Performance

Report

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| Name of service: | Calvary Lakes Entrance |
| Service address: | 23 Alexandra Avenue KALIMNA VIC 3909 |
| Commission ID: | 4372 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 23 April 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 Lakes Entrance (**the service**) has been prepared by S. Hicks, 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.

# 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 Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Overall consumers/representatives were satisfied with how consumers are treated with dignity, respect and how their identities are acknowledged. Staff knew individual consumers needs and things of importance to them and were observed being respectful during interactions. Feedback from consumers also confirmed that they are receiving care that is culturally safe with examples provided in relation to religious beliefs and individualised celebration preferences.

The Assessment Team found that consumers are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Married consumers provided feedback that they are supported by the service to maintain this relationship by staff and completing tasks together. Consumer choices and relationships of importance to them were also reflected in consumer care plans.

Consumers can make risk-based decisions on how they live their life. Care planning documentation describes areas in which consumers are supported to take risks to live the life they wish. Consumers provided examples of how they are supported to do the things they enjoy even where risk may be involved. Staff take the appropriate steps to reduce this risk and revaluate situations regularly to ensure consumer safety. In addition, information is provided to assist consumers to make choices about their lifestyle and care. Some areas of choice include being involved in activities occurring inside and outside the service, meal options and activities of daily living and their care.

Lastly, consumers sampled confirmed that their privacy is respected, and staff demonstrated this in a variety of ways during the site audit. Staff were able to describe ways they respect the personal privacy of consumers, and this information aligned with the feedback received from consumers.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumer assessments and care plans sampled by the Assessment Team included information to inform the delivery of safe and effective care and services. They also included the consideration of risks to consumer’s health and well-being. The service was able to demonstrate that they are undertaking assessment and planning of consumers, considering the consumer’s needs, goals and preferences. It is also inclusive of risks to the consumer, advanced care planning and end of life goals and wishes. These assessments and plans are then effectively used to deliver safe, effective and individualised care and services.

Consumers/representatives interviewed felt involved and worked in partnership in the assessment, planning and review of the consumer’s care and services. There was also evidence that the service includes other organisations or providers as required. This was further corroborated in the care documentation which showed involvement through routine contact and when changes occur to the health status of consumers. In addition, the service regularly provides updates in relation to the outcomes of assessment and planning and representatives felt they were up to date with the health status of their loved ones.

The Assessment Team found that the service is reviewing assessment and care planning documentation on a regular basis and where circumstances change, or incidents occur. The Assessment Team also observed several examples of where care and services had been reviewed where consumer needs, goals and preferences had changed.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate it is providing safe and effective personal and clinical care that is best practice, tailored to consumer needs and optimises their health and well-being. The Assessment Team found that the service was effectively caring for consumers particularly in relation to pain and wound management and restrictive practices. Restrictive practices were used appropriately and were supported by behaviour support planning information such as triggers, alternative strategies, interventions to utilise prior to the use of restraint and instructions for the regular review of the restrictive practice.

The Assessment Team found that the service was able to demonstrate risks for each consumer including but not limited to, falls, weight loss and skin integrity are effectively managed. Most consumers/representatives interviewed were satisfied that high impact or high prevalence risks for consumers are effectively managed and this was supported by care plans and progress notes that identified risks and interventions relevant for each consumer.

Care documentation for consumers nearing end of life, showed evidence that the needs, goals and preferences of consumers were recognised and addressed with their comfort maximised and their dignity preserved. There was also appropriate actions taken by the service for consumers who had experienced deterioration. Staff interviewed at the service provided the Assessment Team with examples of consumer deterioration and steps taken following the identification of same. In addition, care documentation reviewed by the Assessment Team evidenced the service is able to identify and respond to the deterioration or change of consumers health condition, function or capacity. This was also effectively communicated. Furthermore, this is also effectively communicated, and consumers/representatives felt satisfied with the timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Lastly, the service promotes the minimisation of infection related risks through implementing standard and transmission-based precautions. The service has processes in place to promote practices of appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Based on this evidence, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers and representatives sampled felt satisfied with the services and supports for daily living that meet their needs, goals and preferences and optimise their overall health and well-being. The lifestyle team at the service described how they partner with the consumer and/or their representative to conduct lifestyle and spiritual assessments which collects individual consumer’s preferences, including leisure likes, dislikes, interests, social, emotional, cultural and/or spiritual needs. This was also inclusive of consumer supports for consumer emotional and spiritual well-being.

Consumers told the Assessment Team that they are supported by the service to participate in their community within and outside the service environment as they choose. Staff could describe the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships with care planning documentation providing further evidence of the activities of interest to consumers, and how they are supported to participate in these activities and in the wider community.

Consumers told the Assessment Team that the service is generally very accommodating, and most staff are aware of their individual needs and preferences. Lifestyle provides a range of services to consumers to meet their needs and preferences, including international music, hair salon and church services. In addition, management was able to describe how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

All consumers/representatives interviewed by the Assessment Team provided feedback that they were satisfied with the meal variety, quality and quantity at the service. The service has processes in place where consumers can order what they would prefer each day from the various options on the menu. Staff were able to describe how they meet individual consumers’ dietary needs and preferences and how any changes are communicated. The Assessment Team also interviewed the kitchen staff to ascertain how specific dietary requirements are communicated to staff and found the information is shared by the clinical staff via an electronic documentation system to the kitchen staff, who refer to it when preparing the meals.

Lastly, consumers/representatives confirmed they have access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities as well as providing resources and equipment for leisure and lifestyle activities.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

The service was safe, clean, well maintained, and comfortable with wide-level pathways and corridors which promote mobility independence. Consumers stated that they felt the service environment was welcoming to visitors and they felt comfortable and safe. They also said they feel at home, and that the service optimises their sense of belonging and independence. In addition, consumers can move freely both indoors and outdoors to areas of the service they wish to access, such as internal courtyards and small seating areas.

The service has an on-site maintenance team who ensures the environment is safe and well maintained. The cleaning staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The service has processes and systems in place for identifying and recording hazards, maintenance issues and cleaning needs and those requests are completed in a timely manner. In addition, all scheduled and unscheduled maintenance tasks are completed in a timely manner.

Consumers felt that furniture, fittings, and equipment are safe, clean, well maintained and suitable for them; and they feel safe when staff are providing care using mobility or transfer equipment with them. The Assessment Team also reviewed maintenance documentation which demonstrated regular maintenance is conducted and appropriate infection control practices with shared equipment.

Based on this evidence, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate that consumers/representatives are encouraged and supported in providing feedback to the service. Consumers/representatives are aware of the feedback and complaints mechanisms available to them and felt comfortable to provide feedback or make a complaint if necessary. Staff were also able to describe the feedback and complaint mechanisms of the service and how they support consumers and representatives to make complaints both informally and formally.

Consumers/representatives said they are aware of how to access advocacy services and utilise other methods for raising and resolving complaints. The service was able to show they provide access to advocacy services, language services and external complaints services. In addition, consumers/representatives said that appropriate action is taken in response to feedback and complaints and that an open disclosure process is utilised. The service has a work instruction document to guide staff practice in relation to acting following a complaint being raised, and an open disclosure framework including a process flowchart.

Lastly, the service was able to adequately demonstrate that the feedback and complaints are reviewed and used to improve the quality of care and services. The service staff and management team were able to detail processes by which the feedback provided is used to improve services and were able to provide examples.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is ensuring that interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers confirmed this was occurring despite staff often being very busy. Consumers said call bells are answered promptly and the observations by the Assessment Team indicate staff are available when consumers need them. Staff interviewed described that where agency staff used, they work together to ensure that the care needs of consumers are met to make sure that they do not feel their care is being compromised. In addition, the workforce works well together with Interactions observed by the Assessment Team that were kind, caring and respectful of each consumer’s identity, culture, and diversity.

Consumers/representatives sampled feel confident staff were sufficiently skilled to meet their care needs. Management detailed processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles and the Assessment Team saw documents that demonstrated staff have the relevant qualifications to perform their duties outlined in their position descriptions.

Members of the service’s workforce are trained, equipped, and supported to deliver care and services that meets consumer’s needs and preferences and the Quality Standards. A review of the services performance records showed that staff training requirements on recruitment are reviewed on an ongoing basis to ensure they have the knowledge to do their roles. This also included a process to regularly, assess, monitor and review staff performance against established requirements for their roles.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers interviewed felt they are involved in the development and delivery of services provided by the services such as consumer experience surveys, feedback mechanisms and resident meetings. They also felt that the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. This is backed by the Board who ensures that the organisation’s governing body promotes and is accountable for the delivery of quality care and services and ensuring a culture of safe and inclusive care for consumers.

The Assessment Team observed documentation and conducted service staff and senior management interviews that demonstrated effective organisation-wide governance systems in relation to areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. In addition, the service has risk management systems implemented to monitor and assess high impact and high prevalence risks associated with care of consumers, including identifying and responding to the abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated, and reviewed by management at the service level and reported to the organisation’s senior management team and executive management, including the governing body, via an incident management system. Feedback is communicated through service and organisation meetings, leading to improvements to care and services for consumers. Staff interviewed were also able to explain the processes of risk management at the service, including key areas of risk that had been identified and were being mitigated.

The organisation’s documented clinical governance framework has been implemented at the service and management and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives. The Assessment Team reviewed quality reports and meeting minutes that discussed these key areas and strategies for implementing and reviewing the framework.

Based on this evidence, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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)