Performance

Report

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| Name of service: | Mercy Place Corben |
| Service address: | 9-15 Brindisi Street MENTONE VIC 3194 |
| Commission ID: | 3004 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 3 December 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 Place Corben (the service) has been prepared by G.Hope-Simpson, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# 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

The Assessment Team found staff treated consumers with dignity and respect and valued their cultural diversity. Consumers reported staff treat them with dignity and respect, and that they were valued as individuals. Staff interviewed spoke about consumers in a respectful manner and demonstrated they were familiar with consumers’ individual backgrounds and preferences. Care planning documents reflected the consumers’ background and culture and described cultural activities they wanted to maintain. Observed staff interactions with consumers were respectful.

Consumers and representatives stated they were given choice about when care was provided, and their choices were respected. Care planning documents identified consumers’ individual choices concerning when care was delivered, who was involved in their care, and how the service supports them in maintaining relationships. The service has a consumer choice, decision making, and independence procedure.

Mercy Place supported consumers to take risks, to enable them to live their best lives. Staff were aware of risks taken by consumers, and said they supported consumers’ choices. For example, the service supported a consumer’s decision to mobilise how they chose. Consumers said they felt supported to take risks. Care planning documents corroborated these findings, containing dignity of risk forms and assessments to support reasonable consumer risk-taking activities.

The service provided current, accurate and timely information to each consumer in a way that was clear, easy to understand, and enables them to exercise choice. Sampled consumers said they were supported to understand information relating to their choices, and that they knew how to exercise choice in their care. Staff explained how the service provides information to consumers, including by direct conversation, signage, events calendars, service-wide announcements over the PA system, and other methods.

The service respected consumers’ privacy and kept their information confidential. Consumers and staffed reported the service protected their privacy and personal information, including by closing and locking doors, using password protection on computers, and knocking and waiting before entering private spaces. The service demonstrated appropriate conduct to maintain consumers’ privacy during care delivery, which aligned with the service's policies and procedures.

# 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 receive the care and services they need, and they have a say in the care planning process. Staff described the care planning process, and how it informed the delivery of care and services. For example, the ongoing care planning process for consumers commenced with completion of an admission pathway document on admission. Review of multiple consumer care plans, demonstrated effective assessment and care planning, tailored to each individual consumer. Care plans generally evidenced consideration of individual risks that shaped delivery of care and services.

Assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning, if the consumer wishes. The service involved consumers in the assessment and planning of their care through conversations with clinical staff or management during admission, during care plan reviews, or when circumstances changed. Staff described how the service ensures that assessment and planning reflect consumers' current needs and preferences. For example, care plans showed consumers’ mobility and transfer needs and any existing conditions that might impact mobility.

Assessment and planning were built on ongoing partnership with consumers, and others per the consumer’s preference. Care planning documents showed regular care plan evaluation and review involving a diverse range of external providers and services such as Medical Officers and allied health professionals. Consumers and representatives understood who was involved in their care, and staff were knowledgeable about consumer-centred care planning, explaining how they collaborated with other providers to ensure quality care was provided.

The outcomes of assessment and planning were effectively communicated to the consumer and were appropriately documented and made available to staff in electronic care and services plans. Consumers said the service maintained good communication with them, particularly around changes in care and medication and explained and clarified clinical matters if needed. Clinical staff said representatives were contacted by telephone and email conversations.

The service regularly reviewed its care for effectiveness, and upon a change of circumstances or when incidents impacted on the needs, goals or preferences of consumers. Care planning documents identified evidence of review on both a 3-monthly basis and when circumstances changed, such as when a consumer experienced an infection, fall, or wound. Clinical management and staff worked to a schedule for care reviews. Consumers reported clinical staff regularly discussed their care needs with them and staff actioned requested changes in a timely manner.

# 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 mostly said they received safe and effective personal and clinical care, tailored to meet their individual needs to optimise their health and well-being. Sampled consumer files corroborated this information, reflecting care that was safe, effective and tailored. Staff described how they provide safe and quality care. For example, when interviewed, staff could recall care regimens for specific consumers. Documentation review and staff interviews reflected safe and effective wound care and use of restrictive practices in line with regulatory requirements.

The service effectively managed high impact, high prevalence risks associated with each consumer. When interviewed, management identified that falls, infections, and weight loss were the most prevalent risks. Clinical indicator data corroborated the information from management. Staff used a range of mitigation strategies to manage identified risks, which aligned with consumer care plans. Consumers and representatives expressed satisfaction with how the service managed risks.

The service recognised and addressed the needs, goals and preferences of consumers nearing end-of-life (EOL), maximised their comfort, and preserved their dignity. Care planning documents showed advance care plans and evidence of discussions with representatives regarding palliative care. Consumers stated they were satisfied with how the service provided care nearing EOL. Staff described how they approached conversations around EOL, and how they maximised the comfort of consumers towards the EOL. For example, staff noted, they ensured consumers were comfortable, provided mouth care, repositioning; and monitored consumers’ skin and pain.

Sampled consumers’ care planning documents and progress notes showed the service identified and responded to deterioration or changes in condition. Sampled consumers said the service recognised and responded to changes in condition in an appropriate and timely manner. Clinical staff explained how deterioration was recognised, responded to, documented and monitored. For example, staff were aware of consumers’ daily habits, and identified deterioration through changes to mobility, appetite, mood and general awareness.

The service used progress notes to monitor and track consumers day to day condition, and care plans provided adequate information to support effective and safe care. Consumers said their care needs and preferences were effectively communicated between staff. Staff knew how information about consumer needs, conditions, and preferences were documented and communicated within the organisation and with others, where clinical care was shared.

Care planning documents and progress notes evidenced the involvement of Medical Officers, allied health professionals and other providers of care, as needed. Consumers said referrals were timely and appropriate, and they had access to a range of health professionals. Management and clinical staff understood the role of other providers and worked with them to deliver care and services for residents.

The service minimised risk of infection by implementing standard and transmission-based precautions, and prescribed antibiotics appropriately to reduce the risk of antibiotic resistance. The service has appointed an Infection Prevention and Control lead and the Assessment Team observed staff incorporating best-practice infection control in their routine work. The service had a thorough COVID-19 screening process for visitors and staff. Consumers and representatives expressed confidence in the service’s ability to minimise and prevent infections and outbreaks.

# 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 say they were supported to pursue activities of interest, and care plans demonstrated care met their needs and preferences. Staff knew what was important to consumers and how best to care for and facilitate their lifestyles. For example, staff had tailored the lifestyle calendar to the interests of consumers, based on consumer feedback. The calendar contained a balance of exercise classes, cultural celebrations, and entertainment.

Care planning documents showed information about consumers' emotional, spiritual and psychological needs, goals and preferences. Staff knew how to support consumers’ emotional, spiritual and psychological needs, by, for example, monitoring consumers’ mood and, upon identifying a change, enquiring to find out what they needed. The service had a pastoral carer on staff and religious supports were provided.

The service supports for daily living assisted consumers to participate in their community within and outside the services environment, to have social and personal relationships, and to do things of interest to them. Staff provided multiple examples of consumers who were supported to maintain their hobbies, both inside and outside of the service. Care planning documents showed the service identified and documented activities of interest to consumers.

Consumers said information about their needs and preferences was effectively communicated and staff knew them well. Staff said information about changes was shared using the service’s electronic client management system, as well as during shift handovers.

Consumer care planning documentation showed referrals to other organisations and services, such as volunteers and entertainers. Among these were volunteers from the Community Visitor Scheme, entertainers, a Catholic men's group, and pastoral care staff. Staff knew which consumers used external service providers.

Sampled consumers said they were satisfied with the variety, quality and quantity of food currently being provided, and felt the meals met their needs and preferences. The service accommodated dietary preferences and staff knew consumers’ individual needs. The service had feedback channels for consumers to evaluate food quality. Consumer’s dietary needs and preferences were communicated to the kitchen via clinical staff. Food focus groups were used to inform menu changes.

The service’s equipment was safe, suitable, clean, and well maintained. Staff knew how the equipment was maintained and consumers reported they felt safe when using it. The equipment was readily available when needed. Documentation review showed regular servicing of wheelchairs, walkers, manual handling equipment and other items used in daily living.

# 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

The Assessment Team found the service environment was welcoming, easy to understand, and optimised each consumer’s sense of belonging, independence, interaction and function. The service was single level, divided into 3 wings, with 46 single rooms and a private ensuite in each. Observations showed outdoor courtyards with grassed areas, outdoor lounge areas and a pond. Windows provided natural light throughout the service. Sampled consumers said the service environment was simple to understand, and homelike. Staff said they made every effort to help consumers feel like at home.

Consumers confirmed the service environment was safe, clean, well maintained and comfortable, and enabled them to move freely, both indoors and outdoors. Environmental services staff reported the service environment was regularly cleaned and maintained. Although no concerns were raised regarding maintenance requests, the maintenance officer was shared with 2 other services within the organisation. Review of the maintenance log showed reactive maintenance requests took on average, 16 days to action and there were outstanding requests at the time of site audit.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for the consumer. The Assessment Team observed, and consumers confirmed, service equipment was checked, cleaned and maintained regularly. Staff have a system in place to manage cleaning and care of personal cleaning equipment.

# 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 said they understood how to provide feedback or make a complaint. Various channels were available for consumers to provide feedback, such as feedback forms, dedicated email lines to management, discussion at meetings or directly to management and staff. The service’s feedback policy outlined its commitment to handling feedback and complaints from consumers and their representatives.

Document review and observations showed the service provided consumers and representatives with information about language and advocacy services, as well as external complaint avenues. Consumers said they knew how to access those services and if they did not, reported they were happy to raise concerns with staff directly. Multilingual information and brochures were available.

Interviewed consumers said management resolved complaints they had made and responded when incidents occurred. Staff understood open disclosure, explaining how they escalated issues, and apologised to consumers when something went wrong. Sampled complaint documents showed feedback and complaints were documented in a centralised system with clear trails of communication between management, staff and the complainant.

The service reviewed feedback and complaints and used them to improve the quality of care provided. Consumers and representatives verified this finding, and management described the feedback and complaint resolution process including the actions taken to inform continuous improvement across the service. The Assessment Team identified several examples of service-level improvements made in response to consumer feedback and complaints.

# 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

While 8 out of 10 consumers and representatives sampled said the service had insufficient staff, they reported their needs were met. Two out of 10 consumers and representatives interviewed said when the service is short-staffed, their care needs were impacted. Management acknowledged a gap but demonstrated described a planned approach to rostering and call bell data showed 96.24% of call bells were responded to within 10 minutes.

The Assessment Team’s observations showed staff interactions with consumers to be kind, caring and respectful. Staff greeted consumers by their preferred name and were familiar with individual needs and identity. Staff were trained on equity, inclusion and privacy.

Staff were required to complete role-based mandatory training and completion of training was centrally monitored to ensure completion. Training completion rates were high. Consumers said staff performed their duties effectively, and said staff were sufficiently skilled to meet their needs. Staff were required to have relevant qualifications prior to commencement.

Consumers did not identify any staff training needs. Sampled staff considered they were trained, equipped and supported to deliver safe and effective care.

The service conducted performance appraisals after an initial 6-month probation period, and subsequently annually for all staff. Performance appraisals were up to date and staff interviewed confirmed they had participated in performance reviews.

# 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 reported they were engaged using a variety of mechanisms including meetings, surveys and dedicated feedback channels. Staff explained, and documents confirmed, how consumer responses and suggestions were used to drive improvements and design services that were fit for consumers.

The organisation’s governing body promoted and was accountable for delivering a culture of safe, inclusive and quality care and services. Management demonstrated an organisational structure that facilitated oversight and governing of the delivery of quality care and services. The Assessment Team reviewed monthly clinical indicators and quality meeting minutes, which showed regular monitoring by the organisation’s governing body.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Documentation review demonstrated that service procedures were translated into practice and staff feedback aligned with processes specified in policies and procedures. Management and staff explained the service’s mechanisms for effective organisation-wide governance in the relevant areas.

Clinical staff demonstrated an applied understanding of the high impact and high prevalence risks associated with the care of consumers and how the service safeguarded against identified risks in line with best practice. Staff understood dignity of risk, open disclosure and their reporting obligations under the Serious Incident Reporting Scheme, including in relation to abuse and neglect.

At the time of site audit, the service had a clinical governance framework, including policies concerning antimicrobial stewardship; minimising use of restraint and open disclosure. Staff understood the policies and how they applied in their day-to-day work.

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)