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: | Assessment Contact - Site |
| Activity date: | 30 May 2023 |
| Performance report date: | 22 June 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 Francis Retirement Community (**the service**) has been prepared by Tara Wurf, 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 - Site; the Assessment Contact - Site 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 received 21 June 2023 that accepted the findings in the Assessment Contact – Site Report, and
* the Performance Report dated 5 October 2022 for the site audit undertaken from 30 August 2022 to 1 September 2022 that found requirement 5(3)(b) non-compliant.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | 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 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and their representatives were satisfied with the meals and said they are tasty and there are alternative options available if consumers do not want what is on the menu.

Consumers and representatives said they have opportunities to give feedback in relation to the meals via consumer meetings, food focus groups, surveys, and directly with the service’s two cooks who regularly seek feedback from consumers regarding their satisfaction with the meals provided.

Staff have access to consumers’ nutrition and hydration needs and preferences through consumer information on the service’s electronic care management system. The cook and catering staff understood consumers’ individual special dietary needs and preferences, such as those consumers who require lactose-free or diabetic meals and drinks and other individual preferences.

The Assessment Team observed:

* A consumer being assisted by staff with a pureed meal with specific cutlery in their room.
* Consumers being asked their preferences for the dinner menu.
* The kitchen to be clean, and staff wearing appropriate personal protective equipment.

Based on the above, this requirement is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The Performance Report dated 5 October 2022 found the service non-compliant with requirement 5(3)(b) following a site audit undertaken from 30 August to 1 September 2022 because the service environment was not safe, clean, well maintained and comfortable. Deficiencies included:

* Gardens and outdoor areas were unkept and contained trip hazards and rubbish.
* Cytotoxic and clinical waste bins and the temporary medication room were not locked.
* Indoor floor-to-ceiling tarps held by tape or nails were not consistently secured.

The Assessment Contact – Site Report identified that the service has taken actions to remediate the deficiencies and improve its performance in this requirement. Improvements included:

* Completed renovations at the end of February 2023 which resolved the storage issues and removed the tarp.
* Daily monitoring of the environment by clinical care coordinators to ensure the environment is clean, there are no hazards, and rubbish and linen are appropriately stored.
* Engaged an external contractor who maintains the gardens monthly.
* Painted yellow lines on the edges of the footpaths and near drains to minimise the falls risks for consumers.
* Management said the cytotoxic and clinical waste bins are locked when there is rubbish inside, and the key is readily available for staff. Staff understood the process for cytotoxic and clinical waste management and how the bins are locked.

Consumers and their representatives were satisfied with the service environment and said it was clean, free from pests, easy to navigate and they can move through indoor and outdoor areas. They said maintenance issues are resolved quickly.

Staff understood the service’s processes for managing maintenance and gardening, cleaning, and laundry. The service actions preventative and reactive maintenance promptly.

The Assessment Team observed:

* the indoor and outdoor environments to be clean, comfortable and well-maintained
* consumers freely moving throughout the service
* the gardens and outdoor spaces to be well-maintained and the painted yellow lines on the footpath, and
* several common rooms and outdoor spaces for consumers to access and use.

Whilst the Assessment Team observed some equipment stored in common areas, management advised the service has limited storage space and consumers said there were no obstacles when moving through the service.

Based on the findings in the Assessment Contact – Site Report and the improvements made by the service, I am satisfied the deficiencies have been remediated and it is my decision that this requirement is compliant.

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)