Performance

Report

**1800 951 822**

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| Name of service: | Craigcare Pascoe Vale |
| Service address: | 1A Virginia Street PASCOE VALE VIC 3044 |
| Commission ID: | 4175 |
| Approved provider: | Glenn-Craig Villages Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 October 2023 |
| Performance report date: | 14 November 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 Craigcare Pascoe Vale (**the service**) has been prepared by N Wapling, 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

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| Standard 6 Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** **Human resources** | **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 |

Findings

Consumers and representatives were satisfied that the service responds to feedback and complaints they raise and take action to resolve. Management demonstrated the oversight of feedback and complaints through a system that records, manages and actions complaints to reach a resolution. The system escalates a complaint to the organisational management if not resolved within set timeframes. Open disclosure is considered as required, and staff described open disclosure and their role when practicing this. The service is guided by policies and procedures to manage complaints and documentation demonstrated feedback and complaints are actioned and managed.

# 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 |

Findings

Consumers and representatives said consumers receive the care they require. Most consumers and representatives also said on occasions there was a delay in staff attending to consumer care needs. Most staff said the service has enough staff most of the time. On occasions when unplanned leave was not replaced, this influenced staff’s ability to attend to consumer care needs in a timely manner. Management described their consideration of consumer care needs in the arrangement of staffing and the ongoing monitoring. Staff and management described the increase in staffing in response to incidents of consumer falls occurring. Recent incident data demonstrated a decreasing trend in falls incidents following the staffing increase. Rostering documentation in September 2023 demonstrated overall staff consistency, appropriate skill mix, the use of agency staff with a small number shifts not replaced. Call bell response time data demonstrated trending and monitoring of response times, with the majority of response times within 10 minutes or less and investigations for delayed responses occurring as required.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)