Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Calvary Viewhills Manor |
| Commission ID: | 3609 |
| Address: | 55 Heatherton Road, ENDEAVOUR HILLS, Victoria, 3802 |
| Activity type: | Site Audit |
| Activity date: | 31 January 2024 to 2 February 2024 |
| Performance report date: | 10 March 2024 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd  Service: 5266 Calvary Viewhills Manor |

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 Viewhills Manor (**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 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 assessed as compliant.

Consumers and representatives advised consumers were treated with dignity and respect; and known and understood as individuals. Staff demonstrated understanding of backgrounds and preferences of consumers aligning to care planning documentation, explaining they adapted provision of care to the individual. Policies and procedures ensure staff interactions with consumers upheld dignity and respect whilst acknowledging individuality and diversity.

Consumers and representatives said the service recognised, acknowledged, and respected cultural identity of consumers. Staff outlined how they received cultural awareness training and demonstrated awareness of cultural care needs for consumers. Care documentation thoroughly reflected consumers' cultural needs and preferences.

Consumers and representatives said consumer choices relating to delivery of care, connections, and relationships of choice were supported. Staff explained how consumers’ independence was supported through decision making processes, and they supported couples to spend private time together if they wished. Care planning documentation outlined preferences, and the commitment to promoting consumer autonomy was outlined within the consumer handbook.

Consumers said they were encouraged to take necessary risks to maintain their well-being, with consultation on safety and assistance from staff to apply mitigating strategies. Staff demonstrated understanding of consumer risks and developed strategies, detailing how they assisted decision making about risks. Care planning outlined risks arising from consumer choices and management strategies, and policies and procedures informed assessment and support processes.

Consumers said they receive information and reminders to feel well-informed about care, activities, food choices, and special events, including through calendars, newsletters, and meeting minutes. Staff described how communication styles considered consumers with sensorineural changes, in line with needs and preferences. Written information presented to consumers was observed to be clear, easy to understand, and available in large print if required.

Consumers and representatives reported privacy was respected and personal information kept confidential. Staff explained personal information was kept confidential through securing computers when not in use, and nurses’ stations were observed to be locked when not attended. Staff were observed knocking on consumer doors and seeking permission to enter.

# 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 assessed as compliant.

Care planning documentation demonstrated assessment and planning used validated assessment tools to identify risk and develop management strategies outlined in care and services plans. Staff explained assessment and planning processes used to develop a care and services plan, following policies and procedures. Consumer risks and strategies for consumers were understood and explained by staff.

Consumers and representatives said they are consulted on needs and preferences, including for advance care and end-of-life planning. Clinical staff said they review needs, goals, and preferences during scheduled reviews and following change of need or condition. Care planning documentation outlined consumer advance care directives and end-of-life wishes where known.

Staff interviewed explained how they include consumers, representatives, and other providers to assess, plan, and review the consumer’s care and services. Consumers and representatives confirmed involvement through case conferences and within verbal updates and were aware of other providers involved in consumer care. Care planning documentation demonstrated input from consumers and/or representatives, and input from other providers and specialists.

Consumers and representatives described regular communication about care and services and could have a copy of the care and services plan if they wished. Clinical staff outlined how care and services plans were updated with outcomes of assessment and communicated to consumers and representatives. Care planning documentation demonstrated timely communication about consumer care changes, with case conferences summarised and identifying who was present and whether a copy of the care and services plan was offered and accepted.

Management and staff explained how the 3-monthly scheduled review of care and services plans was used to evaluate effectiveness, with interim reviews due to change of condition or incident. Monitoring processes ensured timely reviews were undertaken, with reviews flagged through the electronic care and management system and sampled care plans demonstrated review in line with policies and procedures with strategies adjusted in accordance with consumer needs. Consumers and representatives said they were aware of reviews, and changes were communicated.

# 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 assessed as compliant.

Consumers and representatives said individual needs were understood and met. Staff demonstrated awareness of consumers’ needs and explained how tailored care was provided in line with care planning documentation. Policies, procedures, tools, and engagement of specialist services were utilised to inform delivery of care that was best practice. Care planning documentation demonstrated evaluation of effectiveness of care to ensure consumer health and well-being needs were met.

Staff identified high impact or high prevalence risks relating to consumers, explaining these consumers and risks were flagged on written handover information to ensure staff awareness. Care planning documentation demonstrated monitoring processes and application of risk management strategies, and management described input of regional consultants and external specialists to assess and develop strategies, with additional training for staff. Consumers and representatives said consumer care risks were effectively managed.

Staff explained how they identified consumers’ nearing end-of-life through monitoring of deterioration, overseen by management through daily review of documentation, and care was adjusted to focus on pain management, comfort, and hygiene. Management advised palliative care specialists were engaged to guide best practice and ensure consumer needs were met, and staff received palliative care training. Representatives said they were well informed during end-of-life care and were complimentary about the care provided.

Consumers and representatives said changes to consumer condition were responded to quickly. Staff outlined training provided on recognising and responding to deterioration and clinical pathways, with management explaining changes were identified through handover processes, scheduled reviews, incidents, and monitoring processes, including daily review of documentation within consumer care files. Care planning documentation evidenced monitoring for change of condition, with timely and appropriate response.

Consumers and representatives reported information about consumers was known and understood by staff. Care planning documentation contained sufficient information to inform staff of needs, preferences, or changes. Staff said they received handover of changes to consumer needs prior to commencing each shift and can access care planning documentation or ask for more information if required. Management explained how information was shared with other providers, including through meetings as well as care planning documentation.

Staff described referral processes used to meet consumer needs, aligning with consumer feedback and documentation. Allied health staff said they received timely referrals with sufficient information. Policies and procedures were available to guide staff on referral processes. Care planning documentation demonstrated timely referrals to a range of services, including Allied health providers, dementia support specialists, mental health providers, dentists, and optometrists.

Staff said they received regular training on infection transmission and control processes. Documented policies, procedures, and an outbreak management plan supported the minimisation of infection related risks, including standard and transmission-based precautions. Management explained how change in consumer symptom or behaviours were considered for infection, with pathology collected to ensure appropriate antimicrobial use. Infection prevention and control leads were available to support staff, and internal audits and spot checks were conducted, and review and education undertaken following outbreaks.

# 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 assessed as compliant.

Consumers were aware of available services and supports and gave examples of how these were considered, understood, and used to enhance independence, well-being, and quality of life. This included examples from consumers of how they were supported to be busy and doing work of assistance. Staff explained how assessment and planning processes were used to identify needs and preferences, which were detailed within care planning documentation.

Consumers said emotional and spiritual support was available to meet their needs, and staff were quick to identify low mood and spend extra time if they were lonely. Emotional and spiritual needs were identified within assessment and planning processes, and regularly reviewed, with care planning documentation reflecting consumer and staff feedback. Staff said they paid close attention to the emotional well-being of consumers, were aware of when consumers were upset or feeling low and provided support in line with consumer preferences. Consumer spiritual needs were known and accommodated through religious services and pastoral visits.

Staff said they facilitated and encouraged consumers to pursue interest and participate in activities within the service and/or broader community and were aware of consumer interests. Consumers said they felt supported to engage in activities of choice. Lifestyle staff said social relationships were cultivated through coordinating social activities and providing a relaxed environment for consumers to chat and build relationships. Care planning documentation recorded activities of preferences, within the service and community, and personal and social relationships of importance.

Consumers and representatives said staff were familiar with needs and preferences. Staff in various roles, including lifestyle and kitchen, explained how they were informed of changes through verbal and documented processes.

Staff explained referral processes for services and supports, such as volunteers. Care documentation demonstrated timely referrals made to address the diverse needs of consumers, and consumer gave examples of timely referral and response.

Consumers and representatives described the food as of good quality and quantity with portion sizes appropriate to needs and choice of meals. Staff explained the seasonal menu was designed to align with consumer preferences, and feedback procedures and focus groups ensured consumer input, with dietitian review for nutrition. Consumer preferences and needs were documented and accessible to kitchen and care staff.

Staff confirmed maintenance and cleaning procedures were in place, along with reporting processes for equipment requiring attention, verified within cleaning schedules and maintenance logs. Consumers and representatives said equipment was regularly maintained, with safety checks and cleaning to ensure suitability for use.

# 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 assessed as compliant.

Consumers and representatives said the service environment was reminiscent of home, with personalised rooms, easy navigation and movement, and areas to entertain visitors. Areas were observed to be well-lit, with spacious communal areas, wide halls, and clear signage. Staff explained how they ensured the environment was free from obstructions and hazards through monitoring and reporting processes.

Staff outlined cleaning and maintenance processes, and preventative and scheduled maintenance records were up to date, with environmental audits undertaken to monitor the environment. Consumers were observed moving freely through communal and outdoor areas, and said the environment was always clean and well-maintained. Cleaning processes ensured regular cleaning of communal areas, with focus on contact areas, and consumer rooms were cleaned daily with a monthly deep-clean. Management said they were considering removing carpet in hallways to address damage and improve the environment.

Furniture, fittings, and equipment were observed to be safe, clean, maintained, and suited to consumer needs. Staff were observed actively checking, cleaning, and repairing equipment, and explained maintenance processes. Consumers said when fittings or equipment malfunction, repairs are prompt.

# 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 assessed as compliant.

Consumers and representatives said they felt supported and encouraged to provide feedback or make complaints, and were aware of various avenues, including speaking with staff, completing feedback forms, or discussing in consumer meetings. Staff outlined the processes followed in response to receipt of feedback, including escalation to senior staff, and management advised feedback was invited and encouraged. Information on feedback avenues and feedback forms were observed, and policies and procedures identified information was used within the improvement processes.

Staff and management could describe external complaint supports and how they would access them if required, with consumers and representatives verifying awareness of available services without finding a need for them. Posters and leaflets about complaint services, translation and interpreting assistance, and advocates were displayed and available in multiple languages, and outlined within the consumer handbook.

Consumer and representatives gave examples of how the service had responded when things went wrong, demonstrating timely and appropriate management. Staff detailed actions taken in accordance with an open disclosure process and received training on complaint management including application of open disclosure. Management advised they monitor feedback and complaints recorded within the electronic system, which flags actions and updates, prompting timely management through reminders.

Management said they analyse data from the complaints register to develop actions to improve the quality of care and services and evaluated with consumers and representatives, and this was benchmarked and monitored at an organisational level. Staff said feedback and complaints were discussed in staff meetings, and consumers verified improvements were made in response to feedback and complaints. Meeting minutes, notices, surveys, memoranda, continuous improvement plans, and other documents captured feedback used to inform improvements.

# 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 assessed as compliant.

Consumers, representatives, and staff said there were sufficient levels of staff to provide quality care to consumers. Monitoring processes considered feedback, clinical indicators, call bell response times, and ongoing review by management and rostering staff to ensure sufficient staff are scheduled, and current strategies ensure unplanned leave is covered. Representatives identified a recent increase in staffing, which management explained was to ensure adherence to care minute obligations, with additional nurses recruited to meet legislative requirements. Sampled rostering documentation demonstrated unplanned leave was covered through extended shift hours, reallocation of a ‘floater’ shift, and/or use of casual and agency staff.

Consumers said staff treat them kindly and respectfully, with interactions observed to be dignified and caring. Policies and procedures inform staff practice, including treating consumers with dignity and respect, and training is provided on the Code of Conduct, diversity, privacy, as well as interactions with consumers. Position descriptions outlined expected behaviours which aligned with the values of the organisation.

Consumers said staff were competent and held sufficient knowledge to provide care. Management explained processes used to ensure staff were competent and capable, tracking compliance with professional registrations, security checks, work visas, and other legislated requirements. Staff competency was monitored through supervision, performance appraisals, training competency assessment, and feedback. Position descriptions outlined roles, key responsibilities, and essential qualifications.

Staff described training, support, supervision, and professional development avenues, demonstrating understanding of the outcomes required within the Quality Standards. Training was provided relating to incident reporting and obligations, antimicrobial stewardship and infection control, application of restrictive practices, and use of open disclosure, amongst other relevant topics. Management detailed onboarding processes, ensuring sufficient training to perform roles and provide care and services.

Consumers and representatives said they could provide feedback to management on any concerns about staff performance, with appropriate outcome, although none reported it necessary. Staff said performance was monitored through participation in education and the annual appraisal process. Management said staff performance was monitored through assessment of competency, audit results, incidents, complaints, observations, and clinical data. Policies and procedures guided the monitoring of staff performance and management of staff when performance issues were identified.

# 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 assessed as compliant.

Consumers and representatives said they were engaged through feedback, within consumer meetings, or discussions with management and staff. Management outlined the range of ways consumer input was sought into the development, delivery, and evaluation of care and services, and provided examples of how information was used to make improvements. Consumers were aware of the development of the consumer engagement advisory committee, although management advised they were still seeking expressions of interest for involvement.

Documentation demonstrated how the governing body, consisting of the Board, subcommittees, and organisational management, maintained oversight of the service through analysis of audits and clinical indicators, with benchmarking across all services. Management described the governing body was responsible for development and updates to policies and procedures, communicated back to the service, staff, and consumers and representatives through emails, meetings, newsletters, and training.

Organisation wide governance systems included a framework of policies and procedures has been developed to outline expectations and inform staff practice. Monitoring and review of reporting and data by regional management in relation to incident management, workforce requirements and complaints, with oversight by the Board. Regulatory compliance was achieved through legal oversight, monitoring for changes which would trigger a review of relevant policies, procedures, communication, and training if required. Board meeting minutes included a standing agenda to review regulatory compliance and relevant changes.

The risk management framework enables staff to identify, manage, and/or escalate risks for review by management and relevant subcommittees within the governing body. It included policies, procedures, training, use of an incident management system, and oversight by management, who analysed incidents to identify trends. High impact or high prevalence risks were reviewed within Clinical governance and staff meetings, and reported monthly, and the framework included consideration of harm within risk assessment processes. All staff receive mandatory training on identifying and reporting abuse and neglect of consumers, irrespective of position held. The risk framework supported consumers to take risks to enable them to live their best lives.

The clinical governance framework emphasised quality, safety, clinical leadership, governance, and accountability, whilst placing consumers at the centre of care. Policies, procedures, and training informed best practice clinical care. Management advised analysis of care through clinical reports were analysed and used to identify improvements within staff practice. Antimicrobial stewardship, minimisation of restrictive practice, and application of open disclosure were understood by staff through training, policies, and procedures.

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