Performance

Report

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| Name of service: | Performance report date: |
| Calvary St Martin de Porres Retirement Community | 20 September 2022 |
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| Approved provider: | Activity date: |
| Calvary Retirement Communities Limited | 26 July 2022 to 28 July 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 Martin de Porres Retirement Community (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 provider’s response to the assessment team’s report received 8 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 | **Non-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

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 3(3)(b) – the Approved Provider ensures effective management of high impact and high prevalence risks, including monitoring that staff are following relevant policies.

# 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 considered they were valued and respected, and services provided to them were individualised and considerate of their identity. Staff described consumers’ backgrounds and preferences for personal care. Care plans reflected consumers’ diversity and preferences. Staff were observed interacting with consumers in a respectful manner and communicating suitably to meet consumers’ needs.

Consumers and their representatives said staff valued consumers’ diversity and cultural needs. Staff described how consumers’ values, culture and diversity influence service delivery and care. Care documentation was individualised and included relevant information relating to ethnicity, cultural practices and spiritual needs.

Consumers confirmed they were supported to exercise choice and independence, communicate their decisions and decide who is involved in their care. Consumers said they were supported to make and maintain relationships with others within and outside the service. Staff described how they support consumers to make choices and encourage independence, through providing options and regular care plan reviews.

Consumers provided examples of risk-taking activities they were supported to do. Care documentation showed risk assessments in place, which involved consultation with consumers, their representatives and medical officers when relevant.

Consumers confirmed they have the information they need to make choices about their care. Staff described how they support consumers in an inclusive and individualised way to make choices, for example, through the use of interpreters and communication aids.

Consumers said staff maintain their privacy, including when consumers have visitors. Staff described how they ensure personal privacy is respected and how confidential information is protected. Consumer care files were securely stored.

# 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

A range of assessments are completed on entry and reviewed as needed to identify consumers’ needs and to guide staff in the delivery of care. Staff described their role in the assessment and planning process and their understanding of assessed needs, goals, preferences and risks in relation to delivering safe and effective care, consistent with care planning documentation. Care plans include advance care and end of life planning information.

Consumers and their representatives are involved in the assessment and care planning process. They confirmed staff discuss relevant information regarding care planning. Care planning documentation confirmed input from other health professionals and services. Care plans are available to consumers, representatives and other health professionals.

Care documentation showed care and services are reviewed 4 monthly and in response to incidents and changes to consumers’ condition, needs and preferences. Representatives confirmed they were informed of any changes to consumers’ needs and preferences.

# Standard 3

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| Personal care and clinical care | | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team identified deficits regarding how the service manages high impact and high prevalence risks. Consumer feedback and staff evidence generally supported risks were being suitably managed.

The Approved Provider responded on 8 September 2022 and disagreed with the Assessment Team’s findings. The Approved Provider supplied additional information regarding how the service manages high impact and high prevalence risks and provided policies, clarifying clinical extracts and training records.

The Site Audit report identified one named consumer who experienced delays and did not receive care in line with their care plan. This resulted in an unsatisfactory meal experience and deficit regarding a specialised nursing need. The consumer also did not receive medication in line with their needs on one occasion. At the time of the Site Audit these concerns were raised with management, who described corrective action to be taken to prevent recurrence. The Approved Provider’s response acknowledged the deficits, stated they reflected one-off instances and the consumer was to receive regular checks due to call bell malfunctions. They said staff communication and training has since occurred, staff involved in the deficits have been counselled and call bell upgrades are occurring. I accept the consumer and Approved Provider’s comments that this was not reflective of a systemic deficit. However, I consider this example reflects non-compliance with this requirement as there was impact to the consumer.

One named consumer’s care plan was not up to date and did not provide sufficient information in the event of a change to their health status. Staff had not followed directives regarding escalating changes to a medical officer. During the Site Audit changes were made to care plans of consumers with the same health condition to address individualised strategies for those consumers. The Approved Provider’s response acknowledged the consumer’s plan was out of date and the deficit in managing the consumer’s changes. They gave evidence of the consumer receiving some reviews from a medical officer. They stated the consumer engages in behaviour which impacts their health status, which was documented as a risk of their choosing. Further staff training occurred and alerts created in the service’s care management system to ensure regular updates are made to the plan. I consider this example is reflective of non-compliance, as the risks associated with the management of the consumer’s health were not effectively managed.

The Site Audit Report noted deficits in post fall neurological observations for 4 named consumers, where observations were not recorded consistent with the service’s policies. During the Site Audit management acknowledged the deficits and said further staff training would occur. No negative consumer impact was identified as a result of the deficits, however I consider this reflects non-compliance with this requirement as care documents did not detail reasons for staff not following policies for high impact risks.

One named consumer left the service without following the service’s procedures, which was not identified in the consumer’s regular checks and no incident report was logged. The Approved Provider said the consumer not following procedures had been accepted by the consumer in a risk assessment, and the lack of documentation regarding regular checks was an oversight. They stated staff training occurred. Though no negative impact to the consumer was brought forward, I consider this example reflective of a high impact risk not being effectively managed.

One named consumer sustained an injury due to an accident, which was not reported on the service’s risk management system. The consumer was reviewed by staff at the time, however no record was made in their care plan. The Approved Provider stated there was confusion regarding whether the accident occurred at the service, medical officer review occurred 3 days later and following this information a record was entered into the risk management system. I accept the Approved Provider’s explanation and do not consider this example is reflective of non-compliance, also noting no adverse impact to the consumer was identified.

One named consumer did not wear medical garments in line with directives and strategies to encourage the consumer to follow the directives were not recorded. During the Site Audit management said the consumer may refuse to wear them, and acknowledged the deficit in documentation. I accept the consumer’s choice and agree there is a documentation deficit. However, as no further impact was brought forward I do not consider this reflective of non-compliance.

Though consumers and their representatives were satisfied with delivery of care and management of risks, I consider the number of deficits identified is reflective of inconsistent management of high impact and high prevalence risks. While I accept the Approved Provider’s actions, as they occurred during and following the Site Audit they cannot be considered as evidence of compliance.

Therefore, I find requirement 3(3)(b) is non-compliant.

I am satisfied the remaining 6 requirements of Quality Standard 3 are compliant.

Consumers and their representatives were satisfied clinical and personal care is delivered in a tailored manner which optimises consumers’ health and well-being, consistent with directives in care planning documents. Care delivery in relation to pain and skin integrity was delivered in a timely and appropriate manner.

# Care plans reflected consumers received end of life care consistent with their needs, goals and preferences. Staff described the way care delivery changes for consumers nearing end of life, and how they maintain consumers’ dignity and comfort.

Care plans and progress notes reflected deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. Staff described escalation processes and how they communicate changes between staff and with other health professionals.

Consumers and their representatives confirmed the service captured consumers’ preferences accurately and staff were aware of their needs. Staff described processes for sharing information within and external to the organisation and how external advice or assessments are incorporated into care plans. Staff handover documentation included relevant information to deliver care.

Timely and appropriate referrals were made to individuals, other organisations and providers of other care and services when required, evidenced through care documentation and confirmed by consumers and their representatives. Staff described how input from health professionals informs care and services for individual consumers.

The service has embedded infection prevention and control measures, and antimicrobial stewardship principles, into delivery of care and services. Staff demonstrated knowledge and understanding of antimicrobial stewardship and infection control practices, consistent with policies.

# 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

The Assessment Team recommended the following requirement was not met:

* Where meals are provided, they are varied and of suitable quality and quantity.

I have considered the Assessment Team's findings, the evidence documented in the Site Audit report and the Approved Provider’s response of 8 September 2022 and find the service compliant for this requirement.

Consumers and their representatives provided mixed feedback in relation to the meals provided by the service. Consumers reported they have choice of menus and snacks are available. The Assessment Team brought forward examples of 3 consumers who were dissatisfied with meal temperature, taste and texture. Staff said they were aware of negative feedback and have implemented a food focus group, engaged a new chef and purchased equipment to better maintain meal temperature.

The Approved Provider’s response acknowledged the mixed feedback, stated continuous improvement was already identified and described ongoing engagement with consumers to ensure satisfaction.

Regarding the named consumer who was not served their meal in line with their needs, this evidence was considered under Quality Standard 3 requirement (3)(b). I am satisfied that the service has consulted with the consumer and has implemented mechanisms to ensure the consumer can eat their meals. Therefore, I do not consider this evidence to support non-compliance with this requirement.

A further named consumer was observed waiting for dining assistance. The Approved Provider said this was an isolated instance. As no evidence was presented to support this was a systemic issue, I accept the Approved Provider’s response.

Regarding the named consumer who disliked meal ingredient texture, the Approved Provider said this was new feedback and the consumer had a speech pathologist review to identify dietary needs. The Approved Provider described planned actions to improve the texture for the consumer. I accept that the service has sought to accommodate the consumer’s preferences when concerns were raised and do not consider this evidence to support non-compliance with this requirement.

Regarding the consumer who reported meals were often served cold with missing cutlery and food items, the Approved Provider acknowledged this was being dealt with as part of their continuous improvement. I accept the service is working with the consumer to meet their needs.

The Approved Provider demonstrated they are working to improve meals for all consumers, with time needed to demonstrate effectiveness. Overall the meals provided were varied and of suitable quality and quantity.

Therefore, I find requirement 4(3)(f) is compliant.

I am satisfied the remaining 6 requirements of Quality Standard 4 are complaint.

Consumers described how the service supports their interests and provides activities according to their preferences. Staff described consumers’ interests, consistent with care planning documents, and explained how activities are developed based on consumers’ needs and preferences. Activities are tailored to suit consumers with differing levels of ability, including those with vision, hearing or cognitive impairment.

Consumers confirmed they felt supported with their emotional, spiritual and psychological well-being needs, including through community visitors and external religious services. Care planning documentation provides current and individualised information relating to spiritual and emotional needs. Staff described how they provide emotional support to consumers.

Consumers described, and care planning documentation evidenced, how the service supports consumers to remain connected to their communities both within and outside the service environment. This includes maintaining relationships in the community and going shopping. Staff described how they support consumers to do things of interest to them.

Information about consumers’ needs and preferences were effectively communicated within the service and with others. Staff described how changes are communicated through a verbal and documented handover process.

Consumers described, and care plans showed, referrals are made to other services and organisations to support consumers. The service engages other individuals and organisations to supplement the lifestyle programme.

Equipment provided is suitable, clean and well maintained. Observations evidenced well-maintained equipment and walkways were free from clutter. The service has an effective system for assessing equipment suitability and managing ongoing maintenance.

# Standard 5

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

## Findings

The Assessment Team recommended the following requirement was not met:

* Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

I have considered the Assessment Team's findings, the evidence documented in the Site Audit report and the Approved Provider’s response of 8 September 2022 and find the service compliant for this requirement.

Furniture and fittings were observed to be clean and well-maintained. Overall equipment was found to be clean and suitable. However, two consumers reported they had extended delays following use of their call bell.

One named consumer said they waited 40 minutes for the call bell to be answered after they fell, which led to them mobilising to seek assistance. The Approved Provider gave records showing the consumer received suitable care. The Approved Provider said they were unaware of the extended wait. I acknowledge the Approved Provider’s response and note no evidence was brought forward to demonstrate this was a systemic issue.

The Assessment Team also brought forward evidence from a named consumer who experienced a delay, also referenced at Quality Standard 3 requirement (3)(b). As referenced at that requirement, the service responded to the consumer’s feedback and implemented alternatives while the call bell system was being updated. While this example adversely impacted the consumer, I consider the Approved Provider was already implementing solutions at the time of the Site Audit.

As the deficiencies were not reported to be systemic and the Approved Provider was implementing improvement action, this action will take time to demonstrate effectiveness. I consider overall the service demonstrated furniture, fittings and equipment were suitable and well maintained.

Therefore, I find requirement 5(3)(c) is compliant.

I am satisfied the remaining 2 requirements of Quality Standard 5 are complaint.

Consumers considered they felt at home and found the service environment welcoming. Consumers’ rooms are personalised. The environment was adequately signposted. Staff described how signage is suitable for consumers with cognitive impairment and vision impairment.

Consumers said they were satisfied with the cleanliness of the service environment. Consumers were able to access indoor and outdoor areas of the service and move freely. Staff described the process for actioning service requests and a proactive and reactive maintenance plan was demonstrated as being effective.

**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

Overall consumers considered they are encouraged and supported to provide feedback and complaints. Staff described how consumers could make a complaint and expressed feedback is welcomed and encouraged. Consumers were observed providing feedback to management during the Site Audit. Feedback forms were located throughout the service.

Though consumers did not require advocacy and language services, the service demonstrated supports were available. Staff said they would use interpreters or contact representatives if needed to aid communication, and were aware of advocacy groups and how consumers access these.

Most consumers said their concerns were addressed appropriately and in a timely manner, and an apology is provided. Staff described actions taken in response to feedback and complaints. The service’s complaints register showed action occurs.

The service demonstrated it monitors feedback and uses it to identify trends and improvement opportunities. Consumer feedback surveys are conducted monthly, and trends are reported. Staff described complaint trends and outlined improvements resulting from consumer feedback.

**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

Consumers considered more staff could be rostered to meet their needs and preferences, however no significant impacts were identified because of usual staffing levels. Staff also considered additional staff rostered would allow them to spend more time with consumers. The service has processes in place to recruit staff and fill vacant shifts.

Consumers and their representatives said staff were kind and respectful. Staff were observed to be friendly and interacting with consumers.

Consumers and their representatives considered overall staff were competent and suitably trained. Staff said they were confident in their skills and they complete additional learning. Competency-based assessments occur for staff with particular duties.

Staff training topics are developed based on required knowledge, feedback and complaints. Staff described training they attended. The service tracks training completion.

The service has a performance framework which outlines the requirements and expectations of all staff, including an annual performance appraisal. Staff confirmed participation in the appraisal process.

**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 are engaged in the development, delivery and evaluation of care and services and are supported in that engagement though feedback mechanisms such as care plan reviews, regular meetings and focus groups.

The service’s Board meets with management, maintains awareness of the service’s performance and supports improvements. Communication occurs to consumers and staff through various means. Management described reporting mechanisms which ensures oversight and accountability, including audit results and risk reporting.

The service demonstrated it has effective governance systems relating to information management, continuous improvement, feedback and complaints. Financial and workforce governance are suitably addressed. Regulatory compliance is monitored through communication with other bodies and regular reviews.

The service maintains risk management systems and practices to manage risks, identify and respond to abuse, and report incidents. Staff gave examples of how they apply relevant policies and procedures to manage incidents.

The service demonstrated a clinical governance framework. Staff gave examples of how they promote antimicrobial stewardship, monitor use of restrictive practices and apply open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)