Performance

Report

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| Name of service: | Mercy Place Mont Clare |
| Service address: | 9 Dean Street CLAREMONT WA 6010 |
| Commission ID: | 7443 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 June 2023 to 23 June 2023 |
| Performance report date: | 2 August 2023 |

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

**This performance report**

This performance report for Mercy Place Mont Clare (**the service**) has been prepared by J Miaris, 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; the Site Audit report was informed by the 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff were kind and caring and felt consumers were treated with dignity and respect, with consumers identity, culture and diversity valued. Staff were observed treating consumers with care, dignity and respect and demonstrated an awareness of individual consumers choice and preferences. Care planning documentation reflected what is important to consumers to maintain their identity, independence, and culture. The organisation had policies and procedures detailing consumer’s rights to privacy, respect, dignity, and confidentiality.

Consumers said care and services were inclusive and culturally safe. Staff described how a consumer’s culture or background shaped the way care was provided to them. Care planning documentation included specific information for each consumer regarding cultural backgrounds and any associated needs and preferences relating to their heritage. The service had a policy on culturally safe care and all staff receive training in relation to cultural diversity and safety.

Consumers said they were supported to exercise choice and independence in the way their care is delivered, and to maintain connections and relationships of choice. Staff described how consumers were given choice through respecting what they want to do, and understanding their backgrounds, and preferences. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Consumers and representatives said consumers were supported by staff to take risks and live the best life they can. Staff described areas in which some consumers want to take risks and how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk. Care planning documentation records the risks consumers want to take and how the service will support them to take the risk. The service had a policy on consumer choice which included the completion of risk assessments.

Consumers and representatives advised they receive up to date information about activities, menus, meetings, and other events happening at the service. Staff described how they help consumers to understand information, including menu and activity schedules, to enable them to exercise choice. Care planning documents identified consumer’s communication needs, including in relation to their preferred language, vision, and hearing aid requirements. Menus and activity calendars were displayed through the service and documentation demonstrated the service provides up to date information to consumers.

Consumers said their privacy is respected. Staff described practical ways they maintain a consumer’s privacy when providing care and how personal information is communicated to maintain privacy. Staff were observed knocking on doors and awaiting a response before entering. The service had a privacy policy in place, and this information was included in the admission package for new consumers. Staff are required to complete training in relation to privacy and confidentiality and are required to sign a confidentiality agreement as part of their onboarding process.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service conducts assessment and planning which considers risks to consumers health and wellbeing and receive care in line with their needs. Management and staff said they utilise assessments and tools to inform the delivery of safe and effective care. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks.

Consumers and representatives said they were actively involved in assessment and planning, and they have been consulted in relation to advance care directives and end of life planning. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers. Management said they discuss end of life planning during admission, which are revisited when consumer’s care needs change or during routine care plan evaluations.

Consumers and representatives said staff regularly communicated with them about planning and assessment, with regular reviews of consumers care and services plan. Staff said consumers and representatives were involved in the assessment, planning, and review of consumer care and services through routine care plan reviews and annual case conferences. Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process.

Consumers and representatives said the service involves them in assessment and planning reviews, staff provide them with updates about assessment outcomes and were aware they can access a copy of the consumers care plan. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives, and the service had a monthly care planning schedule in place. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Consumers and representatives said staff regularly discuss care needs with them when circumstances change, or incidents occur which impact consumers’ care needs. Management said they monitor care plan reviews and have implemented a monthly care plan calendar which ensures regular 6-monthly reviews of all care and services. Care planning documents evidenced they were reviewed and evaluated for effectiveness 6 monthly and when circumstances changed or when incidents impacted the needs, goals, and preferences of consumers.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers received tailored and effective personal and clinical care that optimises their health and wellbeing. Staff described consumer’s individual care needs and how they deliver the care in line with their care plans. Staff said the service had policies and procedures in place to ensure they provide consumers care that were in line with best practices, including restrictive practices, pressure injury prevention and management. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers said they received care and services that were relevant to their needs including complex health care requirements. Staff provided examples of high-impact or high-prevalence risks associated with consumer care and what they do to mitigate these risks. Care documentation evidenced risks related to clinical and personal care had been identified and effectively managed, with risk mitigation strategies in place. The service had policies and procedures in place to guide staff practices in managing high impact and high prevalence risks.

Staff provided examples of how they support consumers with end of life care needs such as hygiene care and pain management and they deliver each consumer’s care in line with their needs and preferences. Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place.

Consumers and representatives said staff know each consumer’s baseline condition and they recognise and respond to any changes in a timely manner. Staff described and provided examples of how they identify and respond to deterioration or change in consumers’ condition. Care planning documentation demonstrated deterioration in consumers’ health, capacity and function were recognised and responded to.

Consumers and representatives said consumers care is consistent, and staff know consumers very well including their specific care needs and preferences. Staff described how changes in consumers’ care and services are documented and communicated within the organisation, such as, via staff handovers, and with other services such as allied health professionals, as appropriate. Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers.

Consumers and representatives said consumers have access to a range of allied health professionals. Staff and management explained the referral processes to other providers of care. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they were supported to do the things they want to do and have supports available to allow them to be as independent as possible and participate in activities that promote their well-being and quality of life. Staff demonstrated knowledge of each consumer’s needs and preferences. Care planning documentation identified consumers’ choices, services, and supports they need to do the things they want to do and were observed independently engaging in various activities.

Consumers said they received services and support for their emotional, spiritual and psychological well-being. Staff described how they provided support to consumers when they were feeling low. Care planning documentation included consumers’ individual emotional support strategies and how they were implemented by staff, which aligned with consumers expressed needs and preferences.

Consumers said the service supports them to do things of interest to them and maintain relationships with people who are important to them. Staff described how they support consumers to maintain relationships and described how the activities schedule was tailored to consumers interests. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with.

Consumers said changes in their condition, needs and preferences is communicated well in the organisation. Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, and regular communication to enable the provision of safe and personalised care to consumers. Care planning documents included adequate information to support safe and effective care.

Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers. Management and staff described the referral processes for various providers of health support and staff provided examples of consumers being referred to other providers of care and services. Consumers and representatives said referrals to individuals and other organisations were appropriate and timely.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food and consumers have input into the menu through feedback and suggestions.

Consumers said equipment is always available and is clean and well maintained. Staff explained processes for ensuring equipment is cleaned and maintained. Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they felt at home at the service and welcoming. Consumers felt a sense of belonging by personalising their rooms and supported to maintain their independence. The service environment was observed to be welcoming with central dining and living areas, covered outdoor terraces and clear signage, enabling easy navigation for consumers. Staff described how they work to enable consumers to feel at home and seek out ways of providing support and facilitating engagement in the service.

Consumers and representatives said the service environment was clean and well maintained. Consumers were observed moving freely throughout the service both indoors and outdoors. Staff explained how they ensure the service environment is maintained and safe for consumers and described processes to follow when they identify a hazard or a safety issue. Staff described the process for cleaning, documenting, reporting, and how maintenance is managed at the service.

Consumers said the furniture, fittings, and equipment were safe, clean, and well maintained. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed. Equipment and furniture were observed to be generally clean, well maintained, and suitable for consumer’s use.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints, directly to management and staff, in writing and at meetings. Staff and management described the mechanisms available for consumers to provide feedback and make complaints and how they support and encourage consumers to provide feedback and make complaints verbally and or in writing. Feedback forms for complaints were observed displayed at the service for consumers to access.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services if required. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers and representatives said appropriate action is taken in response to complaints and the service is transparent about issues, keeping them informed of progress and involved in the resolution process. Staff described the processes for complaints management including the use of open disclosure practices. Management confirmed and demonstrated their commitment to open disclosure for all complaints and serious incidents.

Documentation demonstrated feedback and complaints were reviewed and used to improve the quality of care and services. Consumers said management respond promptly and personally to complaints and feedback, resulting in improvements to care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said consumers receive the care and services they require in a timely manner. Management described how they ensure there is enough staff to provide safe and quality care to consumers, ensuring shifts were covered and explained how call bell data is monitored, to ensure call bells are answered within appropriate timeframes. The service had systems in place to support roster development and evidenced that staffing levels were adequate, and the service had implemented effective strategies to manage staffing challenges.

Consumers said staff were respectful, kind and caring of their identity and culture. Staff demonstrated awareness of consumers’ cultural and personal backgrounds. The service had policies and procedures in relation to privacy, dignity, choice, diversity, and inclusion. Staff were observed interacting with consumers in a caring and respectful manner.

Consumers and representatives said staff are competent and have the knowledge to perform their roles. Staff said training and education is ongoing and available to ensure their skills and qualifications were up to date and they have the knowledge to perform their roles. Management provided records to show that the workforce is competent, and members of the workforce have the qualifications and knowledge to perform their roles effectively. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they receive training and support to provide the care and services consumers require. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Management demonstrated that systems were in place to record and track staff performance reviews, the service had implemented a schedule for any staff that had fallen overdue. Staff explained the performance review process, including discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were involved in the development, delivery and evaluation of their care and services, via various avenues including care planning reviews, meetings, and feedback mechanisms. Management described the mechanisms by which consumers are involved in the development, delivery and evaluation of care and services at all levels of the organisation. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers and representatives said the service was accountable for safe, inclusive care and services. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management advised the board has a finance, audit and risk management committee which oversees the financial, risk and business continuity functions of the organisation. Management said funding for consumers for the delivery of improved care and services is paramount and is always approved without hesitation and provided a recent example of expenditure for a consumer that was approved.

The organisation has a documented risk management framework, which includes policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how potential reportable incidents are identified and responded to and how incidents are managed and prevented. Management described how incidents are analysed, used to identify risks to consumers, managed, and inform improvement actions to support consumers to live their best lives. The service described an incident management system used to collect and record incident data which is analysed to guide management in risk and prevent incidents.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)