, consistent with consumers’ documented interests, includes celebration of events, as well as activities to promote social and personal relationships. Consumers were observed participating in group and individual activities, meeting in communal areas with other consumers and visitors, and leaving the service to exercise, attend appointments or meet with friends and family.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up to date with consumers’ changing needs and preferences, and consumers and representatives said consumers do not have to repeat information to staff about their needs and preferences for care and services.

Consumers and representatives provided positive feedback about the food and meal services, and said consumers are provided choice, meals are varied, and of suitable quality and quantity. Meals are prepared in line with a four-week rotating menu which includes provision of culturally specific meals. A specific menu is in place for consumers on modified diets, and menus are developed for individual consumers with specific dietary preferences. The service supports a large number of Asian consumers and employs an Asian specific chef to prepare culturally specific meals. A national team consisting of service managers across multiple Calvary sites meet to develop a standard seasonal menu in consultation with allied health professionals and chefs. Following initial menu development, consultation with consumers and representatives occurs prior to finalisation and implementation of the seasonal menu.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Consumers and representatives said consumers feel safe when staff use equipment to assist with their mobility and lifestyle activities, and the equipment is always clean, well maintained and meets their needs.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living 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

Consumers and representatives said consumers feel safe and comfortable, and the service environment is welcoming and easy to understand. Consumer rooms are spacious, with private ensuites and personalised with consumers’ own furniture, artwork, and pictures. Communal areas inside and out are spacious and well-furnished. All areas have adequate lighting and artwork on the wall and sufficient space for consumers to mobilise. Clear signage is posted throughout the service to assist consumers to navigate easily throughout the environment.

The service is safe, comfortable and well maintained, and consumers are able to move freely both indoors and outdoors. Outdoor gardens are well maintained with clear pathways paths. Cleaning of consumer rooms and communal areas is undertaken in line with a cleaning log/schedule and preventative and reactive maintenance processes, supported by contracted services, are in place. Emergency evacuation maps, fire door signs and procedures are displayed throughout the service and fire safety equipment is regularly inspected and monitored. There are processes to ensure furniture, fittings and equipment is safe, clean and well maintained. Staff are familiar with actions to take in the event of an emergency, as well as maintenance and hazard reporting processes.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment 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

Consumers and representatives feel happy, safe and comfortable providing feedback to staff and management and said they are not treated differently if they do so. Consumers, representatives and others are encouraged and supported to provide feedback and make complaints through various avenues, including feedback forms/boxes, in person, meeting forums and surveys. Staff support consumers to provide feedback by encouraging and assisting them with completing feedback forms. If the matter is urgent, staff escalate feedback to senior staff or management for follow up. The site manager conducts interviews with two consumers and two staff each week, providing them an opportunity to get to know consumers and staff and to obtain feedback.

Consumers and representatives are made aware of advocates, language services and other avenues for raising complaints through entry processes and ongoing. Information relating to advocacy and internal and external complaints avenues is displayed across the service, including in languages reflective of the consumer cohort. Consumers and representatives are aware of advocacy services and other methods of raising complaints, and staff described how they advocate for consumers and assist them to raise concerns.

Consumers and representatives said the service is responsive to feedback and complaints and are satisfied with actions taken in response. A feedback and complaints register is maintained and showed complaints are addressed and an open disclosure process undertaken. Documentation showed where incidents occur, consumers and representatives are notified of the details of the incident and potential investigations. Where appropriate, in response to complaints, case conferences are conducted with consumers and families to follow up and fully address issues raised with feedback and suggestions from consumers and/or next of kin considered to facilitate better outcomes. Feedback and complaints data is regularly reviewed, monitored and analysed to identify trends and improvements to the quality of care and services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints 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

Consumers and representatives are satisfied the number and type of staff rostered is sufficient to meet consumers’ needs. Staffing levels and mix are planned against a master roster which shows what shifts are required by what staff and how many, in line with nationally recognised staffing model requirements and consumer acuity. There are processes to manage planned and unplanned leave. Staff said they have enough time to undertake tasks and there are processes to adjust staffing levels to meet consumer needs and unexpected staff absences.

Consumers feel supported by staff and said staff treat them with dignity and respect when providing care and services. The staff orientation handbook describes consumers’ dignity, respect and personal identity as being of paramount importance for the workforce to practice and recognise. Management strive to keep the same staff working in the same areas of the service to maintain strong staff knowledge of the consumers they work with. Staff described how they treat consumers with kindness and respect and confirmed they have this expectation placed on them by the organisation at orientation and ongoing through annual training.

Consumers and representatives said staff are competent and have the necessary skills to perform their roles. Orientation and onboarding, specific to each role includes mandatory training and competency assessments, and staff are paired with buddies until they demonstrate competence and confidence across all shifts. Training is developed by calendar year and includes mandatory modules which are monitored to ensure completion. Additional training is implemented where competency gaps or concerns are identified. Staff said they have access to training and management are always open to supporting them for any training needs they feel they may need.

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff performance development reviews are undertaken following commencement and annually. Annual performance development processes include discussions against performance expectations. These discussions guide a development plan for training or support where deficiencies or knowledge gaps are identified.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources 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

**Assessment:**

Consumers are engaged and supported in the development, delivery and evaluation of care, including through meeting forums, surveys and feedback and complaints processes. One person from each wing of the service has been selected to participate in an inter-site resident committee to discuss all things related to hospitality service delivery, and a consumer advisory body is currently being implemented.

The organisation’s governing body, comprised of a Board supported by sub-committees, promotes and is accountable for delivery of safe, inclusive quality care and services. There are systems and processes to ensure responsibilities, accountabilities, care and service expectations are managed through multiple reporting and monitoring mechanisms and to collect and analyse critical data for executive oversight.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)