Performance

Report

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| Name: | Mercy Place Colac |
| Commission ID: | 3011 |
| Address: | 83-89 Queen Street, COLAC, Victoria, 3250 |
| Activity type: | Site Audit |
| Activity date: | 9 September 2024 to 11 September 2024 |
| Performance report date: | 14 October 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 1770 Mercy Place Colac |

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 Colac (**the service**) has been prepared by Kate Hemsley, 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 consumers, representatives, staff, management and others.

The Approved Provider sent an email dated 24 September 2024 stating they would not be submitting a response to the assessment team report.

# 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

This Quality Standard is Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers confirmed they were always treated with dignity and respect, and staff were aware of their identity and preferences. Staff were observed treating all consumers with dignity and respect and could describe, in accordance with care planning documentation, how each consumers’ identity, culture and diversity needs and preferences are recognised and respected.

Care planning documentation demonstrated consumers’ cultural backgrounds were identified and influenced the delivery of care and services. Consumers provided examples of how their cultural needs were respected and supported and staff could describe how culturally safe care is delivered. Staff received mandatory training in cultural diversity and the service has procedures to guide practice.

Consumers and representatives said consumers were supported to make decisions about their day, the supports they require and their preferred schedule. Staff could outline how they consulted with consumers to understand their preferences, supported choices, encouraged independence, and enabled consumers to maintain relationships. Care planning documentation reflected consumer choices around care, lifestyle, and relationships.

Consumers said when they choose to take risks, staff had provided support by outlining the risks, developing safety strategies, completing a risk assessment and obtaining informed consent. Staff were familiar with consumers choosing to take risks and the agreed mitigating strategies to be used, in accordance with their respective care planning documentation. Policies and procedures outlined consumer’s right to make choices with associated risk and how staff can support the safety of consumers and others.

Staff could explain both written and verbal methods for sharing information with consumers to inform choices, including for consumers with visual impairments or language and communication barriers. Consumers confirmed they received clear and timely information to support decision making and information was observed to be displayed in prominent areas of the facility and captured in resident meeting minutes.

Consumers advised their privacy needs were known and respected by staff. Staff described how they respect privacy, including seeking consent to enter consumer rooms, closing doors when providing care and keeping information confidential. In response to staff being observed sharing sensitive information during handover in a public nurse station where conversations could be overheard, management implemented improvements such as temporarily re-locating handover to a private space and will discuss the possibility of enclosing the nurse station. Policies informed staff on how to maintain privacy and confidentiality.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff explained how assessment and care planning processes identified risks and informed care delivery strategies within care and service plans. Care planning documentation for consumers included assessment of risk and care needs and contained individualised support strategies to inform care delivery. These included assessments relating to the use of a keycode to exit and enter the facility. Organisational processes guided staff through the assessment and care planning process for consumers new to the service, and for ongoing reviews, with outcomes used to inform risks and care requirements.

Care planning documentation reflected consumers current needs, goals, and preferences, including advance care planning. Consumers and representatives advised staff sought to understand and capture their needs, goals and preferences and confirmed their wishes were being addressed. Staff described how they approach discussions regarding advance care planning during consumers’ entry to the service, as part of 3 monthly review processes and through ongoing conversations with consumers to ensure care aligns with their expectations.

Consumers and representatives confirmed their involvement in assessment and planning processes, and awareness of others involved in consumers’ care and services. Staff described how they collaborate with and involve consumers, representatives and others in partnership, including through routine and ad-hoc care plan review discussions. Care planning documentation verified involvement of and partnership with consumers, representatives and others and was supported by organisational policy and procedures.

Consumers and representatives said staff explain outcomes of assessment and planning and were offered a copy of the care and services plan. Staff confirmed they offer a copy of the care and service plan to consumers and representatives following routine reviews and seek feedback or suggestions. Care planning documentation evidenced regular discussions and provision of the care and services plan.

Care planning documentation evidenced care and services were reviewed for effectiveness regularly and following changes in circumstance or incidents, with new strategies implemented where appropriate. Consumers advised changes to care and services following incidents and confirmed regular care plan reviews. Staff described the schedule for undertaking care reviews every 3 months and management outlined use of monitoring processes and a high-risk register to ensure changes to a consumer’s condition are assessed promptly.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers were receiving safe and effective clinical care tailored to their needs and which optimised their health and wellbeing, particularly in relation to pain, skin integrity, medication management and restrictive practices. Staff were knowledgeable of consumers’ needs and care management strategies and demonstrated an understanding of best practice principles. Care planning documentation evidenced consumers were receiving personalised care in accordance with best practice. Management explained ongoing monitoring processes and policies and procedures are used to support best practice care delivery.

Representatives advised staff understood consumer risks and ensured care was provided in a manner that addressed these risks. Care planning documentation identified high impact and high prevalence risks to consumers, detailed minimisation strategies and evidenced monitoring for effectiveness. Staff demonstrated an understanding of risks for each consumer, could describe personalised strategies for mitigating the risk of harm and explained how consumers’ risks are monitored and reviewed following incidents.

Care planning documentation for a consumer receiving end of life care showed consumer wishes had been sought, and comfort measures had been implemented, with pain monitored. Consumers and representatives advised staff had shown compassion and respect with regards to end of life wishes.

Consumers and representatives advised staff were responsive to deterioration or changes in consumers’ health and took appropriate action. Care planning documentation evidenced deterioration or changes in consumers' health was identified, managed and escalated in a timely and appropriate manner. Organisational protocol informed staff on recognising deterioration and staff confirmed knowledge of escalation pathways.

Staff outlined communication processes, such as handover and the electronic care management system, for ensuring consumer information is effectively documented and shared with relevant staff. Consumers and representatives confirmed effective sharing of information and confirmed staff are knowledgeable of their condition, needs and preferences. Consumer needs, changes and incidents were observed to be effectively communicated between staff during handover.

Care planning documentation evidenced timely and appropriate referrals to allied health professionals. Consumers and representatives confirmed referrals had been initiated promptly when required and staff could detail referral processes for a range of health professionals and providers.

Staff demonstrated knowledge and understanding of infection control practices and could describe how they ensure appropriate antibiotic use. Consumers confirmed infection control measures are utilised by the service and hand sanitisation stations were readily accessible. Management outlined their COVID-19 and influenza vaccination program and described how staff are guided by policies and procedures and supported by the infection prevention and control lead.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers described how services and supports met their needs, goals and preferences and optimised their well-being and quality of life. Care planning documentation outlined care and services were provided in accordance with consumer needs and preferences and optimised independence. Staff could explain how they tailor services and supports to meet consumer preferences and optimise consumer independence, health, well-being and quality of life.

Care planning documentation reflected spiritual preferences and associated supports for each consumer and consumers advised their spiritual and emotional needs were effectively supported. Staff explained available religious supports, including religious services and volunteer visits, and described how they support consumers’ emotional well-being.

Consumers said they felt encouraged to participate in activities of interest within the service and greater community, build friendships and maintain personal relationships. Staff could describe how they support consumers to do things of interest to them, including within and outside the service community and explained how they facilitated social and personal relationships. Care planning documentation identified consumer interests and relationships of importance.

Staff demonstrated awareness of consumers’ condition, needs, and preferences, and were observed communicating information through handover processes. Consumers advised information about their needs and preferences, such as in relation to dietary requirements, were effectively communicated with relevant staff members. Care planning documentation contained sufficient information to inform staff.

Consumers confirmed they received referrals to external organisations to support their daily living needs. Staff and management explained how they connected with external organisations using referral processes for additional supports for consumers and this was reflected in care planning documentation.

Consumers provided positive feedback on the quality, quantity, variety, presentation, and temperature of provided meals. Staff described how the seasonal menu was developed in consultation with consumers, was reviewed by a Dietitian and is reviewed and updated regularly following consumer feedback and in response to consumer needs and preferences. Food safety requirements were audited for compliance and adhered to. Care planning documentation evidenced consumers’ dietary needs and preferences were captured, and this information was accessible by kitchen staff.

Staff detailed cleaning procedures for shared items, and actions taken in response to old or damaged pieces. Equipment was observed to be clean, with scheduled servicing undertaken as required. Consumers and representatives advised activity equipment was kept safe, suitable and clean.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives advised consumers felt at home within the service, had rooms they could personalise and the environment was welcoming. The service environment was observed to be clear of hazards and easy to navigate, with directional signage displayed to assist consumers and visitors. Staff described how they made consumers feel welcomed and at home by encouraging consumers to decorate their rooms with their personal memorabilia.

Staff described cleaning and maintenance processes, including use of daily and weekly schedules and auditing to ensure effectiveness. The preventative maintenance schedule evidenced all items were current and up to date. Staff and management explained how consumers are supported to access indoor and outdoor areas, including consumers subject to environmental restrictive practices. Consumers advised the environment was clean and well maintained and supported access to indoor and outdoor areas.

Consumers reported equipment, furniture and fittings were safe, clean and well maintained. Staff outlined how shared equipment was cleaned after use. The reactive and preventative maintenance schedule evidenced equipment, including electrical items and fire safety equipment had been tested and serviced routinely and maintenance tasks rectified promptly.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers confirmed they understood complaint processes and felt comfortable providing feedback and complaints. Staff and management described how feedback is supported and encouraged, including via feedback forms, speaking directly with staff or at bimonthly consumer advisory committee meetings. Feedback form submission boxes which allowed for anonymous submissions were observed throughout the service.

Staff demonstrated an understanding of the advocacy and language services available to consumers, and management described how they promoted access to these services through displayed material, including the consumer handbook. Information relating to advocacy and complaint services, including the Commission, was readily accessible. Consumers advised they knew of the available external advocacy and complaint support services, if required

Consumers reported their complaints were responded to promptly and appropriately, included an apology and were resolved to their satisfaction. Staff and management described processes followed to capture and respond to complaints, including use of the open disclosure process. The complaints register evidenced use of open disclosure steps to investigate and respond to complaints or feedback.

Documentation evidenced consumer feedback, including regarding dietary preferences, had been reviewed and incorporated into continuous improvement activities, with positive outcomes reflected within consumer meeting minutes. Consumers provided examples of how feedback and complaints had been used to improve the quality of care and services. Policies and frameworks were in place which underpinned feedback and complaints processes to ensure they were used to identify improvement opportunities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and staff advised there were sufficient numbers of staff to meet consumer needs. Management outlined how rostering and allocation processes considered a range of factors including occupancy rates, regulatory requirements, and consumer care needs. Rostering documentation reflected consideration of the level and mix of staff, with coverage of unplanned leave and clinical staff rostered on each shift to meet legislative requirements.

Management explained how training and induction processes ensured interactions with consumers were kind and caring. Consumers confirmed staff interactions were kind and respectful and staff were observed to engage with consumers in a respectful manner. Policies and the service’s code of conduct outlined the organisational values and expectations of staff to deliver person-centred care which was respectful of each consumer’s identity, culture and diversity.

Consumers reported staff were competent and skilled to perform their duties. Management outlined recruitment, onboarding and training processes, along with monitoring of performance, ensured staff competency. Staff personnel files evidenced staff were provided with position descriptions outlining their duties and responsibilities and had the necessary qualifications and security checks to perform their roles.

Staff reported access to adequate training to effectively perform their roles and felt confident to request additional training. Management explained how the education program included topics relevant to the Quality Standards, including incident management, elder abuse, infection prevention and control and restrictive practices. Training records evidenced monitoring of staff undertaking mandatory training, with action taken for staff who were non-compliant.

Management advised staff performance was monitored through annual performance appraisals, informal monitoring and observations, and ad-hoc performance management when required. Staff outlined the performance review process, including self-assessment and opportunity to identify additional training or knowledge. Management acknowledged 54% of appraisals were overdue and attributed this to deficits in the new electronic performance appraisal system. Management demonstrated system updates had been requested and outstanding appraisals had been scheduled for completion by end of October 2024 using a paper-based system and would be tracked in the plan for continuous improvement.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers reported the service was well run and confirmed their involvement in the evaluation of care and services, including through the bi-monthly consumer advisory committee. Management explained other methods of engagement, including feedback and complaint mechanisms, and described how consumer feedback was contributing to quality improvement programs at an organisational level. Consumer meeting minutes evidenced consumers were encouraged and supported to be engaged in the evaluation of their care and services.

Management outlined the organisational structure and described how information is regularly communicated, reported and escalated to the Board and various levels of the organisation. Minutes from a range of executive committee meetings evidenced monitoring of key indicators to understand compliance with the Quality Standards. The governing body consisted of Board members from a variety of clinical and non-clinical backgrounds to ensure a mix of skills to deliver safe and high-quality care.

Organisation-wide governance systems provided oversight of key areas to ensure effective governance. Information systems ensured staff had access to consumer information, policies, and procedures, and privacy and confidentiality requirements were clearly defined. Financial management systems enabled budgetary expenditures to meet the changing needs of consumers, such as the purchase of bariatric equipment. Regulatory compliance was managed through the organisation’s legal counsel monitoring for legislative and regulatory changes, with the Director of Quality for Health and Ageing making and communicating any required changes.

Risk management systems considered high impact or high prevalence risks associated with the care of consumers, informed through policies, procedures, training, and monitoring, including via weekly clinical risk meetings. Training was provided to staff to understand elder abuse and management described how policies and assessment processes supported consumers to live their best life through enabling choices, including those with associated risks. Staff could describe their reporting responsibilities, and the reportable incident register evidenced reporting to the serious incident response scheme (SIRS) in accordance with legislated timeframes.

A clinical governance framework was supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff explained how policies, procedures, and training within the framework informed care delivery and described how use of restraint is minimised and open disclosure practiced. Reporting demonstrated information regarding infections, antibiotic usage and restraint was analysed, trends identified, and information used to improve delivery of care and services.

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)