Performance

Report

**1800 951 822**

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| Name of service: | Calvary St Martin de Porres Retirement Community |
| Service address: | 26 Lorna Street WARATAH NSW 2298 |
| Commission ID: | 0454 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 June 2023 |
| Performance report date: | 20 July 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 Martin de Porres Retirement Community (**the service**) has been prepared by P. Sherin, 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 site audit report for the site audit conducted 26 July 2022 to 28 July 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 4** Services and supports for daily living | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers said staff treat them with dignity and respect and provided examples of how they feel valued and supported at the service. Care planning documentation reflected information regarding individual consumers' background, cultural diversity, personal preferences, and interests to guide staff practice in delivery of care and services. Staff described how various cultural days of significance are celebrated as part of the service’s lifestyle calendar.

Staff receive mandatory education via online modules and face to face sessions on consumer dignity, respect, and cultural safety. Review of training records identified 100% staff have completed this training.

The organisation’s documentation such as the diversity and inclusion strategy and consumer handbook outline an inclusive, consumer-centric approach to care and service delivery and the service’s commitment to ensuring consumers feel valued, respected, and included.

The assessment team observed staff engaging with consumers in a kind and respectful manner, such as by asking consumers for their preferences, knocking on doors before entering consumer rooms, seeking permission before providing care, and speaking respectfully to consumers.

# 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 |

Findings

The service has taken action to remediate deficits leading to non-compliance in this Requirement as identified under the Site audit conducted 26-28 July 2022.

The service demonstrated it is effectively identifying risk and implementing strategies for managing high-impact and high-prevalence risks to the care of each consumer. Consumers said they receive the care they need, and the service manages risks associated with their care. Care planning documentation identified information to guide staff practice in the management of high impact and high prevalence risks including but not limited to pain, falls, challenging behaviours, catheter care, and diabetes management. Care and clinical staff were able to describe strategies implemented to manage risks associated with individual consumers’ care and this information aligned with care planning documentation.

The service was found to be non-compliant in the previous Site audit due to being unable to demonstrate effective management of high-impact and high-prevalence risks associated with the care of each consumer. The service has implemented the following improvement actions to remediate these deficits:

* Staff have been provided training and education online and face to face on the management of high impact and high prevalence risk areas, including topics such as falls prevention, diabetes, and medication management. Review of training records and interviews with staff confirmed this has occurred.
* The organisation’s policy and procedure on managing high-risk care was distributed to all staff. Regular discussions with staff now occur on the importance of following policies and procedures relating to high impact and high prevalence risks. A review of staff meeting minutes confirmed this is included as a standing agenda item.
* The service is conducting 3-monthly falls audits to ensure compliance by staff with falls prevention and response protocol. A review of audit documentation confirmed this occurs.

Based on the information recorded above and the positive feedback received from consumers, it is now my decision this Requirement is compliant.

# 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 provided positive feedback in relation to food and the meal service, reporting the meals are varied and of suitable quality and quantity. Alternative meal options are available to consumers if they do not prefer the meals offered on the menu.

Information regarding consumers’ nutrition and hydration needs and preferences is available for staff to access through the electronic care management system and in the kitchen. Hospitality staff demonstrated knowledge of individual consumers’ dietary preferences, and the process of how the kitchen is informed of any changes to dietary requirements.

Review of meeting minutes identified consumers are engaged in monthly food focus groups to seek their feedback on meals and the dining service, and improvements are implemented.

The assessment team observed hospitality staff wearing personal protective equipment. Frozen and dried food in the kitchen were within dates for use and stored correctly. Consumers were observed to be enjoying their meals in a relaxed and comfortable dining atmosphere.

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)