**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mercy Health & Aged Care |
| Service address: | 67 Cade Way PARKVILLE VIC 3125 |
| Commission ID: | 300492 |
| Home Service Provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Quality Audit |
| Activity date: | 10 March 2023 to 15 March 2023 |
| Performance report date: | 12 April 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 Health & Aged Care (**the service**) has been prepared by M Murray, 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 Home & Community Care - Whittlesea, 22772, 67 Cade Way, PARKVILLE VIC 3125
* Mercy Home & Community Care - Southern Metro CALD, 22771, 67 Cade Way, PARKVILLE VIC 3125

**CHSP:**

* Care Relationships and Carer Support, 24075, 67 Cade Way, PARKVILLE VIC 3125
* Community and Home Support, 24076, 67 Cade Way, PARKVILLE VIC 3125

# 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.

# 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 | Compliant |
| **Standard 6** Feedback and complaints | Compliant |
| **Standard 7** Human resources | Compliant |
| **Standard 8** Organisational governance | Compliant |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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

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

Findings

I have relied on the evidence in the Assessment Team’s report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers described how staff make them feel respected and valued, including supporting them to be involved in their care and listening to what they need to support their well-being.

Management discussed the service’s cultural diversity policy and training undertaken by staff to support culturally safe care. Care documentation provides staff with information on the cultural background of consumers and the things that are important to them. Documentation also outlines consumer choices in relation to how their care and services are to be delivered.

Representatives described being involved in care planning activities in a collaborative way with the consumer and care advisory staff.

Consumers recognise that some activities include an element of risk, and are satisfied with how this is managed, for example taking care to minimise the risk of falls while being out in the community or engaging in activities which they have enjoyed for most of their life. Consumers described staff being encouraging in supporting them achieving their goals and pursuing their interests.

Consumers are satisfied with the provision of information, staff discussed the various ways information is communicated and described strategies to communicate information to consumers with poor cognition and other communication barriers.

Management advised, where relevant, budgets are explained to consumers and the service has produced a new information sheet on ‘how to read your monthly statement’ which has improved consumers’ understanding of their budgets.

Processes are in place to ensure confidentiality of information when it is being shared with others involved in the consumer’s care.

# Standard 2

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

Findings

I have relied on the evidence in the Assessment Team’s report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers and representatives said they are satisfied with the assessment process advising that care advisors and support workers understand the consumer’s needs and care plans are discussed and agreed upon.

Care advisors described the assessment and care planning processes and the ways risk is considered. Care planning documentation identified goals relating to mobility and independence within the home and evidenced where necessary, completed falls risk assessments and a safe home risk assessment.

Consumers/representatives were able to recall discussions and receiving information on advance care planning or end of life planning.

Staff demonstrated that care planning is coordinated and includes others involved in the consumer’s care such allied health professionals.

Consumers and representatives interviewed were all familiar with the outcomes of the assessment and could describe their care and services and said they had received a copy of their care plan.

Care plans are reviewed at least annually and earlier if the consumer’s circumstances change.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I have relied on the evidence in the Assessment Team’s report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers are satisfied with the quality of their care.

Staff demonstrated their knowledge of consumers receiving personal care services, and described how they deliver care and services in accordance with the consumer’s care plan.

The Assessment Team reviewed a range of consumers, including those at risk of falls, experiencing shortness of breath, living with diabetes and sensory loss and a consumer on a palliative care pathway, and found clinical care to be effective, tailored and driven by best practice.

Care advisors showed a strong understanding of the processes for liaising and communicating with various services involved in the provision of palliative care, including general practitioners and the organisation’s internal palliative care team. Care documentation confirms a holistic approach to end of life care planning.

Consumers and representatives reported confidence with staff identifying changes in a consumer’s condition. Staff explained how they report back any changes either through the reporting systems or by telephone to the service. Care documentation shows evidence where a change has been reported and actioned.

Support workers confirmed they receive sufficient information to deliver safe care.

Referrals are evident throughout care planning documentation, including referrals to physiotherapists, occupational therapists and podiatrists. Care advisors demonstrated their understanding of referral and follow up process.

Consumers interviewed all commented on staff taking precautions such as wearing masks and, where appropriate, gloves along with the use of sanitiser. Infection control procedures and guidance material including a COVID-19 safety plan are in place.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I have relied on the evidence in the Assessment Team’s report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Care files document relevant information such as consumer preferences, care networks, interests, preferred routines and the supports needed to maintain their quality of life.

Consumers provided positive feedback on the individual support workers and staff were alert to the impact of loneliness and depression on consumers. Care advisors had a good understanding of each consumer’s individual circumstances and well-being.

Consumers spoke of the supports they receive to assist them in accessing the community, including taxi cards, supported shopping and outings. Activities of interest being perused by consumers, including art, meditation and bush walking.

Support workers confirmed they receive sufficient information to deliver safe care.

Referrals are evident throughout care planning documentation including to counselling services. Care advisors demonstrated their understanding of referral and follow up process.

There are systems in place to ensure aids and equipment supplied by the service remain fit for purpose.

# Standard 5

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

Findings

This Quality Standard does not apply as care and services are delivered in consumers’ homes or in the community.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I have relied on the evidence in the Assessment Team’s report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers said in various ways they are encouraged to provide feedback and raise any complaints and that they feel safe to do so.

Staff, including support workers are provided with training at induction on accepting feedback or complaints and documenting them in the complaints and feedback database. Information on internal and external feedback and complaints is part of the information pack and handbook provided to consumers when joining the service.

Advocacy is discussed at the initial consumer meeting and as the need arises. Resources on external advocacy services and the role of the Aged Care Quality and Safety Commission are also provided. Consumers can also access interpreting services to support them in making a complaint or to provide feedback.

The Assessment Team reviewed complaints which had been made and found that actions to resolve complaints were appropriate and timey, and the consumer’s satisfaction with the complaint management process and/or outcome sought.

The organisation has an open disclosure policy and procedure to guide staff practices.

The complaints system is linked to the service’s continuous improvement activities and staff demonstrated analysis of individual issues and broad consideration of how to improve services.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I have relied on the evidence in the Assessment Team’s report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

The Assessment Team reviewed a range of reports that support workforce planning, including rosters. The service has a system for backfilling planned and short notice leave.

Consumers were positive about their interactions with staff and found staff caring and respectful. Consumers said in various ways that staff are good at their jobs.

Management discussed the staff qualifications, skills and knowledge required to effectively perform each roles. All staff have a position description that documents the qualifications required for the role. Qualifications and probity checks are undertaken before the staff commence work with the organisation.

The service has a ‘Learning Ladder Care’ program which supports staff in gaining competencies and completing training. Management advised that in addition to the learning platform the staff are also provided with training when new processes are implemented. The training ‘Keep Learning’ has a number of different topics such as the Serious Incident Response Scheme.

Staff stated they work together with their manager to complete the performance and supervision documentation. They meet to discuss and implement any changes or training requirements. A staff performance/supervision document was viewed which identified appropriate supervision is undertaken and annual staff performance is managed.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

I have relied on the evidence in the Assessment Team’s report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

The service uses a focus group model to engage consumers in different aspects of how the service operates and how improvements can be made. For example, a communication and engagement focus group was convened to discuss issues with communication and improvements that would assist in ensuring consumers are kept informed about their care and services. A client advisory group was separately convened when considering how to make improvements to the monthly consumer statement.

The service ensures Board members have the appropriate skills and that these align with the organisation’s skills matrix. The Board is supported by five subcommittees or pillars that include a finance audit and risk committee and a quality clinical governance committee. Documentation provided to the Board includes the minutes of meetings from subcommittees.

Governance systems monitor information management; continuous improvement; financial governance; workforce governance, regulatory compliance and feedback and complaints within the service.

A clinical governance framework is in place with clinical incidents are managed by a clinical subcommittee and recorded in the incident management system. A risk management framework is also in place and risk register is maintained.

The organisation has a restrictive practices policy and procedure and practices open disclosure as part of its complaint management process.

Consumers are provided with information on the overuse of antibiotics.

Staff complete online training on key aspects of clinical management including antimicrobial stewardship; minimising the use of restraint and open disclosure.

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