

**Performance Report**

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| Name: | Mercy Place Rice Village |
| Commission ID: | 4177 |
| Address: | 7 Moylan Loop, MARSHALL, Victoria, 3216 |
| Activity type: | Site Audit |
| Activity date: | 30 October 2024 to 1 November 2024 |
| Performance report date: | 2 December 2024 |
| Service included in this assessment: | Provider: 2732 Rice Village Ltd Service: 2724 Mercy Place Rice Village |

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 Rice Village (**the service**) has been prepared by Nicola Eastwood, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 21 November 2024, confirming no further response would be submitted.

# 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 and representatives described how staff make consumers feel respected and valued as individuals. Staff spoke of consumers respectfully and in a caring manner explaining how they treat consumers as individuals, understanding that care needs can change. There is a diversity and inclusion policy outlining what it means to treat consumers with dignity and respect and the responsibilities of each staff member. Care documentation reflected inclusion of information about consumer backgrounds and identified cultural needs and preferences.

The service’s admission process provides the opportunity for consumers to identify who is to be informed about their care and services and care file documentation included individual preferences and life stories. Risks are discussed with consumers and representatives and alternative options are offered as appropriate. Staff described the support and assistance measures provided to ensure consumers are as safe as possible while living their best lives. Care documentation reflected where risks are identified, strategies to mitigate individual risk are developed.

Information is available to consumers and representatives through the provision of newsletters, meeting minutes, activity calendars and updated care documentation. Privacy is protected and staff were aware of their obligations to ensure confidentiality of consumer information.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 said the care received is safe, meets consumer needs and includes assessment of risk. staff described the initial and ongoing assessment process which includes use of validated assessment tools to assess and rate risk, as well as assessment of personal and clinical care needs. The Assessment Team report included examples initial and ongoing mobility assessments and care plans which included minimisation of risk strategies.

Consumers described conversations with clinicians including end of life planning and development of advance care directives. Staff indicated they are encouraged to provide feedback in relation to identified consumer deterioration or change of preferences, needs or goals. Identification of consumer needs, goals and preferences commences on admission and is re-evaluated during resident of the day review and when circumstances change.

Staff provided evidence of consumer care plans in the electronic management system identifying consumer nominated parties and practitioners to be involved in ongoing care discussions. There was evidence of involvement of external health consultations and recommendations in consumer records.

Representatives described regular communication from the service which included communication of incidents and personal and clinical care changes. Consumers and representatives were satisfied the service undertakes review of care and services on a regular basis and when circumstances change. Staff described meeting with consumers independently, consumers and representatives together, and utilising online applications and phone calls to undertake care plan review.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 and representatives confirmed they receive personal and clinical care reflective of their needs, preferences and choices. Staff confirmed they provide care as documented on the handover sheets and within the care plan escalating all feedback from consumers in relation to the provision of care to senior staff. There was evidence of policies and procedures used to ensure care is provided which aligned with best practice principles.

Wound and skin care is maintained through ongoing skin assessments and effective wound management principles. Pain is considered and managed through assessment and observations as well as where falls or other incidents occur. There was evidence of appropriate restrictive practice monitoring and management, including indication, consent, review and behaviour support plans. The service has a medication audit system to enable ongoing oversight of medication management and incidents.

Consumers and representatives confirmed staff understand consumer needs and implement care designed to minimise and manage risk. The service has daily ‘huddles’ each day; meetings for both clinical and non-clinical staff at which time incidents and risk are discussed. Management identified falls and pressure injuries to be the most common incidents resulting in harm.

There was evidence of a process to implement when a consumer moves into a palliative stage of care and staff described the importance of pain management, comfort, and maintaining consumer dignity. Staff described access to medical reviews by general practitioner’s either in person or by telehealth when a change or deterioration is noted and access to appropriate external services. The service also has a policy guiding staff in recognising and responding to consumer deterioration.

Consumers and representatives indicated they were confident information about health conditions, needs and preferences is documented and available to staff who provide care, and external providers with consent. The Assessment Team report included examples of where an external specialist was engaged to assist with wound review and included implementation of recommendations and treatment instructions. Staff described accessing and making referrals to physiotherapy, podiatry, dietitians, speech pathologists, counselling, Dementia Support Australia, palliative care services, wound consultants and geriatricians.

The service has access to Infection Prevention Control (IPC) leads and staff understood the importance of providing hydration to consumers to minimise the risk of urinary tract infections. Antibiotic use is discussed and monitored at the Medication Advisory Committee meetings and general practitioners are regularly consulted.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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 and representatives reported the services they receive help them to maintain independence and quality of life. Staff described activities and outings most important to consumers optimising independence and quality of life through. Documentation showed the service regularly gathers feedback from residents through consumer advisory meetings, feedback forms and lifestyle surveys to continue to offer activities relevant to consumer preference.

Regular assessments are completed including assessment of mood and the risk of depression. There was evidence of referral letters to counselling services and progress note entries following consultation after each session. Pastoral care is available through the service and access to a chapel on site.

Consumers were satisfied the service provides adequate support to maintain relationships, participate in the community and do things of interest to them. Consumers are supported to maintain and develop social and personal relationships and remain engaged with the community. Staff described ongoing assessment and activities which included walks around the garden, hand massage and nail painting, reading books and reminiscing.

There is a daily handover document available which includes consumer diagnoses, dietary requirements, clinical needs and falls risks. The service has a daily ‘huddles’ providing an opportunity to discuss changes in consumer conditions with the broader care team. Consumers and representatives were satisfied with referrals to other organisations when needed. Consumer care plans documented involvement by allied health professionals, family and friends and community organisations.

The service has a dietitian approved seasonal menu accommodating consumers choice and preferences. Food is freshly cooked on site in a central kitchen and served in the dining room or transported to each kitchenette to be served hot. Staff described the process of checking consumer dietary restrictions on the daily handover sheet, maintaining a pleasant dining room experience and the process to deliver meals to consumers in their rooms. Documented feedback forms demonstrated a number of compliments received as well as actions taken to resolve complaints from consumers regarding food.

Equipment in the service appeared clean and well maintained and maintenance staff and by external contactors. Documentation reflected scheduled maintenance up to date for 2024 and broken equipment logged and repaired in a timely manner.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 and representatives indicated they find the environment welcoming, easy to understand and navigate. Group activity spaces and the service-owned vehicles are safe, clean and well-maintained and consumers indicated they can move freely within the buildings and outdoors.

Management advised that regular preventative maintenance occurs and demonstrated to the Assessment Team the process for reporting maintenance, triaging and completion. A review of documentation showed scheduled maintenance recorded in a spreadsheet for each calendar year. The maintenance was divided into work undertaken by the internal maintenance officer and work undertaken by external contractors.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 they are encouraged and feel supported to provide feedback and make complaints. Staff and management discussed and demonstrated how they apply the organisations feedback and complaint policy and procedure to capture, respond to and improve care and services for consumers.

Consumers, representatives and staff were aware of the information displayed across the service’s information boards, reception, and other methods of raising complaints. Elder Rights Advocacy information is readily available as well as contact information for telephone and interpreting service. Staff explained the process to record, manage and further escalate feedback. Management confirmed they manage complaints as they arise using open disclosure principles in their approach. The Assessment Team report included examples of how the service had successfully escalated, responded and resolved complaints.

Management described how feedback and complaints are collected and reviewed to assist in improving care and services. Complaints are collated into a monthly report, discussed internally and provided to the clinical governance committee. Oversight of feedback occurs at the site and organisational level, with relevant information discussed at meetings to inform about concerns raised at the service

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

Consumers and representatives described continuity of their care and indicated they receive timely care and services. Staff confirmed there are sufficient staff to plan and deliver care and services consumers need and prefer. A review of documentation reflected how staffing is planned staff skill mix managed.

Care planning and organisation documentation reflected respectful communication related to consumer care, service needs and preferences and staff were observed engaging with consumers in a kind, caring and respectful manner.

The workforce is skilled, qualified and have the knowledge they need to undertake their role’s. Consumers and representatives were satisfied staff are qualified and know what they are doing. The service has an electronic human resource system responsible for monitoring staff qualifications and competency. Position descriptions and allocation lists for clinical and care roles are regularly reviewed to ensure they align with qualifications and competencies.

Staff described how training, professional development and supervision enable them to carry out their roles and responsibilities. Management described how they identify training needs by analysing incidents and feedback. Professional development opportunities are available to staff including areas such as restrictive practices, palliative and end of life care. There was evidence of mandatory training completion including areas such as skin integrity, pressure injuries, restrictive practice, SIRS and incident reporting, open disclosure, fire and infection prevention and control.

Management described how organisational policies and procedures are implemented to support roles, responsibilities, monitoring and review processes. Staff confirmed they engage in regular performance reviews which include opportunities to receive and provide feedback and which inform further training and competency opportunities.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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 regularly seeks feedback from consumers verbally and through meeting forums. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and its involvement in this delivery. The organisation’s governance framework demonstrates accountability for the delivery of safe and quality care and services, through a structure of a Board, clinical governance committee and quality governance, which facilitates a hierarchy of oversight at an organisational and service level.

Analysis of compliance indicators, complaints and clinical risk assessments are reported at the Board to identify and address wider trends including where training may be required.

Management described their information management systems including clinical care and financial electronic management systems, website, email, newsletter and meetings. The service maintains a Plan for Continuous Improvement (PCI) reflects a range of service and organisational improvements identified and actioned in response to consumer and staff feedback, complaints, incidents and identified risk. Management described the organisation’s budgetary process and accountability structure. the process of ordering equipment and expenditure at service level progresses through the central finance team for approvals such as renovations and major projects.

The service is supported by a centralised human resource department that assists with recruitment, monitoring of staff performance and disciplinary procedures. Position descriptions include key performance indicators based on the role and organisational expectations. Regulatory compliance is managed at an organisational level by a team of solicitors who communicate any legislative changes to the quality and risk team, who then update regional teams and all services. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and a review of documentation. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. Management described how they identify key areas of high-impact and high-prevalence risk through quality indicators and incident reports and support consumers to live their best life by minimising identified risks.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)