Performance

Report

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| Name of service: | Mercy Place Dandenong |
| Service address: | 82 McCrae St DANDENONG VIC 3175 |
| Commission ID: | 3185 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 February 2023 to 23 February 2023 |
| Performance report date: | 20 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Mercy Place Dandenong (**the service**) has been prepared by N Eastwood, 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 Assessment Contact – Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 8 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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)(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 |

Findings

The service was previously found non-compliant with Standard 1 in relation to Requirements 1(3)(a), 1(3)(b) and 1(3)(e) following a site audit in May 2022 where the service was unable to demonstrate:

* Consumers were treated with dignity and respect.
* Care and services were culturally safe.
* Information is provided to consumers in a way that is clear and easy to understand by consumers with English as a second language.

At the site visit of 22 and 23 February 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives described how staff make them feel respected and valued as an individual. Staff were observed treating consumers with dignity and respect and understanding consumers’ individual choices and preferences. Consumer care plans included information about consumer backgrounds and preferences and was consistent with information provided by consumers and staff. The Assessment Team observed the service’s policies and procedures, brochures, and posters across the service’s notice boards which include information about consumer rights and diversity.

Consumers and representatives described how they are respected culturally and are cared for in a meaningful way. Staff demonstrated how culturally safe care is provided to consumers at an individual level. Care planning documentation reviewed identified care and services provided are culturally safe and outline how consumers are supported to engage in activities of cultural importance to them.

Consumers expressed satisfaction with the information they receive which enables them to exercise choice. Staff described how they communicate with consumers in a way that is easy for the consumer to understand, and processes are in place to communicate with consumers who are living with cognitive impairment.

Consumers confirmed they receive up to date information including activity calendars, menus, and newsletters, which enables the consumer to choose what they would like to do and keeps them informed of updates within the service.

The Assessment Team observed pamphlets throughout the service in multiple languages for consumers to access. Information is available in English and other languages including elder rights advocacy, feedback forms, external complaints mechanisms and interpreter services.

The service provided evidence to the Assessment Team of cultural cue card books for culturally and linguistically diverse (CALD) consumers, the commencement of a cultural group which meets every Thursday to assist with meeting the needs of CALD consumers. The lifestyle electronic tablet has a 'language translator' known as 'iTranslate' and the service has purchased a translation device known as 'Pocketalk'. A cultural reflection room was established following consultation with consumers which contains cultural resource containers for various countries, books, music, a CD player, cue cards and various other resources.

As a result, and with consideration to the actions and improvements implemented by the service, I am satisfied this Standard is now compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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 |

Findings

The service was previously found non-compliant with Standard 6 in relation to Requirement 6(3)(b) following a site audit in May 2022 where the service was unable to demonstrate information was accessible to consumers of non-English speaking backgrounds or written materials in other languages.

At the site visit of 22 and 23 February 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The Assessment Team spoke with consumers, management and staff who all confirmed there are now multilingual documents that are assessable to consumers as well as a number of tools available to staff to assist with communication with consumers.

Consumers confirmed they are aware of interpreter and advocacy services as well as brochures related to complaints. Management and staff explained there are tools which are used to communicate with consumers, as well as multilingual written materials that are on stands and noticeboards around the service. The Assessment Team observed care staff utilising a translation application to assist with consumer communication. Cue cards were available in different languages in the cultural reflection room and at specific points of care. Printed materials and notices in different languages were also observed across the service advising consumers how to contact interpreter and advocacy services.

As a result, and with consideration to the actions and improvements implemented by the service, I am satisfied this Standard is now compliant.

# 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 |

Findings

The service was previously found non-compliant with Standard 7 in relation to Requirement 7(3)(a) following a site audit in May 2022 where the service was unable to demonstrate adequate number and mix of the workforce to enable the delivery and management of safe and quality care and services.

At the site visit of 22 and 23 February 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers confirmed that there has been an improvement in staffing since the change in management although there are sometimes staff shortages, however these have not affected the care they receive. Consumers also indicated call bell response times can be long, however this is on occasions where there are staff shortages.

Management explained that recruitment is ongoing, and they have employed 20 staff members across the facility since the previous site audit. Staff also confirmed there have been staff shortages although they are aware that all attempts to fill them are made by management.

The Assessment Team observed care staff, environmental services staff and lifestyle staff attending to consumers’ needs during the visit. The Assessment Team also reviewed policies and procedures related to recruitment and orientation of staff in different roles across the service. Management demonstrated how the process of back filling of shifts is conducted to ensure, as often as possible, all vacant shifts are filled to reduce shortages across the service.

The service conducts a daily review of call bell response times, the Assessment Team noted that at the time of the site visit there were 55 call bell response times greater than minutes in the previous 24-hour period. The clinical care manager undertook an immediate review and was able to provide information demonstrating the reason for delay in response times and proposed actions to reduce recurrence. Following feedback from the Assessment Team management sought to rectify the noted delays. The Approved Provider provided further clarification in their response regarding the increase to staffing as a result of the Assessment Teams observations. The service has obtained authority from their head office to add a further floater staff member to the afternoon shift and a projected increase in clinical and care staff by 375 hours a week across the service which is planned to be implemented by the end of the financial year.

As a result, and with consideration to the actions and improvements implemented by the service, I am satisfied this Standard is now compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was previously found non-compliant with Standard 8 in relation to Requirement 8(3)(c) sub-Requirement (vi) following a site audit in May 2022 where the service was unable to demonstrate effective organisation wide governance systems relating to feedback and complaints.

At the site visit of 22 and 23 February 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The Assessment Team viewed the services complaints and feedback policies and procedures which provided clear steps for staff and management to follow when managing feedback and complaints. Management demonstrated how the policies and procedures relating to handling of feedback and complaints is followed providing examples of a resolved complaint which the consumer confirmed their satisfaction with and an ongoing complaint which includes regular meetings with a representative to discuss concerns as they arise.

Staff were able to demonstrate their awareness the open disclosure process, of the complaints and feedback forms, as well as where to direct consumers from a non-English speaking background for assistance.

The Assessment Team observed there were complaints brochures available and on display in various languages across the service. Each area also displayed access to advocacy and interpreter services via notices on the noticeboard in various languages for consumers.

The service also provided for review, policies, and procedures to guide management and staff related to resident choice, decision making, and independence which includes the use of interpreters, as well as the interpreter and communication policy which outlines the use of accredited interpreters. The service demonstrated a complaint handling process to support all consumers, including access to interpreter services and information across the service in a number of alternate languages.

As a result, and with consideration to the actions and improvements implemented by the service, I am satisfied this Standard is now compliant.

1. The preparation of the performance report is in accordance with section 68A assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)