Performance

Report

**1800 951 822**

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| Name of service: | Mercy Place Fernhill |
| Service address: | 18-22 Fernhill Road SANDRINGHAM VIC 3191 |
| Commission ID: | 3074 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 August 2023 |
| Performance report date: | 31 August 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 Fernhill (**the service**) has been prepared by C Spiller maker 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

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | 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 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 |

Findings

The service was found non-compliant with this requirement following a Site Audit conducted from 14 June 2022 to 17 June 2022. The service at that time was not able to demonstrate the lifestyle program provided activities that were engaging, particularly for consumers experiencing cognitive decline. Further to this, the service was not providing showers to consumers based on their personal preference.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 14 June 2022 to 17 June 2022 which have been effective. Improvements have included recruitment of a new lifestyle coordinator, collection of residents and relatives feedback to inform activities program and activities specifically for those in the memory support unit.

During the Assessment Contact on 3 August 2023, the service demonstrated consumers individual needs and preferences are being met. The service has implemented a weekly activities program, including consumers with a cognitive decline, and displayed the program around the service. Monthly lifestyle programs have been developed with all consumers in mind. The service surveys consumers in terms of lifestyle activities and showering preferences to ensure that care plans are current and accurate.

In light of the information available to me, I find the service is now compliant with Requirement 4(3)(a).

# Standard 6

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| Feedback and complaints | |  |
| 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

The service was found non-compliant with Requirement 6(3)(c) and 6(3)(d) following a Site Audit conducted from 14 June 2022 to 17 June 2022. The service at that time was not able to demonstrate that complaints and feedback were adequately addressed, and that the process was undertaken in a timely manner. The service was not able to demonstrate that complaints and feedback were entered into the electronic management system and documented in the services continuous improvement plan.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 14 June 2022 to 17 June 2022 which have been effective. Improvement actions have included; auditing feedback, complaints, and compliments to ensure appropriate action is taken in a timely manner, ensuring staff assist consumers and or representatives in providing feedback around complaints and feedback and complaints are monitored weekly.

During the Assessment Contact on 3 August 2023 management outlined that they have several channels to receive feedback, compliments, and complaints from consumers and/or representatives. Management stated that the feedback data is actively reviewed and triaged in a timely manner ensuring that appropriate action is undertaken to resolve the matter. Staff are trained to both assist consumers and/or representatives in making complaints and in the practice of open disclosure where required. Management explained that open complaints, more than 28 days from the time of receipt, were highlighted within the electronic management system. Management further explained that an explanation around why the complaint remained ‘open’ was clearly articulated with the management system for transparency and audit purposes. The Assessment Team reviewed the electronic management system and noted that complaints were actioned quickly on receipt. The management system included the date of the complaint, the action taken, and explanation of the matter, an outcome, and the how the complaint aligned the with Aged Care Standards.

During the Assessment Contact on 3 August 2023 management outlined that they actively monitor feedback and complaints received in written form, oral and via email. They stated that feedback and complaints are immediately entered into the electronic management system and acted upon. Complaint and feedback data is used to drive continuous improvement and is recorded appropriately. Management highlighted several examples of feedback and complaints which have led to continuous improvement within the service including staff recruitment, menu variations and the removal of an outdoor fountain to create an environment that is supportive of walking.

Accordingly with the information available to me, I assess Requirements 6(3)(c) and 6(3)(d) as 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 found non-compliant with this requirement following a site audit conducted from 14 June 2022 to 17 June 2022. The service at that time was not able to demonstrate that complaints and feedback raised were being addressed effectively, with trending, reviews, and opportunities for continuous improvement not being identified and/or documented.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 14 June 2022 to 17 June 2022 which have been effective.

During the Assessment Contact on 3 August 2023 management outlined that complaints and feedback are reviewed for trending and used to drive continuous improvement in the service. Management are supported at an organisational level by a quality team that prepares reporting data for the service. Quality reports are reviewed by overarching committees at a Board level. Management outlined that a monthly quality report is prepared by the organisational quality team and provided to the service. The quality team has full access to complaints and feedback received electronically by the service via a shared mailbox. Bi-monthly quality meetings are undertaken with management of the service and the organisational quality team to review and discuss complaint and feedback data and trends. Anomalies in complaint and feedback data, investigation outcomes, and any instances of a service reporting ‘no feedback’ and/or complaints is discussed. The Assessment Team reviewed both the feedback, complaints and compliments data help within the electronic management system and noted that it was detailed and accurate. The Assessment Team noted that any ‘open’ complaints or feedback exceeding 28 days was clearly identified within the system with a detailed explanation of its delay and expected outcome/closure date. The Assessment Team further noted that the continuous improvement plan reflected the completion of consumer audits in September 2022 relating to consumer complaints, their timeliness and outcome results

Accordingly, with the information provided to me, I find the service is now compliant with Requirement 8(3)(c).

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