Performance

Report

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| Name of service: | Calvary St Francis Retirement Community |
| Service address: | Gleeson Crescent ELEEBANA NSW 2282 |
| Commission ID: | 0293 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 5 October 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 St Francis 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; 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
* the Approved Provider’s response to the Assessment Team’s report received 23 September 2022
* 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 | **Non-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

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 5(3)(b) – The service ensures the service environment is safe, clean well maintained and comfortable and enables consumers to move freely, both indoors and outdoors.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 considered they were treated with dignity and respect. The Assessment Team observed staff treating consumers with respect when entering their bedrooms and when assisting consumers to engage in activities and at mealtimes.

Consumers and representatives indicated the care and services provided to consumers were culturally safe. Care planning documentation captured information regarding strategies to assist communication by using consumers’ preferred languages.

Consumers and representatives advised they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to maintain relationships of choice.

Staff explained how they supported consumers to engage in activities with an element of risk, including how consumers were supported to understand the benefits and harm when they made the decision to engage with the activity. Most consumers and representatives were satisfied and felt supported by the service to take risks and live the best lives possible.

The Assessment Team observed information displayed throughout the service which notified consumers of information regarding their care and services. Consumers and representatives stated they received up-to-date information regarding activities, meals, COVID-19 and building works.

The Assessment Team observed staff knocking on consumers’ doors and awaiting a response prior to entering. Consumers stated they felt their personal information was kept private and secure.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 expressed satisfaction with the service’s assessment and planning process and provided examples of how risks to their health and well-being were managed and mitigated. Staff described their role in the assessment and planning process and how they worked together to minimise risks.

Care planning documentation identified and addressed consumers’ needs, goals and preferences, including advance care planning and end-of-life planning. Consumers and representatives confirmed they were involved in the assessment and planning of their care needs and preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Staff described the process for referral to external allied health professionals.

Consumers and representatives expressed satisfaction with the service’s communication regarding the outcomes of assessment and planning and were aware they could access their care plans. A review of care planning documentation showed the service regularly held case conferences which involved consumers, their representatives and staff.

Staff described the regular care and services evaluation and review process, including when circumstances changed, incidents occurred, or upon request. Consumers and representatives advised staff regularly discussed their care needs, and care and services were reviewed when consumers’ circumstances changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 were satisfied with the service’s provision of personal and clinical care concerning pain management, skin integrity and restrictive practices. Care planning documentation showed the service delivered safe and effective personal and clinical care.

Care planning documentation showed high impact or high prevalence risks were identified and interventions were implemented to mitigate potential risks. The service had a range of clinical policies and procedures which guided the management of high impact or high prevalence risks.

Management described the service’s policies and procedures which supported consumers to achieve their needs, goals, and preferences during end-of-life care. Consumers and representatives expressed satisfaction with the service’s approach to the management and care of consumers nearing end of life.

Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff provided examples of changes in a consumer’s condition that would warrant the provision of additional care and support.

Consumers and representatives indicated the service communicated regularly with consumers, representatives and allied health professionals, and were satisfied consumers’ conditions, needs and preferences were accurately documented. Management advised information was documented within the consumer’s progress notes, assessments and care plan.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described the process for referring consumers to other health professionals and explained how they shared relevant information with other care providers.

Staff confirmed they received training on infection minimisation strategies, including infection control and COVID-19. Consumers and representatives expressed satisfaction with the service’s management of COVID-19 precautions and other infection control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

*Requirement 4(3)(f):*

The Assessment Team considered the service was unable to demonstrate the meals provided were of suitable quality and were prepared safely. The Assessment Team observed the kitchen contained several out-of-date food items, and some issues identified by the Food Authority report, dated 15 July 2022, were not rectified within the prescribed time frame. At the time of the site audit, management remedied some of the outstanding issues identified by the Food Authority report. The Assessment Team noted the August 2022 consumer survey indicated 50% of consumers always liked the food, 25% mostly liked the food and the remaining 25% sometimes enjoyed the food. In addition, a representative for a consumer who required full assistance with eating outlined an issue whereby the consumer’s meal was placed in their room and out of the consumer’s reach. The representative advised they received an apology from a staff member; however, they had not received a response from the service.

In its response, the Approved Provider submitted additional information regarding the issues identified by the Assessment Team. The service reviewed the remaining issues outstanding from the Food Authority report and explained the service improvements made to resolve these issues. The service refuted the Assessment Team’s findings of the August consumer survey and provided documentation which explained the results listed above were incorrect. Rather, 55.6% of consumers always liked the food, 33.3% mostly liked the food and 11.1% sometimes liked the food. In relation to the representative’s feedback regarding the placement of the consumer’s meal, the service advised the staff member did not escalate the information to management, as the staff member felt the apology provided had resolved the issues. Management subsequently contacted the representative and provided a further apology for their experience. No further complaints or concerns were raised by the representative.

Whilst I acknowledge there were some issues with the food service and the quality of meals provided at the service, at the time of the site audit, the service was already addressing these issues and subsequently demonstrated it addressed all issues. On the balance of all the evidence brought forward by the Assessment Team and included in the Approved Provider’s response, I consider the issues were not sufficient to make a finding of non-compliance. Therefore, I find the service is compliant with Requirement 4(3)(f).

*The other Requirements:*

Consumers and representatives felt supported to pursue activities of interest to them and were provided with appropriate supports to engage in these activities and optimise their independence. Staff outlined how they partnered with consumers and representatives to conduct lifestyle assessments that collected consumers’ needs, goals and preferences.

Staff advised consumers’ emotional, social, and psychological needs were supported by facilitating connections with people important to them, as well as through church and religious services. Consumers and representatives advised the service provided support for daily living to promote the emotional, spiritual and psychological well-being for each consumer.

Consumers stated the service assisted them to participate in their community, both within and outside the organisation's service environment, have social and personal relationships and do the things of interest to them. Information contained within care planning documentation aligned with feedback provided by consumers, representatives and staff regarding their involvement in their community and maintaining personal and social relationships.

Consumers and representatives advised consumers’ conditions, needs and preferences were effectively communicated within the service and with others responsible for care. Staff indicated they were made aware of changes to consumers’ conditions through verbal and documented handover processes, information available in the electronic care management system, a communications book and dietary folders.

Care planning documentation identified timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described the other providers of care and services received by specific consumers.

The Assessment Team observed that where equipment was provided, it was safe, suitable, clean, and well maintained. Staff advised they had appropriate access to equipment when required and described how equipment was kept safe, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Non-compliant |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

*Requirement 5(3)(a):*

The Assessment Team considered the service was unable to demonstrate the service environment was welcoming and easy to understand. Feedback from consumers and representatives indicated they considered the service was not welcoming or easy to navigate. The Assessment Team noted the service was undergoing a significant renovation and several communal and social spaces were filled with storages boxes and care equipment. Observations made by the Assessment Team included:

* The loungerooms, chapel, balconies and offices contained a large amount of storage boxes, mobility and lifting equipment and dirty linen trollies. Staff confirmed the dirty linen trolleys were currently located in the communal areas due to renovations.
* The veranda was being used to store more than fifty large boxes of personal protective equipment.
* Several doors had no signage as to what the room was used for. There were unhung signs leaning against the walls in the smaller loungerooms.

Management advised due to the current building works, storage areas were limited, and they had attempted to leave safe walkways through the chapel on the days it was in use. In addition, due to continual painting, signage was not always replaced or visible throughout the service.

The Approved Provider’s written response included additional information concerning the issues identified by the Assessment Team. The service advised the chapel was a very large multipurpose room, capable of being used for consumer religious activities, staff education activities, as well as an interim storage room. The service acknowledged the removal of signage during the repainting and advised that following a COVID-19 outbreak, painting was delayed, and signage has since been replaced.

Whilst I acknowledge the service experienced some temporary issues in ensuring the service environment was welcoming and easy to navigate, the identified issues were largely resolved once painting was resumed following a COVID outbreak. Furthermore, the storage and signage issues did not appear to significantly impact or hinder consumers’ sense of belonging, independence, interaction and function at the service. Therefore, having considered all relevant evidence, I find the service is compliant with Requirement 5(3)(a).

*Requirement 5(3)(b):*

The Assessment Team considered the service was unable to demonstrate the service environment was safe, clean and well maintained, and enabled consumers to move freely, both indoors and outdoors. Consumers advised they were unable to access the gardens due to building works and complained the ongoing construction made the service dirty and encouraged bugs and insects. The Assessment Team made several observations which included:

* The outdoor grounds were unkept, aged and contained multiple trip hazards and rubbish.
* Gardens were overgrown, with leaf litter and thorned roses protruding into the walkways.
* There were indoor floor-to-ceiling tarps that were held up by tape or nails and these tarps were not consistently secured.
* A bag of used incontinence pads was observed to be left within the lounge room.
* A fire equipment cupboard displayed inaccurate identification of its contents.
* The temporary medication room was unlocked. When this issue was brought up with management, they advised this room was normally locked and proceeded to lock the door.
* The infectious waste and cytotoxic bins were unlocked in the carpark. Management stated that staff were aware the cytotoxic and infectious material waste bins were to be locked and that the key was readily available.

The Approved Provider’s written response included additional information, as well as the actions taken regarding the issues identified by the Assessment Team. These included:

* Gardeners and maintenance staff attending to the outdoor areas to tidy the area and maintain the footpaths.
* In response to the feedback received by consumers regarding the cleanliness of the service, the Approved Provider stated this feedback was not consistent with the feedback they received from consumers and representatives. In addition, the frequency of pest inspections and treatments was increased at the commencement of the renovations to ensure pests were not an issue.
* The indoor tarp was a temporary measure in place due to the renovations and has since been removed.
* The bag of used incontinence pads resulted from a staff error and had fallen behind accidentally. The bag was removed, and the surrounding area cleaned once staff were aware.
* The service has removed the incorrect signage on the fire equipment cupboard and requested an updated Fire Safety Information Plan. All other fire equipment signage has been checked.
* Staff have been reminded to keep the doors to the medication room and infectious waste bins to be locked.

Whilst I acknowledge the actions taken by the Approved Provider to address the issues identified by the Assessment team, at the time of the Site Audit, the service did not demonstrate the service environment was safe, clean, well maintained and comfortable. Due to the amount of issues identified and the potential of those issues to cause harm to consumers, I find the service was non-compliant with this Requirement at the time of the site audit.

*The other Requirements:*

The Assessment Team observed the furniture, fittings, and equipment at the service were safe, clean, well-maintained and suitable for the use and needs of the consumers. A consumer indicated the service was clean and comfortable and any issues with equipment were resolved by maintenance staff.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 confirmed they were encouraged, and felt comfortable, to provide feedback and make complaints. Staff were aware of the complaint and feedback mechanisms available to consumers and representatives.

Staff described the service’s complaints policy and indicated they supported consumers to make complaints or provide feedback. The service had processes which supported consumers to access advocacy and language services.

Consumers indicated the service took appropriate action in response to complaints and staff utilised an open disclosure process in responding to complaints. Staff described the complaints process and understood the use of open disclosure principles to resolve complaints.

Management advised feedback and complaints formed a part of the service’s continuous improvement plan. Consumers and representatives provided examples of the changes implemented as a result of feedback and complaints and were confident feedback and complaints were used to improve the quality of care and services.

# Standard 7

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| Human resources | | Compliant |
| 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 service demonstrated there were adequate staffing levels and mixes which enabled it to meet consumers’ needs. Management and staff described how they ensured there were enough staff to provide safe and quality care through reviewing the changing needs of consumers and ensuring the base roster was designed to cover the care of their consumers.

Management and staff were observed engaging with consumers in a kind and respectful manner, addressing consumers by their preferred names and assisting them around the facility. Consumers confirmed they were treated with care and respect.

Consumers and representatives confirmed staff had the required skills to provide care and perform their roles. Staff advised they undertook mandatary training and attended toolbox talks.

The service had systems in place to ensure staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Management described and provided examples of the service’s recruitment program and described how it monitored staff skills through observations and feedback from the Registered Nurse, consumers, and representatives.

Management monitored and reviewed the performance of staff through observations and established monitoring and feedback processes. Staff advised the service provided additional training in response to requests from staff.

# Standard 8

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| Organisational governance | | Compliant |
| 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 confirmed they were engaged in the development, delivery and evaluation of care and services. Consumers and representatives were engaged through a variety of ways including monthly consumer meetings, surveys and care planning discussions.

The organisation’s governing body demonstrated it had central policies and procedures to promote a culture of safe, inclusive and quality care and services. Management advised the organisation communicated with consumers and representatives through direct discussion, emails and memoranda.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, which included policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives possible and how to manage and prevent incidents.

The service demonstrated its clinical governance systems ensured the provision of safe and quality care, promote antimicrobial stewardship, the minimisation of restrictive practice and the use of open disclosure. Staff demonstrated an understanding of restrictive practices and the need to trial alternative strategies prior to implementing a restrictive practice.

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)