Performance

Report

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| Name of service: | Calvary St Joseph's Retirement Community |
| Service address: | 240 Maitland Rd SANDGATE NSW 2304 |
| Commission ID: | 0576 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 |
| Performance report date: | 15 August 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 Joseph's Retirement Community (**the service**) has been prepared by T 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 Performance Report dated 6 July 2022 for the site audit undertaken from 9 to 13 May 2022, which found the service non-compliant with four (4) requirements; 2(3)e, 3(3)b, 7(3)a and 8(3)c.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The Performance Report dated 6 July 2022 found the service non-compliant with this requirement because review of consumers’ care and services was not consistent in relation to wound management, skin integrity, and weight management.

The Assessment Contact – Site Report identified evidence that the service had taken corrective actions and remediated the deficiencies. Improvements included:

* Education for registered staff on assessment and care planning completed in April 2023.
* Staff meetings, including:
  + weekly clinical and care staff meeting to review and monitor consumers with wounds, pressure injuries, or experiencing deterioration, and make referrals to other health professionals as required
  + daily management meetings to review incidents and risks to consumers, and
  + shift handover meetings where registered staff identify changes in a consumers’ care and direct staff to read care plans for details and further guidance.
* The clinical care coordinator monitors the care plan schedule to ensure reviews are completed.

The Assessment Contact – Site Report also included the following relevant findings.

Consumers and representatives provided positive feedback about their involvement in the service’s assessment and care planning processes. Representatives said staff regularly discuss consumers’ care with them, and any changes identified prompt a review of the consumer’s care and services.

Staff described how an incident triggers a review of the consumer’s care plan and, where relevant, other health staff are involved in the review.

Care documentation evidence review on both a regular basis, and in accordance with the three-monthly review and monthly resident of the day processes. Reviews were also completed when changes or incidents occurred. For example, care plans were updated following falls, changes in wounds or following weight loss (and review by a dietitian). For consumers with wounds, there was evidence of regular assessment by a wound specialist and daily review by a registered nurse.

Based on the findings in the Assessment Contact – Site Report, I am satisfied that the deficiencies have been remediated and care and service are reviewed regularly, and when incidents or changes occur. Therefore, it is my decision that this requirement is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

*Requirement 3(3)(b)*

The Performance Report dated 6 July 2022 found the service non-compliant with this requirement. Deficiencies related to management of high impact and high prevalence risks including pressure injuries, wounds and weight loss.

The Assessment Contact – Site Report identified evidence that the service had taken corrective actions and remediated the deficiencies. Improvements included:

* Introduced a high-risk register that is reviewed and monitored by the clinical care team.
* Various staff meetings:
  + Weekly care and safety meetings to discuss high care consumers, and provide education and information to staff.
  + Clinical meetings to review consumers, including those with wounds, pressure injuries, or experiencing weight loss.
* Staff education on various topics, including:
  + wound and pressure injury management
  + pressure injury equipment and devices, including the new equipment purchased by the service
  + documentation requirements for wounds and pain.
* Reviewed the skin integrity of all consumers at the service.
* Registered nurses attend to all pressure injury dressings and monitor the deterioration of wounds.
* Introduced regular reviews by dietitians, wound specialists, and physiotherapists for relevant consumers.

The Assessment Contact – Site Report also included the following relevant findings.

High impact, high prevalence risks to consumers are identified and managed. Staff described the main risks to consumers at the service, including falls, wounds, weight loss and swallowing difficulties and the risk mitigation strategies to manage these risks. Management review, trend and analyse clinical incident and quality indicator data, which is discussed at staff meetings and shared within the organisation. Consumers and their representatives were satisfied with the care consumers receive.

The Assessment Team reviewed a sample of consumers’ care documentation and found that risks associated with swallowing difficulties, falls, pressure injuries and wounds, pain, weight loss and changed behaviours were identified, monitored and effectively managed. Other health professionals such as speech pathologists, physiotherapist, geriatrician, medical officers, are involved in consumers’ care where required.

Based on the findings in the Assessment Contact – Site Report, I am satisfied that the deficiencies have been remediated and high impact and high prevalence risks associated with the care of consumers are effectively managed. Therefore, it is my decision that this requirement is compliant.

*Requirement 3(3)(d)*

The Assessment Contact – Site Report included findings relevant to this requirement.

Consumers and representatives reported that staff recognise, report and respond to changes in a consumer’s condition. Consumers said they felt well cared for and staff manage their care needs. Representatives said the service is very responsive when there are concerns.

Care staff advised they notify their supervisor if they have concerns about a consumer. Registered staff described the actions taken when a consumer’s condition changes or deteriorates.

The Assessment Team reviewed a sample of consumer files and found evidence of:

* For consumer A, staff regularly reported and escalated decline in the consumer’s cognition and condition. Referrals were made and reviews conducted by a medical officer, geriatrician, dementia specialist and dietician. Recommended strategies to support the consumer were documented.
* For consumer B, staff reported to the registered nurse the consumer had lost weight. A referral was made and the consumer was reviewed by a dietitian. Recommended strategies to support the consumer were documented. The consumer’s condition continued to be reviewed by a nurse practitioner and medical officer.

Based on the findings in the Assessment Contact – Site Report, it is my decision that this requirement is 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 |

Findings

The Performance Report dated 6 July 2022 found the service non-compliant with this requirement because workforce planning was not effective in ensuring the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services. For example, consumers and representatives reported delayed responses to calls for assistance and negative impacts on their care and services. Staff reported that they sometimes work short staffed.

The Assessment Contact – Site Report identified evidence that the service had taken corrective actions and remediated the deficiencies. Improvements included:

* Recruited more staff, including two registered nurses.
* Taking university students for placement and offering traineeships to attract new staff.
* Established relationships with multiple agencies to access to a larger pool of staff when needed.
* Increased advertising of positions vacant in both traditional and non-traditional ways.
* Installed a new call bell system.
* Implemented a new rostering and staff communication system to communicate shift vacancies and enable staff to accept extra shifts through a mobile phone application (app).
* The rostering clerk monitors the roster to ensure shifts are filled by service staff or agency staff.

The Assessment Contact – Site Report also included the following relevant findings.

Consumers and representatives said staff are available, respond to their calls for assistance, and are not rushed when providing care.

The Assessment Team observed care and registered staff delivering care in a calm manner. Registered staff said they have time to complete their tasks, including providing medications on time and attending to wound care. Staff said they regularly receive notifications on the app and can accept or decline extra shifts.

The service utilised agency staff during a recent COVID-19 outbreak to fill unplanned leave, when a number of staff were affected by COVID-19.

Call bell data was analysed and investigated where required. Recent reports demonstrated a decrease in call bell wait times.

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

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Performance Report dated 6 July 2022 found the service non-compliant with this requirement. Deficiencies related to organisational governance systems, specifically information management and workforce governance.

The Assessment Contact – Site Report identified evidence that the service had taken corrective actions and remediated the deficiencies in these areas. Improvements included:

* Updated the service’s policies and procedures and made these available to staff electronically and in hard copy.
* Monitoring consumer files to ensure documentation is completed and current.
* Reports on the service’s staffing levels, recruitment and call bell data is provided to the Board monthly.
* Management monitor staffing levels to ensure staff have time to complete care requirements and documentation and now use multiple agencies to access to sufficient agency staff as required.
* Installed a new call bell system. Call bell data is analysed and reported.
* Staff undergo annual performance reviews, and a schedule has been implemented to ensure reviews are completed when due.

The Assessment Contact – Site Report also included the following relevant findings.

The Assessment Team reviewed a sample of consumers’ care documentation and found progress notes and relevant clinical documentation were completed. Care staff and registered staff said they enter progress and clinical notes are into service’s electronic care management system in a timely manner, and that they have access to policies and procedures.

Consumers and representatives said care is provided in a timely manner and staff are responsive to their calls for assistance. Staff said they have sufficient time to deliver care and complete documentation.

The Assessment Team found the service has effective organisational governance systems relating to continuous improvement, financial governance, regulatory compliance and feedback and complaints.

Based on the findings in the Assessment Contact – Site Report, I am satisfied that the deficiencies have been remediated and the service has effective organisation-wide governance systems. Therefore, 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)