Performance

Report

**1800 951 822**

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| Name: | Mercy Place Parkville |
| Commission ID: | 3867 |
| Address: | 1 Willam Street, PARKVILLE, Victoria, 3052 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 October 2023 |
| Performance report date: | 11 December 2023 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 6493 Mercy Place Parkville |

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 Parkville (**the service**) has been prepared by L Glass, 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 Assessment contact (performance assessment) – site 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 4 Services and supports for daily living | Not applicable as not all requirements have been assessed. |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed.** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed.** |

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 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service had previously been found non-compliant in Requirement, 4(3)(f) following a Site Audit conducted between 11 April 2023 and 13 April 2023. Complaints made about food included a lack of vegetarian options, the quality of food, texture-modified food being ‘soggy’, dietary requirements not being met, and overripe fruit. At the Assessment Contact on 24 October 2023, consumers were satisfied with the food and drinks offered by the service and the quality, quantity, and variety were found to meet consumer’s needs and preferences.

The Assessment Team found texture-modified food is prepared according to consumers' needs and preferences. The dietary requirements of consumers are documented, and a system is in place to adhere to these requirements. The service was providing fresh fruit. The service had provided further in-house training to improve customer service and had communicated with consumers about the availability of the short-order menu.

During the Assessment Contact on 24 October 2023, consumers said they are receiving meals of sufficient quality and quantity, are offered choice, and their dietary requirements are met. Staff demonstrated knowledge of individual consumer’s requirements and preferences. Care documentation provided accurate information about consumer needs and preferences which are accessible to staff serving meals and drinks to consumers.

I have considered the Assessment Team’s report. I find the service is Compliant with Requirement 4(3)(f).

# Standard 6

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| Feedback and complaints | |  |
| 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

The service had previously been found non-compliant in Requirements 6(3)(c) and 6(3)(d) following a Site Audit conducted between 11 April 2023 and 13 April 2023. At the Assessment Contact on 24 October 2023, the service showed improvements in processes to record and respond to feedback and complaints and demonstrated how feedback and complaints lead to care and service delivery improvements.

In response to the findings of non-compliance identified with Requirement 6(3)(c) the service has implemented improvements and actions including a written reminder to staff about their responsibilities regarding responsiveness to residents. All consumers and their families were made aware of the feedback process and encouraged to provide feedback to the service. Feedback posters and brochures were made available in various languages and these were observed throughout the service by the Assessment Team. The ‘feedback and complaints’ register has been updated and all complaints were followed up by management. The service conducts bi-monthly ‘food focus’ meetings following consumer requests. Documentary evidence observed by the Assessment Team confirmed policy and procedure are in place and are being implemented.

During the Assessment Contact on 24 October 2023, all interviewed consumers and representatives were satisfied with the complaint management process. Management and staff described what open disclosure means and how they practice this when addressing feedback or when things go wrong. Management and staff discussed how open disclosure principles are incorporated into documentation, including consumer progress notes and meeting minutes.

In response to the findings of non-compliance identified with Requirement 6(3)(d) the service has implemented improvements and actions. This includes conducting a daily review of all the complaints and current trends to ensure a resolution is reached as soon as possible. Consumers and representatives are encouraged to provide feedback on different platforms, including ‘resident and relatives’ meetings and surveys. All staff are required to complete training sessions about feedback processes and complaints handling. All complaints and feedback raised since July 2023, were noted to be recorded in an online electronic system and actioned by management. The service is conducting monthly ‘resident and relative’s’ meetings and bi-monthly ‘food focus’ meetings and taking action on any feedback/suggestions received in these meetings. The Assessment Team reviewed documentary evidence demonstrating the service is capturing feedback and taking actions to implement feedback and suggestions for improvements appropriately. Staff and consumers confirmed the improvements in response to feedback including from resident and relative meetings and food focus meetings.

I have considered the Assessment Team’s report. I find the service is Compliant with Requirements 6(3)(c) and 6(3)(d).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service had previously been found non-compliant in Requirement 8(3)(d), following a Site Audit conducted between 11 April 2023 and 13 April 2023.

At the Assessment Contact on 24 October 2023, the service had commenced additional monitoring and training for management and staff in relation to incident management which was demonstrated as being effective in increasing understanding of the Serious Incident Response Scheme (SIRS). The service demonstrated effective systems for managing risks, responding to and preventing incidents, and understanding of SIRS identification and reporting.

Service managers work with the organisation's feedback team to ensure they effectively manage complaints and identify and escalate risks to all relevant stakeholders. Staff have received training and demonstrated an understanding of incident management. All staff interviewed understood and described their role in incident management and their responsibilities for reporting incidents. Consumers and representatives were satisfied that incidents are managed well.

I have considered the Assessment Team’s report. I find the service is Compliant with Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)