Performance

Report

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| Name of service or service group: | Performance report date: |
| Mercy Health and Aged Care ACT | 11 July 2022 |
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| Home Service Provider: | Activity date: |
| Mercy Aged and Community Care Ltd | 3 June 2022 to 7 June 2022 |

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 and Aged Care ACT (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Care on Call, 17207, 5 Soundy Close, BELCONNEN ACT 2617
* Mercy Care on Call, 17260, 5 Soundy Close, BELCONNEN ACT 2617
* Mercy Care on Call, 17261, 5 Soundy Close, BELCONNEN ACT 2617

**CHSP:**

* Personal Care, 4-BACPXTN, 5 Soundy Close, BELCONNEN ACT 2617
* Domestic Assistance, 4-BACC1ZE, 5 Soundy Close, BELCONNEN ACT 2617
* Social Support Individual, 4-BACPY4G, 5 Soundy Close, BELCONNEN ACT 2617
* Goods, equipment and Assistive Technology, 4-CHNEV5E, 5 Soundy Close, BELCONNEN ACT 2617

# 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 27 June 2022.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

## Findings

Consumers and representatives interviewed confirmed they are treated with dignity and respect from all staff and they felt their identity, culture and diversity is valued. Consumers and representatives interviewed, expressed in various ways, their satisfaction with the support they received to exercise choice, retain their independence and maintain relationships that are important to consumers. Consumers and representatives said they receive information to enable them to make decisions about services included in their home care package.

Staff were able to demonstrate an understanding of what it means to be respectful and provide dignity to the consumers they care for. Staff interviewed described how current consumer information is accessed to enable them to provide supports and services specific to individual consumers. Staff interviewed described how consumers privacy is respected and described how consumer information is secured.

Care and service information reviewed and provided to consumers and representatives at commencement of service is comprehensive.

The service demonstrated invoicing information is provided to consumers and representatives, including an explanation on how to read invoices in addition to being available to discuss any invoicing concerns.

The service demonstrated consumer information is protected and personal privacy is respected. For example, staff described how permission is sought from consumers while provided services in consumers homes and how to access electronic information via phone. The Assessment Team observed consumers agreements and consumer handbooks for all HCP or CHSP services, containing information on privacy, including where or what information can be shared with external providers.

# Standard 2

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

Consumers and representatives interviewed said they are involved in care planning, including discussions considering risks to consumers and said staff speak to them about their care and services regularly.

Staff interviewed described how the organisations assessment and planning tools are used to assess consumers needs, goals and preferences, including advanced care planning.

The service demonstrated that assessment and planning, including consideration of risk to the consumer’s health and well-being is conducted and reviewed in a timely manner. There is consistent evidence from consumers, staff and care planning documentation that care and services are meeting the consumers’ current needs, goals and preferences. The service has a suite of policies and procedures to guide staff in the assessment process and in the development and review of the care plan.

The service demonstrated assessment and planning is based on partnership with the consumer and those who they wish to be involved, including other organisations and health care professionals, which is evidenced on consumer care documentation reviewed.

The service demonstrated outcomes of assessment and planning are documented in a care plan that is readily available to the consumer, and where care and services are provided. Sampled care documentation demonstrated they were reflective of consumer’s current needs. Where clinical care was provided, care nursing documentation was observed to include enough information to guide staff practice.

Care plan documentation reviewed by the Assessment Team provide detailed information regarding identification of risk to consumers, strategies to reduce identified risks and acknowledgement from consumers confirming their understanding of risks. Care plan documentation reviewed demonstrated care plans are updated when consumer circumstances change, or incidents occur.

# Standard 3

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

Consumers and representatives interviewed, expressed in various ways, satisfaction that the personal care received is safe, right for individual consumers and within best practices guidelines. Most consumers interviewed said that while they don’t require clinical care, they were aware they have access to a medical officer or other allied health professionals if required. The Assessment Team viewed a consumers Advance Care Directive, which listed who they would like to be involved in their care and a description of how they would like the environment around them to be.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers. Care planning documentation sighted by the Assessment Team contained a safe home risk assessment for the consumers home. The Assessment Team sighted a Risk Management Framework that guides how risk is identified, managed and recorded. The service demonstrated evidence high impact, high prevalence risk strategies are reviewed and evaluated monthly.

The service demonstrated that consumer needs and wishes are provided for when a consumer is nearing the end of life and the service works in conjunction with the palliative team when providing services.

Staff interviewed demonstrated an understanding of how to recognise, report and respond to changes in the health and well-being of the consumer. For example, care workers said if they notice any deterioration of a consumer, they ring the office in the first instance and then record this on the incident register via their mobile device.

Care and service plans and other information reviewed relating to consumers are available on the consumer’s file. This can be accessed at the consumers home via the consumer’s copy and via the services electronic management system. The system was observed to be accessed by staff on their mobile device, including ‘alerts’ outlining changes to consumers’ care and services. The service demonstrated timely and appropriate referrals are made. Consumers and consumer representatives confirm the delivery of care, including referral processes are timely and appropriate.

# Standard 4

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

## Findings

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, asked the workforce how they ensure consumers are provided with the services and supports that are important to their wellbeing and reviewed relevant documents.

Overall, sampled consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to live as independently as possible and enjoy life. Consumers and representatives interviewed advised the service is flexible and accommodating to consumers’ needs and preferences and optimises their independence and quality of life. Consumers and representatives said the staff provide emotional support through listening to consumers and suggesting services that may be useful and are supported to take part in community and social activities relating to their personal interests.

Care advisory staff interviewed said consumers have access to the meal delivery service via internet and brochures provided by the service. They said the service contacts the consumer when an order is due, and they monitor this via an alert in the electronic management system. Consumers interviewed confirmed they are happy with the meal service provided.

A review of documentation and interviews with management and staff, confirmed there are policies and procedures that support the workforce to deliver services according to the consumer’s preferences and in a way that ensures consumers feel socially connected and optimises their independence, health, well-being and quality of life.

The service demonstrated information about the consumer’s condition, needs and preferences is communicated within the service, and with others where the responsibility for services and supports for daily living is shared.

The service demonstrated where equipment has been provided for consumers for use in their home, it is assessed for suitability and safety by an appropriate allied health professional. Management described the processes for purchasing, servicing maintaining and replacing equipment, including where the responsibility is shared with a brokered service.

# Standard 5

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

## Findings

Standard 5 requirement (b)(i) for consumers was assessed as it relates to transport for the provision of care and services and the transport is provided by a worker or a volunteer.

Standard 5 requirements (a), (b)(ii) and (c) are assessed as not applicable as all other services are provided in the consumers home.

Consumers and representatives interviewed stated they were satisfied with the transport provided by the service and stated this made a positive impact on consumers quality of life.

Staff described how consumer outings are planned and assistance provided to consumers to both enter and exit vehicles.

Documentation sighted by the Assessment Team included insurance certificate and current registration for three fleet vehicles.

**Standard 6**

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| Feedback and complaints | | HCP | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| 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 |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

## Findings

Consumers and representatives interviewed said they were aware of ways to provide feedback and make complaints. Consumers and representatives are comfortable raising concerns and have been encouraged to do so by the service.

Staff described how they would assist consumers to provide feedback and raise complaints if the consumer requested.

Documentation reviewed included the information pack, HCP and CHSP agreements, and the continuous improvement register with all providing information related to processes for consumers and representatives to provide feedback. The Assessment Team also noted the service has a home care feedback procedure.

While staff interviewed did not fully understand the term “open disclosure”, they all spoke about communicating with the consumer if something went wrong, and how things could be changed to prevent it happening again.

The organisation’s information pack and home care agreement were reviewed and are provided to all consumers and representatives explaining the process for accessing advocacy services. It was noted an advocacy group’s brochure is included in the consumer information pack.

A review of the service’s continuous improvement register identified recent examples of improvements to the quality of care and services as a result of feedback and complaints.

**Standard 7**

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

## Findings

Consumers and representatives were satisfied that there were enough staff to deliver care and quality services, and staff were prompt and allocated enough time to complete the services. Consumers and representatives interviewed stated staff interactions are kind, caring and respectful.

The service demonstrated systems and processes in place to ensure there are enough staff to deliver safe, quality care and services which includes engagement with brokered services to provide clinical care, allied health and gardening services.

The service provides online and face to face training modules, and management advised that all new staff are offered buddy shifts on commencement which was confirmed by staff interviewed.

The service is supported by a human resources department and a centralised management system that monitors staff compliance, including mandatory training, staff registrations and police checks. The service has staff performance monitoring and supervision processes in place.

**Standard 8**

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

The service evidenced engagement with consumer representatives to participate in focus groups tasked with analysing ongoing improvements. The sample was selected from consumers who had lodged prior complaints or who had expressed interest in participating.

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

The service utilises a secure electronic management system for consumer information that can be accessed by staff through password protected ‘applications’. Feedback, complaints, risks, and continuous improvement are recorded and monitored in a centralised risk management system, and escalated to relevant managers and documented and discussed at committee level.

The organisation has a number of committees that directly feeds information to the Board including finance and risk, quality, and corporate governance. The service demonstrated policies, procedures and frameworks are in place for risk management; and policies for abuse and neglect, and work health and safety.

The service demonstrated policies and procedures are in place on aged care open disclosure, infection prevention and control which incorporates antimicrobial stewardship, and restrictive practices. Consumer care planning documentation reviewed state consumer behaviours, how these are displayed, triggers for the behaviours and how to work with the consumer. Mandatory staff training for staff reviewed for home care includes restrictive practices and antimicrobial stewardship.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)