Performance

Report

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| Name of service: | Mercy Place Mount St Joseph’s |
| Service address: | 61 Campbell Street Young NSW 2594 |
| Commission ID: | 0520 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 22 May 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 Mount St Joseph’s (**the service**) has been prepared by M. Nassif, 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 a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers and representatives said consumers are treated with dignity and respect, and staff valued their identity, culture and diversity. Staff demonstrated awareness with consumers’ backgrounds and how to make them feel valued and respected. Care planning documents reflected consumers’ backgrounds and personal preferences.

Consumers and representatives said the service recognised and respected consumers’ cultural backgrounds and described how it influenced the delivery of care and services. Staff and management demonstrated an understanding of consumers’ backgrounds that aligns with their care plan. Care planning documents included information on consumers’ backgrounds and culture.

Consumers and representatives said consumers are supported to exercise choice, independence, and maintain relationships. Staff and management described and provided examples of how they assisted consumers to make choices which was reflected in consumers’ care planning documents.

Consumers and representatives said consumers are supported to take risks which enabled them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities and described what they do to minimise risk. Care planning documents demonstrated risk assessments were completed and strategies are in place to mitigate risks.

Consumers and representatives said they received timely and easy to understand information to enable them to make informed choices. Information such as lifestyle program calendar, upcoming activities, daily menus and other services such as the Older Persons Advocacy Network, were observed throughout the service.

Consumers reported their privacy is respected. Staff were observed knocking on doors prior to entry and closing the door when providing personal care assistance to consumers to maintain their privacy. Staff described how passwords are used to access consumers’ electronically stored personal information to ensure confidentiality.

# 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.

Care planning documents demonstrated comprehensive assessment and planning processes are in place to identify the needs, goals and preferences of consumers, including the identification of risks and strategies to mitigate them. Staff described risks to consumers and strategies to manage risks which aligned with care planning documents.

Staff said end of life and advance care planning is part of 6-monthly care plan reviews, and is discussed during the admission process, at case conferences and as consumer needs change. This was consistent with feedback from consumers and representatives. Care planning documents included consumers’ current needs, goals, preferences and end of life wishes.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Management and staff described processes for partnering with consumers and their representatives in care planning. This was reflected in consumer and representative feedback.

Consumers and representatives said staff explained information about care and services and they could access a copy of the plan. Care planning documents evidenced regular communication with consumers and representatives from staff regarding the outcomes of assessment and planning.

Care planning documents evidenced they are reviewed on a regular basis and updated when circumstances change or when incidents impact on the needs, goals or preferences of consumers. Staff advised, and documents confirmed, care planning documents are reviewed every 6 months, or when health or care needs change describing how incidents might generate a reassessment or review of a consumer’s needs.

# 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 felt consumers’ personal and clinical care needs were met. Care planning documents reflected individualised care that is safe, effective, best practice and tailored to the specific needs and preferences of the consumer. The service had processes in place to manage restrictive practices, skin integrity, falls prevention, and wound and pain management which were in line with best practices. Staff and management described consumers’ most significant personal and clinical care needs and how these were met.

Care planning documents identified that high impact and high prevalence risks to consumers are effectively managed, and staff implement relevant strategies to minimise risks. Consumers and representatives expressed confidence regarding how high impact and high prevalence risks are managed. Staff and management described how they identify, assess and manage risks.

Care planning documents of consumers receiving end of life care support reflected consumers’ comfort is maximised and their wishes and needs are supported. Staff described how they deliver end of life care to consumers in line with their needs, goals and preferences.

Staff and management described how they identify and respond to deterioration or change in consumers’ condition. Care planning documents reflected the identification of, and response to deterioration or changes in condition. Consumers and representatives were satisfied with the service’s response to any change or deterioration in consumers’ condition.

Staff described how information relating to consumers’ conditions, needs and preferences is documented and communicated within the organisation and with others where clinical care is shared. Care planning documents demonstrated effective communication of consumer information between staff and others involved in consumers’ care. Staff were observed at shift handover sharing consumer information for consistent, ongoing care.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Staff described the process to refer clinical matters to other providers. Care planning documents evidenced referral to other health care providers occurred when needed.

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

# 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 and representatives felt consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Care planning documents identified the needs and preferences of consumers. Staff said activities and supports offered are guided by consumer feedback.

Consumers and representatives said consumers’ emotional, spiritual and psychological needs are supported. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support. Care planning documents included information on consumers’ emotional, spiritual and psychological needs in addition to strategies to support consumers’ well-being.

Consumers and representatives said consumers are supported to participate in the community within and outside the service and to maintain relationships with people who are important to them. Care planning documents identified relationships important to consumers and their activities of interest. Staff provided examples of consumers who are supported to maintain their relationships and the service’s connection to local community groups and volunteers.

Staff described how communication of consumers’ needs and preferences occurs via shift handover, care plans and dietary folders. Consumers and representatives said changes in consumers’ needs, preferences and conditions are communicated within the service and with others where responsibility is shared. Care planning documents reflected sufficient information recorded for needs and preferences of each consumer.

Care planning documents evidenced the service collaborates with external providers of other care and service to support the diverse needs of consumers. Staff and management described the process for making referrals to external providers to further enhance the supports provided at the service. Consumers and representatives said referrals were timely and appropriate.

Consumers and representatives were satisfied with the variety, quality and quantity of food provided at the service. Dietary information in the kitchens was observed as current and reflected the preferences and needs of consumers. Management described the processes for seeking input from consumers regarding meals.

Consumers said equipment provided is safe, clean and well-maintained. Staff described the process for consumer equipment which ensures it is maintained and serviced. Documents evidenced timely maintenance action occurred.

# 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 and representatives said the service environment was welcoming. The service environment was observed to be quiet with sufficient lighting and signage and easy to navigate. Consumers advised they can decorate their rooms with personal belongings which was observed.

Consumers described the service environment as sufficiently clean and said they can move around the service freely and independently, both indoors and outdoors. This was consistent with observations. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues.

Consumers and representatives said furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Staff said all equipment in the service is in working condition, and if there was an issue it was promptly repaired. All equipment was observed to be well maintained.

# 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 feel comfortable and supported to provide feedback or raise concerns with staff and management. Management and staff described several ways consumers could raise a concern or make a complaint such as through paper-based feedback forms or email. Information on complaints, and feedback forms, were observed available throughout the service.

Consumers and representatives said they are aware of other ways of raising complaints and advocacy services if needed. Staff described how they would assist consumers with cognitive and language barriers with raising concerns, for example by accessing language services. Information on advocacy and language services and external complaint mechanisms was observed throughout the service.

Consumers and representatives said when they raise a concern it is addressed and resolved in a timely manner and an apology offered when things go wrong. Management advised that an open disclosure process is applied following an adverse event evidenced in the examples provided. The service had a feedback and complaints policy incorporating the open disclosure process.

Consumers and representatives reported their feedback is used to improve the service. Management described how they analyse feedback and complaints to improve care and services and provided examples. Staff confirmed consumer and representative feedback is used for continuous improvement planning at the service. This was confirmed through documentation.

# 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 felt there is sufficient staff to meet the needs of the consumers. Management described how the staffing level is adjusted based on consumers’ needs to ensure there is enough staff to provide safe and quality care and services, for example, by extending shifts when required. Staff were observed answering call bells promptly and management explained how call bell data is monitored and any identified trends of concern are investigated.

Consumers and representatives said staff are kind, caring and respectful, and they feel valued by the service. Staff were observed interacting with consumers in a respectful manner. Care planning documents reflected each consumer’s needs and preferences and showed their identity, culture and diversity.

Consumers and representatives said staff are skilled and know what they are doing. The service had position descriptions for each role outlining the minimum qualifications and credential requirements. Management confirmed staff hold required qualifications and competencies.

Staff said they feel supported by the organisation. Management described the annual face to face mandatory and online training resources for staff to complete, and how completion of mandatory training is monitored. Staff training records showed staff were up-to-date with their training.

Management explained that whilst formal performance appraisal for staff is conducted annually, management conduct an appraisal after 6 months for new staff and provide informal day-to-day coaching for staff when needed. This was reflected in staff feedback.

# 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 are supported to provide input into how care and services are delivered. Management described the ways consumers and representatives are engaged to inform delivery of care and services. Meeting minutes evidenced consumers and representatives are engaged by the service on an ongoing basis.

Management said the governing body is involved in the discussion the service’s performance such as the quality indicators and incidents. Management said the organisation’s governance structure includes direct feeding of information to the Board and corporate management team, and through this process, the governing body is made aware of the service’s performance.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to continuous improvement, management described the service’s continuous improvement plan and how quality indicator data is reviewed monthly to inform their view of the Quality Standards being met.

The service had an effective risk management system in place to monitor, assess, and prevent risks associated with the care of consumers while balancing risks to support consumers to live their best lives. The service used an incident management system to record and manage incidents for review.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff demonstrated an understanding of these areas and provided examples of how it applied to their day-to-day work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)