Performance

Report

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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 Lynbrook (**the service**) has been considered by Denise McDonald delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

# 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 | | Compliant |
| 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 said staff treated consumers with respect and dignity and staff were kind when delivering care. Consumers and representatives said consumer**’**s cultural needs and preferences were supported, including staff leaning phrases in the consumers native language so the consumer felt more comfortable. ‎Consumers said they were supported to make choices, maintain their independence and relationships of choice. Consumers and representatives said consumers were supported to take risks to enable them to live their best life. ‎Consumers and representatives described receiving information to help them make decisions about the things they would like to do, such as menus and activity calendars. ‎Consumers and representatives said consumer**’**s personal privacy was respected.

Staff demonstrated their familiarity with the consumers and spoke about them with respect and could describe the consumers’ individual background. Staff described how care and service delivery was based on consumers’ culture and preferences. Staff said the service, where possible, rostered the same staff to the memory support unit to provide stability for the consumers. Staff described how they supported consumers to make informed decisions and keep in contact with people who were important to them. Staff said consumers were encouraged to do as much for themselves as possible to retain independence. Staff said risk assessments were undertaken for activities, including unsupported outings in the community, which involved an element of risk and involved consultation with consumer, representatives and medical officers. Staff described how they assisted consumers with communication barriers to access information to allow them to make choices, including speaking slowly and clearly or reading information to consumers with vision impairments. Staff ensured consumers consent before providing care and said the service has the rule stating staff were not allowed to enter consumers rooms without receiving permission first.

Care planning documents included details of consumers’ identity, preferences, and cultural practices including religious and spiritual needs. Care planning documents contained risk assessments which included mitigation strategies to minimise the risk to consumers and staff.

The service had an equity and inclusion policy which demonstrated the service's commitment to providing person-centred care and services. The service had a dignity of risk policy demonstrating the service recognises how people have the right to make their own decisions and were entitled to take reasonable risks in their everyday life. Information was provided to support consumers to make daily choices regarding their care needs and lifestyle activities. Menus, activity calendars and other notices were observed throughout each area of the service to communicate current information to consumers and representatives. Confidential information was secured and restricted to relevant staff, handover was conducted privately and the nurses’ station was locked.

Interactions between staff and consumers was observed to be kind and respectful. Staff were observed knocking on doors, asking for permission before entering and closing doors when providing care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning commenced when consumers entered the service and care plans included, mobility, swallowing, nutrition and hydration, pain, skin integrity, behaviour, spirituality and lifestyle, and were reviewed every 3 months. Care plans demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks to each consumer's health and well-being as well as strategies to minimise the risk. Advance care and end of life planning information was discussed with consumers and/or representatives when the consumer wished and as the consumer's care needs changed. Care planning documentation reflected how the consumer and others, including medical officers, physiotherapists, were involved in assessment and planning.

Consumers and representatives reported consumers received the care and services they needed and how they were involved in the assessment and care planning on an ongoing basis. Consumers and representatives said assessment and planning identified and addressed the consumer’s current preferences and end-of-life (EOL) wishes. ‎Most consumers and representatives were aware of the consumer's care plan and said they could access a copy of the care plan when they wanted to. Consumers and representatives confirmed consumers' care and services were regularly reviewed, when the consumer's circumstances changed, or when incidents impacted on the needs, goals or preferences of the consumer.

Staff described what was important to consumers in terms of how their personal and clinical care was delivered, including their needs, goals and preferences for end of life and advance care planning. Staff were aware of the sensitivity of end of life discussions and said some consumers and representatives were uncomfortable discussing end of life care on admission so it was revisited later. Staff said assessments and care plans were reviewed every 3 months or as required.

Care documentation evidenced the notification and involvement of consumers and representatives in their care. Care planning documents reflected reviews occurred 3 monthly or when deterioration or changes to consumers’ health and well-being were identified. Care planning documentation demonstrated how directives and input from other health professionals, including medical officers, were integrated into consumers' care planning and into their daily care.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said consumers received personal and clinical care which was safe and met their needs and preferences. Representatives of consumers subject to restrictive practices confirmed they were aware of the restraints in place and they had provided consent. Consumers and representatives said the service recognised and responded to changes in condition, health and ability promptly. Consumers and representatives felt changes in consumers’ needs and preferences were effectively communicated amongst staff and they did not have to repeat themselves.

Staff described how they deliver best practice care consistent with policies. Staff advised behaviours, skin integrity and weight management were considered as high-impact and high-prevalence risks to the consumers and risks were identified through audit, clinical indicators, and progress note review. Staff described how they managed individual consumer risks, applied the relevant strategies when delivering care and discussed risks at handover. Staff described the practical ways in which consumers comfort was maximised during end of life care, including a peaceful environment with soft music and dimmed lighting, additional pressure area care and providing mouth care and hand massage, if these were in line with consumers wishes. Staff demonstrated knowledge of their responsibility in reporting and escalating incidents and reporting any change in consumer condition with representative consent obtained before referrals were made. Staff described how information was shared when changes occurred through handover, documentation in progress notes and communication books. Staff monitor skin integrity, delivered care and engaged wound care specialists when required. Staff described how they minimised infection related risks and had a shared understanding of the service’s procedures for infection control and minimising the use of antibiotics.

Care planning documentation reflected consumers individual needs and preferences, and informed the provision of safe and effective personal care, including communication of information within the service and outside to other care providers. Timely and appropriate referrals to medical officers and allied health professionals were made to support consumer's health and well-being. Care planning documentation included advance care planning and the needs, goals and preferences of consumers for end of life care. Care planning documentation reflected staff assess and respond to deterioration or changes in consumers’ condition, and the medical officer and representatives were notified in a timely manner.

The service trended clinical indicators including medication errors, falls and behaviour related incidents and used the information to improve the delivery of care and services. The service had policies and procedures in place which guide staff practice in relation to the management of high-impact and high-prevalent risks including, but not limited to, skin, diabetes and falls management. The service had a restrictive practices policy and procedure outlining the service's commitment to support a restraint free approach or the use of any restrictive practice was to be the last resort, and the least restrictive means of restraint was to be used.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said consumers felt supported to pursue activities of interest to them and described participating in a range of activities, including spiritually and culturally significant events. Consumers reported staff were kind and caring and they were comfortable speaking to them, or management, when feeling low. ‎Consumers and representatives indicated they stay in touch with family or friends for comfort and emotional support and they freely meet at the service or use technology to stay in contact. Most consumers and representatives were happy with the variety, quality and quantity of meals provided at the service, including consumers who required special diets. Consumers and representatives said they could provide feedback to staff about meals and the service accommodates their requests. Consumers reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities.

Staff explained what was important to consumers and their preferred activities, consistent with care planning documents. Staff explained the service’s lifestyle program accommodated and modified activities to cater for consumer’s needs, preferences and varying levels of functional ability. The memory support unit had a separate program, or consumers were welcome to join the bigger groups if they wished. Staff said if they identified any changes in consumers’ mood, they would escalate the information to registered staff and provided support. Staff advised volunteers attended the service to provide one-on-one time with consumers who did not have regular visitors. Staff said they had access to the equipment they need when they need it and said the equipment was well-maintained by maintenance. Staff described how they comply with consumers’ individual dietary needs and preferences.

Care planning documents included information on the consumers’ likes, dislikes, dietary, lifestyle activity preferences and additional support they required. Care planning documents detailed consumers spiritual beliefs, social supports, people who were import to them and included strategies to support the consumers’ emotional well-being. Referrals were made to other services, such as dementia support organisations, as needed. Activities were supplemented by external volunteers and organisations.

Consumers were supported to engage in activities of interest to them and were provided with relevant support to promote their independence and well-being, including organising transport for consumers who wished to go into the community independently. Consumers were observed engaging in a variety of group and independent activities. The service supported consumers to participate in outings and maintain social and personal relationships.

The kitchen environment was observed to be clean and tidy, relevant health and safety guidelines and infection control practices were adhered to by staff. A range of lifestyle activity products, such as board games, books, magazines, DVDs, art and craft equipment, was available and appeared to be in good condition. Mobility aids, such as walkers and wheelchairs, were clean and appeared to be functioning appropriately. Maintenance documentation identified regular servicing was scheduled and any reported repairs were attended promptly.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said they were happy with the service environment and felt it was safe, clean and well maintained. Consumers said they feel comfortable and can navigate the service easily. Consumers and representatives said the furniture fittings and equipment were clean, well maintained and suitable for them. Married consumers were supported and encouraged to maintain their relationship with adjacent rooms.

The service environment was observed to be clean and well maintained. There were areas for consumers to spend time indoors and in the gardens in undercover seating areas. Pathways were observed to be unobstructed and well maintained. Pets were welcome at the service and were considered important emotional supports for some consumers, helping consumers feel at home. The service has a process to follow to allow a pet to stay with consumers at the service.

Staff described how the service created a welcoming, inclusive and easy to understand service environment, consumers were encouraged to personalise their rooms with things which were significant to them and staff always greeted consumers and their visitors when they arrive at the service. Staff said when hazards were identified they were reported to the maintenance team. Staff described how shared equipment was cleaned before and after each use.

Furniture, fittings and equipment throughout the service were observed to be safe, clean and suitable for the use and needs of consumers. Sanitising products were available to clean equipment before and after consumer use. Maintenance logs reflected equipment was cleaned and repaired, and maintenance regularly occurred. Call bells and other mobility aids were observed to be easily accessible near consumers’ beds.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 said they felt encouraged and supported to give feedback and raise concerns with staff and management. Consumers and representatives said they were aware of, and had access to, advocates and other methods for raising and resolving complaints. Consumers and representatives said they were happy with the service's actions taken in response to complaints and concerns raised about their care. Consumers and representatives said the service used feedback to improve the quality of care and services.

Staff described how consumers were encouraged to raise concerns and how they would respond if they received any complaints or feedback from consumers. Staff were able to describe the complaints process and were aware of what open disclosure means and how it related to complaints. Staff described complaints and the actions taken in response, as well as how feedback and complaints had been used to inform continuous improvement across the service. Management described how they responded to complaints about disruptive behaviour, how action was taken and feedback was provided whilst respecting all consumers rights and maintaining confidentiality.

The service had policies and procedures about complaints and feedback processes, including the use of open disclosure and details for advocates and language services, which outlined and supported the services’ commitment to ensuring consumers’ feedback was encouraged and used to improve the quality of care and services delivered.

Feedback forms and feedback boxes were available throughout the service. The feedback process allowed consumers, representatives and staff to provide anonymous feedback. The consumer handbook provided information on advocacy and how to make complaints, including who to talk to, and the details of external services such as the Commission. The complaints register evidenced complaints were actioned, acknowledge, and open disclosure was utilised.

# Standard 7

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| Human resources | | Compliant |
| 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, representatives and staff provided mixed feedback regarding staffing levels at the service, with some negative feedback regarding the number of staff. However, no significant consumer impact was brought forward as a result. Consumers and representatives said staff were kind, caring and gentle when providing care and consumers felt they were respected and had their dignity maintained. Consumers and representatives said overall they consider staff to be skilled and competent in their role but some negative feedback was offered regarding the training or skills possessed by new and agency staff, compared to regular staff.

The service’s records evidenced active recruitment processes, unplanned leave was covered and call bell response times were monitored. Staff said the service provides mandatory and supplementary training to support them to provide quality care.

Staff were observed to greet consumers by their preferred name and demonstrated their familiarity with each consumer's individual needs and identity. The staff training folder identified staff participate in mandatory training across various topics of inclusion, safe work practices, infection control, emergency management, food safety, elder abuse, incident reporting, handwashing, manual handling and medication management.

The service had a performance development review policy and a procedure which outlined the service’s commitment to the formal assessment, recognition and development of staff performance to ensure staff continued to provide consumers with the best practice care.

# Standard 8

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| Organisational governance | | Compliant |
| 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

Most consumers and representatives demonstrated they were confident the service was run well, and they were happy with their level of engagement in the development, delivery and evaluation of care and services. Consumers and representatives reported they were able to contribute to changes and developments within the service through formal and informal feedback and monthly resident meetings, such as suggesting activities like a cooking group which has recently been implemented after a consumer suggestion.

Staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services. Staff said feedback was sought from consumers and representatives about the living environment, delivery of clinical care, lifestyle activities, meal service and staffing. Management advised the service has central policies and procedures which promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery.

The service had organisational governance mechanisms in place, including a suite of policies and procedures which guided clinical care, information and risk management systems which supported care and service delivery and consumer and staff committees to gather feedback and communicate information. The Board had active oversight of the organisation and received regular and direct reports from management in relation to clinical governance and risk management and serious incidents relating to consumers.

The service demonstrated there were effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service provided a risk management framework, which included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. The service has a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy.

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-2)