Performance

Report

**1800 951 822**

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| Name of service: | Mercy Place Rice Village |
| Service address: | 7 Moylan Loop MARSHALL VIC 3216 |
| Commission ID: | 4177 |
| Approved provider: | Rice Village Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 June 2023 to 29 June 2023 |
| Performance report date: | 28 July 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 Rice Village (**the service**) has been prepared by S Byers, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 21 July 2023

# Assessment summary

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| Standard 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was found Non-compliant in Standard 5 in relation to Requirement 5(3)(b) following a site audit in February 2022 where it was unable to demonstrate the service environment was safe and enabled consumers to move freely indoors and outdoors.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers said they felt safe and can move freely throughout the services internal and external environments. The Assessment Team observed cleaning and storage rooms to be locked when not in use. All doors accessible by consumers, to the outdoor areas were unlocked and reminder signage on display. Consumers were observed accessing outdoor areas, including the gardens that were well maintained. All walkways and corridors were clear and uncluttered to allow safe movement. Management described completing regular and ad-hoc spot checks to ensure consumer safety and accessibility within the service environment.

Based on the available evidence, I find Requirement 5(3)(b) is Compliant.

# 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 was found Non-compliant in Standard 6 in relation to Requirement 6(3)(c) and 6(3)(d) following a site audit in February 2022 where it was unable to demonstrate:

* appropriate action is taken in response to complaints
* feedback and complaints inform improvement in quality care and services.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives said they are encouraged by management to provide feedback about care and services and feel confident that appropriate action is taken in response to complaints. Staff demonstrated understanding of open disclosure principles. Complaints documentation demonstrated that complaints are recorded and resolved within a timely manner and open disclosure is practiced.

The service demonstrated it has an effective complaints management system in place. All complaints and feedback are captured, investigated, analysed, and used to inform continuous improvement. Documentation showed that improvement actions are reviewed regularly, and ongoing feedback is sought and encouraged from consumers and representatives to evaluate effectiveness. Consumers and representatives were satisfied with the services complaints process stating complaints were managed in a timely manner and improvements in their care was evident as a result of their complaints.

Based on the available evidence, I find Requirements 6(3)(c) and 6(3)(d) are Compliant.

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was found Non-compliant in Standard 7 in relation to Requirements 7(3)(a) and 7(3)(d) following a site audit in February 2022 where it was unable to demonstrate:

* sufficient numbers and mix of staff to provide safe and quality care and services
* the workforce was effectively recruited, trained, equipped or supported to deliver quality outcomes.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives were satisfied with the improved staffing levels at the service and provided positive feedback in relation to staff response to calls for assistance. The service has reviewed and adjusted the roster to meet consumers’ needs. Agency staff are used where needed to fill shortages and unplanned leave. Review of the roster demonstrated that where a staff member was absent another was rostered and the overall care hours remained adequate with consideration given to roles and position. The service has recruited and appointed several key personal including site manager, clinical care manager and registered nurses. Call bell response data demonstrated a significant reduction in wait times since the February 2022 site audit. Daily call bell reports are reviewed by management to identify and monitor excessive call bell response times.

The service has established an electronic training system for all staff to access online training in addition to regular face-to-face training with external providers. While monitoring and review of staff education completion rates are ongoing, the service has a process in place to support staff to complete mandatory competencies and complete annual performance appraisals. Training records showed that most staff have completed their mandatory training. New staff are provided access to the learning platform during onboarding and are encouraged to attend monthly orientation training sessions. Staff described how they use formal and informal methods to discuss their training needs and discussed feeling supported by management to develop skills and access additional education. Staff confirmed receiving training in Serious Incident Response Scheme and open disclosure, and demonstrated understanding of both topics.

Based on the available evidence, I find Requirements 7(3)(a) and 7(3)(d) are Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found Non-compliant in Standard 8 in relation to Requirement 8(3)(c) following a site audit in February 2022 where it was unable to demonstrate effective governance systems relating to workforce, continuous improvement and feedback and complaints.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The service demonstrated it has effective governance systems in relation to workforce governance, continuous improvement and feedback and complaints. The organisation has updated and implemented its recruitment and selection policy to improve recruitment processes. Improved orientation processes are in place to support new staff and recruitment has increased at the service. The organisation has implemented a new feedback system. The feedback and complaints management system is used to identify systemic issues and to plan continuous improvement activities. Management described how they review quality performance data and consumer feedback and complaints to ensure continuous improvement. The Board are informed of high risk complaints. Complaints are discussed at meetings with staff and consumers and this was reflected in meeting minutes.

Based on the available evidence, I find Requirement 8(3)(c) is Compliant.

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)