Mercy Place Mandurah

Performance Report

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MANDURAH WA 6210
Phone number: 08 9559 2800

**Commission ID:** 7896

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 22 March 2022 to 24 March 2022

**Date of Performance Report:** 03 June 2022

# Performance report prepared by

Rebecca Beaman, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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; and
* the Approved Provider’s response to the Site Audit report received 15 April 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(d) in this Standard as not met as they found the service did not demonstrate each consumer was supported to take risks to enable them to live the life they choose. However, based on information and evidence presented in Standard 1 Requirement (3)(d) and the response from the Approved Provider, I have come to a different view from the Assessment Team and have found Requirement (3)(d) Compliant. I have provided reasons for my finding in the specific Requirement below.

Consumers interviewed confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about care they receive and live the life they choose. Consumers confirmed their privacy is always respected and staff support their dignity during provision of care. Consumers also confirmed staff know what is important to them, including their culture and people important to them.

The service has systems to identify consumers’ individual needs, including consumers’ cultural and spiritual preferences. The service consults with consumers and their representatives whom they wish to be involved in decision making and record all choices and decisions, including who is important to the consumer, in the consumer’s file and care plan.

Observations show staff treating consumers with respect and maintaining consumers’ dignity and privacy while providing care and services. Consumer information was observed to be discussed and stored in a confidential manner. Observations show consumers are provided information in a variety of ways, including verbally, through group and individual meetings, newsletters, handbooks and noticeboards to ensure consumers have current information which they can understand.

Based on the Assessment Team’s report, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. The Assessment Team provided the following information and evidence relevant to their recommendation of not met in this Requirement:

* One Consumer (Consumer A) was no longer supported by the service to partake in an activity which included an element of risk following an incident relating to the activity in March 2022.
* Consumer A’s representative raised concerns that Consumer A not being supported to partake in the activity would impact on their enjoyment of life as they had partaken in the activity all of their life.
* Consumer A had an assessment relating to the activity which indicated they were safe to undertake some aspects of the activity independently, however, was not safe to with other aspects. The risk assessment did not document other strategies to support Consumer A to undertake the activity safely.
* Management advised the Assessment Team Consumer A has had a recent cognitive decline and does not appear to realise they are no longer able to partake in the activity.

The Approved Provider submitted a response to the Assessment Team’s report and acknowledged the incident involving Consumer A during March 2022. The response indicated Consumer A had been assessed and was no longer safe to partake in the activity at the service based on this incident and other incidents where Consumer A had put themselves, staff and other consumers at risk of harm due to unsafe practices relating to the activity. The Approved Provider acknowledged they advised Consumer A’s representative of the decision to no longer allow Consumer A to partake in the activity and confirmed the reasons for this being they no longer had the ability to do this safely and it was against the Approved Provider’s work health and safety policies for staff to supervise consumers who wish to partake in the particular activity. The Approved Provider confirmed Consumer A’s representative does not want to be present every time Consumer A asks to partake in the activity which is the only viable strategy to enable Consumer A to continue with the activity. The Approved Provider’s response included evidence the medical officer reviewed Consumer A after the Site Audit who confirmed incidents of potential harm as a result of Consumer A’s cognitive decline and not having insight to partake in aspects of the activity safely.

In coming to my finding, I have considered the information and evidence presented by the Assessment Team and Approved Provider as it relates to this Requirement. The Assessment Team’s report acknowledges the service does support other consumers to take risks to live their best life, including two consumers who leave the service independently. I acknowledge Consumer A has previously partaken in the activity at the service and their representative wishes them to continue to do so, however, the Approved Provider has confirmed they are no longer able to do this in a safe manner and poses a risk of harm to themselves, other consumers and staff. I have considered specific evidence demonstrating the service does understand their responsibility under this Requirement, including evidence two consumers are effectively supported to take risks.

For the reasons detailed above, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, Compliant with Standard 1 Requirement (3)(d).

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of consumers’ care and services. Consumers and representatives interviewed confirmed outcomes of assessment and planning are communicated to them as are any changes to the way care is to be delivered.

The service has processes to ensure comprehensive assessments are completed to develop care plans. The service has assessment tools to identify risks to consumers’ safety, health and well-being and record changes in condition to consumers which informs strategies to mitigate those risks which are recorded in the care plan. The service, where appropriate, involves other organisations and providers of care to complete assessment and plans for consumers and all outcomes are communicated to those providing care to the consumer.

Consumer care plans viewed confirmed consumers’ current needs, goals and preferences are recorded and end of life wishes, and palliative care plans are recorded and developed in consultation with the consumer and representative where appropriate. Regular reviews and reassessment of the consumers’ needs occur, including following incidents or changes in the consumer’s cognitive or physical health and function.

Based on the Assessment Team’s report, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(e) is not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my findings in the specific Requirement below.

Consumers and their representatives interviewed confirmed consumers receive safe and effective personal care and clinical care which is right for them. Consumers confirmed staff provide the care they require when they require it. Representatives confirmed they are informed when incidents, including falls, occur and are involved in making decisions about consumers’ clinical care. Consumers confirmed they have access to a medical officer when they need it.

Consumer files sampled demonstrated where a deterioration or change in a consumer’s function and capacity is identified, the condition is recognised and responded to in a timely manner, further charting initiated, monitoring processes implemented and investigations undertaken by registered staff.

The service demonstrated appropriate infection control measures are in place, including in relation to outbreak management. The service’s practices promote appropriate antibiotic prescribing and use, and staff confirmed they have regular training around appropriate infection control measures.

Based on the Assessment Team’s report, and the Approved Provider’s response I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g), and Non-compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate it has an effective system in place for information about a consumer’s condition, needs and preferences to be documented and communicated with the organisation. The Assessment Team provided the following information and evidence relevant to my finding:

* Care plans for two consumers with an assessed pressure injury risk did not contain strategies to manage and support skin integrity to guide staff practice in care delivery.
* Wound charts for three consumers included incomplete clinical tasks that were not effectively handed over or documented to be completed by other staff. The Team found this resulted in inconsistent wound care delivery for all three consumers where wounds were not reviewed, or dressings changed as per care plan directives.
* For Consumer B deficits in communication of information regarding their wound care resulted in staff not identifying an existing wound had healed and a new wound had developed.
	+ Consumer B is assessed as being high risk of developing a pressure injury. Consumer B was identified as having a stage 2 pressure injury in February 2022 and a wound care plan commenced for Consumer B’s wound or wound dressings were not reviewed in line with directives, and delays occurred in care and there were gaps in review of up to 10 days.
	+ Staff failed to identify development of a new wound for Consumer B and did not identify or record the existing wound had healed. Clinical information was not communicated between staff and registered staff did not create a new wound management plan and followed the plan for the existing healed wound as a result.
	+ The Assessment Team identified when a clinical task is incomplete by staff it is not effectively handed over or communicated between registered staff leading to a gap in continuity of care for Consumer B.

The Approved Provider submitted a response to the Assessment Team’s report acknowledging the deficits identified by the Assessment Team in relation to the documentation of clinical information. The Approved Provider’s response states immediately following the Site Audit, they have undertaken the following to address the deficits identified by the Assessment Team:

* Identified and acknowledged some staff have resorted to a verbal transmission of clinical information and has discussed with those staff to ensure this does not continue to occur.
* Further educated clinical staff on best practice wound care and the requirement to follow the organisation’s policies and procedures.
* Have adapted the clinical handover document and instructed staff on its use for all clinical handovers. As a result of the Site Audit, weekly care plan and assessment reviews are being undertaken to identify any gaps in documentation.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate they had an effective system in place to document and communicate a consumer’s condition, needs and preferences to enable the delivery of care and services. I have considered two consumers who are at high risk of pressure injury did not have strategies to manage those safely and effectively documented in a care plan to guide staff practice, and three consumers whose wound care was not handed over accurately resulting in inconsistent wound care delivery.

I have also considered Consumer B’s clinical care for risk of pressure injuries and sacral wound was not communicated effectively between staff at handovers resulting in staff missing the previous sacral wound healing and a new sacral wound developing which was not identified until it was Stage 2.

For the reasons detailed above, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, Non-compliant with Standard 3 Requirement (3)(e).

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Non-compliant as one of the of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(c) in Standard 4 Services and supports for daily living not met. The Assessment Team found the service was unable to demonstrate services and supports for daily living assist each consumer to do the things of interest to them.

I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement (3)(c). I have provided reasons for my findings in the specific Requirement below.

In relation to all other Requirements in this Standard, most sampled consumers and their representatives considered consumers get the services and supports for daily living that are important for their health and well-being and that maintain their independence. Consumers and representatives confirmed staff are supportive of consumers’ emotional, spiritual and psychological well-being. They confirmed they are satisfied with the meals provided, including the quantity and variety and that referrals to other providers of care are made in a timely manner and outcomes are communicated appropriately.

Care planning documents demonstrate consumers’ emotional and social needs are identified with interventions for consumers’ emotional, spiritual and psychological well-being, and dietary requirements included. Care plans are accessible to staff, dependent on their designation within the organisation.

Equipment provided was observed to be safe, clean and well maintained. Scheduled and reactive maintenance processes are undertaken by service staff and contracted services are engaged when required.

Based on the Assessment Team’s report and the Approved Provider’s response I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with Requirements (3)(a), (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g), and Non-compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate services and supports for daily living assist each consumer to do things of interest to them, have social and personal relationships or participate in their community. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer (Consumer C) was observed on multiple occasions to have no engagement in activities of interest to them. Staff were not observed engaging with Consumer C who was observed seated in a lounge area with a television on, multiple times throughout the site visit.
	+ Consumer C’s activity participation for a seven week period did not include any activities of interest to them.
	+ Consumer C’s representatives made complaints on more than one occasion regarding their concern Consumer C did not have any engagement in meaningful activities.
	+ Staff stated Consumer C’s representative helps with engagement in the afternoons and engagement in the lifestyle program had reduced with the reduction in lifestyle staff.
	+ Staff confirmed they do not assist with lifestyle support for Consumer C due to lack of staffing.
* One consumer (Consumer D) did not have supports in place to deliver lifestyle enabling them to do the things of interest. Consumer D entered the service during December 2021, however, there is no lifestyle care plan to guide staff to deliver meaningful activities of interest to them.
	+ Lifestyle staff advised Consumer D was no longer invited to activities due to their behaviours.
	+ Consumer D’s representative advised they had completed information in writing to provide the service with things that interest Consumer D.
	+ Lifestyle documentation showed Consumer D had no engagement with the lifestyle program, including pastoral or individual visits recorded for the two weeks prior to the Site Audit.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with this Requirement.

The Approved Provider submitted a response to the Assessment Team’s report acknowledging the deficits identified by the Assessment Team and stating they were already aware improvements were required in the provision of lifestyle activities. The Approved Provider acknowledged the deficiencies in lifestyle staffing numbers and at the time of the Site Audit they had employed additional three lifestyle staff that have now commenced with one dedicated lifestyle staff allocated to the memory support wing providing meaningful activities.

For the reasons detailed above, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, Non-compliant with Standard 4 Requirement (3)(c).

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

Consumers interviewed confirmed they feel comfortable and safe living at the service and they were supported to personalise their rooms with their own items. Consumers confirmed they are satisfied the service environment and equipment provided are clean and well maintained.

Observations confirmed consumers are able to move freely throughout the service, including the outdoors which were accessible for consumers using mobility aids. Reception staff were observed to welcome visitors, orientate them and guide them through the entry screening process. The service appeared clean and well maintained with appropriate furnishings to enhance the service environment.

The service has routine and reactive cleaning and maintenance programs in place, including engaging external contractors to service equipment and monitor safety and warning systems. Staff interviewed confirmed there are processes in place to regularly clean and monitor equipment and demonstrated how they request and report additional cleaning and maintenance when required. The service has monitoring systems in place to ensure cleaning and maintenance systems are effective.

Based on the Assessment Team’s report, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

Consumers and representatives interviewed confirmed they knew how to provide feedback and make complaints, they were supported to and felt safe in doing so. Consumers said they felt comfortable talking to staff about complaints. Consumers and representatives provided examples of how they can make complaints, including via written feedback forms, in meetings, emails direct to management and via the organisation’s website. Consumers and representatives confirmed when they have raised complaints they have been responded to in a timely manner and actions taken to resolve the issue.

The service demonstrated it has an effective feedback and complaints system supported by the organisation’s feedback management policy and procedure. Feedback is captured, recorded, actioned and outcomes are monitored. The service demonstrated it uses its feedback system to identify areas for continuous improvement. Where things go wrong the service uses open disclosure as part of the resolution process.

Based on the Assessment Team’s report, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as five of the five specific Requirements have been assessed as Compliant.

Consumers and their representatives interviewed confirmed consumers receive quality care and services from staff who are knowledgeable, capable, trained, and caring. Consumers stated staff were kind, respectful and know what they are doing. Consumers and their representatives confirmed they felt there were enough staff to provide care and services when consumers need it.

The service demonstrated it has systems supported by the wider organisation to recruit appropriately skilled and qualified staff and on entry to the workforce orientation and training are provided to enable staff to perform their roles effectively. The service has planned rosters and allocations based on consumer needs and vacant shifts are filled by the organisation’s staff or agency staff where required.

The service has a system and process in place for assessment, monitoring and regular review of the performance of each member of the workforce. The service demonstrated staff are performance managed appropriately where issues in practice are identified through either incident forms or feedback from consumers, representatives or other staff. The service has an annual education program and monitors staff’s completion of this. Where additional training is identified as required staff are provided this training.

Staff interviewed confirmed they have access to and are provided training and have opportunities to provide feedback. Staff confirmed they have sufficient time to complete tasks and access to accurate information to deliver care and services in line with consumer needs.

Based on the Assessment Team’s report, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Consumers and representatives interviewed were satisfied the service is well run and they can partner in improving delivery of care and services. Consumers and representatives confirmed they are supported to be involved in the development and evaluation of care and services through meetings and care conferences.

The service is supported by the organisation’s governance systems and the oversight of the Board who is accountable for the delivery of safe and quality care and services. The organisation has a range of committees to oversee the service’s governance systems, including risk management, quality, and clinical governance. The committees report to the Board and where required, improvements are supported and implemented.

The service demonstrated the organisation’s governance systems, including information management, continuous improvement, feedback and complaints, regulatory compliance, finance and workforce governance. The service has effective risk management systems to identify and respond to high impact or high prevalence risks associated with the care of consumers. Incidents are collated, reported and analysed to identify improvements to care to minimise recurrence. The service provides training and has processes for staff to identify and respond to elder abuse and monitors incidents to ensure appropriate actions are taken.

The service demonstrated it has effectively implemented a clinical governance framework with policies and procedures to support the minimisation of restraint, use of open disclosure when things go wrong and antimicrobial stewardship. Staff confirmed they are aware of policies and procedures and have access to the relevant guidelines.

Based on the Assessment Team’s report, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* **In relation to Standard 3 Requirement 3(3)(e):**
	+ Ensure change in consumer’s condition, needs and preferences is documented and communicated effectively within the organisation and with others where the responsibility for care is shared.
* **In relation to Standard 4 Requirement 4(3)(c):**
	+ Ensure services and supports for daily living assist each consumer to do the things of interest to them.