Performance

Report

**1800 951 822**

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| Name: | Calvary Trugo Place |
| Commission ID: | 3998 |
| Address: | 120 Mason Street, NEWPORT, Victoria, 3015 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 April 2024 |
| Performance report date: | 2 May 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 L.Malone, 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 (performance assessment) – 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 assessed |
| **Standard 4** Services and supports for daily living | **Not Applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not Applicable as not all requirements 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)(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 |

Findings

Consumers and representatives were satisfied with the personal and clinical care consumers receive and described it as tailored to their needs. The assessment contact report provides examples of clinical and personal care provision related to the management of wounds, changed behaviours and the use of restrictive practices and pain management, and found evidence of best practice care which is tailored and optimises wellbeing.

In the management of pain, the service demonstrated the use of validated assessment tools by qualified staff and that pain is effectively monitored and managed for consumers with both medication and non-medication strategies. For consumers being treated for wounds, the service demonstrated care in line with the individual consumer’s care plan, regular nursing reviews and the involvement of a range of care providers such as medical practitioners, wound specialists and dietician to support adequate nutrition and wound healing. Consumers who present with changed behaviours due to dementia, and are prescribed a form of restrictive practice, were found to have individualised behavioural support plans which identified triggers and management strategies and documented consent from the consumer or their decision maker. Care documentation demonstrated the involvement of medical and dementia specialist care providers in developing behavioural support plans and regular review of effectiveness of implemented strategies.

Consumers and representatives described the care they receive as safe and were satisfied with the way risks to their health and wellbeing are identified and managed. The service identified falls as a high-impact, high-prevalence risk and demonstrated actions to prevent falls for consumers and, when a fall occurs care documentation demonstrated investigation of the contributing factors and reassessment of the effectiveness falls prevention strategies. The assessment contact report presents evidence that other risks such as those related to choking and nutrition are identified and managed with evidence describing consideration of the consumer’s goals and quality of life, comorbidities, multidisciplinary care approaches and practical strategies. Staff demonstrate knowledge of relevant strategies to manage risks to wellbeing for individual consumers and the information provided aligned with consumer feedback and care documentation.

I have considered the evidence, as summarised above and I find Requirements 3(3)(a) and 3(3)(b) to be Compliant.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and representatives provided positive feedback to the Assessment Team that the services consumers receive are safe and effective, and support independence, health, and wellbeing. Some consumers provided examples which described their preferences and how the service provides opportunities for them to participate in ways which are meaningful to the individual consumer. Staff could describe how consumer feedback and preferences inform the schedule of activities offered and demonstrated knowledge of consumers’ background, interests and goals. Care documentation provided information relevant to each consumer’s preferences and interests and strategies to support the individual consumer in the activities they wish to do.

Feedback from consumers and representatives was positive in relation to the quality and quantity of meals served. Consumer feedback presented in the assessment contact report describes the menu as varied, confirms consumers are offered choices of meals, and that their dietary requirements and preferences are catered for. Staff described how consumer feedback leads to menu changes and provided an example of a recent improvement made to the meals served based on consumer feedback. The service has a system to ensure consumers are served the right meal for their dietary requirements, changes are effectively communicated to staff responsible for meal preparation and service, and systems to support consistency in meal preparation, temperature and presentation.

I have considered the evidence presented in the assessment contact report, as summarised above, and I find Requirements 4(3)(a) and 4(3)(f) to be Compliant.

# 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 |

Findings

Consumers and representatives were satisfied with the number and mix of the workforce and commented staff attend to consumers promptly or that staff are helpful and take care when providing care and services. Staff provided feedback to the Assessment Team that the number and mix of workforce enables them to provide care which meets consumers needs including preventative care such as fall prevention, and described how work is reallocated when unplanned leave occurs. The service demonstrated how the workforce is planned in consideration of consumer needs, or acuity, processes to cover unfilled shifts in the roster through and how the effectiveness of the workforce deployed is monitored. Management described recent changes to staffing, and its positive impact on reducing the number of falls at the service. The Assessment Team viewed rostering documentation which demonstrated shifts are effectively covered through the processes described by staff and management and made observations of staff promptly attending to consumer’s care during the assessment contact.

I have considered the evidence presented in the assessment contact report, as summarised above, and I find Requirement 7(3)(a) to be Compliant.

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