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: | on 17 April 2024 |
| Performance report date: | 21 May 2024 |
| 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 Therese Solomon, 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.

# Assessment summary

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| Standard 7 Human resources | 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

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 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 |

Findings

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Feedback from consumers and/or representatives indicated insufficient staff to provide quality care and services to consumers. Consumer representatives stated there are extended wait times when using the call bell and felt there was insufficient staff to supervise consumers and follow up on issues raised. Observations by the Assessment Team indicated insufficient staff to effectively manage mealtimes and complete consumer requests in a timely manner.

Since that time the Approved Provider implemented actions to address the non-compliance.

Management explained the service monitors the care needs of consumers to determine the number and mix of staff to deliver care required, and described ways they ensure the workforce is maintained to provide safe and quality care. The service reported they have reduced agency usage and try to use their own casual staff to fill vacant shifts as much as possible, and that most shifts can be filled when given enough notice. Management stated the team leader tasks are being reviewed following feedback from staff who considered the team leaders could do more duties to assist consumers.

Consumers and/or representatives reported there were enough staff to meet the needs and preferences of consumers, including timely provision of care and assistance. The Assessment Team observed the lunch service and noted sufficient staff in attendance to assist consumers, and to deliver meals in a timely manner. The Assessment Team also observed consumers eating their meals in their rooms shortly after the meal has been delivered for distribution.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(a) is found Compliant.

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