Performance

Report

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| Name: | Calvary St Joseph's Retirement Community |
| Commission ID: | 0576 |
| Address: | 240 Maitland Rd, SANDGATE, New South Wales, 2304 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 September 2024 |
| Performance report date: | 1 October 2024 |
| Service included in this assessment: | Provider: 2496 Calvary Retirement Communities Limited  Service: 5428 Calvary St Joseph's Retirement Community |

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 Joseph's Retirement Community (**the service**) has been prepared by G Cherry, 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements 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 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 |

Findings

Sampled consumers and representatives consider consumer care is well-planned and meets current needs/goals, and preferences. Examples of satisfaction include management of falls and inclusion in care planning discussions. Registered staff demonstrate how risk is identified/assessed using validated tools to inform care plans outlining care/service delivery. Care planning documents demonstrate completion of a range of validated clinical risk assessment tools as part of admission process, regular ongoing review and when a change occurs. Risk assessments include falls, skin integrity, pain, mobility, behaviour, nutrition/hydration, medications, complex care requirements and recording of observations when required. Organisational policies/procedures guide staff practice. A review of one consumers documents evidenced some incorrect data transfer from the previous electronic care management system to the new, which was immediately rectified when bought to the care manager’s attention. They advised self-identification of incorrect data transfer responding by review of assessments and care plans to ensure accuracy. While the service demonstrates effective ongoing assessment and planning the assessment team note use of half bedrails not considered during assessment processes [refer requirement 3(3)(b)].

# 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 |

Findings

Requirement 3(3)(a)

The service demonstrates most clinical care is safe, effective, meets consumers’ needs and optimises well-being. Most sampled consumers and representatives’ express satisfaction with personal/clinical. Four clinical care coordinators (CCCs) have responsibility for care in each of four wings. Clinical care and incidents are discussed at daily meetings attended by CCCs, plus care manager and home manager who have overall responsibility for clinical oversight. Staff demonstrate knowledge of consumer’s individualised care needs. Review of documents demonstrate for most sampled consumers personal/clinical care is appropriately managed relating to complex care, wound, pain and diabetes management. Catheter management for 2 consumer’s demonstrates regular review/change as per directives, registered nurse (RN) attendance to wounds in line with wound management instructions and evaluation of healing progression. For one consumer requiring pain relieving medication due to chronic pain; clinical staff demonstrate methods to assist pain relief and documents detail geriatrician and dementia specialist review to assist with non-pharmacological strategies. Staff use validated pain management tools to regularly assess pain, with documented strategies for break-through medication when required and behaviour support plans detailing strategies prior to medication administration. A process ensures consumers living with diabetes have blood glucose levels (BGL) monitored in line with needs/directives. Parameters for optimum management are documented and reflects effective staff management. Staff demonstrate knowledge of individual requirements. The assessment team noted deficits in diabetic management plans for 2 consumers where updated parameters, for ‘as needed’ (PRN) administration of insulin (reflective in medication charts) had not been included. Review of BGL/medication chart/progress notes evidence appropriate diabetes management in line with medical officer directives. Management advised a nurse practitioner is currently reviewing all diabetic management plans to ensure currency following transfer of information to the new electronic care management system.

Requirement 3(3)(b)

A monitoring document details risks. Interviewed managers, CCC and RNs demonstrate an understanding of high impact/prevalence needs specific to individual consumers. The service enlists services of a nurse practitioner, wound specialist, geriatrician, and allied health professionals in the development of strategies/protocols to assist staff in managing risk. Consumers demonstrating unmet behaviours are referred to behavioural specialist/mental health services to assist with specialized care. Management and CCCs meet daily to discuss individual consumers clinical care ensuring interventions/strategies remain effective. Management and staff note falls and behaviour management as 2 main concerns. A review of documents relating to fall related incidents detail management procedures are followed, incidents are investigated, and strategies implemented to reduce/manage falls. For one consumer who experienced a fall, documents demonstrate vital signs/neurological observations completed before hospital transfer. Upon return to the service staff followed hospital discharge summary recommendations, physiotherapy review resulted in changed directives due to reduction in mobility. The care manager advised completion of additional clinical investigation for falls resulting in fracture/head injury to mitigate further risk. Documents for another consumer experiencing multiple falls demonstrate falls/pain effectively managed and staff demonstrate awareness of high impact risks associated with care.

A review of documents relating to consumers experiencing unmet/changed behaviours demonstrate generally appropriate management. Review of documents and staff interview detail 2 consumer’s recent involvement in a serious incident involving physical and verbal aggression. External providers were engaged to resolve the situation and prevent re-occurrence. Interviews and documents demonstrate consumer support, engagement with families and implemented strategies resulted in no further incidents and staff advise of monitoring processes to ensure compliance. A consumer living with complex care needs/decreased mobility expressed satisfaction with staff assistance relating to transfer, skin integrity, pressure relieving equipment, pressure area care and pain management. Another consumer’s complex care needs resulted in referral to a speech pathologist, and dietary changes leading to diminished appetite/unplanned weight loss. In consultation with the consumer, next of kin and dietician, a risk assessment resulted in subsequent dietary changes. A review of clinical indicator and associated medication incident data evidenced appropriate medication management. Clinical indicator data detailed reduction in incidents due to liaison with pharmacy/change of Schedule 8 patches and staff education. While the service has demonstrated a commitment to minimising restrictive practices, use of bedrails is not considered. Management conducted a review identifying 36 beds with attachments advising the organisation is committed to a bedrail free environment therefore risk assessment/consultation would occur to ensure compliance with minimisation of restrictive practices.

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)