Performance

Report

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| Name: | Calvary Millward |
| Commission ID: | 3577 |
| Address: | 31 Blackburn Road, EAST DONCASTER, Victoria, 3109 |
| Activity type: | Site Audit |
| Activity date: | 12 March 2024 to 15 March 2024 |
| Performance report date: | 23 April 2024 |
| Service included in this assessment: | Provider: 2958 Calvary Aged Care Services Pty Ltd  Service: 2323 Calvary Millward |

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 Millward (**the service**) has been prepared by P. Wallner, 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 staff, consumers, representatives and others.
* other information held by the Commission.

# Assessment summary

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| 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

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| 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 confirmed consumers were treated with dignity and respect with their identities, culture, and diversity valued. Staff were familiar with each consumer’s background, culture and identity and would adjust care delivery around each consumer’s needs and preferences. Staff were guided by written policies and procedures to treat consumers with dignity and respect, while acknowledging their culture and identity. Staff were observed treating consumers with dignity and respect.

Consumers and representatives confirmed their cultural backgrounds and identities were consistently recognised and respected by staff delivering their care and services. Staff could identify consumers from diverse cultural backgrounds and articulate how they tailored care to meet their cultural needs and preferences. Care documents captured consumers' cultural backgrounds, needs and preferences to support culturally safe care.

Consumers and representatives said consumers were supported to make independent decisions about their care and services, choose who else was involved, and maintain their chosen relationships, including intimate relationships. Staff described how they empowered consumers to make independent choices and maintain relationships inside or outside the service. Care planning documents detailed consumers’ choices about their care and who else was involved in their care, and the relationships they wished to maintain.

Consumers and representatives expressed satisfaction with how consumers were supported to take informed risks to live the best life they could. Staff were aware of the risks taken by individual consumers and explained how they assisted them to comprehend and minimise the risks they took to live the way they chose. Care planning documents showed comprehensive identification and assessment of risks, along with strategies to mitigate the risks.

Consumers and representatives felt well informed, and said the service provided current, clear, easy to understand information about care and lifestyle activities to help them make informed choices. Staff described various ways they regularly communicated current information about available services, meals, activities and upcoming events to consumers. Information such as the lifestyle calendars, newsletters, and notices were displayed around the service.

Consumers and representatives confirmed staff upheld consumers’ privacy and kept their personal information confidential. Staff described their practices for maintaining consumers’ privacy and keeping their personal information confidential. The service had a written privacy policy to guide staff practice and staff were observed being respectful of consumers’ privacy.

# Standard 2

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| 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.

Consumers and representatives said assessment and care planning considered risks to consumers’ health and resulted in safe and effective care and services. Clinical staff described the initial and ongoing assessment and care planning processes and how risks were identified, and mitigation measures put in place. Care planning documents showed comprehensive risk assessments and care planning. The service had documented clinical policies and procedures to guide staff practice in the completion of risk assessments and care plans.

Consumers and representatives confirmed the assessment and care planning considered consumers’ current needs and preferences including their advance care and end of life plans. Clinical staff explained how initial care assessment captured consumers’ needs, goals and preferences and advance care and end of life plans, if consumers wished. Care plans documented advance care and end of life plans.

Consumers and representatives said they were involved as partners in the assessment care planning, along with other providers of care and services they chose. Clinical staff and care documentation confirmed the assessment and care planning involved partnering with consumers and representatives and other medical and allied health specialists they chose.

Consumers and representatives said they received regular updates about consumers’ health status and could have a copy of the care plan. Clinical staff detailed the processes for informing consumers and representatives about the outcomes of assessments, which were documented in care plans on the electronic care management system and copies offered to consumers and their representatives.

Consumers and representatives said consumers’ care was reviewed regularly and reviewed when circumstances changed, or incidents occurred. Clinical staff confirmed care plans were reviewed regularly and when consumers’ health status or care needs changed. Care planning documents confirmed they had been reviewed regularly and following an incident or change in circumstances.

# 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 |
| 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 the personal and clinical care was safe, effective, tailored to consumers’ needs, and optimised their health and wellbeing. Staff described how they delivered safe and effective personal and clinical care, tailored to consumer’s needs, in line with their care plans. Care planning documents reflected consistent delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer and consistent with best practice. Staff had access to training and documented policies and procedures to guide them in the delivery of best practice personal and clinical care.

Consumers and representatives stated high impact and high prevalence risks were effectively managed. Clinical staff explained how they monitored and managed high impact and high prevalence risks and described the management strategies in place. Care planning documents confirmed high impact and high prevalence risks to consumers’ health had been identified and were recorded in validated risk assessment tools with effective mitigation measures put in place.

Consumers and representatives stated they had conversations with the service about end of life care and were confident the end of life care provided by the service would ensure their comfort and dignity. Staff described the provision of end of life care and how they relieved pain, maximised the comfort and preserved the dignity of consumers. Care planning documents captured consumers’ end of life needs, goals, and preferences. Staff received training in palliative care and were guided by a policy and procedure on palliative care.

Consumers and representatives were confident staff identified a deterioration or change in consumers’ condition, and responded to it in a timely manner. Staff explained the processes in place for identifying and responding to changes or deterioration in consumers’ condition. Care planning documents showed consumers were monitored for changes in condition and staff had access to resources to guide them in the recognition and management of deterioration in condition.

Consumers and representatives were satisfied current information about consumers’ care was documented and effectively communicated between staff and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was documented in the electronic care management system and communicated effectively within the organisation, and with others involved in their care. Care planning documents showed information sharing between consumers/representatives, staff, medical officers and others involved in providing care.

Consumers and representatives said the service arranged timely referrals to appropriate other health professionals. Management and staff described the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives confirmed staff used appropriate infection prevention and control measures. Clinical staff described how they applied infection prevention and control measures and promoted antimicrobial stewardship. The service had a dedicated infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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)(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 and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Staff described how the lifestyle assessment documented the supports needed by each consumer to meet their needs, goals and preferences for daily living. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing.

Consumers and representatives confirmed the service supported consumers’ emotional, spiritual, and psychological well-being, and they could stay in touch with friends and family for comfort and emotional support. Staff explained how consumers’ emotional, psychological and spiritual needs were assessed and recorded during admission and updated over time. Staff provided examples of how they supported specific consumer’s emotional, psychological and spiritual well-being such as providing one on one support, religious services and pet therapy. Consumers’ care planning documents reflected specific strategies for each consumer.

Consumers and representatives said consumers were supported to participate in activities and events inside and outside the service and maintain important social and personal relationships. Staff described how they encouraged consumers’ lifestyle interests and helped them participate in the wider community and maintain their relationships. Care planning documents detailed the supports consumers needed to maintain their interests, participate in their community and maintain important relationships.

Consumers and representatives said current information about consumers’ daily living choices and preferences was effectively communicated between staff, and to other providers of services and supports. Staff described how they communicated current information about consumers’ condition and their needs and preferences for daily living. Care documents detailed adequate information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations providing care and services. Staff described how they engaged with external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services to support their diverse needs.

Consumers and representatives said consumers were mostly satisfied with the quality, quantity and variety of meals provided. Meals were prepared fresh on-site, and consumers had input into the meal menu through surveys, monthly food focus meetings and feedback mechanisms. The lunch and dinner menu provided 2 hot selections and dessert, and morning and afternoon tea were also offered. Staff said all meals and drinks were served according to consumer’s documented dietary needs and preferences. The kitchen was observed to be clean and tidy, and the dining experience appeared dignified and supportive to consumers.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for reporting maintenance issues and said equipment was regularly maintained and cleaned. The equipment appeared to be safe, suitable, clean, and well-maintained.

# Standard 5

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| 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 welcoming, comfortable, easy to navigate and they could personalise their rooms which made them feel at home. Consumers said they found it easy to move around the service and staff said they assisted consumers to mobilise anywhere they wanted to go. The service was observed to be well lit with clear signage and floor plans, and consumers were observed moving around freely and enjoying different areas.

Consumers and representatives said the service was safe, clean and well-maintained, and consumers could move around easily both indoors and outdoors. Consumers, representatives and staff knew how to report maintenance issues. Schedules and audit records confirmed the service was regularly cleaned and maintained. The service appeared safe, clean and well-maintained, and consumers were observed moving around freely both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were clean and well-maintained and they reported any maintenance issues to staff. Staff described procedures for keeping the furniture, fittings and equipment safe, clean and well maintained. The furniture, fittings and equipment were observed to be safe, clean, and well-maintained.

# Standard 6

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| 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 felt supported and encouraged to provide feedback and make complaints through avenues such as speaking directly to staff, feedback forms and meetings. Staff and management described how they encouraged feedback and complaints and the processes in place for managing complaints. Information about complaints processes, feedback forms and secure lodgement boxes were observed around the service. The service had a comprehensive written policy outlining the feedback and complaint processes.

Consumers and representatives were aware of alternative avenues to make complaints such as the Commission and of external advocacy services. Management and staff were aware how to access interpreter and advocacy services, and described how they supported consumers to access these services, including those with communication barriers. The Charter of Aged Care Rights and information regarding alternative complaint avenues, the Commission, advocacy and other services was displayed around the service.

Consumers and representatives detailed instances where the service took timely and appropriate action in response to complaints, and practiced open disclosure. Management and staff explained the training and procedures in place for managing complaints, and the use of open disclosure when things went wrong. The complaint register confirmed complaints were recorded and resolved promptly using open disclosure.

Consumers and representatives confirmed feedback and complaints were used to enhance the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities on the plan for continuous improvement. The plan for continuous improvement and other records confirmed feedback and complaints were used to improve the quality of care and services.

# 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 |
| 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 and representatives were satisfied with the level of care provided and felt there were sufficient staff to meet consumer’s needs. Staff and management stated they had the resources to provide the right level of care to consumers. Management said the organisation used staff/consumer feedback, clinical indicators and regular staffing reviews to ensure the workforce was sufficient to deliver quality care and meet the registered nurse and care minute requirements. Call bell records were reviewed and investigated daily, and staff were observed responding to call bells promptly.

Consumers and representatives said staff were kind, respectful and caring and knew what was important to consumers. Staff were familiar with consumers individual identity, culture, needs, and preferences. Staff were observed interacting with consumers with kindness and respect in line with the service’s policies and procedures and the Aged Care Code of Conduct.

Consumers and representatives confirmed staff were knowledgeable and competent in their roles, and they were happy with the care provided. Management described how they ensured staff met the qualification, registration and security requirements before they could commence their respective roles. Staff confirmed they received comprehensive orientation and completed mandatory competencies. Workforce records confirmed qualifications, professional registrations and security checks were monitored and current.

Consumers and representatives felt staff had the appropriate skills and training to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training and support to perform their roles. Management described the systems in place to recruit, train and support all staff members to deliver care in line with the Quality Standards. Records confirmed the service had effective processes in place to train and support staff.

Consumers and representatives confirmed they provided feedback about staff performance and the service acted accordingly. Staff said their performance was monitored through educational competencies and annual performance appraisals. Management detailed various ways staff performance was monitored, assessed, and reviewed including through observations, consumer feedback and annual performance appraisals. The service had a suite of documented policies and procedures to guide the monitoring and management of staff performance.

# Standard 8

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| 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 the service was well-run and they had input into the design, delivery, and evaluation of care and services through various meetings, surveys, care reviews and feedback processes. Staff and management stated consumers and representatives were encouraged to have input into the service which led to changes being made and provided examples. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers said the service environment was safe, inclusive, they were kept informed and received quality care and services. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards. Documents showed the service’s governance and policy framework supported a culture of safe and inclusive quality care.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board ensured the systems and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to monitor and manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management confirmed they analysed performance data such as incident trends which were reported to the Board leading to improvements in care and services for consumers.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and clinical staff said the service’s clinical governance framework functioned effectively and they were trained in the policies and supporting systems and processes.

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