Performance

Report

**1800 951 822**

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| Name of service: | Calvary Trugo Place |
| Service address: | 120 Mason Street NEWPORT VIC 3015 |
| Commission ID: | 3998 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 May 2023 |
| Performance report date: | 22 June 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 Trugo Place (**the service**) has been prepared by S Byers, 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

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The service was found Non-compliant in Standard 3 in relation to Requirement 3(3)(g) following a site audit in March 2022 where it was unable to demonstrate:

* it minimised infection related risks through standard and transmission based precautions to prevent and control infection including maintaining an effective outbreak management plan.

At the May 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives expressed satisfaction with infection prevention and control measures at the service. The service has appointed an Infection Prevention Control Lead (IPC) who has completed relevant IPC lead training. Staff described recent fit testing for masks, along with regular training and competency testing in hand hygiene and Personal Protective Equipment (PPE) donning and doffing. This aligned with training and education documentation. Cleaning staff described cleaning processes including regular cleaning of high touch points. The services outbreak management plan was observed to be comprehensive, up to date with current practice and included a contingency plan for when the electronic system is unavailable. Most staff were observed to adhere to infection control practices, including the appropriate use of PPE. Clinical staff demonstrated an understanding of antimicrobial stewardship and the practices employed at the service to ensure antimicrobials are used appropriately

Based on the available evidence, I find Requirement 3(3)(g) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated it has effective risk management systems and practices in place supported by clinical governance frameworks, policies, and procedures with documented reporting mechanisms. Management and staff demonstrated understanding of incident reporting processes and risk management practices, that related to their roles and responsibilities. Document review demonstrated reportable incidents are identified, managed and reported appropriately.

Based on the available evidence, I find Requirement 8(3)(d) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)