Performance

Report

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| Name: | Calvary Ryde Retirement Community - Mary Potter Residential Care |
| Commission ID: | 2818 |
| Address: | 678 Victoria Road, RYDE, New South Wales, 2112 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 1 November 2023 to 3 November 2023 |
| Performance report date: | 5 December 2023 |
| Service included in this assessment: | Provider: 2496 Calvary Retirement Communities Limited  Service: 1173 Calvary Ryde Retirement Community - Mary Potter Residential Care |

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 Ryde Retirement Community - Mary Potter Residential Care (**the service**) has been prepared by E Woodley, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 30 November 2023.
* the Performance Report dated 31 May 2023 following the Site Audit undertaken 18 April 2023 to 21 April 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 7(3)(a) – the approved provider must demonstrate the workforce deployed enables the delivery and management of safe and quality care and services that meets consumer’s needs in a timely manner. The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.

# 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)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the six specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 1(3)(a), Requirement 1(3)(d), and Requirement 1(3)(f) following a Site Audit conducted 18 April 2023 to 21 April 2023.

During the Assessment Contact conducted 1 November 2023 to 3 November 2023, consumers interviewed by the Assessment Team felt they were treated with dignity and respect. The organisation has policies and procedures that support staff with guidance to ensure consumer’s choices are identified and respected, with monitoring mechanisms to ensure consumer’s dignity and choice is maintained. The service has improved their processes for supporting consumers to take risks and enabling them to live the best life they can. Consumers sampled by the Assessment Team were supported to undertake activities of choice that may involve some risk, and documentation confirmed consultation around risk mitigation occurs with the consumer and/or representative.

Consumers interviewed by the Assessment Team felt their privacy is respected by the service and observations by the Assessment Team demonstrated consumer’s personal information is generally kept confidential. The service was responsive to feedback regarding potential breaches of consumer information.

I find the following Requirements are compliant:

* Requirement 1(3)(a)
* Requirement 1(3)(d)
* 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)(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 was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 2(3)(a) and Requirement 2(3)(e) following a Site Audit conducted 18 April 2023 to 21 April 2023.

At the Assessment Contact conducted 1 November 2023 to 3 November 2023, the service demonstrated effective processes for the assessment and planning for new admissions to the service. However, for some sampled consumers the Assessment Team found assessment and planning was not individualised to reflect risks associated with the consumer’s health and well-being. This included prescribed medications involving some risks and behaviours requiring support. The Assessment Team found several consumers had generic statements that did not address their specific risks to inform effective care. For one consumer, the Assessment Team found care and services were not reviewed a change in condition to ensure they are effective.

The provider’s response to the Assessment Contact includes clarifying information regarding the service’s care planning system and how assessments are completed. The provider’s response demonstrates that for the consumers named in the Assessment Contact report, assessment and planning had considered risks associated with their health and well-being prior to the Assessment Contact. For the consumer who experienced a change in their condition, the provider’s response demonstrates ongoing review of their care and services to inform safe care. The provider’s response identifies continuous improvement activity commenced to improve individualised behaviour support planning for consumers.

The provider’s response demonstrates assessment and planning considers risks to consumer’s health and well-being, and includes review of care and services for effectiveness as required.

I find the following Requirements are compliant:

* Requirement 2(3)(a)
* 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific Requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a) following a Site Audit conducted 18 April 2023 to 21 April 2023.

At the Assessment Contact conducted 1 November 2023 to 3 November 2023, the Assessment Team found consumers were receiving personal care that was tailored to their needs and optimising their well-being. The Assessment Team found most aspects of clinical care delivery was safe and effective including maintenance of skin integrity, response to unplanned weight loss and risks associated with swallowing, and management of pain, behaviours, post-fall incidents and diabetes. However, the Assessment Team found some gaps in the documentation of care delivery for some consumers including monitoring of wounds, completion of pain assessments, and recording of restrictive practices.

The provider’s response to the Assessment Contact provides additional information regarding the gaps in documentation for the consumer’s named in the Assessment Contact report. This demonstrates that inconsistencies in documentation were addressed during or following the Assessment Contact, with continuous improvement activities identified to improve staff practice regarding documentation.

Considering that there was minimal identified impact to consumer’s health and well-being due to inconsistencies in care documentation, and consumers were generally receiving safe and effective personal and clinical care delivery, I find Requirement 3(3)(a) is compliant.

# 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)(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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the seven specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 4(3)(a), Requirement 4(3)(c), and Requirement 4(3)(f) following a Site Audit conducted 18 April 2023 to 21 April 2023.

During the Assessment Contact conducted 1 November 2023 to 3 November 2023, most consumers interviewed by the Assessment Team confirmed the service’s lifestyle program meets their needs and preferences, and staff support them to be as independent as possible. Consumers generally provided positive feedback about the activities run at the service, and said they are supported to take part in community activities outside of the service, visit family, and pursue activities of interest. While some consumer representatives provided feedback that insufficient staffing levels were impacting on the provision of lifestyle supports, I have considered this in my assessment of Requirement 7(3)(a). Staff interviewed demonstrated knowledge of consumer’s needs, preferences, and the support they require to participate in activities or pursue individual interests. Care documentation reviewed included strategies to deliver services and supports for daily living that reflect the diverse needs of consumers.

The Assessment Team found the service has improved consumer consultation regarding the meals provided at the service. Most consumers and representatives interviewed said they are satisfied with the food choices and dining experience at the service. Consumers said they get a menu selection form each week to choose from and staff prepare an alternative meal for them if they did not like their meal, or they changed their mind. Staff were aware of the specific dietary needs and preferences of consumers and how these are accommodated into the menu or individualised meals.

I find the following Requirements are compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(c)
* Requirement 4(3)(f)

# Standard 6

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| Feedback and complaints | |  |
| 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 was not fully assessed, and therefore has not received a compliance rating. Two of the four specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 6(3)(c) and Requirement 6(3)(d) following a Site Audit conducted 18 April 2023 to 21 April 2023.

During the Assessment Contact conducted 1 November 2023 to 3 November 2023, consumers and representatives interviewed felt appropriate action was taken in response to complaints. Consumers and representatives said when things have gone wrong, they receive an apology and are provided with details about what has occurred and action taken in response to prevent it happening again. Consumers and representatives were able to outline changes to care and services derived from consumer feedback. Staff interviewed explained what open disclosure principles are and how they apply these as part of their work responsibilities. Documentation reviewed by the Assessment Team demonstrated the service actively uses feedback and complaint information to improve care and services.

I find the following Requirements are compliant:

* 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. | Not 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant.

The service was previously found non-compliant in Requirement 7(3)(a), Requirement 7(3)(b), and Requirement 7(3)(d) following a Site Audit conducted 18 April 2023 to 21 April 2023.

During the Assessment Contact conducted 1 November 2023 to 3 November 2023, consumers and representatives provided feedback that there was insufficient staff to provide quality care to consumers. For example, several representatives said there are extended waits when using the call bell and felt there is insufficient staff to supervise consumers and follow up on issues raised. Another representative felt there is insufficient staff to assist their consumer to move around the service, and there are often long wait times for meals. Some observations by the Assessment Team indicated that there was insufficient staff to attend to meals and consumer requests in a timely manner. Documentation reviewed by the Assessment Team demonstrated not all shifts are filled by the service, and some extended waits for assistance after using the call bell.

The provider’s response to the Assessment Contact provides information about systems and processes the service uses to fill shifts, and clarified the coverage of shifts during the Assessment Contact. The provider’s response identifies that consumers and representatives named in the Assessment Contact report have been consulted with to ensure the workforce deployed is able to meet their needs and preferences. The service acknowledged the opportunity to improve call bell responsiveness for consumers.

While I acknowledge the provider’s response and improvements made to workforce planning, consumers and representatives did not consider there was sufficient staff to meet their needs in a timely manner. Considering this is consistent with the feedback received from consumers and representatives received at the previous Site Audit conducted 18 April 2023 to 21 April 2023, I am not satisfied the workforce deployed is consistently enabling the delivery and management of safe and quality care and services.

I find Requirement 7(3)(a) is non-compliant.

During this Assessment Contact the Assessment Team found that the service has provided additional training and education in response to the previous non-compliance. This included incident management, the serious incident response scheme, staff behaviours and high impact and high prevalence risks for consumers. The service has processes to monitor staff training needs and completion of mandatory training. However, the Assessment Team found that not all staff had completed mandatory training and some new staff advised they had not received orientation education or training.

The provider’s response demonstrates that new staff have been recruited and supported to deliver the outcomes required by the Quality Standards, including with orientation processes. The provider’s response includes evidence of monitoring of mandatory training completion and action taken prior to the Assessment Contact to ensure all staff complete this training. While not all staff have completed the organisation’s mandatory training, I am satisfied the service is actively addressing this, and overall the workforce is supported and equipped to deliver the outcomes required by the Quality Standards.

Consumers interviewed by the Assessment Team felt staff interactions are kind, caring and respectful. The Assessment Team observed staff interactions were kind and considerate of consumers. The service has processes to monitor staff interactions with consumers and provide education on respectful interactions to staff who require this.

I find the following Requirements are compliant:

* Requirement 7(3)(b)
* Requirement 7(3)(d)

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(c) and Requirement 8(3)(d) following a Site Audit conducted 18 April 2023 to 21 April 2023.

At the Assessment Contact conducted 1 November 2023 to 3 November 2023, the Assessment Team found the organisational governance systems implemented at the service were not always effective. The Assessment Team found limited evidence of evaluation of continuous improvement implemented to ensure it is effective in rectifying the identified issues. Some gaps in the documentation of consumer information and in the governance of the workforce was identified. The Assessment Team found the organisation’s risk management systems and practices were not effectively ensuring incidents are escalated to the governing body, and the service’s incident management system is implementing mitigation strategies in response to incidents to prevent reoccurrence.

The provider’s response to the Assessment Contact provides additional information regarding the organisational governance and risk management systems implemented at the service, including monitoring and oversight processes. The provider’s response identifies that the service’s plan for continuous improvement was updated during the Assessment Contact and work is underway to evaluate the effectiveness of implemented actions. The provider’s response includes evidence of the management and prevention of incidents at the service in line with the organisation’s incident management system. While consumers and representatives interviewed did not consider there was insufficient staff deployed at the service, I have considered this in my assessment of Requirement 7(3)(a) as the provider’s response demonstrated the organisation has processes to monitor workforce governance, including the assignment of clear responsibilities and accountabilities.

Overall, I am satisfied the organisational governance systems implemented at the service are effective in relation to information management, continuous improvement, feedback and complaints, regulatory compliance, and the governance of the workforce and financials of the service. The organisation has risk management systems to oversee the management of high impact and high prevalence risks, response to the abuse and neglect of consumers, supporting consumers to live their best life, and incident management.

I find the following Requirements are compliant:

* Requirement 8(3)(c)
* Requirement 8(3)(d)

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)