Performance

Report

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| Name: | Mercy Place Boronia |
| Commission ID: | 3051 |
| Address: | 72 Kerr Crescent, MONTROSE, Victoria, 3765 |
| Activity type: | Site Audit |
| Activity date: | 29 April 2024 to 1 May 2024 |
| Performance report date: | 6 June 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 1810 Mercy Place Boronia |

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 Place Boronia (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives, and others.

# 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 made them feel valued as an individual and treat them with dignity and respect. Staff interviewed demonstrated knowledge of consumers individual backgrounds, preferences, and needs. Care planning documentation included detailed information about the specific consumer, including their history, current hobbies, interests and what was important to them.

Consumers considered staff were aware of consumers’ cultural backgrounds, supported their religious beliefs and cultural traditions. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences.

Consumers said they were supported to maintain relationships of choice and to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff were able to describe how they support consumers to make decisions about their care and maintain relationships of their choice including intimate relationships. Care documentation identifies consumers’ lifestyle choices who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers said they were provided with information which helped to make decisions about care and services including verbally from staff and through copies of activity schedules, menus and information displayed in dining rooms and on information boards.

Consumers and representatives said their privacy was respected by staff and they were confident their personal information was protected. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# 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 are involved in the assessment and planning of their care. Care documentation demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care and actions taken where risks were identified. The service had documented clinical policies and procedures to guide staff practice in the completion of assessments and care plans and the assessment of risk. The service utilises an assessment flow chart for consumers upon their entry to the service, which is completed by clinical staff to ensure appropriate assessment, including the consideration of risks is undertaken.

Consumers indicated the assessment and planning process identified and met their current needs, goals, and preferences, inclusive of advance care planning. Clinical staff outlined how the service ensured assessments and care planning were reflective of consumers’ current needs, goals, and preferences. Care documentation identified and addressed the consumer’s current needs, goals, and preferences, including advance care planning and end of life (EOL) planning.

Consumers reported the service involved them in care planning discussions, in collaboration with other health professionals. Care documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives and internal and external providers of care and services. Clinical staff described how the service partnered with consumers, representatives, and other providers of care to ensure the needs, goals and preferences of consumers were being met.

Representatives said that the service regularly communicates changes related to consumers ’care and services with them and confirmed that a copy of the consumer's care plan was available. Clinical staff were able to describe their roles and responsibilities in communicating outcomes of care planning with consumers and their representatives, including how they convey information following reviews and assessments by Medical Officers, allied health professionals or other providers.

Consumers reported their care and services were regularly reviewed for effectiveness including when circumstances changed, or incidents occurred. Staff explained how they responded to deterioration or incidents and reviewed consumers’ care and services to ensure they effectively supported consumers. Care planning documentation evidenced care and services were reviewed for effectiveness, consistent with feedback.

# 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 and representatives said the service provides safe and effective clinical care that addresses their needs and preferences. Staff were aware of consumers’ individualised personal and clinical needs and preferences. Care planning documentation demonstrated consumers received care in line with their needs to optimise their health and well-being. The service had policies, procedures, and work instructions for key areas of care, including restrictive practices, pain management, behaviour support and other areas to support best practice personal and clinical care.

Consumers said known risks to their health and well-being were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, such as falls and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation for a recently passed consumer evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff described how they responded to deterioration or changes in consumers, such as completing assessments and observations, referrals, and monitoring processes. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Staff described how they documented and communicated information about consumers, within and outside the service, to support the delivery of care and services, such as completing documentation and sharing verbal information during handover periods. Consumer care files reflected information about consumers was documented and shared with others as appropriate.

Consumers considered referrals were completed in a timely and appropriate manner and had access to relevant health professionals such as allied health staff and specialists. The service has a physiotherapist on site and documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

The service had support from an Infection Prevention Control Lead and implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management, and the management of a COVID-19 outbreak. Representatives expressed their satisfaction with how the service prevents, manages, and controls different infectious outbreaks as well as individual consumer infections. staff described how they reduced infection-related risks and promoted practices to minimise the use of antibiotics. Documentation and observations provided evidence that infection prevention and control measures were implemented.

# 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 they were satisfied the service supports them to do the things they want to do and were able to explain how services and supports for daily living have maintained their independence and well-being. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care planning documentation identified the needs, goals, and preferences of consumers.

Consumers considered that their emotional well-being and religious practices were supported. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being. For example, spending one-on-one time with consumers if they are feeling low, and providing one-to-one activities for consumers who choose not to or are unable to participate in group activities. Lifestyle staff advised on church services available at the service and a Pastoral Carer was on site providing one-to-one visits for consumers. Care planning documentation evidenced that consumers’ emotional, religious, and spiritual needs were considered and included individualised strategies to fulfill these needs.

Consumers advised consumers were supported to participate within their communities, have friendships and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships.

Representatives stated that information regarding consumers’ needs and preferences was well communicated between staff, and they do not have to repeat themselves to multiple staff. Staff explained the processes in place to communicate information about consumers, for example, the service’s Chef described how they are informed of consumers' dietary needs and preferences by clinical staff and how this information was provided to kitchen staff. Staff described how information is shared when changes occur in consumers’ needs or preferences through handover sheets, and how these changes are documented and communicated within the service's electronic care management system.

Care documentation demonstrated the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers for example referrals to a to the services Pastoral Carer and volunteer organisations. Consumers reported they were consulted regarding referrals to other providers and individuals.

Consumers considered meals to be varied, of suitable quality and quantity, and requests for alternative meals were accommodated. Menus are reviewed by a Dietician and consumers have input into menus through feedback mechanisms, including food focus meetings. Meals were observed to be served in a timely manner, of suitable quality and quantity, and staff provided assistance for consumers as required during mealtime.

Staff described the processes for maintaining the safety and cleanliness of equipment and equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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 that being able to furnish their rooms and surroundings with personal items made the service feel like home. The service environment was observed to be welcoming and easy to navigate, both indoors and outdoors, and garden areas were shaded. Consumers' rooms were personalised with their own furnishings, such as ornaments, books of interest, and decorations that reflected their individuality.

Consumers advised that the service is kept clean, and they could move freely indoors, outdoors, and externally. Consumers were observed independently moving between indoor, outdoor, and external areas of the service. Management advised the service utilises a contract cleaning company and maintenance staff follow work schedules, and documentation identified that reactive maintenance requests were attended to promptly, while preventative maintenance was completed according to an established schedule. The Site Audit report included details regarding repair work required for an external paved area of the service as outlined in Requirement 5(3)(b). Documentation evidenced that the service had scheduled repair work to be completed and observations identified the area has been cordoned off for safety purposes.

Consumers said furniture and fittings and their mobility aids were clean and maintenance issues were attended to promptly. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# 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 and representatives said they were comfortable in providing feedback and voicing concerns and the service was prompt to respond. Management described ways they encouraged and supported feedback and complaints, such as through meetings, surveys, focus groups, and feedback forms.

Representatives said they were aware of advocacy services, and other ways to raise and resolve complaints. Management reported that the service has access to interpreter services and translation devices, and the service employs multilingual staff who can consumers where English is not their first language. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Consumers and representatives considered complaints were responded to in an appropriate and timely manner. Management described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. For example, improvements were made in the temperature of meals delivered to consumers' rooms. Review of documentation, such as consumer meeting minutes, surveys, and the complaints register, evidenced feedback was used to drive improvement activities.

# 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

Consumers reported the service was adequately staffed, they receive care according to their needs and preferences, and call bells requests were responded to promptly. Staff advised there is adequate staff to meet consumers’ needs and preferences. Documentation demonstrated the service had a Registered nurse on 24 hours and systems in place to regularly review the delivery and management of safe, quality care and services including daily monitoring of call bell response times.

Consumers said staff were gentle when providing care, kind and respectful. Staff demonstrated they were familiar with each consumer's individual needs, cultural background, and identity. Staff were observed interacting with consumers in a kind, and respectful manner. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Consumers reported staff were well skilled and they feel safe when staff are providing care. Management advised staff competency was determined through appropriate selection and recruitment processes, performance reviews, and through a buddy shift program. Management reported at the organisational level, current registration requirements, criminal history checks, and the Aged Care Banning Order Register are monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Representatives stated that staff were competent and well-trained. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Management advised on various training and development opportunities provided to staff, including orientation processes and online training. They also explained that they provide further training following feedback from consumers and representatives, when requested by staff, and after the identification of clinical trends. The review of mandatory training records identified that training was provided on a range of topics, with high completion rates, and all training was recorded and monitored by management.

Management conducts staff performance reviews at the 6-month probation period and annually thereafter. Management also provided examples of completed performance reviews and advised the service provides feedback to staff immediately after any incidents, observations, complaints, or compliments, and further training, or action is undertaken. Clinical staff reported they had recently completed their performance appraisal and it gave then the opportunity to raise any concerns or request any further training.

# 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

Consumers and representatives advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through meetings, food focus group, and surveys. The service has commenced forming a consumer advisory body and management explained they will continue to invite consumers and representatives to join the consumer advisory body through annual memos and during consumer and representative meetings.

Management described how the governing body was involved and accountable for the delivery of safe, quality care and services, such as through various subcommittees and regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, audits and incidents. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)