Performance

Report

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| Name of service: | Calvary Rye Sands |
| Service address: | 36-40 Weir Street RYE VIC 3941 |
| Commission ID: | 4580 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 July 2023 |
| Performance report date: | 11 August 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 Rye Sands (**the service**) has been prepared 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 6 Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **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 6

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| Feedback and complaints | |  |
| 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

The service was previously found non-compliant with requirements 6(3)(c) and 6(3)(d) following a Site Audit (the Site Audit) performed between 12 July 2022 and 14 July 2022.

At the time of the Site Audit the service was unable to demonstrate it was consistently reviewing and recording complaints or responding to complaints and feedback or using feedback and complaints to improve the quality of care and services.

The service has implemented several effective actions in response to the identified non-compliance including the introduction of an action plan committee, a call bell response time project, education, and training for staff to support effective logging of feedback and complaints, review of workforce recruitment and roster management.

At the site visit of 5 July 2023, the service demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Consumers and representatives were satisfied that management addresses and resolves concerns raised in within a reasonable timeframe. Staff demonstrated awareness of open disclosure and were able to explain how they inform and apologise to consumers and representatives when required. Management described open disclosure principles when handling feedback and complaints. The Assessment Team observed documentation demonstrating the service consistently records and responds appropriately to feedback and complaints. The Assessment Team also reviewed specific complaints and feedback documentation confirming the actions to address concerns were complete and the outcomes had been satisfactory with involved parties.

Consumers and representatives were satisfied that feedback, suggestions for improvement and complaints were reviewed and used to improve services. Management described the processes for analysis of feedback and how this is used to improve care and services to consumers. Consumers, management, and staff were able to describe improvements driven by consumer feedback. The Assessment Team observed the services Plan for Continuous Improvement (PCI) identifying policies and processes in place that improve the quality of care and services from feedback and complaints. The Assessment Team also reviewed documentation describing improvements arising from feedback and action plans involving Dementia Support Australia, General Practitioners and Representatives.

As a result, and with consideration to the implemented actions and available information I find these requirements now compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was previously found non-compliant with requirement 8(3)(c) specifically related to continuous improvement, feedback and complaints management following a Site Audit (the Site Audit) performed between 12 July 2022 and 14 July 2022.

At the time of the Site Audit the service was unable to demonstrate the plan for continuous improvement (PCI) had sufficient detail, and feedback and complaints processes were not consistently followed up.

The service has implemented several effective actions in response to the identified non-compliance including updates to the electronic complaints system, staff education, the introduction of a new Plan for Continuous Improvement (PCI) template and committees to monitor and review the PCI, consumer records, feedback, and complaints.

At the site visit of 5 July 2023, consumers and representatives confirmed they were satisfied the feedback and complaints system was being followed and agreed outcomes were actioned. Staff confirmed they have received training to assist with use of the electronic recording system and were able to explain the process for recording and actioning complaints and feedback. Management explained and demonstrated to the Assessment Team the implemented improvements in both recording actions for continuous improvement as well as responding to feedback and complaints. The Assessment Team reviewed the PCI for 2022 and 2023 years noting the template changes as outlined by management had been implemented. The new PCI template included the area identified as requiring improvement, an action, dates for both identification and proposed outcome, action, and reference to the relevant Quality Standard. The Assessment Team reviewed documentation which demonstrated the implementation of improvements and observed how the electronic systems are used to record feedback and complaints and continuous improvement.

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)