Performance

Report

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| Name of service: | Calvary Huntly Suites |
| Service address: | 476 Kooyong Road CAULFIELD SOUTH VIC 3162 |
| Commission ID: | 8220 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 15 June 2023 |
| Performance report date: | 25 July 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 Huntly Suites (**the service**) has been prepared by G. Hope-Simpson, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# 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

The service supported consumers from a range of religions and cultural backgrounds. All consumers and their representatives interviewed said they were treated with dignity and respect, with their identity and culture valued. Care staff gave examples of how they ensure that consumer dignity is maintained during assisted daily living tasks. Care planning documentation showed individual cultural and diversity needs were identified.

Consumers and representatives said they were supported to make decisions about their care and when others should be involved. They described how the service supported them to spend time with family and friends, including through use of a private dining room in the service. Care plans reflected preferences for activities, social and cultural choices, and contained risk assessments and mitigation strategies for consumers who opted to take risks. Staff outlined how the services supports consumers to make informed decisions about daily care and risks they want to take. The service had documented policies on dignity of risk, choice and risk management, to guide staff practice and promote consumer independence.

Consumers said they received clear and easily understood information. Staff outlined strategies, to support consumers with cognition and sensory barriers. Observations showed information provided through lifestyle calendars, posters, menus and meetings. Consumers reported their privacy was respected. Observations confirmed staff used practical strategies to respect privacy and confidentiality. Privacy and confidentiality policies were in place.

# 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

Consumer files contained validated assessment tools used to plan consumer care and identify high impact and high prevalence risks such as falls, pressure injuries, weight loss, swallowing difficulties and changed behaviours. Assessments also included those for sleep, personal hygiene and communication. A consumer admission process guided registered staff in the assessment of consumers on entry to the service. Consumers and representatives said they were provided with opportunities to discuss their current care needs, goals and preferences, and their advanced care and end of life care needs. End of life wishes, and advanced care directives were on file.

Consumers and representatives said they partnered with the service, and other professionals and services, in assessment and planning. Care plans for sampled consumers demonstrated regular discussion with consumers and representatives, and collaborative care with multidisciplinary team members such as medical practitioners, physiotherapists, dieticians, and podiatrists. Registered and care staff interviewed said assessment outcomes are documented in care plans and discussed with consumers and representatives. Care plans were frequently updated and consumers and representatives confirmed either had, or knew how to access, copies of consumer care plans. Care plans showed the service reviewed care and services following incidents and changes, such as falls or changes in skin condition. Service policy required scheduled reviews also occurred, 3 monthly.

# 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 who spoke to the Assessment Team were happy with the personal and clinical care consumers received and considered it was tailored and optimised their health and well-being. Staff interviews reflected shared understanding of responsibilities in relation to skin care and wound management. The service had policies and procedures in place to guide personal and clinical care. In relation to skin integrity, care plans demonstrated staff followed recommendations for care and appropriate assessments and referrals were completed to inform wound care and pressure injury prevention. Care plans addressed consumers’ pain management strategies, including non-pharmacological strategies, and restrictive practices were used in line with legal requirements for assessment, informed consent, behaviour support plans, ongoing monitoring, review and use of restraint as last resort.

Consumers and representatives were satisfied that the service managed high impact or high prevalence risks effectively. Staff interviews and review of policy, procedure and care planning documentation demonstrated effective management of risks in relation to falls, weight loss and skin integrity. Falls Risk Assessment Tools (FRATs) were used to determine falls risk and updated when consumer needs changed and when consumers experienced a fall. Sensors were used to monitor movements of consumers with high falls risk and staff confirmed consumers, representatives and physiotherapists were involved in managing falls and devising falls prevention strategies. Consumers weights were monitored monthly, or more frequently if clinical recommended and weight loss causes were investigated, with referrals to dieticians and medical officers made. Consumers with changed behaviours were supported with behaviour support plans noting non-pharmacological strategies and referrals were made to dementia support services and geriatricians.

Consumers and representatives said they had worked with staff to articulate end of life and advanced care plans. Staff described the emphasis on mouth, skin and pain management when delivering end of life care, and said that they involved families during a consumer’s palliative period and sought input from an external palliative care service. Review of progress notes, medication charting and comfort care charting for a consumer who had recently passed away demonstrated that the consumer received effective and dignified care at the end of their life.

Consumers and representatives said the service recognised and responded to deteriorations and changes in consumers’ condition. Clinical staff gave recent examples of consumer deterioration and outlined how they had responded; while care staff reported that clinical staff were responsive when they escalated to concerns. Review of care planning documents, progress notes and charting for 6 sampled consumers demonstrated the service monitored consumers for changes to their physical and emotional well-being, and clinical deterioration was recognised and responded to in a timely manner.

Sampled consumers and representatives were satisfied their care needs were well communicated and known across the team. Staff described how changes in consumers’ care and services were communicated through verbal handover, meetings and care plans. Reviewed documentation, such as progress notes and care plans, contained adequate and accurate information to support effective shared care. For example, dietary information for one sampled consumer was consistent across their dietary care plan and the dietary profile sheets used to inform dining service staff practice.

Consumers and representatives confirmed that the service made prompt and appropriate referrals to external services. Care planning documentation, including progress notes, demonstrated timely referral to allied health professionals such as podiatry services, and occupational therapists and speech pathologists. Medical specialists, including geriatricians were also involved in care, along with specialist dementia services.

Interviewed consumers and representatives reported they were satisfied with the service’s management COVID-19 precautions and general infection control practices. Staff demonstrated shared understanding of antimicrobial stewardship principles. The service had appointed an infection prevention and control (IPC) lead and consumer infections were tracked and analysed at the service and organisational level. Policies relating to hand hygiene, infection control and antimicrobial stewardship were in place. Observations showed robust COVID-19 screening measures in place for visitors/contractors and staff.

# 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 said they were supported to participate in lifestyle activities they enjoyed and that the service provided effective supports for daily living. Lifestyle staff explained there were separate lifestyle calendars, including one which was tailored to needs of consumers in the Memory Support Unit, though they were also encouraged to attend any activities in the main service area. Staff outlined examples of actions they take when consumers were feeling low, and confirmed the service encouraged and supported family and friends to visit, to support consumer well-being. Care plans documented consumer interests and contained tailored strategies to support consumers’ emotional, spiritual and wellbeing needs. Observations showed several lifestyle activities were well attended during the site audit and several diverse religious activities were included in the lifestyle calendar.

The service facilitated consumers’ involvement in community activities inside and outside the service, which was reflected in care planning documentation. For example, consumers and representatives described attending external church services and visiting friends outside the service. Consumers were observed engaged in activities they enjoyed and socialising with family, friends and other consumers.

Information about consumers’ conditions, needs and preferences were communicated effectively within the service and with others involved in care, through care planning documentation, task lists, handovers, and health assessment documentations. Care plans reviewed showed sufficient information to support safe and effective care and supports for daily living. Consumers reported staff from all areas of the service knew about them, their conditions, needs and preferences and this was corroborated through staff interviews. Staff confirmed lifestyle are plans were reviewed 3 monthly.

The service made referrals and used external organisations, support services and providers to meet the daily living and lifestyle needs of consumers. Care plans reflected timely and appropriate referrals to other organisations, services and providers, such as a hairdresser, pet therapists, pastoral carers, reiki therapist, music therapist and an elder’s rights service. Staff outlined a volunteer program in place at the service and confirmed the hairdresser service was well-utilised.

Consumers were satisfied with the quality and quantity of meals served, reported being offered a variety of foods and confirmed being able to order alternatives if needed. Consumers had input to the development of the menu, with staff confirming they received consumer feedback about meals through direct conversations, ‘resident and relative’ meetings and snap audits. The service ran a 4-week rotating seasonal menu, with consumers being offered 3 hot meal options for lunch and dinner, with back up salads and sandwiches also. Ad hoc meal requests were also catered to. The service had a system for recording dietary changes, and the menu was reviewed by a dietician to ensure nutritional needs were met.

Consumers and representatives said consumers had the equipment they needed for daily living and the equipment was kept clean and maintained. Lifestyle staff said they were supported to access equipment needed for the lifestyle program and cited several recent examples of equipment purchased by the service to enhance the lifestyle program, such as a new barbeque and a bread maker. A range of mobility and activity equipment was observed to be clean, functional and in good repair.

# 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

Interviewed consumers said the service was welcoming and being able to personalise their rooms made the service feel like home. Representatives reported being welcomed and said the many common areas supported them to spend time and socialise with their loved ones. The service environment was pleasant and new, with the service recently opening in January 2023. Observations showed soft lighting, navigational signs throughout and numbered consumer rooms, with quiet reading nooks scattered throughout the service. Corridors were equipped with handrails to support consumer mobility and outdoor areas had clear pathways, shade, shelter and safe furnishings for consumer use.

Consumers reported they had freedom of movement, to inside and outside parts of the service, as well as between the different levels. Consumers who were environmentally restrained had relevant legal requirements met. Consumers reported their rooms were always cleaned and maintained to a high standard; observations of communal areas confirmed high levels of cleanliness. Maintenance records showed scheduled and requested maintenance logs were up to date.

Consumers and representatives were positive about the furniture, fittings and equipment at the service, reported personal equipment such as shower chairs were not shared and furniture was safe, comfortable and well-maintained. Observations showed furniture and fittings were new and functional, as was consumer equipment such as wheelchairs, walkers and lifters. Consumers had individuals slings for lifting machines, fire safety equipment was in date and emergency exits were free of obstacles and accessible.

# 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 interviewed considered they were supported and encouraged to provide feedback and they felt comfortable to raise concerns. The service had a policy concerning complaints, feedback and suggestions, a feedback management procedure and supporting flowcharts. Consumers and staff had shared understanding of avenues available for complaints and feedback, including resident and representative meetings. Documentation and observations demonstrated the service also encouraged input from consumers via a feedback box and forms, meetings and standard complaints channels.

Multilingual information about external complaint avenues, such as advocacy services and the Commission was visible in service, and information about translators and interpreters was also displayed. Staff knew how to support consumers to access those services.

Documentation showed, and consumer and representatives confirmed, the service took timely and appropriate action in response to complaints and feedback, including exercising transparency and open disclosure when things went wrong. Staff had shared understanding of the feedback and complaints handling procedure and were supported by policies and procedures to implement it.

Policies and procedures set out how feedback and complaints information should inform continuous improvement activities at the service. Consumers and representatives said the service used their complaints and feedback to make improvements, and the Assessment Team identified a recent example of this occurring in practice. Management described how complaints, feedback and incidents were used to inform the continuous improvement register and activities across the service.

# 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 were satisfied that consumers were attended to in a timely manner and staff met their care needs. Staff said there were enough personnel at the service to meet consumers’ needs and reported they had enough time to complete their allocated tasks and fulfill their responsibilities. Call bell response times were audited monthly, and reports showed the service had a timely response time of 2.23 minutes on average, well within the organisational KPI time below 10 minutes. Documentation review showed rostered shifts were filled and staff were replaced when there were vacancies. Management used a planned approach to ensure sufficient mix and number of staff were deployed.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner. Staff knew individual consumers and understood their needs, preferences and characteristics. Observations confirmed accommodating, kind and respectful interactions between staff and consumers. Management monitored workforce interactions through team leaders assigned each level, as well as through complaints processes.

Consumers and representatives confirmed staff were well-trained, properly skilled and competent to meet their needs. The organisation had established processes in place to ensure staff with relevant qualifications, knowledge and probity checks were recruited, and staff files confirmed staff had the qualifications outlined in position descriptions. Management described the organisation’s training program and processes for identifying staff training needs. Staff discussed orientation, induction and ongoing training through the year, which was confirmed through training records. Service policy outlined a requirement for annual performance appraisals. As the service was commissioned in January 2023, annual appraisals were not yet complete, but were scheduled. Consumers and representatives reported no performance concerns about staff and management outlined how new employees were also subject to a 6-month probation review.

# 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 were confident in how the service was run and were happy with their level of engagement in the design, development and evaluation of care and services. Management and staff described how consumer engagement was achieved, through ‘resident and representative’ meetings, surveys and face to face conversations. Staff understood the importance of consumer engagement, while management described several service improvements made during the commissioning period, which were initiated due to consumer feedback. These included changes to the master roster, the air conditioning system and work to show consumers how to the television remote controls.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The governing body maintained visibility of the service’s performance through receipt of monthly consolidated reports, containing results of internal audits, consumer, representative and staff feedback and complaints, continuous improvement initiatives, hazards and risks, and clinical and incident data analysis. Management described a robust organisational governance framework that has established cascading accountability from the service manager through various committees to the governing body.

Documentation review, staff, management and consumer interviews demonstrated effective organisation wide governance systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives said they felt the service encouraged feedback and complaints and used this information for continuous improvement. Staff described key principles of the organisation wide governance systems such as feedback and complaints, and regulatory compliance. The service had policies and procedures in place outlining processes for each governance system, which were found to guide staff practice.

The service had documented risk management policies, procedures and systems implemented to monitor and assess risks associated with care of consumers, including incident management, identifying and responding to the abuse and neglect of consumers and dignity of risk. Staff had been trained on and understood risk management processes, including currents risks that had been identified and were being mitigated. The service’s incident management system (IMS) documented incidents, incident investigations and outcomes, categorised them according to severity and supported escalation and mandatory reporting. The organisation monitored data on sentinel events, severe incidents, mandatory reports, hazards, falls, pressure injuries, unexpected weight loss, neglect, and abuse.

The organisation’s documented clinical governance framework had been implemented at the service and management and staff applied the principles of the framework in practice. The framework consisted of policies, procedures and systems to support antimicrobial stewardship, open disclosure and minimising the use of restrictive practices. Staff demonstrated good understanding of the concepts and practices associated with responsible antibiotic use, minimising restraint and open disclosure.

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