**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mercy Community Aged Care Packages |
| Service address: | 131 Queens Road NUDGEE QLD 4014 |
| Commission ID: | 700124 |
| Home Service Provider: | Mercy Community Services SEQ Limited |
| Activity type: | Quality Audit |
| Activity date: | 9 February 2023 to 13 February 2023 |
| Performance report date: | 20 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 Community Aged Care Packages (**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.

# Services included in this assessment

**Home Care:**

* Mercy Community Aged Care Packages, 18247, 131 Queens Road, NUDGEE QLD 4014

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 8 March 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Not applicable as not all requirements have been assessed** |
| **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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | HCP |
| 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

Based on the Assessment Team’s quality audit findings, I note the consumers say the care and services they receive are in accordance with their individual needs and preferences and optimise their health, wellbeing and quality of life. Consumers and representatives spoke highly of the new management and of staff and were complimentary of the service’s level of communication with them about their care and services.

Management and staff have a good understanding of each individual consumer and were able to discuss consumer’s personal circumstances and service needs and preferences.

It was evident that staff know and understand their consumers’ care, needs and preferences.

Overall, the evidence to hand showed the service was complying with the requirements of Standard 1 at the time of this performance report.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| 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

Requirement 2(3)(a) - overturned

The Assessment Team found the service was not consistently demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being – that in some cases, staff relied on their own knowledge of the consumer to manage the risks as opposed to there being clear strategies documented in the consumer’s individual plans on how to manage such risks should they eventuate.

The Assessment Team provided some examples of these information gaps in consumer care plans. One example is the HCP consumer with Alzheimer’s/dementia who, according to her plan, had previously refused services.

Management acknowledged the Assessment Team’s feedback and submitted for my consideration they felt a ‘Met’ grading should be awarded on the basis of the current improvements that are in train:

* there was no evidence to indicate the current consumer cohort was impacted by the missing information in their plans; and
* the service’s Plan for Continuous Improvement (PCI), practice and clinical governance committee minutes and self-assessment, recognises the need for strategies for behaviour management with dementia clients are required. The service states ‘all service plans are being reviewed to improve the strategies that are being put into the plans to assist care staff with managing behaviour and with documentation. Scenarios and example documentation to be compiled and presented to staff at the upcoming staff meetings.’

I am persuaded by the service’s submission in which it stepped out its plan to ensure that assessment and planning are effective for the consumer illustrated, and others in a similar situation. To my mind, the extra details per the PCI will only serve to strengthen the service’s position on having effective assessment and planning processes to support its care delivery.

I find the service is complying with this requirement based on remedial steps identified in its PCI and the lack of consumer impact to date.

Requirement 2(3)(b) – overturned

I note the Assessment Team found some sampled individual support plans were missing references to the consumers goals and preferences to inform why the consumer would like or need such services.

The provider submitted 11 individual support plans for my consideration of evidence they are in the process of overhauling their records and ensuring all goals are individually personalised. I can see evidence of this being the case based on their submission materials. I find the provider complying with this requirement at the time of my performance report.

Other Requirements

There was evidence during the quality audit that the provider was:

* Involving consumers/representatives in decisions about care and services.
* Communicating the outcomes of assessment and planning to consumers/representatives.
* Regularly reviewing care and services when the circumstances of the consumer change.

In summary, I find the provider compliant with this Standard.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| 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

Requirement 3(3)(b) - overturned

It is clear from the evidence that the service has a framework for identifying consumers with high-impact or high-prevalence risks. The Assessment Team concurs with this finding. The point of contention is whether the provider has done enough to ensure records in the consumers individual care plans are sufficient to allow care staff to understand and apply best practice in care and services for consumers living with specific ailments.

Examples provided to me from the Assessment Team comprised one consumer who is a falls risk. Another had a history of alcoholism, poor diet choices and swallowing difficulties. I note there are details in the care plan to address the consumer’s mobility issues (i.e. use of a wheelie walker) and a direction for staff to not purchase alcohol for the other consumer and that they are on a modified diet. To my mind, the provider has ensued information is present to care staff to inform their understanding of which clients are higher risk and why, and strategies to effectively manage these risks. I also note the provider’s submission through its PCI, self check document and clinical notes go further to ensure continuous improvements are being made to the level of detail in the individual documents. I believe this is the right approach and such investment should reflect the degree of risk present in the consumer.

Based on the provider’s submission, I find it compliant with this Requirement at the time of the performance report.

With respect the other Requirements, I note evidence was present during the quality audit that the service was:

* Delivering personal and clinical care that is best practice and optimises the wellbeing of the consumer.
* Recognising and responding to deterioration or change of a consumer’s condition.
* Communicating information about the consumer’s condition, needs and preferences.
* Minimising infection related risks through standard precautions to prevent and control infection including COVID-19.

I find the provider is compliant against this Standard.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | HCP |
| 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

I note from the Assessment Team’s quality audit, the team sighted evidence that affirms for me the service is compliant with its obligations under this Standard based on the service:

* demonstrating a wide range of services for consumers to support them to live the life they choose and remain connected to their community, this includes ensuring they can participate in their community and providing varied and individualised meals;
* promoting consumers’ emotional and psychological wellbeing through compassion and connection between consumers and the workforce;
* effectively communicating information about the consumer’s needs and preferences within the organisation and with others where appropriate; and
* demonstrating where equipment has been provided for the consumers use in their own home, an occupational therapy assessment has been completed and consumers report it is suitable and meets their needs.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | HCP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The service does not offer a physical environment and as such this Standard was not applicable to the Quality Review.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| 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

I note from the Assessment Team’s quality audit, the team sighted evidence that affirms for me the service is compliant with its obligations under this Standard based on the service:

* demonstrating encouragement and support of consumers providing feedback, including those consumers who require access to alternative and external services.
* responding to all feedback appropriately and promptly and involving the consumer in the resolution of the complaint through an open disclosure process.
* using feedback to inform improvements to care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| 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

I note from the Assessment Team’s quality audit, the team sighted evidence that affirms for me the service is compliant with its obligations under this Standard based on the service:

* evidencing the delivery of care and services that are kind, caring and respectful.
* providing the workforce comprises a mix of member who have the time, resources and training required to deliver quality care and services to consumers.
* Demonstrating a robust recruitment and onboarding strategy that includes regular assessment of the performance and capabilities of the workforce and the delivery of ongoing training to meet their changing needs.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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

8(3)(e) – overturned

I am overturning the Assessment Team’s finding of not Met against this requirement, as the evidentiary base on which the finding was formed is not probative in my view.

The purpose of this Requirement is about whether the provider has in place a clinical governance framework around antimicrobial stewardship, open disclosure and restraint minimisation. Restrain minimisation is the framework in contention. The Assessment Team found 5 of the 6 sampled staff could not adequately describe how restrictive practices applies to a home care setting and formed its ‘not Met’ conclusion on that basis.

The provider conceded more education around this area is beneficial, but explained the staff’s responses to questions on the day, does not in and of itself, mean a lack of proper governance framework in place. I am persuaded by the provider’s submission and suite of supporting documents which demonstrated mandatory training had been delivered to staff and policies and procedures for restrictive practices are in place. While enhanced training materials and the continuous delivery of training on this area to its workforce would only be of further benefit, I see no reason to call a non-compliant against this Requirement based on the evidence before me.

Other requirements

I note from the Assessment Team’s quality audit, the team sighted evidence that affirms for me the service is compliant with its obligations under this Standard based on the service:

* Demonstrating it is engaging and supporting consumers in the development, delivery and evaluation of care and services.
* Evidencing it is ensuring the governing body oversees the delivery of safe and quality care.
* Utilising established risk management systems and practices to identify and assess risks and support consumers to live the best life they can.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)