**Performance**

**Report**

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| Name: | Mentis Assist |
| Commission ID: | 300641 |
| Address: | 23 Yuilles Road, MORNINGTON, Victoria, 3931 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 25 September 2023 |
| Performance report date: | 16 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 8530 Peninsula Support Services Inc

Service: 25326 Peninsula Support Services Inc - Community and Home Support

**This performance report**

This performance report for Mentis Assist (**the service**) has been prepared by J Zhou, 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 (performance assessment) – non-site report was informed by a desktop assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements were assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The above Requirements which were found non-compliant at the last Quality Audit have been found compliant by the Assessment Team who had regard to corroborated evidence from staff, consumers and documentation.

2(3)(a)

* Staff interviewed demonstrated a detailed knowledge of individual consumers and their needs and described their involvement in initial and ongoing assessment and planning to mitigate risk for consumers.
* In addition, consumers sampled confirmed the services they receive are well planned and meet their current needs.
* For this service, this means the Assessment Team having sighted a sampled consumer’s (CHSP) care plan evidenced the consumer socialising within a group and maintaining connection with the community which was noted in the assessment and planning information as a priority. The consumer confirmed this being prioritised for them as that staff understood their needs and requirements very well.
* Another consumer’s care plan includes strategies to monitor the consumer’s mobility and to ensure the use of a mobility aid and observe for uneven surfaces and obstacles. The care plan further outlines to remind the consumer to finish chewing before speaking to reduce the risk of choking.

2(3)(d)

Consumers interviewed confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s support plan is offered to them. For example, the Assessment Team interviewed 3 sampled consumers who all confirmed that the services programmes and processes had been explained to them and they were offered and have a copy of their care plans.

Management provided evidence of improvement with an updated care plan template, and a client file audit which demonstrated 100% compliance with care plans being completed.

2(3)(e)

Staff described how they communicate changes in consumer needs to the service by contacting them immediately and following guidance and updating on the consumer electronic documentation system. For example:

* A sampled consumer’s (CHSP) documentation was reviewed and evidenced entries relating to the consumer feeling unwell and vomiting during a social group gathering on 6 July 2023. An initial entry was made on 6 July 2023, and follow up entries were made on 7 July 2023, including an incident report, general practitioner follow up and care plan review and update.
* A sampled consumer’s (CHSP) documentation evidenced a safety alert regarding their mobility and the requirement for observation and monitoring when mobilising, due to poor balance and resistance to using their mobility aid.

On the basis of the above evidence, the service is found to have returned to compliance on the above three sampled Requirements.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |

Findings

The above Requirement which was found non-compliant at the last Quality Audit have been found compliant by the Assessment Team who had regard to corroborated evidence from staff, consumers and documentation.

Management advised of improvements to this requirement inclusive of the implementation of a new electronic client management system which ensures all staff have real time access to consumer records.

Staff advised relevant information about consumers’ services are documented and communicated through care planning documents including progress notes, and support plans.

Care planning documentation viewed confirmed comprehensive progress notes and case notes to communicate about consumers within the service. Consumers confirmed that staff know consumers and they do not need to repeat information about their needs and preferences.

On the basis of the above evidence, the service is found to have returned to compliance on the above sampled Requirement.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |
| Requirement 8(3)(d) | 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. | Compliant |

Findings

The above Requirements which were found non-compliant at the last Quality Audit have been found compliant by the Assessment Team who had regard to corroborated evidence from staff, consumers and documentation.

8(3)(c)

**Information management**

The Assessment Team found the service made improvements to their information management systems. The finding was based on the review of policies and procedures to manage information and electronic documentation.

Information was found to be maintained securely and confidentially through the use of an electronic password protection to safeguard personal and confidential information.

**Continuous Improvement**

Examples of recent improvements include:

* The service’s risk management policy has been reviewed and includes recognition of high impact/high prevalence incidents. Approved by the board April 2023.
* Staff have completed SIRS training and MARAM (Victorian Family Violence Risk Assessment and Management) framework training
* Clinical Governance Committee meeting review of incident management and follow-up resulting in better follow-up from incidents and care plans updated to reflect risk mitigation strategies.
* The implementation of a new electronic client management system which ensures all staff have real time access to consumer records

**Financial governance**

Financial governance is monitored by the finance team and reported to the Board. Financial reports are part of the Board pack.

**Workforce Governance**

The Assessment Team noted service management work to strategise and promote an adequate workforce now and into the future. For instance, position descriptions specify staff roles, responsibilities, and accountabilities. Staff performance appraisals and management also support consumer quality care and services.

**Regulatory Compliance**

As demonstration of the service having achieved a baseline level of compliance following audits by other regulatory or oversight agencies, service management reported there have been no adverse findings by their peak bodies, local government associations, legislative another regulatory agency or oversight body in the last 12 months.

The executive team provided evidence to the Assessment Team demonstrating they track progress and compliance with new regulatory reforms. Policy and procedure reviews are implemented in accordance with relevant changes, with staff and relevant stakeholders informed, as required.

**Feedback and complaints**

The service has feedback and complaints systems, processes, and procedures to support improved outcomes for consumers.

The services website has been updated to include information about making complaints to the Aged Care Quality and Safety Commission.

Consumer complaints are reviewed and forwarded to the clinical governance committee for review and reported to the Board. Management demonstrated feedback and complaints received are documented in a register and reviewed and actioned in a timely manner. All client feedback records are kept in the services electronic management system.

8(3)(d)

The Assessment Team noted the service’s local incident management system and register includes the completion of an incident log, actions taken and outcomes. A further ‘risk matrix’ supports the identification of the risk level and importance. A report is then forwarded to the Board where required. This demonstrates the service has a system and framework to identify and respond to high impact or high prevalence risks which may occur to the consumer cohort.

In relation to identifying and responding to abuse and neglect of consumers, staff interviews and documentation reviewed demonstrated consumer wellbeing and safety is monitored through ongoing face to face and phone contact.

Management said they were not aware of any consumers who may currently be subject to abuse. Despite this, the service demonstrated staff have participated in consumer abuse and neglect training, inclusive of SIRS training and MARAM (Victorian Family Violence Risk Assessment and Management) framework training.

On the basis of the above evidence, the service is found to have returned to compliance on the above sampled Requirements.

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)