Performance

Report

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| Name: | Calvary The Regent |
| Commission ID: | 3641 |
| Address: | 35-39 Regent Street, MOUNT WAVERLEY, Victoria, 3149 |
| Activity type: | Site Audit |
| Activity date: | 22 January 2024 to 24 January 2024 |
| Performance report date: | 16 February 2024 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd  Service: 27311 Calvary The Regent |

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 The Regent (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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 | **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

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 |
| 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

This Quality Standard is assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers reported feeling valued as individuals and advised staff were polite, respectful, and kind in their provision of care. Staff were observed being respectful during their interactions with consumers and were aware of individual consumer’s backgrounds and preferences. Care planning documentation reflected individual consumer’s background, beliefs, and preferences.

Consumers and representatives reported staff are aware of what is important to consumers and supported individual consumer’s cultural identities. Staff could describe how they meet the cultural needs of individual consumers such as supporting their religious practices and ensuring meals align with spiritual needs. The service had a statement of diversity which outlined the service’s commitment to providing respectful, culturally safe care and care planning documentation reflected sampled consumer’s cultural background, celebrations, and preferences.

Consumers said they were supported to make their own choices and decisions around their care and those involved in their care. Care planning documentation included information about each consumer’s relationships, social connections, choices, preferences, and goals. Staff described how they support consumers to exercise choice including to maintain relationships with those important to them.

Consumers described ways they were supported to continue to live the life they choose and do things important to them, even when this involves risks. Care staff were aware of the areas where individual consumers are supported to take risks, such as consuming alcohol and using kettles, and strategies to mitigate the risk. Care planning documentation for sampled consumers who chose to take risks included discussion with consumers about the benefit and potential harm in risk taking and captured information in individual risk profiles.

Consumers advised they are provided with up-to-date information to facilitate their daily living and care choices, including through in-person discussions, newsletters, activity calendars, announcements at the service, attending meetings, and reading the minutes. Staff described how they shared information with consumers and supported them to exercise choice, including being mindful of body language and facial expressions for consumers who have difficulty communicating. Information for consumers was observed to be available throughout the service, such as brochures in different languages and notices about current and upcoming events.

Consumers reported their privacy is respected and personal information is kept confidential. Staff described practices used to protect consumer privacy, such as knocking before entering the room, closing doors prior to care delivery, and discussing consumer care needs in private. Staff were observed conducting handover in a private area and maintained consumer confidentiality by using password protected electronic devices which they locked when not in use. The service had a privacy policy which explained how personal information is managed.

# 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 |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives confirmed assessment processes include consideration of risks to the consumer’s well-being, such as pain and changed behaviours. Management described the assessment and planning processes which are undertaken in partnership with consumers and representatives, including how risks are identified and assessed. Care planning documentation identified assessment and planning was completed using clinical assessment tools supported by a policy and procedure that guided staff in the assessment and care planning process.

Consumers and representatives said, and care planning documentation reflected, consumer needs, goals, and preferences, including end of life wishes, were identified and addressed during assessment and planning. Staff described how they assess consumer’s goals, needs and preferences with them on entry, and thereafter at care plan and monthly Resident of the day reviews, which includes revisiting discussions about end of life wishes if appropriate Staff were guided by policies and guidelines which direct a collaborative and comprehensive approach to assessment and care planning for end of life.

Consumers and representatives reported they are involved in care planning and assessment, as are others they wish to include. Staff described how they include allied health professionals and doctors when required, and how they partnered with consumers and representatives during the assessment process. The policy and procedure for assessment and care planning guides staff practice and identified consumers and representatives as partners in care planning and assessment.

Consumers and representatives said staff explain what is written in the consumer’s care and services plan and keep them updated. Staff described how they discuss and share information in the care and services plan with consumers and representatives and how information is available to those delivering care, including allied health professionals. Care planning documentation was observed to be readily available to staff delivering care via the electronic care management system.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed, including when an incident occurred or staff had concerns about a consumer. Staff said consumers’ care and services were reviewed every 3 months and outlined circumstances requiring an updated care and services plan review beyond this timeframe, such as incidents. Care planning documentation demonstrated evidence of reviews every 3 months and when circumstances changed, or incidents occurred.

# 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 |
| 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as being compliant.

Consumers and representatives advised delivery of personal and clinical care to consumers was satisfactory and tailored to the individuals’ needs. Management and staff demonstrated understanding of best practice principles in relation to use of restrictive practices, skin integrity, wound care, pain management and explained strategies developed for individual consumers which were reflected in care planning documentation. Evidence based policies and procedures guided staff in delivering best practice care.

Staff described the high-impact high-prevalence risks associated with consumer care, such as falls. Consumers and representatives reported satisfaction in the way risks associated with consumer’s care are managed. Care planning documentation evidenced high-impact, high-prevalence risks were identified, individualised strategies developed to minimise the risks and a suite of policies and procedures were available to guide staff.

Care planning documentation identified consumers received end of life care in a way that supported their comfort and dignity, with emotional and spiritual support considered. Management described how they adjusted the delivery of care for consumers nearing end of life, for example by reviewing and adjusting medication to maximise the consumer’s comfort. The palliative care policy promoted for consumers’ comfort is maximised, and their dignity preserved when receiving end of life care.

Staff reported they have guidelines to assist them in responding to a consumer whose condition deteriorates and described what they would do in response, such as completing observations, assessments, and referrals to other providers of care as appropriate. Available documentation included a policy to assist staff in managing a consumer whose condition deteriorates.

Consumers reported their needs and preferences are accurately communicated between staff and they do not have to repeat themselves. Staff explained how information is communicated, for example through care planning documentation and staff handover processes. Care planning documentation identified information about consumers was up to date and staff handover included details of changes in consumer’s condition, needs and preferences.

Consumers and representatives said when it is required, consumers had access to other health professionals and providers of care. Management and staff described the process for making referrals and advised the service has a network of internal and external care providers they can refer consumers to. Care planning documentation demonstrated referrals were appropriate and made in a timely way.

Consumers advised they are satisfied staff take precautions to minimise infection-related risks. Management and staff described infection prevention and control practices, how infection risks are minimised and the processes to promote appropriate use of antibiotics at the service. The service has an infection prevention and control lead team member and documentation such as an outbreak management plan guides staff practice.

# Standard 4

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| Services and supports for daily living | |  |
| 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as being compliant.

Consumers advised their needs and preferences are met in a way that enhances their quality of life. Care planning documentation identified, and staff described how, consumer needs, goals, and preferences are identified, recorded, and used to inform care and services, such as individual and group activities. Staff explained they adjust the level of support provided to a consumer to meet their needs and facilitate participation in activities.

Consumers advised staff supported their well-being, and were aware of their spiritual, emotional, and psychological needs. Staff explained how they monitored and identified consumers who may require emotional support and described the resources and services available to help consumers, such as volunteer visitors. Care planning documentation contained individualised strategies to support consumers’ well-being.

Consumers reported receiving support to maintain social relationships and do the things of interest to them. Staff described ways they supported consumers’ interests, social and personal relationships, and community connections, which aligned with information in care planning documentation.

Consumers advised communication about their daily living needs is effective. Staff explained how information about consumer conditions, needs, and preferences were shared relating to services and supports. For example, lifestyle staff communicated with care staff daily on how consumers are feeling to better target the delivery of daily activities. Staff were aware of individual consumer’s daily living preferences, and these were reflected in care planning documentation.

Consumers and representatives advised consumers are referred to and receive daily living support from external organisations when required. Staff explained they refer consumers to a variety of external support services, such as volunteers or dementia specialists for lifestyle support, and care planning documentation confirmed this.

Consumers were satisfied with the quality, quantity and variety of meals provided at the service and advised individual needs are catered for. Staff explained the menu was developed using consumer feedback and dietitian input to ensure adequate nutrition and offered a choice of meals and alternative options if required. Care planning documentation reflected consumers’ dietary requirements, which aligned with consumer feedback and meeting minutes identified consumers had provided feedback on a new menu. Staff offered consumers an alternative when they did not want a particular dish.

Consumers reported having access to equipment, which was clean, safe, and suitable to assist with daily living activities. Staff described how they maintained the safety and cleanliness of equipment for daily living purposes and documentation demonstrated maintenance was undertaken in a timely manner. Equipment for daily living supports was observed to be clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| 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

This Quality Standard is assessed as compliant as 3 of the 3 Requirements have been assessed as being compliant.

Consumers said they felt at home at the service and found it to be welcoming. Management and staff described how they supported consumers to feel at home in the service including by encouraging them to attend activities and involving consumer’s friends and family. Consumers rooms were observed to be decorated with personalised items and the service environment was welcoming, easy to navigate, promoted social interaction and facilitated movement for consumers of varying mobility levels.

Consumers considered the service environment is clean, well-maintained and supports their freedom of movement. Staff described the cleaning and maintenance processes and advised maintenance needs are attended to promptly, which was supported by review of documentation. Monthly audits are conducted to monitor the cleanliness of the service and identify where improvements could be made. The service environment was observed to be clean, tidy, well-maintained and consumers were moving freely indoors and outside.

Consumers and representatives advised the furniture and equipment were kept clean and in good condition. Staff described the processes to maintain the safety and cleanliness of equipment and furniture. Documentation identified effective systems and processes were in place to maintain oversight of preventative and reactive maintenance. Furniture and equipment throughout the service was clean, safe, well-maintained and suitable for the consumers.

# Standard 6

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| Feedback and complaints | |  |
| 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

This Quality Standard is assessed as compliant as 4 of the 4 Requirements have been assessed as being compliant.

Consumers advised they felt comfortable and were supported to raise concerns or provide feedback, for example, by speaking directly to staff, completing a feedback form, or through consumer meetings. Management and staff described the different ways consumers were encouraged and supported to provide feedback or make complaints and review of documentation including consumer meeting minutes identified consumers were encouraged to provide feedback about topics such as food, activities, personnel changes, and maintenance. Available feedback forms gave the option for anonymity and provided information about how to make complaints.

Consumers and representatives said they were aware of advocates and other ways of raising and resolving feedback. Management and staff described how they would support consumers in accessing advocacy and interpreter services. A feedback and complaints management policy provides information about internal and external methods for making complaints. Posters and brochures for advocacy organisations and the Commission were displayed at the service and available languages spoken by consumers at the service.

Consumers advised their complaints were responded to appropriately, staff discussed their concerns and offered an apology when things went wrong. Management and staff described how they would respond to complaints using an open disclosure process and documentation identified complaints were acknowledged and actioned appropriately. An open disclosure policy provided guidance to staff in responding to complaints which included apologising and, where relevant, explaining the steps taken to prevent a recurrence.

Consumers stated they are listened to, and improvements were made following their provision of feedback. Management described how feedback and complaints were reviewed and used to make improvements to the quality of care and services, such as reviewing the feedback register to identify trends and initiate improvements. For example, following consumer feedback, improvements to cleaning of the service environment were implemented. Documentation evidenced feedback and complaints were reviewed and used to inform improvements in line with the organisation’s feedback and complaints policy.

# 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 |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as being compliant.

Consumers reported the service had an adequate number of staff available to support their care needs without rushing, and advised their calls for assistance were answered in a timely manner. Management advised strategies were in place to account for emerging staffing needs, such as using a pool of staff from other nearby services. Documentation demonstrated adequate staffing numbers and skill mix were deployed across the service, including registered nurses available 24 hours a day, 7 days a week. Call bells were promptly responded to, staff were observed to be available, rooms were neat and tidy with no unpleasant odours or clutter.

Consumers and representatives considered that staff interactions with consumers were kind, caring, and respectful towards consumers’ including their culture and identity. Staff reported they received training related to cultural safety and described how they provided care to respond to consumer’s diverse needs, backgrounds, and identities. The service has a statement of diversity and inclusion outlining a commitment to provide respectful, culturally safe services. Staff interactions were observed to be kind, caring and respectful.

Consumers and representatives advised they are satisfied staff can capably meet their care and service needs. Management said they determine if staff are competent and capable in their role through recruitment processes and by analysis of training compliance, staff survey feedback and information gathered during annual staff performance development reviews. Documentation identified staff are appropriately qualified and position descriptions outlined the required qualifications, knowledge, and attributes for each role.

Staff said they received training to enable them to provide care to consumers and understand responsibilities and obligations related to their role. Management outlined the service’s induction, education and training processes and advised issues identified through monitoring processes are used to drive training for staff. Documentation evidenced the service undertakes the necessary employment checks and training covered a variety of topics relating to the Quality Standards, such as use of open disclosure, incident reporting obligations under the Serious Incident Response Scheme, and infection prevention and control principles.

Management advised staff are encouraged to participate in formal performance development reviews at least annually, although these are not mandatory within the organisation’s policy with reliance on informal monitoring processes, such as observations, staff feedback, and training participation. Staff described the performance review process and their satisfaction with it and documentation identified both positive performance and opportunities for staff development were discussed during the performance review process.

# Standard 8

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| Organisational governance | |  |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as being compliant.

Consumers and representatives said they were engaged in the development and delivery of care and services through feedback processes and consumer meetings. Management described how consumers were engaged in providing feedback such as through meetings, individual interactions, care review processes, and surveys. Documentation, including meeting minutes and completed surveys, identified consumers’ involvement in the development and evaluation of care and services.

Management described the organisational governance structure and outlined how the governing body was informed, involved, and accountable for the delivery of safe, quality care and services through executive committees and clear reporting lines to the Board. Documentation such as committee meeting minutes identified the governing body was involved and accountable for the delivery of care and monitoring compliance with the Quality Standards.

Management described, and review of documentation and staff interviews confirmed, effective governance systems covered information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Governance systems were effectively supported by policies, procedures, training and reporting mechanisms.

Management reported monitoring of clinical incidents, risks, trending and high-risk case management assist in the identification, management and mitigation of high impact and high prevalence risks for consumers and these inform reports provided to the governing body. Staff had received training related to incident management and the Serious Incident Response Scheme (SIRS) and were aware of their obligation to report incidents and the escalation process to notify management. Review of documentation identified reports made to the SIRS were managed and reported appropriately. Consumers described how the service supported them to take risks to live their best lives.

An effective clinical governance framework is in place which includes policies, procedures, and training to guide appropriate practice in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff could describe their role and responsibilities in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Review of the service’s Outbreak Management Plan included the role of the Board in overseeing any infectious outbreaks.

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