Mercy Place Abbotsford Nursing Home

Performance Report

2 Clarke Street
ABBOTSFORD VIC 3067
Phone number: 03 9419 3933

**Commission ID:** 3436

**Provider name:** Mercy Aged and Community Care Ltd

**Assessment Contact - Desk date:** 4 October 2021 to 15 October 2021

**Date of Performance Report:** 18 November 2021

# Performance report prepared by

Vanessa Stephens, 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 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | 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 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 a desk assessment, review of documents, a walk-through video call at short notice, and interviews with staff, consumers/representatives and others.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team observed the service environment by requesting the provider conduct a walk-through via video call at short notice. The Assessment Team observed the environment to be clean and well maintained, enabling consumers to move freely both indoors and outdoors.

Consumer representatives described how cleanliness and maintenance of the service had improved over the past six months. The clinical care coordinator described requesting urgent maintenance for broken or malfunctioning clinical equipment. They advised repairs to clinical equipment are attended to promptly to minimise the impact on consumers.

Management described multiple improvements made to the service environment to enhance its cleanliness and to enable the free movement of consumers. The service provided documentation detailing costs for refurbishments being undertaken.

# 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found the service takes appropriate action in response to complaints. Consumer’s representatives described nursing staff being receptive to feedback, apologising when things go wrong, and taking steps to promptly resolve issues. Staff and management demonstrated an understanding of open disclosure principles.

It was not clear to the Assessment Team that complaints from the nursing home had been documented on the complaints register as two complaints appeared to be missing. In addition, the complaints register does not distinguish whether the complaint relates to the hostel or the co-located nursing home.

Notwithstanding documentation issues, verbal evidence from staff and consumer representatives indicates the service takes appropriate action in response to complaints.

# 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.