Performance

Report

**1800 951 822**

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| Name of service: | Calvary Mirridong |
| Service address: | 92-100 McIvor Road BENDIGO VIC 3550 |
| Commission ID: | 3439 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 May 2023 |
| Performance report date: | 6 June 2023 |

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 Mirridong (**the service**) has been prepared by N Eastwood, 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 - Site; the Assessment Contact - 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 have been 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Desk Audit performed on 28 October 2021. At the time of the Desk Audit the service was unable to demonstrate appropriate care of consumer’s specifically in relation to falls risk and pain management.

The service has implemented several effective actions in response to the non-compliance identified at the Desk Audit. The service has increased staffing in the memory support unit, introduced a physiotherapy wellness and exercise program, education related to pain management, falls and deterioration and included consideration to psychotropic medication in the Falls Risk Assessment Tool.

During the Assessment Contact on 10 May 2023, the service demonstrated how they now effectively manage falls risk and pain management for consumers. The Assessment Team reviewed consumers files related to falls and pain management. The files demonstrated monitoring following falls, appropriate escalation of care where required and review of allied health professionals. There was further evidence of individualised strategies to assist with timed continence regimes and documented pain management charting, assessment, and administration.

Consumers and representatives confirmed improvement in falls incidents and their satisfaction with management of falls as they occur. Staff were able to describe individual strategies and extra monitoring provided to consumers at high risk of falls as well as techniques to assess pain. The Assessment Team reviewed education records which demonstrated falls, pain management, deteriorating consumer and continence care education is provided regularly to staff. The Assessment Team also reviewed falls and incident data from February 2023 to April 2023 and noted that service had no falls with serious injuries however there has been fluctuating falls statistics in recent months which management confirmed related to a specific scenario which had been resolved.

As a result, and with consideration to the implemented actions and available information I find this Requirement is now compliant.

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)