Calvary Millward

Performance Report

31 Blackburn Road
EAST DONCASTER VIC 3109
Phone number: 03 9841 1601

**Commission ID:** 3577

**Provider name:** Calvary Aged Care Services Pty Ltd

**Assessment Contact - Desk date:** 1 December 2021

**Date of Performance Report:** 23 December 2021

# Performance report prepared by

LGlass, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The overall Quality Standard is not assessed as only one of the four specific requirements has been assessed.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team’s desk audit review of this requirement finds that the service has implemented changes since the last assessment and meets the requirement. The service has reviewed its complaints process and made all stakeholders aware of how complaints will be managed. A plan for continuous improvement addressing the non-compliant requirements outlines how the service is rectifying and reviewing its processes. Ongoing meeting minutes since June 2021, for both consumers and staff outline the complaints procedure and maintain ongoing information and any updates on a monthly basis. A new complaint logging process assures confidentiality on the part of the complainant.

The majority of consumer and representative feedback was positive in regard to navigating the complaints process and its outcomes. Staff mostly demonstrated awareness of how to inform or assist consumers and/or representatives make a complaint.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The overall Quality Standard is not assessed as only one of the five specific requirements has been assessed.

## Assessment of Standard 7 Requirements*.*

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team’s desk audit review of this requirement finds that the service have implemented changes since the last assessment and the service meets the requirement.

Interviews conducted with consumer representatives, staff, management and document review support a finding that the service has made ongoing improvements in the level of staffing and call bell response times and that consumers are receiving safe and quality care.

Most consumer representative feedback in relation to staffing and call bell response times indicated that there had been an improvement in regard to call bell response times. All staff interviewed said that there had been a big improvement to bell response times. There is a new system and staff have been trained in the systems and procedures for call bell responses.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.