Performance

Report

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| Name of service: | Calvary Kirralee |
| Service address: | 207-213 Richard Street BALLARAT VIC 3350 |
| Commission ID: | 4283 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 14 May 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 Kirralee (**the service**) has been prepared by A. Douglas, 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, dated 18 April 2023 to 20 April 2023; 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 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

Consumers and representatives said consumers were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ identities, diversity, and culture. The Assessment Team reviewed the service’s diversity and inclusion policy which supported staff practice.

Consumers and representatives said staff provided care and services that were physically, socially, and emotionally safe for them and their families. Staff could articulate their knowledge of consumers’ needs and backgrounds. Care documents included information about consumers’ cultural backgrounds and preferences.

Consumers and representatives felt they were involved in and supported to make decisions about care. Staff could describe how they support consumers to make decisions about their care and maintain personal relationships. The Assessment Team observed consumers having regular visits from family members throughout the Site Audit.

Consumers said they felt supported by the service to take risks. Staff said they had informed discussions with consumers who chose to take risks. Care documents for consumers included a risk assessment, as well as regular assessment, review and monitoring of identified risks.

Consumers and representatives said consumers were provided with information to assist them to make decisions about their care and services. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers described how care staff respected their privacy. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they were involved in working out how to minimise risks to consumer’s health and well-being. Staff demonstrated knowledge of consumers’ preferences and could describe individual consumers’ needs. Care documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives said the service provided opportunities to discuss care needs, goals and preferences, including advanced care planning where appropriate. Staff described how they approached conversations with consumers and their representatives about end of life (EOL) care and advance care planning. Care documents included advance care planning and EOL planning.

Consumers and representatives confirmed they actively participated in care planning, assessments, and reviews. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers said the service communicated the outcome of assessments and planning. Staff confirmed they have access to consumers’ care planning information to provide safe care and services. The Assessment Team observed the service uses an electronic care management system (ECMS) to record all care planning and progress notes.

Consumers said the service communicated changes in consumers’ health circumstances, goals and preferences and implemented changes to their care accordingly. Staff could describe how and when care plans were reviewed for effectiveness. Care documents confirmed the service conducted regular review of consumers’ care and services.

# 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 expressed satisfaction with the personal and clinical care provided by the service. Staff demonstrated that they were aware of the personal and clinical needs of consumers. Care documents reflected individual care that was safe, effective, and tailored to the specific needs of consumers.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Overall, staff recognised high prevalence and high impact risks, and were able to specify individual consumer risks and mitigation strategies which were in place. Care documents included strategies for managing key risks to consumers.

Consumers and representatives expressed satisfaction with EOL care provided by the service. Staff described the practical ways in which consumers’ comfort was maximised and dignity preserved during palliative care. A review of care documentation identified an advance health directive was in place for those consumers who chose to have one in place, and palliative care plans were in place where appropriate.

Consumers expressed confidence with staff knowledge in relation to their individual circumstances. Staff described the ways in which they respond to a change in a consumer’s condition. Care documents included information about deterioration and changes in consumers’ conditions.

Consumers and representatives said they were satisfied with the service’s communication of consumers’ care needs and preferences. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals.

Consumers and representatives said consumers were referred to other providers of care, including allied health, when required. Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers expressed confidence with the service’s ability to manage outbreaks and minimise the spread of infection. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff were observed to be following effective infection control measures throughout the Site Audit.

# 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

Overall, care planning processes captured what and who is important to each consumer to promote their well-being and quality of life. Management provided evidence of a request to an external provider for additional staff training in dementia care as this was identified as a key area for improvement. Most staff demonstrated an awareness of consumers’ preferred activities and recognised what was important to them individually.

Consumers and representatives confirmed they were provided with appropriate support to optimise their mental well-being and overall quality of life. Staff described how they supported the mental and emotional well-being of consumers. The Assessment Team observed staff interacting with consumers individually and in a group setting.

Consumers and representatives confirmed consumers participate in activities within and outside of the service and are supported to maintain personal relationships. Staff described how they supported consumers to maintain social relationships by organising various group activities. Care documents included information which aligned with feedback provided by consumers, representatives, and staff.

Consumers felt information about their daily living choices and preferences was effectively communicated between staff responsible for delivering care. Staff described how they effectively communicated consumer care information. The service evidenced an effective management system to manage consumers’ information.

Consumers said they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers and representatives expressed satisfaction with the quality and quantity of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said they had access to safe, clean and well maintained equipment. Staff said there were processes in place for preventative and corrective maintenance. The Assessment Team observed equipment was clean and in good condition.

# 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 said the service was welcoming, comfortable and safe. Staff described aspects of the service that helped to optimise each consumer’s sense of belonging and ease of navigation. The Assessment Team observed the service had various indoor and outdoor lounge areas for consumers and visitors to enjoy.

Consumers said the service was clean and well maintained. Staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The service was not able to evidence environmental audit documents which were consistent with maintenance records. However, management advised a full environmental audit was scheduled to commence within a reasonable timeframe to rectify any discrepancies. No adverse consumer impact was identified as a result of this finding.

Consumers said the furniture and equipment at the service was safe, clean, well maintained. Staff said they had access to safe and well maintained equipment to support consumer needs. The maintenance officer showed the Assessment Team records of preventative and scheduled maintenance for equipment.

# 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 said they understood how to give feedback or make a complaint. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives demonstrated an awareness of advocacy and external complaints services. Staff provided an overview of advocacy and complaints services made available to consumers. The Assessment Team observed information displayed throughout the service relating to how to make complaints, including details for external complaints, advocacy and language services.

Consumers and representatives confirmed the service considered, investigated, and responded to complaints. Staff demonstrated an understanding of open disclosure and complaint management processes. Overall, review of the complaints data demonstrated the service takes appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions were generally documented and changes at the service were communicated to consumers.

# 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

Whilst most consumers and representatives said there were not enough staff, the service was able to demonstrate that the number and mix of members of the workforce does not negatively impact the quality of care for consumers. Management said recruitment was an ongoing challenge, and that the average use of agency staff was around 1150 hours per month. Call bell data showed the average call bell response time in March and April 2023 was under 5 minutes.

Overall, consumers and representatives said staff were kind and respectful when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives said they were confident with staff abilities and practices. Staff confirmed they received training and support to provide the care and services consumers require. The Assessment Team reviewed documents which identified most mandatory training was recorded an up to date. Mandatory training which was not up to date was included on the service’s PCI.

The service had a current performance development review guideline. Staff demonstrated an awareness of the service’s performance development processes. Management acknowledged the service had only recommenced regular performance appraisals from November 2022 following a change in management.

# 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 said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. Management discussed how the organisation supported the service in providing care and services through regular meetings with the governing body. Meeting minutes showed the governing body analyses various documentation, such as internal audits, clinical indicators, complaints, and incidents.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints

Staff confirmed they analysed incidents and identify issues and trends, and these are reported to various committees. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of 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)