Performance

Report

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| Name of service: | Calvary St Catherine's Retirement Community |
| Service address: | 23 McGilton Road BERRI SA 5343 |
| Commission ID: | 6840 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 2 December 2022 |
| Performance report date: | 18 January 2023 |

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 St Catherine's Retirement Community (**the service**) has been prepared by K 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; the Site Audit report was informed by [a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff, and management.

A copy of the Site Audit report was sent to the provider and the provider was invited to submit a written response if they choose to. A response from the provider was not received.

# 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 considered they are treated with dignity and respect, giving examples of building relationships with staff who show kindness and respect. Care plans captured consumer interests, history and matters of importance specific to their individual culture and identity, such as religious preferences and participation in cultural celebrations. Staff demonstrated familiarity with consumer backgrounds, and were observed delivering care with kindness and respect.

Consumers confirmed staff are supportive of who they are and individual backgrounds, and staff described actions taken to deliver care that is culturally safe, with care plans capturing personal history, including cultural requirements, and preferences.

Consumers gave examples of being supported to exercise choice, providing examples of their involvement in making decisions on a daily basis to maintain their independence, and foster relationships with other consumers. Staff described measures taken to support consumers to maintain connections and personal relationships, with feedback from consumers and staff accurately reflected within care planning.

Feedback confirmed consumers are supported to do things they wish, even where there is risk involved, and consumers and representatives said staff communicate the risk and mitigating strategies to ensure safety. Risk assessments were undertaken, including capability assessments if required, captured in care planning and reviewed regularly and as needed, in line with policies and procedures.

Consumers confirmed they received clear and accurate information to allow them to make choices about their care and services. Information was made available through newsletters, information on noticeboards, consumer meetings, and verbal discussions. Published documents, such as activity calendars, were available in large print if required. Kitchen staff said consumers are provided information about meal choices daily and are informed of any menu changes in a timely manner.

Staff gave examples of actions taken to respect consumers’ privacy, including not speaking of confidential information in common areas, and ensuring sensitive information was secured. Consumers were satisfied their privacy was respected, with two consumers confirming they provided consent to display information, including photographs, within the service and in newsletters.

For the reasons detailed above, I find all requirements in Standard 1 Consumer dignity and choice Compliant.

# 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 are assessed on entry, at scheduled care plan reviews, and when needs change to identify risks. Care plans identified risks to health and well-being, and included personal strategies to minimise harm. Consumers and representatives confirmed staff are knowledgeable of consumer risks. Staff demonstrated familiarity with assessment processes and confirmed care plans contained sufficient information to inform care. Consumers with specialised clinical care needs had specific assessments to inform care. Some consumers spoke of improvements to their health since their entry to the service due to the delivery of personalised care.

Consumers and representatives confirmed current needs, goals and preferences, including end of life planning and wishes, are assessed and care plans captured this information in line with feedback. Representatives confirmed consumers’ physical needs, goals, and preferences were also reviewed and updated following incidents or change in health. Clinical staff were aware of the assessment process for capturing end-of-life wishes and were aware of how to access this information.

Care planning reviews demonstrated involvement of the consumer and/or representative, and includes other providers of care and services, such as Allied health practitioners. Representatives confirmed they were consulted following incident or clinical changes as well as involvement care plan reviews or case conferences.

Representatives confirmed they have discussions on care and services and are provided written copies of care plans for review. A care plan summary is informed from the detailed care assessments and strategies.

In relation to Requirement (2)(e) I have considered evidence highlighted in the Assessment Team’s report across standards 2 and 3 which demonstrates care and services are reviewed regularly for effectiveness, when circumstances change, or when incidents impact on the needs, goals, or preferences of the consumer.

For the reasons detailed above, I find all requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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 received safe and effective clinical care, with staff confirming they have access to policies and procedures which guide them in delivery of best practice. Care files included tailored strategies to optimise health and well-being in relation to falls, pain management, wound care, and specialised nursing needs including diabetes. Consumers confirmed they were happy with management of their personal and clinical needs.

Clinical and care staff were knowledgeable about high impact and high prevalence risks for consumers, and could detail how they identify, assess and manage associated risks. Ongoing management is monitored through progress notes, clinical audits, and weekly high risk meetings with deficiencies addressed through staff training. Consumers and representatives confirmed risks such as changed behaviours, falls, pain, diabetes, and impaired skin integrity, had been identified and managed with personalised strategies to minimise harm.

Representatives expressed satisfaction with palliative and comfort care provided. Clinical and care staff could describe what is important when providing end of life care, such as pain and comfort management, and had received training in end-of-life care.

Care documentation demonstrated deterioration or changes to a consumer’s condition or function had been recognised and responded to in a timely manner. Consumers said they were reviewed promptly by the Medical officer when unwell, and representatives and consumers confirmed the service had taken appropriate and prompt action through assessments, observations and reviews following incident or change of health.

Representatives said staff are aware of care needs and pertinent information is handed over to relevant personnel, staff described the range of methods of updates and handovers and believed they received relevant and up to date information. Consumer interviews and care files demonstrated information is shared with Allied health staff or external specialists and their advice is made known to staff and others involved in care.

Consumers and representatives described involvement of providers of care through individuals and other organisations, including Allied health and specialised services. Staff could explain available specialist organisations and providers and referral processes, and documentation demonstrated timely and appropriate referrals were made where needed.

The service practices antimicrobial stewardship and takes action to reduce the risk of infection related risks through the current work practices. Consumers are regularly screened for symptoms of infection, particularly COVID-19, has screening processes for staff and visitors to reduce risk of outbreak, and staff were familiar with outbreak management processes. Care files included evidence of practices to reduce use of antibiotics and promote appropriate prescribing.

For the reasons detailed above, I find all requirements in Standard 3 Personal care and clinical care 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)(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

Care planning included consumer choices and provided information about required services and supports and staff demonstrated knowledge of consumer needs and preferred scheduled and unscheduled activities. Consumers gave examples of support provided to maintain their independence or undertake activities of interest to maintain well-being and quality of life. Consumers have input into activities through monthly consumer meetings, surveys, and discussions with staff, and the schedule is reviewed and adjusted in response.

Consumers said they felt connected and engaged in meaningful activities, and were satisfied with the emotional, spiritual, and psychological support they are receiving. Care planning included spiritual preferences and individual emotional support strategies and how these are implemented, and staff gave examples of emotional support provided to consumers.

Consumers felt supported to participate in activities within the service and within the community, and staff were aware of and support personal relationships consumers hold. All consumers have phones in their rooms, and staff said they aid with video calls to consumer’s family, with one representative describing the patience and understanding staff demonstrated when assisting consumers with calls. Care plans detailed assistance needed to take part in activities, preferred discussion topics and things of interest for consumers.

Consumers said their services and supports are consistent and they do not have to repeat their preferences as staff know their needs and preferences well. Staff were informed of care and other needs through handover and care plan reviews, and significant changes to health or needs were communicated by email. Where consumers have other agencies involved, such as national disability insurance scheme, staff confirmed efficient communication with other case workers.

The service collaborates with external providers to support the diverse needs of consumers, and consumers were confident they would be referred to external providers if the service was unable to provide suitable support. Lifestyle staff provided examples of collaborating with external organisations to supplement offered activities, including religious services, pet therapy and music performances.

Most consumers were satisfied with the quality, quantity, and variety of food provided, with a variety of meal choices prepared on site to allow consumer options where the menu is not to their liking. Staff described processes to ensure they meet individual consumer dietary needs. One consumer raised dissatisfaction with meals, however confirmed the service was working with them to rectify concerns, and all consumers said they have an opportunity to provide feedback about menu and meals. Consumers were observed enjoying the dining experience and finishing their meals.

Equipment for lifestyle activities was readily available and appeared clean and in good condition. Personal equipment, such as wheelchairs and walkers, were observed to be clean and in good working order. Consumers confirmed they were aware of the process to report any concerns.

For the reasons detailed above, I find all requirements in Standard 4 Services and supports for daily living Compliant.

# 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

Consumers said the service environment meets their needs and they feel comfortable and safe, and spoke of friendships and exchanges with other consumers. There are multiple communal areas furnished with lounge seats and coffee tables for consumers to sit and connect with other people. Consumer confirmed they were supported to individualise their own environment and their rooms were observed to be personalised with furniture, photographs, memorabilia, and decorations.

Consumers were observed mobilising throughout the service environment. Internal corridors were wide, and longer passageways had seating areas available. Consumers said they use the footpath circling the outdoor perimeter for walks, often with other consumers they hold friendships with. Whilst the outdoor communal courtyards were not observed to be used, consumers confirmed they had access, and most consumers were provided swipe cards to use at the front entrance.

Maintenance staff could describe process for scheduled maintenance on building fixtures and care equipment, testing and tagging of electrical equipment, and there is a schedule for external contractors to service and calibrate medical equipment. Staff could describe responsibility for cleaning shared equipment. Consumers said they felt furniture, fittings and equipment were safe and if something needed fixing it is attended to promptly.

For the reasons detailed above, I find all requirements in Standard 5 Organisation’s service environment Compliant.

# 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 were aware of the mechanisms available to make complaints, including use of feedback forms, or raising verbally through meetings or directly with management, and felt supported by management to utilise these. Consumers and representatives said they felt the feedback and complaints processes were made easy. Staff were aware of the organisation’s complaint procedures and knew where they could access policies to assist with recording and handling feedback and complaints, and staff said they were encouraged to make suggestions about improving care and services. Feedback from various channels, including meetings, verbal feedback, emails, and written forms, was recorded in a register. Management advised they also conducted targeted surveys to gather information about specific areas of care and services.

Staff said they work with representatives when consumers have communication difficulties, and the service provides strategies to support consumers who spoke languages other than English. Consumers and representatives were aware of external agencies who could assist them in raising concerns, and brochures and posters with information was on display and within the welcome pack provided to consumers and representatives. Management confirmed advocacy services attend consumer meetings, with a scheduled visit in December 2022.

Consumers and representatives confirmed appropriate action is taken to address feedback and complaints, and they felt the service was transparent when things go wrong. Staff were familiar with the concept of open disclosure and understood the importance of it, and the organisation has processes in place to ensure adherence. The incident management system required confirmation of use of open disclosure processes prior to finalising incidents. Representatives confirmed they are informed of incidents or when things go wrong, and the service is forthcoming and transparent when incidents occur.

Consumers and representatives were satisfied with the way feedback was used to improve the quality of care and services, saying there was ongoing consultation on actions being taken, and could give examples of when issues had been raised and resolved to a satisfactory outcome. There are processes to ensure feedback and complaint is captured, analysed, trended, and reviewed for areas of improvement at a service and organisational level.

For the reasons detailed above, I find all requirements in Standard 6 Feedback and complaints Compliant.

# 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

All consumers and representatives interviewed were happy with staffing levels and mix of staff. Staff reported there is sufficient staff rostered to undertake duties in a timely manner. Care staff said they felt supported by clinical staff to complete necessary duties, could ask for help if required, and provide feedback to management on staffing if required. Management consult staff and have a system for planning and managing workforce, including review of consumer needs and call bell use. Observations confirmed staff were not rushing interactions with consumers and call bells were responded to in a timely manner.

Consumers and representatives gave positive feedback about staff, and observations confirmed staff were kind, caring, and respectful when interacting with consumers. Staff were knowledge about consumers, could describe where to find further information, and said whilst they believed their colleague’s interactions with consumers were always kind and respectful, they were comfortable to raise any concerns with management if they found otherwise. Systems are in place to monitor consumer satisfaction, and feedback regarding staff interactions is generally positive.

Consumers and representatives said staff are knowledgeable and skilled in their roles, and they have no concerns about care being provided. Staff felt supported by management and said they had sufficient training to undertake their roles. The organisation has policies and procedures in place to monitor and ensure all staff have appropriate qualifications for their role.

Most consumers and representatives stated they were confident in the ability of staff to deliver their care and services. One representative felt staff would benefit from additional training on caring with dementia, and management confirmed additional training by external specialists has been scheduled for January 2023. The organisation has policies and processes in place to ensure staff are appropriately trained and equipped to undertake their roles, and staff said they can raise suggestions about their training with management. The service has a formal onboarding process, and management monitors training requirements, including staff compliance with mandatory training.

Staff confirmed they undertake regular review of performance where they can identify their personal strengths and areas for improvement or additional training. Management monitor staff performance through peer feedback, complaint data, and audits, and could demonstrate performance management process including actions taken in response to performance or conduct that does not meet with expectations.

For the reasons detailed above, I find all requirements in Standard 7 Human resources Compliant.

# 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

Consumers described involvement in the development, delivery and evaluation of care and services through care plan reviews, one-on-one conversations, and attending monthly meetings, where they can provide input into meals, lifestyle activities, cultural events, service environment, continuous improvement, and other ad-hoc issues. Documentation, including feedback logs, continuous improvement plan, surveys, and meeting minutes, demonstrates consultation and involvement of consumers regarding the delivery of care, and changes to the service environment.

The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services, with organisational mission, values, and strategic directions, promoted and communicated within the service. Monthly reports are provided on key indictors to monitor the delivery of services, and the organisation has invested in the establishment of a live dashboard and data hub, allowing the Board and leadership team access to key performance indicator data in real time to better monitor outcomes for consumers. A recent improvement project driven by the governing body has resulted in the creation of a role to support consumers and their families with transitioning to residential care.

The organisation has a documented governance framework and demonstrates effective systems and processes for managing and governing all aspects of care and services. Documentation showed management and the governing body have information and data in order to make informed decisions. The organisation has memberships with peak bodies to monitor changes to aged care law to ensure regulatory obligations are met.

The organisation has a documented risk management framework which is underpinned by clinical governance systems to identify and manage high impact high prevalence risks, and risks for individual consumers on an ongoing basis. An electronic risk and incident management system and live dashboard allow the organisation to understand their risk profile, monitor and mitigate risk. Reported incidents are reviewed by management to ensure appropriate actions, investigation, reporting and follow up, and staff were aware of incident reporting obligations and processes and risks relating to consumers are communicated through a variety of channels. Management could describe high impact high prevalence risks in place and strategies implemented to mitigate and monitor these risks. Consumers confirmed they are supported to live the best life they can and make their own informed choices, including when there may be a risk to their health and safety.

The organisation has clinical governance framework and associated policies and procedures relating to antimicrobial stewardship, minimising the use of restraint, and use of open disclosure. Management described monitoring processes for clinical care, and support and oversight are provided through organisational clinical data analysis.

For the reasons detailed above, I find all requirements in Standard 8 Organisational governance Compliant.

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)