Mercy Place East Melbourne

Performance Report

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**Commission ID:** 3837

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

**Site Audit date:** 14 December 2021 to 22 December 2021

**Date of Performance Report:** 16 February 2022

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# Performance report prepared by

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# 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-complaint |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Site Audit; 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.
* The Approved Provider’s response to the Assessment Contact - Site report received 25 January 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, most consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

* Consumers stated they are treated with respect and spoke positively of the new management at the service.
* Consumers stated that they are encouraged to do things on their own.
* Consumers described how they are supported to actively engage with the wider community with independent visiting or with the support of family or carers.
* Care planning documentation reflect consumers’ needs, goals, interest, and preference to optimise their health and well-being. Consumers’ care plans contained information individualised to the consumers’ needs including how they spend their time.
* Consumers stated they are satisfied that their privacy is respected.

Staff demonstrated an awareness of consumers’ backgrounds and cultures. Staff demonstrated respect and an understanding of each consumer’s personal circumstances, which influenced the way they deliver care.

Care planning documentation contains information relating to the consumers’ background, history, interests and how they enjoy spending their time.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers and representatives considered they were involved in care planning including participating in ongoing assessments and planning of care. However, some representatives were not satisfied that risks associated with consumers’ care are adequately assessed and managed.

Care plans did not consistently guide staff practices to reflect consumers’ individual risks such as, responding to challenging behaviour, weight loss and skin integrity. Care planning documents do not consistently demonstrate consistency between assessment information and care plan interventions.

Care files sampled demonstrated that consumer partnerships are an ongoing part of assessment and care planning and are documented. Consumers and representatives have access to their care plans.

The service was able to unable to demonstrate that consumers’ care and services are effectively reviewed when their needs change or incidents occur.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team found assessment and care planning do not consistently consider risks and inform the delivery of effective care and services, particularly in relation to consumers’ behaviours and skin integrity. Care planning documents do not consistently demonstrate consistency between assessments and care plans. For example:

* One consumer who lives with dementia has a history of entering other consumers’ personal space. The consumer’s care plan has generic interventions to manage this behaviour that have not been effective and have not prevented incidents and injury to the consumer. The representative is dissatisfied with measures taken to address the risk to the consumer from co-consumers.
* A second consumer with pressure injuries secondary to vascular disease uses an electric scooter. Care planning documentation does not provide personalised strategies for the management of the consumer’s scooter or preparations required by staff to ensure correct and safe positioning of the consumer, prior to use. There are no inventions related to skin integrity risks associated with the use of the scooter and no interventions to minimise risk associated with reduced sensation in the consumer’s leg. The representative is dissatisfied with the manner in which the service has managed the consumer’s skin integrity risks.
* A third consumer’s care plans are not consistent with their mobility assessment which identifies that the consumer is a high falls risk due to loss of balance, has a slow shuffling gait and requires support to stand. This consumer’s care plan identifies that they are non-ambulant and requires staff assistance for all transfers with a lifting machine and a wheelchair for mobility. The consumer’s skin integrity care plan states that they are at risk of bruising and sustaining skin tears due to anticoagulant medication. The risk of potential bruising and skin tears through the use of the mechanical lifting machine has not been identified. The representative is not satisfied that risks associated with the consumer’s care have been adequately identified and addressed.

The Approved Provider’s response provides the following:

* In relation to the first consumer, inaccuracies in the report are noted including the fact that that there is no consistent trigger for the consumer entering other consumers’ rooms. The response notes the generic interventions recorded in the care plan are successful on five out of seven occasions. However, since the site audit, the consumer has been referred to Dementia Service Australia and a referral to a geriatrician is being considered.
* In relation to the second consumer it is noted that the consumer chooses not to have any assistance when using the scooter and will not engage in discussion regarding its safe use.
* In relation to the third consumer it is acknowledged that the consumer’s assessments and care plans are not congruent but note that staff use the correct information in the care plan and handover sheet to provide the consumer’s care.

The response notes that the Approved Provider had identified these documentation issue prior to the site audit and had commenced a review of all assessment and care planning documentation. This review was deferred due to the impact of COVID-19 on staffing.

I have considered all the information provided and I find this requirement is Non-compliant. Whilst acknowledging the service had identified deficits in consumer’s assessment and care planning documentation prior to the site audit and impact of the COVID-19 pandemic on the service being able to address these issues before the audit, the service was unable to demonstrate that risks associated with consumers’ behaviours and skin integrity are consistently considered through assessment and care planning processes to ensure the safe delivery of care.

### Requirement 2(3)(b) Compliant

*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.*

The Assessment Team found this requirement not met. I have come to a different view. I find that the deficits identified in the Assessment Team’s report relate to assessment and care planning not considering risks associated with consumer care, care plan interventions not being consistent with assessment information and care plans containing generic interventions. Therefore, I have considered this information under requirement 2(3)(a). I also note the Assessment Team found other areas of consumers’ assessment and planning, including the development of advance care plans and end of life plans are satisfactory. On balance, I find this requirement is Compliant.

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

The Assessment Team found this requirement not met because staff did not have adequate access to information about consumers’ needs through handover or care plan information. I have considered this information under Requirement 3 (3)(e). The Assessment Team also found that consumers did not have access to their care plans.

The Approved Provider’s response provides information demonstrating that the service does have a process for consumers and their representatives to access their care plans.

I am satisfied that this requirement is Compliant.

### Requirement 2(3)(e) Non-Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consume*

The Assessment Team found the service was unable to demonstrate that consumer incidents are effectively reviewed and actioned and that consumers’ care and services are not reviewed for effectiveness when circumstances change. Consumer care documentation sampled did not demonstrate incidents and changes to consumers’ condition were appropriately responded to. The Assessment Team recorded examples of two consumers, one whose weight was not effectively monitored and managed and a second, whose pain was not effectively monitored.

The Approved Prover’s response acknowledges that required monitoring and review processes were not undertaken for these consumers and notes the staffing challenges at the time.

I have reviewed all the information provided and find this requirement is Non-compliant as the Approved Provider was unable to demonstrate consumers’ care and services are effectively reviewed when their circumstances change

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Consumers and representatives sampled expressed dissatisfaction with care provided to consumers not optimising their health and well-being.

The service was unable to demonstrate that clinical care delivery is best practice, particularly in the management of pressure injuries, skin integrity, pain and restrictive practices.

The service did not effectively manage risks associated with consumers’ clinical care, in particular in relation to challenging behaviours, falls and weight management.

The service demonstrated an understanding of the end-of-life care needs of consumers and showed how this is care is managed for individual consumers.

The service did not demonstrate the effective implementation of practices to minimise infection related risks.

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements have been assessed as Non- compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found not all consumers are receiving appropriate personal or clinical care tailored to their individual care needs, particularly in relation to wound care. Consumers’ pain has not been consistently monitored. The service was unable to demonstrate restrictive practices are managed and monitored as required.

Wounds have not been managed effectively.

* One consumer who has sustained multiple wounds to lower limbs has a history of sepsis and reduced sensation in the left leg and foot. The Assessment Team found wound care documentation for the consumer does not show that all interventions recommended by the wound consultant were actioned, or additional strategies to prevent injury were introduced. The consumer developed seven wounds between November and December 2021.In early December 2021 a medical practitioner reviewed the consumer noted other areas were deteriorating and referred to a vascular surgeon. Four days after this review, staff identified the consumer had a temperature, that their ankle and lower leg were oedematous, and a new wound was present on the outer aspect of the left foot. The consumer was transferred to the hospital for treatment of sepsis secondary to wound infection. The consumer’s representative is dissatisfied with the monitoring of the consumer’s skin integrity and management of the consumer’s wounds stating that interventions were reactive in nature.
* A second consumer has a long term sacral pressure injury which is deteriorating. Pain charting had been completed and staff had documented signs of pain when attending to the wound. However, the consumer’s pain assessment does not mention monitoring pain in the sacral area when attending wound dressing. The service has engaged a wound consultant who last reviewed the wound in December 2021. The wound is now unstageable; this new classification has not been updated on the wound chart. There are inconsistencies with the wound measurements and evaluations of the wound documented. The consumer has an air mattress and heel booties to assist with maintenance of skin integrity. The representative stated that the consumer’s wound deteriorated during the COVID-19 restrictions.
* A third consumer sustained a sacral pressure injury which was incorrectly classified and described. Pain charting was not completed to monitor pain. The wound regime indicates staff attend to the wound daily. There were no wound chart or progress note entries for two days in December 2021. The consumer had an air mattress and heel booties to assist with maintenance of skin integrity. The wound was declared ‘healed’ on 16 December 2021. However, a wound photograph shows that the pressure injury is still evident. An incident report was not completed for pressure injury, as required by the skin integrity policy.
* A fourth consumer ‘s care plan identifies the consumer is non-ambulant, requires staff assistance for all transfers and requires a wheelchair for all mobility. The consumer sustained six wound injuries between October to November 2021 including skin tears, bruising and pressure injuries to bilateral heels. The consumer’s representative reported that poor continence management, manual handling practices and inadequate pressure care contributed to the consumer’s wounds.

In relation to pain, a fifth consumer experienced arm and shoulder pains due to a manual handling incident. While the general practitioner and the representative were notified following the incident, there were inconsistencies with the consumer’s pain charting at this time. Some days later, clinical staff identified pain in the consumer’s arms and shoulder during the transfers. The medical practitioner prescribed strong analgesia. There was no evidence of any pain charting initiated by staff, following the identification of this pain.

Consumers prescribed psychotropic medications as a chemical restraint are not monitored and reviewed as required. Informed consent is not consistently recorded. Clinical and care staff interviewed did not demonstrate an understanding of chemical restrictive practice and behavioural management. Required assessment and monitoring in relation to the use of environmental restrictive practice has not been undertaken

The Approved Provider’s response provided the following:

* In relation to the first consumer, the response notes the service staff were carrying out the required skin checks but acknowledges that these were not recorded.
* In relation to the second consumer, the response notes issues with the service’s electronic clinical management system when updating wound classifications.
* In relation to the third consumer the response states a data entry error by a staff member that lead to the pressure injury being described as healed. It acknowledges that no incident report was recorded for this injury due to human error and workload at the time.
* In relation to the fourth consumer the response acknowledges the representative’s concerns about the management of the consumer’s wounds and provides a review into the consumer’s skin integrity issues recently undertaken by the service. The review indicates that regular checking of the consumer’s skin occurred as per the wound consultant recommendations, a podiatry and general practitioner review occurred after the wound consultant review, and no changes were seen in the consumer’s heels until the blisters developed.
* In relation to the fifth consumer the response acknowledges that a pain chart should have been commenced following the identification of pain.
* The response notes that the organisation’s governance committees were aware of deficits in the service’s management of restrictive practice. Work is now underway to assess all consumers against the organisation’s updated restrictive practices procedure and flowchart.

I have considered all the information provided and find this requirement is Non-compliant. The Approved Provider was unable to demonstrate consumers receive safe and effective clinical care, particularly in relation to pressure area care and pain management. Restrictive practices are not identified and managed to optimise consumers’ health and wellbeing.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that the service could not demonstrate effective management of risks associated with consumers’ challenging behaviours, falls and weight management.

* One consumer living with Alzheimer’s disease and anxiety disorder, is at high risk of falling. The consumer was subjected to two physical altercations after entering another consumer’s room and in the same period, experienced falls, resulting in bruising and skin tears. The consumer’s behaviour care plan lists behaviours including intrusiveness. However, specific triggers are not identified for these behaviours, generic terms such as confusion or behavioural and psychological symptoms of dementia are used. The Assessment Team found the service has not reviewed the effectiveness of current behavioural strategies or sought external support from other agencies to assist with the management of the consumer’s behaviour.

This consumer’s care plan indicates that they need one staff member to assist with mobility and regular visual sighting. The consumer was observed numerous occasions throughout the audit wandering unsupervised in hallways, shoes on wrong feet or not on at all, with limited staff interventions. When staff did intervene, they redirected the consumer to their empty bedroom. In October and November 2021, the consumer experienced five falls resulting in bruising and skin tears. Post fall neurological monitoring was not completed as required. Since the end of November 2021, the consumer has had additional falls mitigation strategies in place including door sensors, floor sensors, and night light in the toilet. However, documentation review demonstrates that staff frequently turn sensors off due to repeated alarms whilst the consumer is sleeping.

* A second consumer who lives with dementia is non-ambulant and a high falls risk was found crawling out of their bedroom. The consumer was assessed for injury prior to being returned to bed. Four staff manually assisted the consumer as the hoist was not working. Post-fall observations were not completed for the next twenty-four hours as required by the fall management policy.
* There were delays in responding to weight management issues for a third consumer. This consumer’s weight chart shows an ongoing loss of weight over the last five-and-half months. There was no evidence of food and fluid intake charting for the consumer since June 2021. Clinical staff reported that the consumer had difficulty swallowing normal meals and that their meals were changed from normal to minced moist in November 2021. The consumer’s representative reported that the consumer was assessed by a speech pathologist in November and a dietitian in December 2021 after they had made a complaint. The consumer’s care plan states staff are to assist the consumer with meals. During the site audit the Assessment Team observed care staff did not always assist the consumer with their meal as required.

The Approved Provider’s response includes the following.

* In relation to the first consumer, the response disputes the accuracy of parts of the Assessment Team’s findings but notes the consumer has been referred to Dementia Service Australia, and a referral to a geriatrician is being considered. The response notes that there have been issues with the consumer’s sensor alarms going off without any movement, but that these are being addressed by maintenance staff.
* No information was provided in response in relation to the second consumer.
* In relation to the third consumer, the response acknowledges that a food and fluid chart was not commenced following the consumer’s weight loss, but one was commenced during the site audit. The response also demonstrates that the consumer was reviewed by a speech pathologist in September 2021 when an easy chew diet and moderately thick fluids were introduced. At this time the speech pathologist also recommended to reduce extra serves of dessert /cakes etc, which the response states should have triggered a dietitian review and may explain some of the consumer’s weight loss. The consumer was reassessed by the speech pathologist in November 2021 on request of the representative. Since the site audit staff have been reminded that decisions about the type of assistance required by consumers who have swallowing difficulties, is not a decision made by staff and to follow the directions on the care plan.

I have considered all the information provided. I find this requirement is Non-compliant. The Approved Provider was unable to demonstrate that the consumers reviewed had effective strategies to reduce the risk associated with behaviours and weight management. The approved provider was unable to demonstrate consumers at risk of falls have effective falls prevention strategies in place and that post falls monitoring consistently takes place.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

While the Assessment Team found this requirement to be Non-compliant, I have come to a different view. The Assessment Team notes that care planning documentation and progress notes generally does reflect the identification of, deterioration or changes in function, capacity, and condition. However, the Assessment Team provides examples of two consumers whose deteriorating wounds were not responded to in a timely manner. One of these consumers also experienced weight loss, the reason for which could have been identified earlier. I have considered this information under Requirement 3(3) (a) and (b). I find this requirement Compliant.

### Requirement 3(3)(e) Non-Compliant

*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.*

The Assessment Team identified staff did not receive effective handover information. At the commencement of the site audit there was a verbal handover and staff taking handwritten notes at shift change. During interviews, new clinical staff were unable to demonstrate an understanding of some of the sampled consumers’ key care needs and risks. On the second day of the site audit management implemented new handover sheets and processes.

Whilst acknowledging management’s responsiveness during the site audit in introducing new handover processes, at the time of the site audit staff relied on a verbal handover and new staff were unable to easily access information about consumers’ risks and care requirements.

I have reviewed all the information and find this requirement is Non-compliant.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found this requirement not met. I have come to a different conclusion. The Assessment Team noted most consumers and representatives are satisfied referrals occur to health professionals when needed. A range of services are available, and referrals occur as needed to speech pathologists, dietitians and physiotherapists. While the Assessment Team noted two occasions of delayed referrals I have considered this information under Requirements 3(3) (a) and 3(3) (b).

On balance I find this requirement is Compliant.

### Requirement 3(3)(g) Non-compliant

*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.*

The Assessment Team found that the service did not demonstrate effective strategies to minimise infection-related risks through standard precautions and other infection prevention strategies. Specifically, the Assessment Team observed multiple and frequent instances of staff failing to comply with the effective use of face masks. Additionally, the Assessment Team noted there was a lack of reminder signage and equipment available to clean high touch point areas and shared equipment.

* The Assessment Team observed staff working in all areas of the service not optimally wearing their masks and were not performing hand hygiene after touching or readjusting their masks. The Assessment Team observed staff on numerous occasions removing or lowering their face masks to talk with consumers, visitors, or other staff.
* The Assessment Team observed a lack of reminder signage and disinfectant wipes available at high touchpoints such as coffee machines, vending machines, shared lifting equipment, and computer monitors within the office areas.

The Approved Provider submitted the following information in their response.

* Mercy Health regularly sends out reminders to staff regarding all the various COVID-19 prevention actions that are required. It is the manager’s responsibility to review staff practice on a daily basis and manage any staff performance issues.
* Cleaning of shared clinical equipment is audited on a regular basis with signage and wipes replaced, if found to be missing. All gaps in equipment signage and availability of antiseptic wipes were addressed during the Site Audit.
* Unannounced visits by the organisation’s infection control nurse consultant are planned to review these practices on an ongoing basis.

I have considered all the information provided. Whilst acknowledging the actions taken following the site audit I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate minimisation of infection related risk due to inadequate staff infection prevention practices.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being. For example:

* Consumers stated they are supported by staff to maintain emotional, spiritual, and psychological well-being.
* Consumers reported that the service enables them to maintain social and personal connections that are important to them. Consumers’ relationships are supported, with individual interests documented, and staff are able to articulate individual consumer preferences.
* Overall consumers are satisfied with the choice of meals offered and can have alternative meals based on their personal preferences. Consumers stated the service proactively seeks feedback on the meals served at the service.

Staff provided examples of how they assist consumers to maintain their independence, health, wellbeing and quality of life by assisting them to access activities.

The Assessment Team observed lifestyle staff engaging with consumers in activities such as group exercise classes. Consumers are supported to participate in activities according to their individual needs, with a variety of activities available that are adaptable for consumers with varying levels of capacity and function. The Assessment Team observed equipment and resources generally clean and well maintained.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of the equipment. The team also examined relevant documents.

Overall, sampled consumers considered they are safe and comfortable in the service. For example:

* Consumers stated that they feel safe and well cared for in the service.
* Consumers expressed satisfaction with the prompt and responsive maintenance services and the variety of equipment available for individual needs.
* Representatives stated they feel welcomed when visiting consumers.

The Assessment Team observed signage in the service that was appropriate and at various height levels with words and pictures being utilised.

The Assessment Team observed the service to be clean, well maintained and comfortable. Equipment was observed in good repair and appropriate for use.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements*.*

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### 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.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The service demonstrated they have a variety of ways to encourage and support stakeholders to provide feedback. This includes encouraging and supporting consumers and representatives to give feedback or lodge complaints.

Consumers stated staff are approachable and will assist the consumers to provide feedback or lodge a complaint. However, consumers and representatives expressed frustration with the service's complaint system. They reported it is unresponsive and communicating with the service was extremely difficult.

Management is aware of recent trends in feedback and complaints and could explain action commenced as a result. Management described how they are working hard to create an environment where consumers feel confident their complaints will receive a prompt response.

The service uses the organisational feedback policy which includes specific procedures related to Aged Care feedback management. The service has written materials informing stakeholders of external complaint mechanisms, advocacy and language services displayed throughout the facility.

The Assessment Team reviewed minutes of the residents and relatives’ meetings found consumers’ feedback was transferred to the service’s continuous improvement plan.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements has been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Non-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 was unresponsive to sampled consumers’ concerns and it often required the issue to be raised several times before action was taken. Consumers and representatives acknowledged that the situation has improved in the six weeks prior to the site audit but expressed concerns that the current improvements will not be sustained.

For example:

* Representatives expressed frustration with communication difficulties with the service describing how they ring six or seven times to get through to the service. Three of the representatives interviewed stated they have raised communication issues with the service on many occasions in the past twelve months, but have not seen any improvements.
* Staff sampled stated they were unaware of the resolution of complaints. Staff forward complaints and are not involved in any further activities to resolve the complaint.
* While staff were generally unaware of the term ‘open disclosure’ they could describe the use of open disclosure principles when dealing with concerns raised by consumers and representatives.
* The complaints register records that the service has received 5 complaints about communication from 1 July 2021 to 5 November 2021. All complaints related to communication were marked 'no further action required'. The poor phone system was cited by representatives as one of their major areas of frustration with the service.

The Approved Provider’s response contained the following:

* Outlines that the executive management had been aware of issues with complaint management at the service prior to the site audit and had commenced addressing them. It also provides examples of representative feedback that has been escalated and addressed.
* The response notes, telephone issues have been investigated by the service’s IT department and have also been escalated with the external provider. Interim strategies to improve telephone access have been instigated.

I have reviewed all of the information provided and acknowledge the challenges faced by the Approved Provider during lockdown and restrictions associated with the COVID-19 pandemic. I also acknowledge the improvements that have been commenced to ensure consumer and representative complaints are managed appropriately. However, I am not satisfied that these improvements have been fully implemented. I find this requirement Non-compliant as the Approved Provider was unable to demonstrate that timely and appropriate action is taken in response to complaints.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

For example:

* Consumers and representatives stated they were mostly confident in staff skills and knowledge. However, some commented on the number of new and agency staff in the service and expressed concerns that the new staff did not know their needs and preferences.
* Some consumers and representatives identified issues related to call bell response times.

Sampled staff stated there were adequate staff rostered on each shift. The service demonstrated ongoing commitment to recruitment and use of agency staff to maintain adequate staffing levels.

The service was unable to demonstrate that staff have received training in the use of restrictive practices. Staff skill deficits were also identified in other clinical areas and clinical documentation.

The service requires all staff to complete mandatory training modules, with the training tailored to the staff member’s role. The service has a suite of policies and procedures to guide its human resource system. Position descriptions for personal care assistants, enrolled nurses, registered nurses and catering staff that included key performance indicators and credentialing requirements.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

While the Assessment Team found this requirement not met I have come to a different view. The evidence reported by the Assessment Team includes dissatisfaction with call bell response times raised by five consumers and representatives. During the site audit the Assessment Team observed staff continuing with administrative duties while consumer call bells were ringing. Staff reported that there are sufficient staff rostered on each shift and commented that while there had been unfilled shifts in November 2021 this has been resolved through recruitment and use of agency staff. Management also discussed the recruitment drive being undertaken to reduce reliance on agency staff. Recent staff rosters indicate that there have been no unfilled shifts. Call bell response times indicate a small proportion of call bells have not been responded to within 10 minutes which is the time frame that the service aims staff to respond to call bells in.

The Approved Provider’s response includes the following:

* Notes challenges with staff shortages, including the limited pool of staff available and situations where staff are required to self-isolate and acknowledges that there have been times when the service has not had the full complement of staff.
* Outlines the continuing recruitment efforts undertaken by the service to address these staffing challenges during the current COVID-19 pandemic.

I have reviewed all of the information provided and on balance I find this requirement Compliant. Whilst there have been staffing difficulties in recent months which presented challenges and impacted on care delivered to consumers, as identified in Standards 2 and 3 requirements, and whilst there are also possible staff performance issues regarding responsiveness to consumer call bells, over all the Approved Provider has demonstrated ongoing commitment to recruitment and use of agency staff to maintain adequate staffing levels.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Non-Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

While the Assessment Team found this requirement met, I have come to a different view. While the service has a suite of training modules, it was unable to demonstrate that staff have received training in the use of restrictive practices. Staff skill deficits were also identified in the areas of wound care, behavioural management, pain management, falls prevention and management, weight management and recording clinical documentation as outlined in Standard 2 and 3 requirements.

The Approved Provider’s response notes that staff training in relation to restrictive practices and other clinical deficits is planned.

I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate staff have been trained and supported to deliver specific areas of clinical care and this has impacted on outcomes for consumers.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

While some consumers and representatives did not consider that the organisation is well run they acknowledged recent improvements. Consumers and representatives considered that they are involved in the development and delivery of service improvements through residents and relatives’ meetings, consumer surveys and feedback forms.

The board receives reports including aggregated data on consumer complaints, clinical performance, quality and safety, finance and risk and aged care performance. Individual service performance is monitored by quality assurance and service management.

The organisation has a well-defined quality assurance system that includes processes for gathering consumer feedback and feeding that information onto the continuous quality improvement plans for the organisation.

The service has a feedback and complaints system supported by documentation. However, consumers and representatives were not satisfied with the service's management of their concerns.

The service demonstrated a risk management system. While the service has a clinical governance framework, the framework has not been fully implemented, particularly in relation to the management of restrictive practices and minimisation of the use of restraint.

The Quality Standard is assessed as Non- compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found the requirement not met and presented evidence related to the deficits identified in Requirement 3 (3) (b) in relation to management of consumer risk and clinical care. However, I have come to different view. The response submitted by the Approved Provider, as well as information in the Assessment Team’s report demonstrate that the there are risk management systems and regular reporting and review processes. While deficits in consumer outcomes have been identified by the Assessment Team I find that these relate to inadequate clinical monitoring and oversight at the service and had been identified through organisational governance systems prior to the site audit. On balance I find this requirement is Compliant.

### Requirement 8(3)(e) Non-compliant

*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.*

The Assessment Team found that the service did not demonstrate service-wide clinical governance framework. Specific deficits in relation to an understanding and management of restrictive practice were identified. For example:

* Management stated that they are commencing a comprehensive review of restrictive practices following the introduction of new policies and procedures across the organisation.
* Clinical staff interviewed by the Assessment Team did not demonstrate an understanding of restrictive practice and the legislative requirements relating to the assessment, consent, management and monitoring and review when using restrictive practices. Consumer file review demonstrated that these requirements are not being met, particularly in relation to the use of chemical restrictive practice.
* Management stated that they have identified gaps in the documentation related to chemical restraints and as a result are introducing training and monitoring of staff, in relation to assessments, consumer consent and review.

The Approved Provider’s response states that the fact that these issues had been identified prior to the site audit demonstrates effective clinical governance,

I have reviewed all of the information provided and I give weight to the argument presented by the Assessment Team and find this requirement is Non-compliant. Whilst the lack of appropriate management of restrictive practices was identified by the organisation governance processes, I am not satisfied that the length of time it took for these deficits to be identified by the Approved Provider and the fact that they have not yet been addressed demonstrates effective clinical governance.

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# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure assessment and care planning includes consideration for relevant consumer risks, particularly in relation to challenging behaviours and skin integrity.
* Ensure care plan interventions consider and are congruent with assessed needs.
* Ensure consumers’ care and services are reviewed when their circumstances change or incidents impact on their needs and goals.
* Ensure staff complete consumers’ required monitoring and review documentation.
* Introduce internal processes to monitor the accuracy of consumers’ assessment, care planning and review documentation.
* Ensure consumers receive appropriate personal and clinical care tailored to their individual care needs, particularly in relation to skin integrity, wound care, pain management and the management of swallowing problems.
* Ensure all consumers who require restrictive practices, including chemical restraint, are assessed, have records of informed consent, and are monitored and reviewed as required. Where ‘as required’ chemical restraint is used ensure non-pharmacological interventions have been identified and are trialled and recorded before the use of the chemical restraint.
* Introduce internal processes to monitor the provision of consumer’s clinical care particular in relation to skin integrity, wound care, pain management, the management of swallowing problems and the use of restrictive practice.
* Ensure all consumers’ clinical risks and in particular risks associated with challenging behaviours, falls and weight management are managed safety and effectively,
* Ensure all staff have access to current handover information that identifies each consumer’s key risks and other relevant care information.
* Implement ongoing monitoring of staff PPE use, hand hygiene practices and other infection prevention strategies.
* Ensure timely and appropriate action for all complaints using an open disclosure process.
* Ensure actions taken in response to complaints are evaluated for effectiveness, including obtaining feedback from the complainant.
* Provide staff training and support in relation to consumers’ clinical assessment, care planning, monitoring and review including related documentation.
* Provide staff training and support in the management of consumers’ skin integrity, wounds, pain and swallowing problems.
* Provide staff training and support in the assessment, management and review of restrictive practices that aligns with legislative requirements.
* Provide staff training and support in the management of risks associated with consumers’ challenging behaviours, falls and weight management.
* Complete the comprehensive review of restrictive practices used at the service and ensure their use meets legislative requirements.
* Establish effective governance processes to monitor and minimise the use of restrictive practices, including chemical restraint.