

**Performance Report**

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| Name: | Mercy Place Keon Park |
| Commission ID: | 4329 |
| Address: | 15 Tunaley Parade, RESERVOIR, Victoria, 3073 |
| Activity type: | Site Audit |
| Activity date: | 21 January 2025 to 23 January 2025 |
| Performance report date: | 19 February 2025 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 2850 Mercy Place Keon Park |

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 Keon Park (**the service**) has been prepared by Nicola 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 Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/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 and representatives confirmed consumers are treated with dignity and respect, and their identities, cultures, and diversities valued. Staff demonstrated understanding of consumers' cultural backgrounds and how they actively promoted cultural awareness in their daily practices. Care documentation captured individual cultural needs and preferences to facilitate and support the delivery of care and services that are safe.

Consumers and staff confirmed the service facilitates multi-denominational worships services weekly to support cultural beliefs for consumers at the service. Documentation guides staff in providing information to consumers to maintain their established relationships and develop new relationships. The site audit report included examples of where close relationships are routinely supported and consultation regularly takes place before communicating with others.

The service demonstrated effective management of risks, adequately identifying and supporting consumers to continue with activities which involve an element of risk. The site audit report included examples of how specific strategies, related assessments and conversations had occurred to maintain a consumer’s independence and enable continuation of activities of interest.

Management, lifestyle and hospitality staff described how newsletters, verbal reminders and information boards throughout the service help keep consumers and their representatives informed. Staff utilise cue cards, interpreters or google translations to communicate information to consumers or their representatives.

The service demonstrated each consumer’s privacy is respected by all staff and personal and confidential information is kept secured through an electronic care management system (ECMS). The ‘resident handbook’ and the onboarding package contains information processes to ensure consumer privacy and confidentiality.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 and representatives were satisfied with how initial and ongoing assessments occurred and how they felt included in discussions about consumer care and services being provided. Documentation demonstrated a range of risks identified including swallowing difficulties and weight loss, skin integrity, mobility and falls, and other complex care needs. The site audit report included examples of how these risks are effectively managed including consultation with specialty services.

Documentation showed that advanced care plans and goals of care are developed with consumers or their representatives and are respectful of their expressed wishes. Staff explained information on advance care directives (ACDs) and/or goals of care are provided during admission and 3 monthly care plan reviews.

Health specialist and allied health professional information is included in consumer care planning to ensure a holistic approach to care and service delivery. Documentation reflects input from other providers and shows consultation between consumers, representatives, and staff. The site audit report included examples of complex clinical care management and involvement of service providers such as Dementia Services Australia, nutrition support, medication management and communication with multi-disciplinary teams.

Care documentation reflects that 3 monthly reviews occur and includes care plan discussions. Allied health professionals and medical officers (MO’s) have access to care documents and progress notes for the sharing of information and representatives confirmed they receive regular information regarding changes to consumer care needs. Staff described how referrals for reassessment are initiated when consumer circumstances change and following incidents that impact their care. Care plans are evaluated for effectiveness or due to incidents changing consumer care needs and preferences.

There was evidence of consultation and updates provided to representatives when care plans were updated as well as effective management, allied health review and involvement following incidents. The service conducts daily huddles to discuss changes and incidents which have occurred.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 confirmed they were satisfied, and confident consumer clinical care was managed competently. Best practice principles are implemented and followed in relation to skin integrity, pain management, restrictive practices, and complex care needs to optimise consumers’ health and well-being. There was evidence of effective management of pressure injuries and ongoing wound monitoring as well as active pressure relieving interventions an implementation of treatment recommendations. Consumers experiencing pain related to wounds and relevant diagnosis had effective pain assessments and management strategies in consultation with consumers and their treating practitioner. Use of chemical, environmental and mechanical restrictive practices were effectively assessed, monitored, and reviewed.

Staff described high impact high prevalence risks to consumers at the service and how risk is minimised to ensure delivery of safe care. Documentation reflected risks are effectively managed relating to falls, pressure injuries, unexplained weight loss, and complex clinical care.

End of life pathways are aimed at maximising consumer comfort and resources are available to support consumers. Care documentation, including goals of care and an advance care plan reflect goals, needs, and preferences of consumers when nearing end of life. Staff described how deterioration or changes are identified, actioned, and communicated. Documentation reflects appropriate actions taken in response to changing consumer health status. The site audit report included examples of clinical deterioration and appropriate escalation of care needs such as consultation with treating practitioners and hospital transfer.

Consumers and representatives confirmed information about consumer care is communicated with others who have shared responsibility for care delivery. Staff described how they received updated information at morning huddles and handover and demonstrated how information is shared with external services involved in care. Email communication is utilised for allied health and other specialists and the ‘gallery’ section of the ECMS contains reports from others involved in consumer care.

The service demonstrated referrals occur, as evidenced in care planning documents which reflect timely referrals to providers of other care and services, with recommendations recorded. Staff demonstrated an understanding of precautions to prevent and control infection and the steps taken to minimise the need for antibiotics and infections.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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 and representatives described how the service provided support for their interests. Staff explained the availability of activities such as music therapy, once a week library services, bus trips and card games to suit consumer needs. each consumers preference is captured through initial consultation, feedback and care plan reviews. The lifestyle activities calendar is published weekly, offering a variety of activities designed to meet the varying needs of consumers, including those in the memory support unit (MSU).

Documentation included emotional and spiritual needs, goals and preferences, including preferences to attend religious or cultural events. Staff described how they support individual emotional and spiritual needs.

Staff described consumer interests and the people of importance in their lives. Staff provided examples of how they support consumers to maintain social and personal relationships. The site audit report included examples of how staff assist and maintain relationships of importance through use of technological devices and alternate methods of communication where required. Staff confirmed care plans are easy to read and daily updated information about consumers is communicated through the handover process. Consumer needs are monitored through attendance which guides a more targeted program for individuals with reduced participation in group activities.

Recommendations from specialists are integrated into care plans and lifestyle activities, along with internal information from pastoral care and volunteers. The service provides access to an external library exchange and are exploring access to a support dog network to assist with one-to-one support.

There is a 4-monthly seasonal menu rotation developed in consultation with the dietitian and consumers and the site audit report included examples of complements from consumers about recent improvements to meals. Documentation demonstrated consumer dietary requirements and preferences were incorporated into care plans, and available to kitchen staff.

The service conducts a thorough review of equipment for any issues through daily conversations with staff or the electronic maintenance register. Damaged equipment is referred to an external repair service, replaced or decommissioned as required.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 confirmed the service was welcoming and they had the opportunity to decorate and personalise their rooms. Signage and directions assist with navigation and the service has both indoor and outdoor communal spaces which are clean and well-furnished. Consumers are able to freely access all internal and external areas and consumers and representatives confirmed that the service environment is safe, clean, well maintained, and comfortable.

The service has established preventative and reactive maintenance, a cleaning schedule, and regular audits established to assess their effectiveness. Frequently used equipment such as lifters and stand transfer devices are inspected, tested and maintained annually through external contractors. The site audit report noted an immediate and positive response from management to feedback around cleanliness and maintenance of an external smoking area.

Staff demonstrated understanding of how to maintain and clean equipment, furniture, and fittings, as well as their processes for identifying and reporting hazards and maintenance concerns. Records demonstrated furniture, fittings, and equipment are regularly cleaned and well maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 confirmed they are encouraged and supported to provide feedback and lodge complaints. The service has formal and informal mechanisms for stakeholders to provide feedback and make complaints. Staff and management described how they use internal and external resources such as brochures to support consumers to raise and resolve complaints. The site audit report included examples of successful complaints resolution and access to external support services such as the Older Persons Advocacy Network in resolving complaints.

Most staff demonstrated an understanding of the principles of open disclosure and the service’s complaints handling process and consumers were satisfied that in most cases complaints are effectively resolved. Management described how feedback and complaints are analysed, trended, and used to make improvement to the quality of services. Consumers and representatives were satisfied that as a result of their feedback changes had been made to meals. Documentation confirmed that feedback and complaints are escalated to the quality and clinical governance committee for systemic or organisational level consideration.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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 and representatives expressed satisfaction with the number of staff available to provide care, and confirmed staff respond to call bells in a timely manner. Staff confirmed there are enough suitable staff to enable them to complete their duties. Documentation reflected rostering of a registered nurse 24 hours a day and staff explained how unexpected leave is backfilled with casual staff in the first instance and agency staff where casuals are unavailable.

Staff demonstrated knowledge of consumers, including their background and diversity. They described how they tailor their approach to suit each consumer.

Documentation demonstrated that staff have qualifications relevant to their role, and that competencies are mostly monitored and followed up. Staff demonstrated knowledge specific to the care and services provided to consumers. Position descriptions include relevant qualifications, registration, knowledge, and skills required by staff. Staff confirmed they are provided with training opportunities and felt supported to deliver care and services to consumers.

Management explained how staff performance is assessed, monitored, and reviewed. Staff confirmed that appraisal of their performance occurs on an annual basis and that there is opportunity to self-identify training needs and career goals.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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**

The service seeks feedback from consumers verbally and through meeting forums including a Consumer Advisory Board. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and its involvement in this delivery. The organisation has a governance structure in place that supports accountability over care and services delivered.

The Board provides support to the service to ensure the service is adhering to the aged care quality standards and the quality of care being delivered is consistent with best practice.

Staff confirmed information is available to them to provide effective care through the electronic management system, including care planning documentation, policies and procedures, quality and continuous improvement activities, and incident management.

Opportunities for continuous improvement are identified through consumer, representative and staff feedback, audits, incidents, and observations. The service’s Plan for Continuous Improvement (PCI) reflected such improvement actions. The organisation has financial governance systems and processes in place to manage the finances and resources required to deliver safe and quality services.

The organisation has a framework for workforce governance and the organisational structure has designated reporting lines. There are systems and processes in place to support recruitment, retention, and ongoing monitoring of workforce performance. Position descriptions contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored with changes or updates to policies and procedures communicated to management and staff. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and a review of documentation. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an effective incident management system established to identify, record, manage, resolve, and report all incidents.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)