Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Calvary Trugo Place |
| Commission ID: | 3998 |
| Address: | 120 Mason Street, NEWPORT, Victoria, 3015 |
| Activity type: | Site Audit |
| Activity date: | 26 August 2024 to 28 August 2024 |
| Performance report date: | 2 October 2024 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd  Service: 27689 Calvary Trugo Place |

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 Trugo Place (**the service**) has been prepared by Katherine Richards, 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 Site Audit; 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 approved provider did not submit a response to the Site Audit report.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Consumers and representatives advised staff treated consumers respectfully, and valued their culture and background. Staff spoke of consumers in a respectful manner, and described how care and services were delivered to support the consumer’s identity and dignity. Care planning documentation reflected the consumer’s background, culture and preferences.

Consumers and representatives staff were aware of consumers’ cultural backgrounds, and received supports to meet their cultural preferences. Staff demonstrated an understanding of consumers’ culture and backgrounds, and described how the consumer’s culture influenced the delivery of their care. Policies were in place which outlined the organisational commitment to provide culturally safe and inclusive care.

Consumers and representatives stated consumers were supported to make decisions about their care and to maintain their personal relationships. Care planning documentation evidenced consumers’ choices regarding how their care was to be delivered, who was involved in their care, and their relationships of importance. Staff demonstrated awareness of consumer choices and gave examples of how they supported consumers to make decisions regarding their care and services.

Staff demonstrated an understanding of the risks associated with consumers’ choices and outlined the process to complete dignity of risk assessments to record and manage risks. Consumers and representatives advised consumers were supported to take risks and live the best life they can. Care planning documentation demonstrated risks were identified by the use of assessments, and the strategies to mitigate risks had been discussed with consumers.

Consumers and representatives confirmed they were provided with information which enabled them to make exercise choice. Staff outlined how information was provided to consumers through verbal and written communications, and described how they would adjust communication style to meet specific needs of consumers. The monthly activities schedule, menu and feedback information were observed to be displayed on noticeboards throughout the service.

Consumers and representatives confirmed the privacy of consumers was respected, and staff knocked on their bedroom doors prior to entry. Staff interviewed were aware of requirement to knock on consumer doors and seek permission to enter and securing information in locked nurses’ stations, however, some staff were observed to enter consumers’ rooms without knocking, and the nurses’ station was left unlocked with confidential information visible as staff had not logged off the computer system. In response to these issues, management created a continuous improvement initiative to remind staff to respect the privacy of consumers and the confidentiality of their information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Care planning documentation evidenced the risks to consumers’ health and well-being were assessed to inform the delivery of safe and effective care and services. Management advised of the assessments conducted during the consumer’s initial entry into the service to identify and manage risks and inform care delivery. Policies and procedures were in place to guide staff in the assessment and management of risks to the consumer’s health and well-being.

Consumers and representatives advised the consumer’s current needs, goals and preferences were assessed, and they had discussed their end of life wishes. Management stated advance care planning discussions commenced during the consumer’s entry into the service and were reviewed during regular care and service plan reviews. Care planning documentation reflected consumers’ individualised goals and preferences, and advance care directives.

Consumers and representatives confirmed they were involved in care planning discussions on an ongoing basis. Staff advised assessment and planning was completed in collaboration with consumers, representatives, allied health professionals and specialist providers of care. Care planning documentation evidenced regular consultation with consumers and representatives, and the discussion of changes.

Consumers and representatives reported they had been offered a copy of the consumer’s care and service plan, and were they could request a copy when required. Care planning documentation recorded that assessment and planning outcomes were communicated to consumers and representatives. Management confirmed care and service plans were regularly offered to consumers and representatives.

Care and service plans were reviewed for effectiveness on a regular basis and in response to changes in the consumer’s circumstances. Consumers and representatives reported they were engaged during care and service plan reviews, and made aware of any changes. Policies were in place to guide the regular review of consumers’ care and service plans.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Consumers and representatives advised consumers received safe and effective clinical care which was tailored to their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs, and the strategies in place to ensure the delivery of best practice care. Care planning documentation for consumers including those with complex care needs evidenced the delivery of their care optimised their health and well-being.

Management identified the high impact or high prevalence risks associated with the care of consumers, and described how these risks were identified and managed. Care planning documentation evidenced the risks to the consumer’s well-being were monitored, managed and reviewed for effectiveness following incidents. Consumers and representatives were satisfied with the management of the consumer’s high impact risks.

Policies and procedures were in place to ensure needs and preferences of consumers nearing end of life were respected, their comfort maximised and their dignity was preserved. Staff demonstrated an understanding of the care delivery changes for consumers nearing end of life. Care planning documentation for a late consumer evidenced the consumer’s pain was managed and their comfort was maximised.

Care planning documentation evidenced deterioration or changes in the consumer’s condition were recognised and escalated in a timely manner. Staff described the signs they monitored for which may indicate deterioration, including changed behaviours and increased frequency of incidents, and outlined the escalation process. Policies were in place to guide staff to recognise, support and respond to signs of deterioration.

Staff advised the consumer’s information was communicated through handovers, daily meetings, and reviewing the electronic care management system. Consumers and representatives reported consumers’ information was effectively communicated between staff, and representatives were made aware of any changes or incidents. Staff were observed to communicate incidents and changes in the consumer’s needs during clinical handover.

Consumers and representatives advised staff were prompt to refer consumers to specialist providers of care. Management outlined the various allied health professionals and specialists available for consumers to be referred to. Care planning documentation recorded referrals made to specialist providers in response to changes to the consumer’s condition.

Staff described the various infection control practices they adhered to, including the use of personal protective equipment, practicing hand hygiene and cleaning shared equipment. Consumers and representatives reported they observed staff to wear personal protective equipment and to wash their hands. Care planning documentation evidenced antimicrobial stewardship practices were followed in alignment with procedures. Management explained consumers had access to vaccinations through scheduled clinic visits.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Consumers and representatives advised the consumer’s daily living, needs, goals and preferences are supported, and their independence, well-being and quality of life is optimised. Staff were familiar with the needs and preferences of consumers, and described how they supported consumers to meet their goals by optimising independent participation.

Consumers and representatives confirmed the consumer’s emotional, spiritual and psychological well-being was supported, and consumers could attend regular religious services. Care planning documentation described how staff could support consumers’ emotional and spiritual needs. Staff advised they provided emotional support to consumers by spending additional time with them, encouraging them to engage in activities and facilitating phone calls with their family members.

Consumers and representatives reported consumers were supported to participate in activities within the internal and external community, maintain contact with people of importance to them, and engage in their activities of choice. The lifestyle activities calendar evidenced a range of activities were offered to consumers catering to their various interests. Staff outlined how they supported consumers to engage in external activities by organising weekly bus trips, and facilitating taxi services and volunteer supports to assist consumers to participate in the community.

Consumers and representatives confirmed the consumer’s information was effectively communicated between staff and with external organisations where responsibility for care was shared. Service and support staff advised they received current information regarding the consumer’s needs and preferences through the electronic care management systems and printed copies of information.

Consumers and representatives stated consumers had been referred for supports from external organisations, including volunteer services. Care planning documentation evidenced consumers were provided with timely referrals to volunteers, religious services, mental health supports and various other programs. Staff advised of the process to connect consumers with external supports to enhance the consumer’s emotional and psychological well-being.

Consumers and representatives were satisfied with the quality, variety and quantity of their provided meals. Staff advised the menu rotated on a monthly basis, and was developed in consultation with a dietician and tailored to the dietary needs and preferences of consumers. Care planning documentation outlined consumers’ dietary needs, preferences, allergies and meal texture requirements.

Consumers and representatives advised equipment was safe, comfortable and well maintained. Staff advised they had appropriate access to equipment to support the delivery of lifestyle activities. A range of lifestyle and leisure equipment was observed to be clean, well maintained and securely stored.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Consumers and representatives reported the service environment was welcoming, easy to understand and enabled consumers to maintain their independence. Management described how consumers’ sense of belonging was supported by encouraging them to personalise their rooms and bring in their furniture. The service environment was observed to be well-lit, spacious and fitted with directional signage to support navigation.

Consumers and representatives were satisfied with the cleanliness of the service environment, and confirmed consumers could move freely through indoor and outdoor areas. Staff advised the cleaning schedule included a daily clean of consumer’s rooms, communal areas and high touch points. Consumers were observed to move freely, and were able to independently exit the service.

Maintenance documentation evidenced reactive requests for repair were addressed in a timely manner, and the preventative maintenance schedule was up to date. Consumers and representatives advised equipment and furniture was safe, clean, well maintained and suitable for consumers’ needs. Staff advised how they reported maintenance issues, and confirmed any identified issues were promptly resolved.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Consumers and representatives advised they were supported and encouraged to provide their feedback and make complaints. Management advised consumers and representatives were supported to provide their complaints through completing feedback forms, speaking directly with management of staff, by email or during consumer meetings. Feedback forms and submission boxes were located throughout the service and accessible to consumers.

Consumers and representatives were aware of external advocacy services to raise and resolve their complaints but felt comfortable to raise their concerns directly with staff. Information regarding translation and advocacy services was observed to be displayed throughout the service and available in different languages. Management described the complaints and advocacy services available to consumers, and outlined how awareness of advocacy groups and roles was supported through presentations within consumer meetings.

Consumers and representatives confirmed their complaints were responded to appropriately, and staff contacted them to discuss their concerns. Staff demonstrated an understanding of open disclosure principles including providing an apology and transparent communication when things go wrong. The complaints register evidenced complaints were resolved in a timely manner and open disclosure was practiced.

Consumers and representatives confirmed their feedback and complaints were used to inform changes and care and service improvements. The continuous improvement plan evidenced feedback was analysed, trended and used to implement improvement initiatives. Management provided examples of care and service improvements made in response to feedback and complaints, explaining they actively sought feedback on potential improvements from consumers and within reporting trends.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Consumers and representatives mostly advised there were enough staff to meet the care needs of consumers in a timely manner. Some consumers stated there were not always enough staff but did not identify any impacts regarding the delivery of care. Management confirmed they were aware of these concerns and had recently increased staff rostering hours with ongoing monitoring undertaken to ensure consumer needs were met. Staff reported there were enough staff to meet the needs of consumers, reporting positive outcomes from recent rostering changes including being able to spend additional time with consumers.

Consumers and representatives stated interactions with staff were kind, caring and respectful. Staff described how they treated consumers with kindness and respect by ensuring they obtained consumers’ consent before providing care, and by maintaining an understanding of their needs and preferences. Management advised during recruitment processes they ensured staff responses aligned with the organisational values to provide respectful care to consumers.

Consumers and representatives advised staff were competent and knowledgeable to effectively perform their roles. Personnel records evidenced staff had the appropriate qualifications, skills, and training required for their roles, and as outlined within their respective position descriptions. Management reported they ensured the competency and capability of staff through observations of their performance, mandatory training, and recruitment and onboarding requirements.

Staff confirmed they received education on a range of topics to inform safe and effective care, including restrictive practices, fire training, manual handling, infection control and incident management. Management advised the completion of training was monitored, and reminders were sent to staff in response to outstanding mandatory training modules. Consumers advised staff were well trained and supported to deliver quality care.

Management advised the performance of staff was monitored through appraisals, observations, training competencies and a review of incidents and complaints, and outlined how they would address underperformance. Appraisal data evidenced most staff had undertaken a performance appraisal in 2024, with the remaining staff scheduled dates to complete their appraisal. Staff described the performance appraisal process, and advised they were felt comfortable to discuss their performance with management.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 found Compliant.

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services. Management reported consumers and representatives were actively engaged through feedback processes and various meetings, and outlined their action to form a Consumer Advisory Body. Consumer meeting minutes demonstrated consumers and representatives were actively encouraged to provide their feedback regarding their care and services.

Management outlined the organisational structure, which provided clear lines of communication and reporting between management and the governing body to ensure their oversight. A review of committee and governing body meeting minutes evidenced the Board was informed of clinical indicators, legislative requirement changes, improvement initiatives and high impact risks. Management advised key clinical data was centralised within an organisational database and accessible to the governing body.

Organisation wide governance systems were used to inform and oversee key service areas. Staff advised information was communicated by management through emails, handovers and care and service plans, and policies and procedures were accessible through the intranet. Management described the governing body’s oversight of expenditure, and outlined the process to request further funding to purchase equipment. Feedback and complaints were electronically recorded, and the governing body maintained oversight of improvement initiatives. Management advised of the workforce rostering systems and processes in place to ensure shifts were filled, and the needs of consumers could be met. Management reported regulatory or legislative changes were monitored by the governing body and communicated to the workforce as required.

Management described the processes to identify, manage and minimise the high impact and high prevalence risks to consumers. Policies and procedures were in place to guide staff practice to support consumers to live their best life through the identification of risks and the implementation of risk mitigation strategies. An electronic incident management system enabled real time notification of reporting to management, and evidenced instances of potential abuse or neglect were identified and investigated.

The clinical governance framework included policies, procedures and monitoring practices to inform clinical care delivery. Management advised staff were encouraged to use non-pharmacological strategies prior to referring a consumer for antibiotics, with auditing undertaken and reviewed within the medication advisory committee. Staff demonstrated an understanding of open disclosure practices, including by providing transparent communications and apologies, and investigating the incident. Management advised the use of restrictive practices were recorded and monitored, with ongoing review of effectiveness, and confirmed restrictive practices were to be used as a last resort.

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-1)