Performance

Report

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| Name of service: | Calvary Nazareth Retirement Community |
| Service address: | Vincent Street BELMONT NORTH NSW 2280 |
| Commission ID: | 0461 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 8 December 2022 |

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 Nazareth Retirement Community (**the service**) has been prepared by James Howard, 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 conducted from 11 October 2022 to 13 October 2022; 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers and their representatives said staff welcomed them to the service, showed respect, valued and embraced their diversity and provided culturally safe care and services. Staff were observed interacting with consumers in a respectful way, responding to consumers by their preferred names and maintaining consumers’ dignity when providing care. The service supported consumers to make decisions about their own care, who should be involved in their care, communicate their decisions and make and maintain connections with people of their choice. For example, the service provided a sheltered outdoor garden area where consumers were encouraged to spend time with their families when they visited.

Consumers were encouraged and supported to take risks and live their best lives. The service completed risk assessments for consumers who wished to take risks in their daily life activities. For example, consumers who wanted to eat foods which posed a choking risk had discussions with their medical officer and following a risk assessment, if consumers wanted to assume the risk, mitigation strategies were implemented and the consumer supported in their decision. A review of consumers’ files confirmed dignity of risk forms were completed as appropriate.

The service provided consumers with information which was generally clear, easy to understand and enabled individuals to exercise choice. Consumers said they were involved in meetings and discussions and were encouraged to raise concerns and ask questions. Consumers and representatives received information via one-on-one discussions, case conferences, phone calls, emails, display posters and brochures, activities schedules and easy-read menus.

The service respected consumers’ privacy and their information was kept confidential, which was confirmed through consumer feedback. Staff respected consumers’ privacy by knocking on closed doors prior to entering. Management said consumers’ personal information was stored in a password-protected environment with limited access based on staff positions.

# 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 were assessed as Compliant.

The service’s assessment and planning process included consideration of risks to consumers’ health and well-being, which informed the delivery of safe and effective care. Consumers’ representatives said the service focused on the needs and preferences of consumers and the risks associated with their care. Consumer assessments were conducted by clinical staff on entry to the service, which included end of life planning, where consumers wished. Consumers and representatives said they and external health care providers participated in the care planning process, which was confirmed by a review of care plans.

The Assessment Team reviewed consumers’ care plans, which contained copies of their assessments and care plans, copies of which were offered to consumers and their representatives. Consumers and representatives said they were included in regular reviews, and representatives expressed satisfaction with the updates they received following incidents that required new directives for consumers’ care. Care staff said they referred to consumers’ care plans which contained information regarding their needs, goals, preferences, identified risks and changed conditions.

# 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 were assessed as Compliant.

Consumers said they were happy with the personal and clinical care services they received, as they were tailored to their individual needs, delivered safely and effectively managed their conditions. The service managed high-impact or high-prevalence risks associated with consumer care. Consumers’ care plans confirmed risks were identified, assessed and interventions implemented to manage the risks. Consumers said the service provided care that was appropriate and safe. Consumers and representatives said they had discussed end of life planning during admission to the service and upon annual review. Registered nurses explained the service’s end-of-life care policy and how consumers’ individual needs were met.

The service recognised deteriorations or changes to consumers’ mental health, cognitive or physical function and responded in a timely manner, which was confirmed by consumer feedback and a review of their care plans.

Consumers said the service made timely and appropriate referrals to other providers of care, such as a geriatrician, dementia specialists and allied health professionals. Consumers’ care plans included evidence of referrals made to other providers as needed. The service had processes in place to minimise infection-related risks and support the appropriate use 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

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

Consumers said they were supported to participate in activities of interest to them, which optimised their independence. For example, lifestyle staff conducted consumer lifestyle assessments which addressed their leisure preferences, social needs and spiritual needs. Staff understood what was important to consumers, which aligned with information in consumers’ care plans. Consumers said their emotional, social, psychological and spiritual needs were met through communication with families, hymn singing and attending religious services. Staff supported consumers to participate in activities within the service, as well as enjoying family meals in the community.

Consumers were satisfied with the variety and quantity of food provided at the service, which included offering consumers an alternative meal if they did not like what was on the menu. Consumers had input to menu choices through the service’s food focus group. The Assessment Team observed consumers with specific dietary requirements were identified and provided with textured meals as required. The Assessment Team observed equipment used to support consumers in activities of daily living was safe, 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming and easy to navigate. Consumers’ rooms contained personal items which optimised their wellbeing. The service was clean and decorated with bright photographs and decorations. The service had wide corridors with handrails which supported consumers’ movement around the building. Consumers’ rooms had large glass windows so people could view the well-kept courtyards. The service installed children’s outdoor play equipment and a barbecue area to encourage families to visit with consumers’ grandchildren.

The service was safe, clean, well maintained and consumers moved freely indoors and outdoors. Consumers were observed walking around the service and picking flowers in the garden. The service had a part-time maintenance officer who was responsible for preventative and reactive maintenance. The service grounds were well-kept and offered consumers shaded, outdoor seating and the courtyards were wide and flat. Consumers’ representatives said the service was always clean and smelled fresh. The Assessment Team observed the service’s furniture, fittings and equipment were safe, clean, well maintained and suitable for the use of consumers.

# 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 were assessed as Compliant.

Consumers and representatives said they knew how to provide feedback and make complaints at the service. Staff said they received training in the feedback and complaints process. Consumers and representatives could submit their feedback or complaints into a locked letterbox at the service’s front reception. review of feedback and complaints data showed the service provided timely responses to consumers and representatives. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. Information about how to make a complaint to the Commission was displayed throughout the service.

A review of complaints data showed the service used open disclosure with consumers and representatives when something went wrong. The service had an open disclosure policy and staff understood the importance of the policy and how it related to feedback and complaints. The Assessment Team spoke with the service’s quality manager who identified improvements made in response to consumer and representative feedback. For example, dementia-specific activities were introduced for consumers and new menus were developed based on input from the service’s food focus group.

# 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 were assessed as Compliant.

The service had adequate staffing levels and a mix of skillsets which enabled staff to meet consumers’ needs. Consumers said staff were kind and available when needed. Management said they ensured there were enough staff to provide safe and quality care by reviewing consumers’ changing needs and preparing staffing rosters accordingly. Staff said they understood consumers’ changing needs through daily shift handovers, a weekly clinical safety meeting and reading care plans. Care staff said they reported consumer issues to the registered nurse in charge. Staff and management were observed engaging with consumers with kindness and respect, addressing people by their preferred names and assisting them around the service.

The service ensured staff were competent and had the qualifications and knowledge to effectively perform their roles. he responsibilities for each role were detailed in staff position descriptions. Consumers and representatives said staff had the skills required to provide care and services. The service had a system in place which ensured staff were recruited, trained and equipped to deliver care in line with the Quality Standards. Staff said they received training through an orientation program, practical learning and online education. Management monitored and reviewed staff capabilities through regular observations and informal and formal feedback processes.

# 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 were assessed as Compliant.

Consumers and representatives provided input into how care and services were delivered. The organisation had systems which engaged consumers in the development, delivery and evaluation of care and services. For example, the service encouraged consumers and representatives to contribute through monthly meetings, surveys, in written form, care planning discussions, a consumer member of the National Quality Board and access to service management. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board satisfied itself the Quality Standards were being met through monthly reporting about: service quality; clinical risks; reportable incidents; feedback and complaints; personal and clinical care; and overall clinical indicators.

The service had organisation wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had a risk management framework which included policies describing how to manage: high impact or high prevalence risks associated with the care of consumers; abuse and neglect of consumers; incident management; and supporting consumers to live their best lives. Staff confirmed they received training on risk management and how to apply minimisation strategies to their work, such as making a report to the Commission’s Serious Incident Response Scheme when required. The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something went wrong.

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)