Performance

Report

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| Name of service: | Mercy Aged Care Services (Singleton) |
| Service address: | 24 Combo Lane SINGLETON NSW 2330 |
| Commission ID: | 2529 |
| Approved provider: | Mercy Services |
| Activity type: | Site Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 28 March 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 Mercy Aged Care Services (Singleton) (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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 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.
* other information and intelligence held by the Commission in relation to the service.

The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with dignity and respect, and that they felt valued as individuals. Staff spoke about consumers respectfully and they knew consumers’ individual backgrounds and preferences. Care planning documents contained information about consumers’ culture, diversity and identity. The service’s policies helped foster a diverse and inclusive culture.

The service delivered culturally safe care. Consumers said the service recognised and respected their cultural background and that it provided care consistent with their cultural traditions and preferences. Staff knew consumers’ cultural backgrounds and how to provide care consistent with their care plans.

Consumers said the service gave them a choice about how and when they received care, and that staff respected their choices. Staff knew how to support consumers to make choices, maintain their relationships and maintain their independence. Care plans showed consumers’ individual choices about how and when the service delivered care, who was involved in their care, and how the service should support consumers to maintain relationships.

Consumers said the service supported them to take risks and live the life they chose. Staff were aware of the risks consumers took, and they supported consumers to live the way they wanted. The service had policies to support consumers to live the best life they could.

Staff provided information to consumers and representatives in a way that was clear, easy to understand and allowed them to make informed decisions. Consumers and representatives said the service kept them informed through printed information, verbal reminders and email correspondence.

Consumers said staff respected their privacy. Staff used various practices to ensure consumers’ information remained confidential, including asking for permission before entering consumers’ rooms, locking nurses’ stations and computer screens when unattended, changing passwords regularly to ensure information systems were secure, and not displaying consumer information publicly.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | 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

Consumers said they received the care they needed, and that they had a say in the processes the service used to plan their care. Staff knew consumers’ unique care goals and preferences, and their information matched information within consumer care plans. Staff knew the service’s admission assessment process and how this integrated with the its care planning and ongoing review processes. The service had various policy and procedure documents that supported staff to identify and record consumers’ care preferences, including admission checklists, interim and comprehensive care plans, and various assessment tools. The service’s care plan files showed that its assessments were effective and comprehensive, and that its care plans were holistic and detailed.

Consumers said their care met their current needs, goals and preferences and that staff had discussed advanced care planning with them on admission. Care files showed accurate information about consumers’ needs, preferences, goals, and end-of-life wishes. Staff knew the current needs, goals and preferences of consumers, and how the service approached advance care planning.

Consumers said the service partnered with them and that they actively participated in the care planning process. The service’s 3-monthly and 6-monthly reviews involved consumers, their representatives, clinical staff and other specialists. Care planning documents showed the service involved a range of external providers and services, such as medical officers, physiotherapists, speech pathologists and dietitians.

Consumers and representatives said the service maintained good communication with them and that staff explained things clearly. The service offered consumers and their representatives a personal copy of their care plans.

Care planning documents showed evidence of regular reviews and reviews in response to changes of circumstance. Clinical staff knew how and when to review consumer care plans and consumers said staff regularly discussed their care needs with them. The service had procedures to guide staff through its various review processes, including its 3-monthly reviews, 6-monthly reviews, and reviews in response to changes of circumstances.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers said they received safe and effective care that was best practice, tailored to meet their needs, and which optimised their health and well-being. Consumer files included care assessments, care and service plans, progress notes, medication charts, monitoring charts and other documents. These records showed the service’s care was safe, effective and tailored to the consumers’ specific needs and preferences. The service had policies, procedures and work instructions for key areas of care, including restrictive practices, wound management, pain management and other areas.

The service managed high-impact, high-prevalence risks by monitoring its care activities, analysing clinical data, and implementing suitable risk mitigation strategies. Management and staff knew the service’s risk profile, including which consumers were subject to high-impact, high-prevalence risks. Consumers said the service adequately managed risks to their health.

The service had completed advanced care plans and end-of-life plans for consumers who wanted them. Staff knew how to approach conversations about end-of-life care, and how they should care for consumers during the end-of-life phase. This included by attending to regular repositioning, hygiene, comfort care, pain relief, pastoral care and by supporting the consumer’s family to visit regularly.

Care planning documents and progress notes showed the service had identified and responded appropriately to consumer deterioration, and changes in circumstance. Consumers said the service responded to their needs. They were confident it would identify and manage a change to their health, and communicate with them about such a change. Clinical and care staff discussed deterioration during handovers, and commenced monitoring and charting as required. They made appropriate referrals to a medical officer or specialist, and reviewed care plans promptly.

Consumers were satisfied with the service’s care, including how it communicated changes to their condition. Staff shared accurate and clear information in a range of care records, including progress notes, communication books, and care plans, among others. This provided adequate information to support effective and safe care.

Care planning documents showed the service had an effective process for referring consumers to other providers. Consumers said the service’s referrals were timely and appropriate and that they had access to a range of relevant external supports. Staff knew the process for referrals and how it integrated with the service’s other care offerings. The service was supported by a physiotherapist two days per week, a dietitian, a speech pathologist, a podiatrist and other external providers. Consumers said staff referred them to other providers of care in a timely manner.

The service had policies and procedures to support staff to minimise the risk of infection, including policies on controlling infections and prescribing antibiotics. During the site audit, staff used protective equipment and practiced good hand hygiene. The service maintained records of staff vaccinations, including for influenza and COVID-19. The service had an outbreak management plan, and an appointed infection prevention control lead.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supported them to participate in activities they like, and to optimise their independence and quality of life. Lifestyle staff partnered with consumers and their representatives to conduct lifestyle assessments on admission. The assessments collected consumers’ individual preferences, likes, dislikes, interests and information about their social, emotional, cultural and spiritual needs. Staff knew what was important to individual consumers and what they liked to do. Staff information aligned with the content of relevant care plans.

Consumers said staff supported them when they were feeling low, and that the service promoted their emotional, spiritual and psychological well-being. The service featured a chapel, which a Catholic priest from a local church attended to conduct mass and provide communion. Care planning documents included information on consumers' emotional, spiritual and psychological well-being. Staff knew how to support consumers’ emotional, spiritual and psychological needs.

Consumers said staff supported them to participate in communities within and outside the service. They said staff also supported them to keep in touch with people and do things they were interested in. Staff knew how to support consumers to engage in activities and they knew the activities specific consumers participated in. Consumers' care planning documents contained accurate information about how consumers wanted to participate in their chosen activities.

Consumers said staff communicate well about consumers’ care needs, including communicating among themselves and with other providers involved in consumers’ care. Staff knew how to share information and keep informed about consumers’ conditions, needs and preferences. Care planning documents contained adequate information to support safe and effective care concerning supports for daily living.

Consumers said staff refer them to other providers promptly and efficiently. Care planning documents identified referrals to other organisations and services. Staff knew which consumers utilised external support services. The service had a network of external providers including hairdressers, physiotherapists, podiatrists, volunteers, religious services, and providers of transport for community outings.

Consumers said they were happy with the variety, quality and quantity of food at the service. They said the service gives them a choice for each meal and they are able to request alternatives, such as sandwiches or salads, if they do not like the meals offered on a given day. The chef used feedback to develop the service’s menu, and rotated the menu based on seasonal ingredients. The service responded to consumer feedback about its food.

Consumers had access to mobility aids, shower chairs, manual handling devices and other equipment, to assist them with daily living activities. Staff said they had access to equipment when they needed it and the service had equipment auditing, maintenance and cleaning procedures.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service environment was welcoming, easy to understand, and that it instilled a sense of belonging. The service featured handrails throughout its interior, to assist consumers to mobilise. Consumers and representatives used the service’s elevator to move between levels and the service’s outdoor communal area had a garden, shade coverage, and outdoor furniture.

The service was safe, clean and well-maintained and consumers were able to move around freely indoors and outdoors. Consumers said the service was well-maintained and clean. Cleaning staff said they followed a cleaning schedule and that they completed additional deep cleaning as required. The service had a preventative maintenance schedule and a dedicated cohort of maintenance staff that included staff at various levels of seniority across the organisation. It engaged external contractors to conduct maintenance and repairs to the service and its equipment.

Consumers said the service and equipment were clean and safe. The service maintained individual consumer’s equipment, such as mobility aids, and consumers said staff were always available to help with maintenance requests. During the Site Audit, the service’s furniture, fittings and equipment were safe, clean and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 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

Consumers said they knew how to give feedback or make a complaint. Management encouraged and supported consumers to provide feedback and make complaints and the service had various channels for consumers to raise complaints, including feedback forms, surveys, meetings and face-to-face with management and staff. The service captured complaints information in its electronic complaints handling system, allowing for follow up, response and analysis, both in isolation and as an aggregate. The service had a complaints policy that included its commitment to using feedback and complaints to improve its care.

Most consumers said they were aware of and had access to advocates, language services and other supports for raising complaints. The service maintained information and brochures about complaints support services in different languages for consumers with linguistically diverse backgrounds if required. The service’s records showed it actively promoted advocacy services and that it made information available to consumers and their representatives.

Consumers said the service responded to and resolved their complaints promptly, and that it addressed concerns arising from incidents. Staff understood open disclosure, and knew when and how to communicate with consumers, including how to issue apologies, in the event something went wrong.

The service had a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Management used feedback and complaints to inform the service’s plan for continuous improvement. Consumers confirmed the service used their feedback to improve its care.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service had an adequate number and mix of staff to meet consumers’ needs. Consumers said care delivery was good and they did not identify any concerns with the quality of their care. The service had a rostering system intended to ensure sufficient staff coverage to provide safe, quality care. As at the site audit, the service was in the process of recruiting more care staff to improve staff coverage during night shifts.

Workforce interactions with consumers were kind, caring and respectful. Consumers said staff were kind, caring and gentle when providing care. Staff greeted consumers by their preferred name and they were familiar with each consumer’s individual needs and identity.

Consumers said staff knew what they were doing. The service rostered new staff on with ‘buddy shifts’ when they commenced, and it maintained position description documents that listed out key competencies and qualifications essential for each role at the service.

Consumers said staff were competent and qualified to do their job and did not identify any areas where staff needed more training. Staff said the service provided mandatory and supplementary training to help them deliver quality care. Management supported staff to ensure they received the training they needed to perform their roles.

The service regularly reviewed the performance of its staff through annual performance appraisals. During performance reviews, staff set goals and determined actions to pursue their goals. Staff knew the performance appraisal process and they knew how the outcome of their previous appraisal translated to their current performance goals. The service had completed all performance appraisals for 2022.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The service actively engaged consumers and representatives in the development, delivery and evaluation of care and services. Management used a variety of mechanisms to ensure consumers contributed input and made their own decisions about their care and services. The service’s records showed that staff followed up feedback and complaints, and used the information to plan improvements.

The service reported to, and was overseen by, its head office, the Board, executive management teams and sub committees. The service communicated with the Board on a regular basis, including through reports and during monthly Board meetings. The Board in turn communicated information throughout the service using various channels, including monthly staff and resident meetings, newsletters, and through the organisational chain of command. Board meeting minutes showed the organisation’s management structure monitored the safety and inclusivity of the service’s care, including by tracking falls, medication incidents, pressure injuries and psychotropic medication use, and by identifying and responding to patterns in the service’s care.

The service had effective organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management knew the service’s processes and mechanisms for each governance system, and how these interrelated. As at the site audit, the service was in the process of developing a revised set of policies, to improve policy coverage and accessibility.

The service had risk management frameworks, policies and guidelines, and it kept records of consumers’ decisions to take risks and live how they chose. Staff knew which consumers took risks and how to support them in the context of the service’s risk management framework. Records showed the service had implemented its risk-management frameworks, policies and guidelines effectively.

The organisation’s clinical governance framework ensured it delivered safe, quality clinical care across various areas, including in antimicrobial stewardship, minimising restrictive practice, and applying open disclosure. The service’s policies and procedures in these areas were easy-to-access, and staff understood them. Staff had implemented the service’s clinical governance framework effectively.