**Performance**

**Report**

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| Name: | Calvary Home Care - Darwin |
| Commission ID: | 600459 |
| Address: | Unit 17/60 Winnellie Road, WINNELLIE, Northern Territory, 0820 |
| Activity type: | Quality Audit |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2973 Calvary Community Care  
Service: 17890 Calvary Community Care – Darwin

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7303 Calvary Community Care  
Service: 24691 Calvary Community Care - Care Relationships and Carer Support  
Service: 24692 Calvary Community Care - Community and Home Support

**This performance report**

This performance report for Calvary Home Care - Darwin (**the service**) has been prepared by T Wurf, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 20 October 2023 that accepted the audit findings as documented in the Quality Audit report.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not Applicable** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers described staff as kind, caring and respectful and said staff treat them in a dignified way that recognises them as an individual. Management and staff spoke respectfully about consumers. They understood consumers' personal circumstances and described how it influenced the delivery of services to individual consumers.

Consumers said that staff understand their needs and preferences and deliver services with this in mind. The said services are culturally safe, and staff consider their individual circumstances when delivering services. Staff understood consumers’ cultural background and described how they adapt services to safely meet consumers’ cultural needs and preferences.

Consumers said the service involves them, and others if they choose, in making decisions about the services they receive. Consumers provided examples of how the service tailored the delivery of services based on their choice of days, times and priorities. Staff and management described how care planning is a partnership between the consumer, their coordinator and anyone else the consumer chooses. This includes discussion about the clients' preferences and choices related to the services they receive.

Consumers can make choices and decisions about their services, including activities that may place them at risk. Consumers and representatives said the service involves them in discussions about risk, they are supported to understand the benefits and possible consequences and are consulted about strategies to manage risks. Management described the service’s policies and procedures that support dignity of risk and consumers to remain independent in their own home. Consumers’ choice and risk conversations were documented.

Consumers’ care plans contained information about their identity, cultural needs and preferences, people important to them, and choices about care and services.

Information provided to consumers was current, accurate and timely, and their monthly statements were generally easy to understand. Staff and management described how they provide information to consumers in various ways and said an interpreter or support person is used where required. Management said the service was working to make statements easier for consumers to understand.

Consumers were confident the service protects their personal information. Staff and management described the service’s privacy and confidentiality procedures and said they receive training in how to keep consumer information confidential. The service has systems in place to protect consumers privacy and personal information, including password protection for electronic systems, secure document disposals and processes to seek consumers’ consent to share personal information where required with other organisations.

Staff receive training in dignity and respect and cultural awareness and have access to policies and procedures relevant to this Quality Standard.

Based on the information summarised above, I am satisfied Standard 1 is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives said they were involved in assessment and planning of consumers’ care needs and that this involved assessments and a consideration of risk. Consumers said staff took time to listen to them and understood how to support their health and well-being. Consumers were satisfied with this process and said their care was well planned and met all their needs.

Consumers and representatives provided examples of how the service had worked with them following an incident such as a fall and how their individualised goals were supported.

Staff said they assessed consumers’ needs using validated tools at the commencement of services and via ongoing reviews. They described the process and said it included a face-to-face meeting with the consumer and any others they wished to be involved in their care. This included a discussion about services that were available to the consumer and what the consumer was hoping to achieve in relation to their needs, goals and preferences.

Staff said care and service delivery was reviewed regularly to ensure it remained effective; this included following an incident or when the consumer’s circumstances changed. Staff described the education and training they received in relation to identifying changes in a consumer’s circumstances, identifying and managing incidents, and escalation processes.

Care review dates were recorded in an electronic system and were monitored by management. A review of the reporting system identified a small number of care plans were overdue; staff described the circumstances in each case and their efforts to follow up with the consumers involved who were either on holidays or in hospital.

Care planning documentation demonstrated the consumers’ needs, goals and preferences had been discussed with the consumer and their representatives; assessments were completed and strategies to mitigate risks had been documented. Where appropriate, information was collected from medical officers, allied health professionals and any other providers involved in care and service delivery. Information regarding advance care planning was provided to consumers and included in the welcome pack; care planning documentation demonstrated that advance care planning was discussed with consumers.

Care plans were available to the consumer and staff and were stored in each consumer’s home. There were processes to ensure care plans remained current and support staff were advised through a mobile application when there had been a change made to a consumer’s care plan. Staff were satisfied that information within the care plans was current, accurate and included sufficient information to guide them in their work. They said the service was in the process of transitioning to an electronic information management system.

Based on the information summarised above, I am satisfied Standard 2 is compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and representatives were satisfied consumers received personal and clinical care that was tailored to consumers’ needs and preferences and optimised their health and well-being. Consumers were confident staff would identify a change in their condition and would escalate it appropriately; they described how staff ensured the care provided was safe including in relation to falls, mobility, wound care and medications.

Staff provided examples of care provided to consumers and how they managed risks associated with consumers’ care; this included wound care, medication management, changed behaviours, weight loss and falls prevention. High prevalence risks to consumers were highlighted within the electronic care management system and a risk rating applied to determine the likelihood of reoccurrence; mitigation strategies to manage risks were in place. Senior clinical staff supervised all aspects of clinical care that was provided, and a registered nurse attended those consumers who required clinical care or clinical assessment.

Staff described the education and training they had completed to identify risk and/or a change in the consumer’s condition; they could describe the steps they would take if this occurred while they were providing care or services.

The service had established relationships with medical officers, hospitals and community nurses and these providers supported the service in addressing consumers’ end of life needs and preferences. An after-hours registered nurse telephone line was available for staff and consumers if concerns arose outside office hours.

Care planning documentation was informed by assessments and provided detailed guidance to staff about how to deliver care and when to escalate a concern. Care planning documentation included consumers’ clinical needs, risk status, equipment requirements and strategies to support the consumer’s needs, goals and preferences. Changes or deterioration in a consumers’ condition were identified and escalated to health professionals who adjusted care and services in accordance with consumers’ needs. Consumers and representatives said staff knew consumers’ needs and preferences and that they did not have to repeat information to staff.

Staff described how they referred consumers to internal and external health professionals or to services such as My Aged Care; evidence of this was found in care planning documentation. Consumers confirmed they had been referred when needed.

Infection related risks were minimised through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers said staff used personal protective equipment, implemented cleaning processes and completed COVID-19 testing and that these strategies supported their safety. The service had processes for minimising risks of infection and addressing anti-microbial stewardship including policies, procedures, staff education and an outbreak management plan.

Based on the information summarised above, I am satisfied Standard 3 is compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied the service optimised consumers’ independence, health, well-being and quality of life through the provision of in-home services such as personal care, nursing services, social support, domestic assistance, gardening services, transport and assistance with shopping and meal preparation. Consumers provided examples of how the service adjusted services as needed to support them to regain their health and independence, for example following a fall and said they have control over day-to-day activities.

Consumers and representatives felt staff knew consumers well and described how consumers’ emotional and psychological well-being was supported. They felt confident staff would recognise if consumers were feeling low and that they would respond appropriately. Consumers and representatives said consumers had been referred to other providers including allied health professionals and mobility equipment suppliers when a need was identified.

Management and staff described how consumers’ needs, goals and preferences were identified and how services were tailored to consumers’ needs; this was reflected in care planning documentation. Care plans included information about the various activities and social engagements that consumers enjoyed including for example word puzzles, knitting, cooking shows, gardening and engaging with family and friends.

Staff explained communication processes within and outside the organisation and said that information pertaining to consumers was communicated effectively. Various methods were used to support information sharing including verbal communication, mobile applications and care planning documentation. Staff said information provided to them at point of care was current and enabled them to complete their tasks effectively. Staff demonstrated a sound understanding of consumers and their needs including their emotional and psychological well-being.

Management said they supported consumers to navigate the My Aged Care website and to connect with other organisations. They said they had improved referral processes and liaised with consumers to keep them informed and monitored the progress of any referrals to My Aged Care.

Where meals were provided, they were varied and of suitable quantity and quality. Consumers described how they were involved in the choice of meals they received and were satisfied their dietary needs were being met. Staff had relevant food handling certification and took guidance from consumers in relation to their menu planning and meal preparation. Care planning documentation reflected consumers’ dietary needs and preferences and staff were aware of consumers’ requirements.

Equipment provided to consumers was safe, suitable, clean and well-maintained. Consumers and representatives expressed their satisfaction with the equipment provided and said it had been assessed by allied health professionals. Staff said they monitored the equipment during scheduled visits to ensure it was safe and well-maintained. Care planning documentation included referrals to an occupational therapist for assessment relating to equipment needs.

Based on the information summarised above, I am satisfied Standard 4 is compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

Consumer services are not delivered in a service environment; therefore, the Standard is Not Applicable to this quality audit.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they are encouraged and supported to provide feedback and make complaints, and would ring the service or speak to their co-ordinator to discuss their concerns. Those consumers who had made a compliant said the process was simple and the service resolved their concerns promptly.

Consumers interviewed by the Assessment Team advised they had not required assistance from advocacy or interpreters, however, they knew how to access them. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and said they make consumers aware of other methods for raising and resolving complaints. Staff and management said they provide advocacy for consumers to ensure they get the care and services they need as part of the care coordination service. The service’s welcome pack includes information on internal and external complaints avenues, and interpreter and translator services.

Consumers were satisfied with how the service responds to and manages complaints and feedback. Consumers and representatives who had made a complaint were satisfied with the investigation, communication and resolution of complaints made. Staff said they would resolve issues identified by consumers immediately and report it through the feedback processes, and provided examples of how they would use open disclosure in response to complaints. The service’s complaints register demonstrated that complaints are recorded, resolved quickly, and open disclosure is practiced when things go wrong.

Feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how feedback and complaints are analysed and trended to inform continuous improvement. For example, the service improved the format and content of invoices in response to complaints from consumers about detail in their monthly statements, and improved communication with consumers about schedule changes in response to communication around changes as the primary complaint trend.

Based on the information summarised above, I am satisfied Standard 6 is compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied with the staff that attend to their care and services and said most are long term staff that have built a rapport with them. The service plans and reviews the workforce planning to ensure there is enough staff with the right skill mix to deliver services that meet consumer needs and preferences. The service maintains a list of services brokered to others and supporting agreements to deliver services within the service’s customer delivery model.

Consumers said staff and management are kind, caring and respectful. When interviewed by the Assessment Team, staff spoke about consumers in a kind and respectful way. Position descriptions reflected the organisational values of displaying kindness and concern for others, with an emphasis on recognising cultural differences.

The service has processes to ensure staff are competent and have the knowledge and qualifications to perform their role. For example, through induction, observation, competency assessments, supervision and ongoing performance assessments and reviews. Consumers and representatives felt that staff are competent in their job.

Staff felt supported and well trained to perform their duties. They described receiving induction, performance reviews and on-the-job training and support. Management described the service’s recruitment and retention strategy to employ the right staff for the job, comprehensive performance reviews, and guidelines regarding workforce capabilities, sufficiency, and attributes. The service also has processes to monitor staff training, competencies, and certifications.

The service has processes to regularly monitor and review of the performance of workforce members. The service utilises a mobile application to engage with staff whilst they are on site performing their duties and can provide timely responses to questions. Managers have regular performance meetings with staff and make periodic onsite observations of each staff member.

Based on the information summarised above, I am satisfied Standard 7 is compliant.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Feedback from consumers and representatives is sought via formal and informal feedback and complaints processes, and consumers said they have input into the services provided. For example, the service’s consumer newsletter contains content based on consumer feedback and input.

The organisation’s corporate governance framework promotes a culture of safe, inclusive and quality care and services through its leadership and reporting. These drive continuous improvement and accountability. The governing board meets monthly and maintain oversight of risk, clinical governance, incidents. This drives continuous improvement and accountability.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints.

The service has a risk management system, clinical governance framework and policies and procedures that guide how the service manages risk, incidents, antimicrobial stewardship, restrictive practices, and open disclosure. Staff receive training on various topics that relate to risk and clinical governance and demonstrated an understanding of these areas relevant to their role.

Various governance and leadership meetings are held where emphasis is placed on ensuring accountability and response to high-risk incidents.

Based on the information summarised above, I am satisfied Standard 8 is compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)