Performance

Report

**1800 951 822**

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| Name: | Calvary Mirridong |
| Commission ID: | 3439 |
| Address: | 92-100 McIvor Road, BENDIGO, Victoria, 3550 |
| Activity type: | Site Audit |
| Activity date: | 12 February 2024 to 15 February 2024 |
| Performance report date: | 2 April 2024 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd  Service: 2192 Calvary Mirridong |

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 Mirridong (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were always treated with dignity and respect. Staff awareness of consumers’ life experiences and cultural backgrounds aligned with care planning documentation. Policies, procedures, and training modules informed staff expectations to ensure consumers were treated with dignity and respect whilst valuing identity and culture.

The Statement of diversity and inclusion supported delivery of culturally safe care. Consumers and representatives said staff recognition and understanding of their cultural background positively impacted delivery of care. Staff explained how care and services were tailored to meet cultural needs and preferences, with cultural celebrations included in scheduled activities.

Consumers and representatives explained they were supported to make choices about care, including who was involved and how it was delivered. Staff explained how consumers were supported to communicate decisions and gave examples of actions to aid consumers develop and/or maintain relationships. Care planning documentation recorded desired level of involvement from family and friends within care provision.

Staff outlined how consumers were informed of associated benefits and harms as part of the process to support risk taking and aware of risk strategies within consumers’ care and services plans. Consumers confirmed they could choose to take risks and mitigation strategies were discussed.

Consumers and representatives said they received sufficient information to make informed choices through written and verbal communication. Staff described how they tailored communication style to meet consumer needs as captured within care planning documentation. Information, such as activity calendars and menus, was observed to be accurate, clear, and available in large font, enabling understanding and choice.

Confidentiality and privacy practices were informed by the privacy policy, with staff able to explain actions to secure consumers’ personal information. Consumers said staff respect privacy, knocking on doors and seeking permission before entering, and understanding their privacy needs. Privacy preferences for consumers were recorded within care planning documentation.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described assessment and planning processes, undertaken by clinical staff on consumer entry with prompts and alerts used within the electronic care management system to guide and identify specific needs or risks. Policies, procedures, guidelines, and flow charts guide staff in care planning processes using validated assessment tools. Care planning documentation identified risks and mitigating strategies to inform staff on delivery of care.

Consumers and representatives said staff regularly consulted on care needs and preferences, including for end-of-life wishes if desired. Staff demonstrated awareness of consumer preferences for care delivery aligned with information within care and services plans. Advance care directives information was included within the entry material for discussion, with management explaining ongoing opportunities for consideration if the consumer wasn’t ready.

Staff reported care and services plans were developed by working with consumers, representatives, and others involved in consumer care, such as Allied health staff and Medical officers. Progress notes, assessment documentation, and care and services plans demonstrated partnering with consumers and other providers. Consumers and representatives explained ongoing consultation about assessment and planning and were aware of others involved within this process.

Consumers and representatives said staff explained consumers’ care and services, and whilst they were aware they could access a copy of the care and services plans most did not feel a need. Care and services plans reflected assessment and planning outcomes, changes, updates, reviews, and communications, and staff said they had access to updated information through the electronic care management system. Sampled care and services plans were comprehensive, and documentation summarised communication with consumers and representatives.

Care planning documentation showed evidence of changes and reviews made as consumers' needs, goals and preferences changed. Staff provided evidence of how they contribute to reviews, and management and staff provided an overview of the review process. The organisation has policies and procedures to guide staff practice which include relevant and contemporary assessment and charting tools, care and services plans that are regularly reviewed for effectiveness every 3 months or following change or incident.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff described consumers’ tailored needs and preferences aligned with care planning documentation and feedback. Policies, procedures, and specialist guidance informed best practice for personal and clinical care delivery. Consumers gave examples of how provided care optimised their health and well-being, such as through understanding and managing pain.

Consumers and representatives expressed confidence that risks were effectively managed. Care planning documentation outlined strategies to manage risks for the consumer, and staff demonstrated awareness of consumer risks and mitigating strategies. Policies, procedures, and work instructions guide staff in relation to identification and management of high impact and/or high prevalence risks.

Staff explained processes to identify consumers nearing end of life, with palliative assessment and care plan developed and specialist provider consultation to ensure palliative symptoms were well managed. Care planning documentation for a late consumer demonstrated delivery of care to optimise comfort, minimise pain, and meet spiritual needs. A representative explained how staff took additional time to care and undertook actions to keep the consumer comfortable and maintain dignity during end-of-life care.

Care planning documentation demonstrated timely identification and response to change in consumer condition in line with policies and procedures. Staff explaining processes to monitor for change and outlined how they identified and responded to acute deterioration, including escalating to clinical staff or Medical officers. Consumers and representatives said deterioration or change of consumer health was recognised and effectively managed.

Consumers and representatives said information about consumers was effectively shared, and staff were familiar with needs and preferences. Staff explained they received updates about consumers through written and verbal handover processes, meetings, and reviewing care planning documentation, which includes progress notes, tasks lists, and messages.

Staff described referral processes for Allied health staff and specialist providers. Care planning documentation evidenced referrals to appropriate providers made in a timely manner, verified by representatives.

Consumers and representatives said staff identified and effectively managed infections and were familiar with measures to minimise infection-related risks. Staff described training in infection prevention and were about to articulate measures to prevent infection, including through vaccination programs, or minimise spread, such as use of hand hygiene and personal protective equipment. The Infection prevention and control lead was responsible for infection control practices, following policies, procedures, antimicrobial stewardship directives, and outbreak management plans.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said coordinated services and supports supported consumer needs, goals, and preferences. Staff detailed how assessment and planning processes identified consumer needs and preferences and demonstrated awareness of information within care planning documentation. Care and services plans identified supports for cultural and religious needs, social connections, and favoured activities.

Staff said they monitor for low mood and spend additional time with consumers at risk of isolation. Church services were included within the activity calendar, and psychological well-being could be optimised by accessing counselling services. Consumers said staff were mindful of people needing extra support and offered additional one-on-one time.

Consumers said they felt encouraged and supported to participate in interests and activities within the service environment and local community. Staff gave examples of how consumers were supported to maintain relationships with people of importance, as well as fostering new connections. Care planning documentation identified activities of interest and key relationships. Lifestyle staff explained how they worked with community organisations, such as the Returned and Services League, to connect consumers to meet needs and preferences.

Information about consumer’s condition, needs, and preferences was communicated through care planning documentation, meetings, and handover processes, attended by lifestyle staff. Kitchen staff said they receive direct updates from clinical staff on changes to dietary needs, and feedback on preferences and likes can be verbally shared by care and lifestyle staff too, with access through the electronic care management system and reflected on whiteboards in the kitchen. Consumers said staff were knowledgeable about needs and preferences, and changes were always accommodated and shared.

Staff outlined referral processes for services and supports, such as volunteers, counselling and religious services. Consumers said they received referrals to appropriate individuals or organisations in a timely manner to meet their needs, evidenced within care planning documentation.

Consumers described provided meals as high quality and of suitable quantity and variety, with alternate choices available if preferred. The seasonal menu was informed through feedback and the food focus group in consultation with Dietitians. Staff were aware of dietary needs and preferences of consumers.

Consumers and representatives said provided equipment was suitable, clean, and well maintained, and they could report concerns with safety or repair. Records demonstrated monitoring and maintenance of equipment for consumer safety. Mobility aids were observed to be clean and well-maintained. Staff said equipment was assessed for suitability and safety by Allied health providers.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming and easy to understand, with encouragement to personalise rooms with meaningful items and photographs. Floor plans and signage were observed to enable independent movement and wayfinding, and communal lounge areas and hallways were observed to be large and well-lit.

Staff outlined cleaning schedules, reflected within the cleaning log, and preventative and reactive maintenance processes. Consumers described the environment as clean and safe, and were observed moving freely throughout the service, including outdoor areas. Access points to courtyards and gardens were unlocked, supporting free movement.

Consumers described furniture, fittings, and equipment as safe, clean, and well-maintained, and were confident with reporting issues. Staff were knowledgeable about reporting issues, and were observed inspecting, sanitising, and maintaining equipment. Furniture was observed to be clean and suitable for consumer use. Maintenance records demonstrated scheduled activities were completed by due date.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were supported to provide feedback and make complaints, and could describe available options, including within meetings. Staff explained how they supported consumers to provide feedback, including escalating matters on their behalf. Feedback forms and collection boxes were observed to be readily available, and management was observed actively seeking feedback or comments during meetings.

Consumers and representatives said they were aware of supports for complaints, such as advocates, language services, and external complaint services. Management said they could arrange interpreter services and advocates if required, and information was included within consumer handbooks and organisational processes. Brochures and posters relating to advocacy and language services were displayed.

Staff explained principles of open disclosure and how it was embedded within practice, aligned with the open disclosure policy. Consumers and representatives said feedback was responded to promptly and appropriately. Documentation demonstrated complaints were captured from a variety of channels, with timely response and actions and monitoring of outcomes.

Consumers, representatives, and staff said they had seen how feedback and complaints were used to improve care and services. Management explained how feedback and complaints were collated and used to inform activities within the Continuous improvement plan, providing examples of improvements made and evaluation of effectiveness.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff said there was an adequate number and mix of staff to meet consumer needs in a timely manner. Management explained monitoring systems to ensure sufficiency and suitability of the workforce. Sampled roster periods identified unfilled shifts, with management explaining management strategies used to provide coverage, planned recruitment for additional staff.

Consumers said staff were kind and respectful. Management advised the organisation promoted respectful care through inducting new staff on expectations within the Code of Conduct, with a copy of it also displayed in the staff room. Staff said the promotion of respectful care is important, as this was the consumers’ home. Management explained the organisation’s values of hospitality, healing, stewardship, and respect were further promoted to staff through the staff recognition program. The induction program for new staff involved consumers meeting with staff to discuss the home and culture.

Management explained processes to verify qualifications and checks for staff through recruitment and screening processes, informed by organisational policy. Staff said they received comprehensive onboarding through role-based induction programs at commencement of employment. An induction checklist was provided to staff based upon their role and included checks for competencies.

Staff explained mandatory and ongoing training available on online and through toolbox training programs. Management outlined processes to monitor completion of training, with the training program supported by the organisation’s clinical educator. Training policies outlined responsibilities of staff and role-specific training requirements, including on topics specific to aged care legislation and standards.

Management explained how performance was monitored by leaders commencing within induction processes, and included self-assessments and management discussion resulting in a development plan. Staff confirmed appraisals were conducted and supported improvement of performance. The performance management system supported monitoring of staff performance, identifying when issues arise, such as delays.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives explained engagement in the service through feedback opportunities, focus groups, meetings, and surveys. Meeting minutes demonstrated input from consumers and representatives on a range of subjects, including staffing, food, activities, outings, complaints, and initiatives. Management explained the organisation was still establishing a consumer advisory body, however, as only representatives had applied, they were still determining the new structure.

Management explained monitoring processes undertaken, such as audits, to satisfy the Board of the delivery of safe and quality care through understanding and addressing trending issues. Regular meetings and were attended by managers from all services within the organisation to discuss key issues, and the organisation is expanding attendance to aged care performance and governance meetings to include clinical care coordinators and subject matter experts. Management explained how the culture of safe, inclusive, and quality care was reinforced at service level through training and induction processes. Documentation demonstrated presence of an appropriate policy framework to deliver safe and inclusive quality care.

Organisation-wide governance systems were managed and overseen by the Board, with monitoring through reporting and management frameworks. Financial governance involved setting a budget, which the manager was responsible for administering in collaboration with the regional manager, and processes were available to seek approval for extraordinary expenditure to meet consumer needs. Regulatory compliance was achieved through monitoring at national level, with changes communicated to stakeholders, evidenced through memos to staff maintained in each nurses’ station.

The risk management framework comprised policies, procedures, and oversight and reporting processes to identify and manage risks. Management described the incident management system and reporting processes, including calculation of risk of harm score with high risks flagged to service and organisational management. Incidents and risks were also reviewed within regional and internal meetings. Staff received training on identification and response to elder abuse and neglect within induction programs, supported by ongoing promotion of the Code of Conduct expectations. Consumers were supported to live their best lives through provision of person-centred care with individualised care planning.

A clinical governance framework included policies, procedures, training, and effectiveness was monitored by the clinical governance committee. The service reported quality and clinical information through the regional manager for review and collation into the national quality report, shared with all services, the executive, and the Board. Antimicrobial stewardship principles were understood by staff, with infection surveillance undertaken, and the organisation was participating in the national antimicrobial prescribing survey. Regular training was provided on antimicrobial stewardship, open disclosure, and restrictive practices to inform staff actions.

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)