Performance

Report

**1800 951 822**

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| Name: | Calvary Mitcham |
| Commission ID: | 6002 |
| Address: | 22 Harrow Terrace, KINGSWOOD, South Australia, 5062 |
| Activity type: | Site Audit |
| Activity date: | 13 November 2023 to 16 November 2023 |
| Performance report date: | 15 December 2023 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd  Service: 4019 Calvary Mitcham |

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 Mitcham (**the service**) has been prepared by P.Golledge, 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 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 are treated with dignity and respect and staff value their identity, culture, and diversity. Staff were able to demonstrate an understanding of what is important to each consumer and how they treat consumers with respect.

Care documentation identifies consumers’ cultural needs and preferences, who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives confirmed that consumers are supported to maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers and representatives interviewed reported consumers are encouraged to maintain their independence, supported to take risks and that staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

Consumers said they have the information they need to make informed choices, including what they want to eat, activities they wish to attend, and were confident their information is kept confidential.

The service was able to demonstrate information surrounding care and services provided to consumers and representatives is clear, easy to understand, is in a timely manner and allows them to make informed choices.

Staff interviewed were aware of consumers’ preferences, culture, values, and beliefs and were able to explain how those preferences influence how care is delivered, including supporting consumers to make choices which may involve risks; and staff were observed to interact with consumers respectfully.

The organisation has policies and procedures including a privacy and confidentiality policy which demonstrates the service is committed to protecting and maintaining consumer privacy of information and dignity.

# 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 considered consumers are partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers’ wishes for care at end of life and how other health professionals are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers.

The service displays posters on noticeboards throughout the service offering the consumers and their representatives a copy of their summary care plan, notifying them copies of consumer care plans are available upon request at any time.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures, and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools. Staff advised they have access to care planning documentation related to consumers they provide care and services to; through the electronic care management system (ECMS) and handover records.

Consumers’ care documentation demonstrated review on:

* a 4 monthly basis for effectiveness
* during the monthly Resident of the Day (ROD) process
* during an annual consumer and representative care conference
* when circumstances changed or when incidents occur

Consumer care documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, advance care planning and consideration of individual consumers’ risk.

**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 confirmed care provided is tailored to consumers’ needs and preferences. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Care documentation demonstrated high impact and high prevalence risks to consumers are managed well, including but not limited to falls, pressure injuries, pain management and changing behaviours. Behaviour support plans are in place for sampled consumers who are subject to restrictive practices and the service maintains a psychotropic register. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. The service conducts monthly trending and analysis of clinical data to identify risks and implement improvements.

Review of care documentation demonstrated needs, goals, and preferences for consumers nearing end of life are identified and recorded. For palliative consumers and those at end-of-life stage, appropriate interventions are implemented to maximise consumers’ comfort and preserve their dignity.

Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures and the service provided staff education on Recognising Clinical Deterioration in July 2023. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

The service has access to a range of individuals, other organisations, and providers of care and services, including but not limited to medical officers, allied health professionals, and dementia support services. Care planning documentation and progress notes demonstrated input from a range of health professionals and providers to meet consumers’ needs.

Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Care documentation for consumers who had experienced an infection demonstrated appropriate infection control practices and pathology testing prior to prescribing of antibiotics.

# 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 consumers felt supported by the service to be independent and were encouraged to participate in activities that reflected their interests and lifestyle needs. Staff described the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Lifestyle documentation identified the interests and activities important to consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and service delivery.

Consumers and representatives described the services and activities provided by the service to support the consumers’ emotional, spiritual, and psychological wellbeing. The service provided varying levels of pastoral and emotional support as determined by consumers.

Consumers and representatives described how the consumers are supported by the service to engage in activities and pursue personal interests, both internal and external to the service while maintaining contact and relationships with the people who are close to them. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining their goals, preferences, and relationships of importance to them.

The service demonstrated effective communication of information concerning changes in consumers’ needs and preferences. Consumers and representatives were confident information was effectively shared to support consumers’ daily living needs. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs, and preferences.

Timely and appropriate referrals to other individuals, organisation or providers of care occurred and staff described how they collaborate to meet the diverse needs of consumers. Staff described how consumers are involved in decisions and how referrals are made, and consent for referrals are obtained.

Consumers and representatives confirmed the food provided at the service aligned with the consumers’ preferences and dietary requirements and were varied and of suitable quantity and quality. Feedback in relation to meals is provided by consumers to the service through direct and indirect feedback mechanisms. Staff described how they ensure consumers’ nutrition and hydration needs and preferences are monitored and recorded.

Consumers felt safe when using equipment and knew how to report any concerns they may have about safety. The service had appropriate arrangements for purchasing, servicing, and maintaining, renewing, and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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 service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and garden areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained, and suitable for consumers and their visitors.

The service demonstrated the environment, furniture, fittings, and equipment was safe and well maintained through scheduled preventative maintenance and reactive maintenance and maintenance issues were reported and actioned promptly. The service was able to demonstrate processes for fixing or replacing furniture, fittings or equipment that were unsuitable or broken. Staff reported there is sufficient equipment to allow them to deliver quality service.

# 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 say they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff and management were able to describe the process available for consumers and representatives if they wanted to provide feedback or make a complaint. The service demonstrated it had a process in place to encourage and support consumers to provide feedback or make a complaint.

Consumers and representatives say consumers are aware of external bodies to help with advocacy, and other methods on how to make complaints. Management and staff demonstrated how to access interpreter and advocacy services for consumers if it is required. The Assessment Team observed posters displayed by the service advising consumers and representatives on how to contact the Aged Care Quality and Safety Commission, translation services, and advocacy services.

Consumers and representatives say management respond to complaints and incidents and takes appropriate action including using an open disclosure process for when things go wrong. The service has policies and procedures to guide staff practice, and electronic systems that automate escalation of complaints and incidents.

Consumers and representatives say feedback is used to improve services. Management could describe processes in place to escalate feedback and complaints, and how they are used to improve the care and services available to consumers. Staff were able to describe improvements, which were driven by consumer feedback. The complaints register and plan for continuous improvement (PCI) were reviewed and demonstrated how feedback was used to drive improvement.

# 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

Overall consumers and representatives said the care and services consumers received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were generally responded to in a timely manner. Call bell reports are analysed monthly, and results discussed at the management level. Consumers and representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff capabilities and how their care and services were delivered.

Staff generally said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

The organisation has policies and processes to ensure staff are recruited, trained, supported, and have the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. Registered staff qualifications were monitored by the organisation to ensure they remain current.

The service has a suite of documented policies and procedures to guide staff practice, and which outlines that care and services are to be delivered in a person-centred manner. Management reviews staff performance on a regular basis.

Training records indicated staff had been provided with additional education opportunities and mandatory education online and face to face. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and dignity and respect.

# 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

Management provided examples of various ways the service engages with consumers and representatives including consumer meetings, care plan reviews, and annual consumer care conferences, which supports them to provide feedback and suggestions used to inform improvements to care and service delivery. Consumers felt the service is well run and they have a say in how care and services are delivered.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems in place for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. An incident management system is in place and review of incident data identified incidents have been classified correctly and reported within appropriate timeframes.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles.

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)