Performance

Report

**1800 951 822**

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| Name of service: | Mercy Place Nixon |
| Service address: | 27 Chute Street MORDIALLOC VIC 3195 |
| Commission ID: | 3397 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 October 2022 to 28 October 2022 |
| Performance report date: | 7 December 2022 |

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 Nixon (**the service**) has been prepared by G.Hope‑Simpson, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers were treated with dignity and respect, and were able to make informed choices about their care and services. Staff described building rapport with consumers by investing time to understand their backgrounds, life history and acknowledging their choices. An equity and inclusion policy stated the organisation values diverse backgrounds and was committed to providing equitable and inclusive services.

Care planning documents reflected consumers’ background and culture, and included cultural activities that each consumer wanted to maintain. Staff described how a consumer’s culture influenced how they delivered care and service, including using cue cards in a consumer’s preferred dialect and playing cultural music.

Care planning documents identified consumers’ choices on how and when care was delivered, when consumers preferred to shower and rise, who was involved in their care, and maintaining relationships that were important to them.

Consumers were supported to take risks which enabled them to live their best lives. Staff were aware of consumers who wished to partake in risk activities, as reflected in care planning documents. The service encouraged consumers to be involved in problem-solving solutions to reduce risk where possible and supported then to make informed risk decisions, in line with the Dignity of Risk policy.

Information provided was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Staff described how information is provided in various forms, and strategies used to support consumers with difficulty communicating.

Consumers’ privacy was respected, and their personal information kept confidential. Staff were guided by the service’s privacy policy and procedure, which included protocols to protect consumers’ privacy such as locked unattended staff rooms, password protection of computers and knocking on doors prior to entering the consumers’ room.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives were satisfied with the care and services. Staff described the assessment and care planning process, and how it informed delivery of care and services. Consumer files demonstrated comprehensive assessment and care planning processes to identify needs, goals and preferences. Advance care and end of life planning were included.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. This was reflective of consumer and representative feedback.

Consumers and representatives said staff explained information about care and services, they could access a copy of their care and service plan when they wanted to and knew how to do so. Observations showed care documentation was readily available for consumers and representatives in a summary format. Care plans reflected involvement of consumers, their authorised representatives and other providers in assessments and care planning

Care planning documents were reviewed on a regular basis and updated when circumstances changed, or when incidents occurred. Staff confirmed care planning documents were reviewed every 3 months, or as required.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers received personal and clinical care that was right for them, and met their needs and preference. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives were satisfied risks were well-managed.

Care planning documents for consumers who were nearing end of life showed their needs, goals and preferences were recognised and met. Representative feedback confirmed a consumer nearing end of life received comfort and respect during end of life care, and family were supported to spend time with them.

Care planning documents reflected the identification of and response to, deterioration or changes in consumers’ conditions and health status. The service had a ‘recognising deterioration chart’ to guide staff when conducting observations in areas including but not limited to temperature, respiratory rate and effort, and blood pressure.

Although information about consumers’ condition, needs and preferences was generally documented and communicated where the responsibility of care was shared, some inconsistencies in charting were found, however no detrimental impact to consumers was identified. Staff described how information about consumers’ needs, conditions, and preferences were documented and communicated.

Consumers and representatives said referrals to other health professionals were timely and occurred when needed, generally in consultation with representatives. Staff described the process to refer clinical matters to other providers. Policies and procedures for various areas of clinical care contained guidelines for referrals to allied health professionals.

Consumers and representatives were satisfied with the service’s management of infection control practices. The service had an Infection Prevention Control Lead and policies and procedures to guide staff. Staff said they had received training on infection minimising strategies including hand hygiene and outlined the service’s approach to minimising use of 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

Consumers expressed satisfaction with the services and supports provided for daily living which met their needs, goals, and preferences. Staff provided examples of what is important to consumers and what they like to do which aligned with care planning documents. The Assessment Team observed consumers engaged in group and individual activities.

Consumers said their emotional, spiritual and psychological needs were supported. Staff said they provided reassurance with one-to-one conversations. The lifestyle calendar reflected activities aligned against emotional, spiritual and psychological needs, such as hand massages, weekly religious communions, relaxation activities and friendship groups.

Consumers participated in the community within and outside the service, had social and personal relationships, did things of interest to them, and kept in touch with people important to them. During COVID-19 restrictions, staff explained the service had postponed bus outings however, these were set to resume, and the service had recently reconnected with the local primary school for a planned Christmas activity.

Consumers considered information was adequately communicated between staff. Staff described how communication of consumers’ needs and preferences occurred via care plans and shift handover. Information was shared with relevant internal staff and external services and updated on the service’s electronic care management system (ECMS).

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being, including a library service, hairdresser and relationship with a local school. The organisation had policies and systems in place for making referrals to individuals and providers outside the service. Lifestyle staff advised COVID-19 had impacted the service’s volunteer base, however, they were actively planning to re-instate these services.

Most consumers expressed satisfaction with the quality and quantity of the food, how the service accommodated their individual preferences, and how they were able to request alternative options. Care planning documents included information on dietary needs or preferences and hospitality staff described how they were kept informed of these. Kitchen processes were observed to be organised with updated certifications, and staff adhered to general food safety protocols.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist consumers with their daily living activities.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers enjoyed the benefits of a household model adapted by the service with a private ensuite, dining area and kitchenette, along with a lounge room and laundry. Consumers were supported to feel at home in the service and maintained their independence and personal preferences for interaction. Staff described how the service optimised consumers’ sense of belonging and supported ease of navigation with environments that reflected dementia enabling principles of design.

Consumers and representatives said the service environment was safe, clean, well maintained, and enabled consumers’ free movement within and outside of the service. Some outstanding maintenances issues were identified, however documentary evidence showed outstanding maintenance requests would be addressed in a planned refurbishment of rooms, which were being tracked through a minor projects action plan. No concerns regarding maintenance or the service environment were raised by consumers.

The Assessment Team observed furniture, fittings, and equipment to be mostly clean, well-maintained, and suitable for use. Staff described how equipment is kept clean and maintained or reported if maintenance is required. The cleaning scheduled reviewed evidenced equipment was regularly cleaned.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said there were various avenues to submit feedback about care and services, they understood how to provide feedback or make a complaint and felt safe doing so. Staff described how consumers were encouraged and supported to provide feedback and make complaints. Feedback mechanisms, including paper-based feedback forms were observed throughout the service.

Consumers were aware of advocacy services and other ways of raising a complaint. Staff were aware of interpreter services available but said they were not used as the service had electronic devices to type-up words, cue cards or representatives to communicate with consumers with cognitive, hearing, or visual impairments. Observations of brochures and posters available for advocacy services and the Commission were in languages that reflected consumers’ cultural and linguistical backgrounds.

Staff and management described the process that is followed when feedback or a complaint is received and knew what open disclosure was and the underlying principles. Documentation and consumer feedback confirmed, the service acted in response to complaints and an open disclosure process was applied.

Documentation review, consumer and representative feedback, as well as staff interviews demonstrated the service had a system for receiving and actioning feedback and complaints and using them to inform continuous improvement. Several examples of service level changes in response to feedback were identified, including installation of a clock in the communal area to enhance consumers’ spatial orientation.

# 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

Seven of 11 consumers and representatives considered there was enough staff. Although four interviewees felt there was not, they did not identify any negative impact to the quality of care and services provided. Management described the rostering system and explained they ensured enough staff by having a daily planned roster to cover care needs of consumers. Most staff considered there were enough staff to meet consumer needs.

Consumers and representatives said staff engaged in a respectful, kind and caring manner. The Assessment Team observed kind and respectful interactions between staff and consumers, including consumers being addressed by their preferred name. The service had documented policies and procedures to guide staff practice and conduct.

Consumers and representatives felt staff were skilled and competent in their roles. Staff confirmed the training provided equipped them with knowledge to carry out care and services for consumers. Management explained the recruitment process included verification of minimum qualifications and registration requirements for respective roles, and training captured the requirements for the Quality Standards.

Staff were recruited, trained, equipped, and supported to deliver safe and effective care. Competence of staff was monitored through consumer and representative feedback, and completion of mandatory training. Training records evidenced completion rates for mandatory training, including elder abuse and the Serious Incidents Response Scheme.

The performance of staff was regularly reviewed through performance appraisals, direct observation and feedback from consumers and representatives. Care staff confirmed they had completed performance appraisals, had opportunities to realise career goals and felt supported by senior staff at the service. The service had a performance development review policy.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service had processes for engagement with consumers and representative in the review and improvement of care and services. Staff described ways the service engaged consumers in the development, delivery and evaluation of care and services, including through ‘resident and relative meetings’, food focus groups and consumer surveys. Survey results evidenced overall satisfaction in the service's operations, across all 8 Aged Care Quality Standards.

Management described the governing body and subcommittees that promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer/representative and workforce feedback.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the organisation had a legal counsel department that included a legal compliance officer who was responsible for monitoring changes in regulation and communicating what was required, if anything, out to the wider organisation. Changes to policy, procedure or process were driven by a central quality team.

Risks were reported, escalated and reviewed at the service level. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme and described signs of elder abuse, such as behavioural changes and changes in skin such as bruising.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Some staff provided practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)