**Performance**

**Report**

**1800 951 822**

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| Name of service: | Calvary Community Care - ACT |
| Service address: | Calvary Health Care, Bruce Hospital, Cnr Belconnen Way and Haydon Drive BRUCE ACT 2617 |
| Commission ID: | 200959 |
| Home Service Provider: | Calvary Community Care |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 19 September 2022 |
| Performance report date: | 6 October 2022 |

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 Community Care - ACT (**the service**) has been prepared by A. Grant, 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.

# Services included in this assessment

**Home Care:**

* Calvary Community Care Services - ACT, 17252, Calvary Health Care, Bruce Hospital, Cnr Belconnen Way and Haydon Drive, BRUCE ACT 2617

**CHSP:**

* CHSP Personal Care, 4-7WHPKCG, Calvary Health Care, Bruce Hospital, Cnr Belconnen Way and Haydon Drive, BRUCE ACT 2617
* Domestic Assistance, 4-7WJ9N7U, Calvary Health Care, Bruce Hospital, Cnr Belconnen Way and Haydon Drive, BRUCE ACT 2617
* CHSP Transport, 4-7WHYTWO, Calvary Health Care, Bruce Hospital, Cnr Belconnen Way and Haydon Drive, BRUCE ACT 2617
* Flexible Respite, 4-7WJB9Z8, Calvary Health Care, Bruce Hospital, Cnr Belconnen Way and Haydon Drive, BRUCE ACT 2617

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (H Not applicable as not all requirements have been assessed CP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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 | | HCP/STRC | CHSP |
| 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** | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |

Findings

The outcome of a previous Quality Audit conducted on this service resulted in non-compliance in Standard 3, Requirement (3)(a), the Senior Quality Assessor that conducted this Assessment Contact identified the service initiated the following improvements since the last Quality Audit:

* Evidence analysed by the Senior Quality Assessor showed an audit of consumers with active wounds occurred. Evidence analysed by the Senior Quality Assessor showed the audit measured the service’s compliance with wound management as per the service’s wound management manual.
* Evidence analysed by the Senior Quality Assessor showed on 8 June 2022, the service’s wound management requirements and expectations were reinforced with the two brokered nursing services used by Calvary Community Care. During interviews with the Senior Quality Assessor management evidenced email confirmation from one of the brokered services confirming on 15 June 2022, wound management policies and procedures were passed to clinical staff who attend to consumer wounds.
* Evidence analysed by the Senior Quality Assessor showed updates were made to Calvary Community Care’s Client Assessment and Care Planning procedure in relation to acute wound care. The Senior Quality Assessor noted this requires fortnightly wound progress documentation.
* Evidence analysed by the Senior Quality Assessor showed a wound management competency was implemented and completed by a former registered nurse employed with Calvary Community Care. The Senior Quality Assessor noted based on evidence analysed that this will be a requirement for any future registered nurses employed directly with the service.
* Evidence analysed by the Senior Quality Assessor showed any clinical staff are required to acknowledge in writing that they understand the wound management manual and procedure requirements as per the services policy.

Evidence analysed by the Senior Quality Assessor showed Calvary Community Care’s wound management manual included gaining consumers’ consent for wound care and the use of weekly photography for internal registered nurses and two weekly photography for brokered services. Evidence analysed by the Senior Quality Assessor showed a Waterlow pressure sore prevention assessment is part of nursing assessments completed.

Evidence analysed by the Senior Quality Assessor showed in addition to the service’s regular scheduled audits, there is a High Prevalent Risk register to ensure consumers with high prevalence risks are identified, monitored and tracked. The Senior Quality Assessor noted the register records any potential risks to consumers, including pain, falls, bed poles and wounds. The register, evidenced by the service and analysed by the Senior Quality Assessor included the consumer’s details, wound location, date the wound was acquired, type of wound and date the wound healed. Evidence analysed by the Senior Quality Assessor showed the High Prevalence Risk register is reviewed at monthly National Quality Forum meetings where case managers attend and ensures there is oversight by clinical and upper management.

The Senior Quality Assessor analysed evidence and identified the following improvements had been implemented.

The Senior Quality Assessor noted the service is commencing a Client Deterioration Audit tool to track consumers’ deterioration and to ensure correct actions are taken. The Senior Quality Assessor noted the Client Audit tool was evidenced, and management advised the Senior Quality Assessor staff have completed training in consumer deterioration during case manager and support worker meetings.

Evidence analysed by the Senior Quality Assessor showed a recent staff training program in September 2022 which was evidenced. The Senior Quality Assessor noted this training guides staff in the early detection of changes in consumers’ condition including the signs of stroke and prompts staff to report for timely response. The Senior Quality Assessor noted a lanyard card with prompts has been provided to all staff.

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)