Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Mercy Place Templestowe | 19 August 2022 |
| Commission ID: | Activity type: |
| 3219 | Site audit |
| Approved provider: | Activity date: |
| Mercy Aged and Community Care Ltd | 15 June 2022 to 17 June 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 Templestowe (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

**Services included in this assessment**

Mercy Place Templestowe (RACS ID: 3219)

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit conducted from 15 June 2022 to 17 June 2022. 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 considered they were treated with dignity and respect, were supported to maintain their identities, and to make informed choices about their care and services, which enabled them to live the lives they choose. Consumers and representatives said they felt safe within the service and staff showed respect and politeness. Consumers said they were able to make daily choices in terms of meal options and activities they wished to engage in, this included taking risks. Consumers described how staff provided them with information which assisted them to make informed choices. Consumers said staff always respected their privacy, showed respect and acted to maintain consumers’ dignity.

Staff spoke about consumers in a respectful and caring manner and demonstrated they were familiar with consumers' backgrounds and differing needs. Staff demonstrated knowledge of consumers’ cultural diversity and described how consumers’ cultures and preferences influenced the way in which they delivered care and services. Staff described information sharing methods such as case conferences, consumer meetings, and discussions with other staff which enabled consumers to exercise informed choice. Staff said they encouraged and supported consumers to maintain relationships, as well as choosing people who they wanted to be involved in their care and service decisions.

The service’s consumer documentation included assessments, care plans, progress notes, medication charts and monitoring records and contained information around supporting consultation with consumers, information regarding their cultures and preferences, and matters important to them. Consumers were supported by policies of diversity and inclusion which outlined how consumers were supported to express their culture, diversity, identity, and preferences. The Assessment Team saw dignity of risk principles applied in practice at the service, supported by policies and procedures. The Assessment Team observed information displays within the service which covered various topics, including meals and activities. Staff showed respect for consumers’ privacy by knocking before entering consumers’ rooms, greeting consumers using their preferred name, closing doors, speaking privately with consumers, and providing care in consumers’ rooms.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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 sampled felt the care and services they received were safe and effective for them. Consumers said the care planning process addressed any risks in their care and services, as well as ensuring their end-of-life wishes were recorded and understood by staff. Consumers confirmed people important to them were involved in the assessment and ongoing planning of care and services. Consumers said they were aware of their care assessments and could access their care planning documents as they wished. Consumers said staff conducted care planning reviews on a regular basis, when incidents occurred, or their health condition changed.

Staff used care planning policies and procedures, which guided and informed the way they delivered care and services, including emotional and physical needs for consumers. Staff showed their awareness of consumers’ current needs and goals and their end-of-life preferences. Staff discussed how they involved representatives in the care planning process and discussed care planning outcomes with consumers, representatives and families. Staff confirmed they conducted care plan reviews every three months, after an incident, or a change in a consumer’s condition.

## The service’s guidelines and policies guided and directed staff through the care planning process, including ensuring consumers could exercise choice, make independent decisions, have complete assessments, and consumers, representatives and others of their choice could provide input into the process. The service ensured consumers end-of-life wishes were known and respected through policies and processes which guided staff in this area. Consumers and representatives were kept informed of outcomes of care assessments and this communication was documented in the service’s records, as were outcomes of care plan reviews.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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 reported the care they received matched their individual needs and preferences and was safe and effective for them. Consumers advised staff communicated with them and between themselves to deliver care and services according to consumers’ individual needs and preferences, including high-risk issues associated with consumer care. Consumers said they considered high-impact and high-prevalence risks were managed effectively. Consumers and representatives both confirmed the availability of other health providers should they require them. Representatives recalled how care delivery changed when their loved ones approached end-of-life and as their conditions changed and deteriorated. Consumers described how the service had procedures which maximised infection control and maintained good hygiene.

Staff used various methods and practices in providing daily care and services to consumers. Staff provided safe and effective care aligned to individual consumers’ needs and preferences through their practices. Staff gave examples of how information was communicated between themselves and consumers regarding outcomes of assessments and any changes to a consumer’s condition, including familiarity with high-impact and high-prevalence risk at the service. Staff were familiar with processes at the service for referring consumers to outside health providers as needed or requested by consumers and representatives. Staff minimised the risk of infections throughout the service, as well as minimised the use of antibiotics.

The service had a ‘provision of clinical care in aged care’ policy, which was an overarching policy to designed to ensure clinical care was best practice, with a focus on optimising health and well-being in alignment with consumers’ needs, goals, and preferences. Management explained the policy was implemented in partnership with consumers. The service’s end-of-life procedure assisted staff to recognise and address the needs and preferences of consumers approaching end-of-life, maximise the consumer’s comfort and preserve their dignity. The service had guidelines for recording changes to consumers’ conditions in the electronic care management system and processes ensured information was shared amongst staff and representatives as appropriate. The service had infection prevention and control policies designed to ensure effective systems and processes were in place to provide a safe environment.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 were happy with the activities available at the service and advised activities were enjoyable and relevant to them. Consumers kept in touch with people important to them, both at the service and in the community, through various means and with assistance from staff. Staff knew consumers’ backgrounds and demonstrated respect towards them. Consumers’ emotional, spiritual, and psychological needs were met and their decisions to participate, or not, in activities were always respected. Consumers had access to equipment as they needed, and equipment was well maintained and clean for use. Consumers enjoyed the meals provided as they were of excellent quality and met their dietary needs.

Staff displayed knowledge and understanding of consumers’ backgrounds and supported consumers in their needs and goals. Staff talked about the different activities available and how they altered these to suit individual consumers. Staff used technology for consumers to maintain contact with family members during COVID lockdown periods. Staff communicated changes to consumers’ care needs and conditions through handover processes as well as three-monthly reviews of care plans. Staff had access to a range of service providers and established relationships which ensured they could meet consumers’ care needs. Hospitality staff ensured meals were delivered to a high standard and described ways they sought feedback from consumers to ensure they enjoyed meals and met their dietary requirements. Staff accessed equipment they needed when they needed it and advised it was always in good order.

The service provided services which met consumer’s needs, goals, and preferences and maximised their independence, well-being, and quality of life. Care plans identified consumers’ emotional, spiritual, and psychological well-being. The service shared information appropriately concerning consumers’ care needs as well as any changes in their conditions and made timely and appropriate referrals to other health professionals as needed. The Assessment Team observed consumers enjoying meals in the dining room. Equipment was well maintained, and processes were in place to ensure maintenance and cleaning was conducted as required.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 said they felt safe and at home in the service and spoke about the things that they liked about the service. Consumers moved about freely within the service, including the central courtyard and paths and gardens circling the service. Consumers described the service as easy to navigate and advised the service was in good condition, with well-maintained equipment and environment. Consumers said the furniture and fittings were in good order.

Staff described features of the service which supported consumers’ independent mobility. Staff used internal electronic systems to raise requests for maintenance and advised consumers were able to raise matters themselves. Maintenance staff used processes and procedures for ensuring equipment was maintained and kept in good condition, this included scheduled maintenance and repairs. Staff confirmed equipment met the needs of consumers and was always kept in good condition.

The service environment was observed to be safe, clean, well-maintained, comfortable and designed to enable consumers to move freely, both indoors and outdoors. The Assessment Team saw how consumers personalised their rooms through displays of photographs, decorations, and other personal items. The service had clear signage, handrails, and other features which ensured easy navigation and consumer safety. The Assessment Team noted maintenance staff promptly addressed any issues and monitored the service environment, with regular reviews of critical equipment, identification of hazards and effective communication as required.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 were encouraged and supported by staff to provide feedback and lodge complaints with the service, through various options such as feedback forms, consumer meetings and directly with staff and management. Consumers and representatives advised they were comfortable in providing feedback and did not experience any negative consequences in doing so. Staff practised open disclosure when things went wrong. Consumers and representatives were aware of internal and external channels available to them for feedback and knew how to access language and advocacy services if they required.

Staff were aware of their roles in the feedback and complaints process, which included listening and responding appropriately to feedback provided or complaints raised. Staff were trained in the complaints process, including the principles of open disclosure, and supported consumers and representatives to provide feedback, including those from diverse backgrounds. Staff helped consumers engage with language services and advocacy organisations. Staff used the service’s electronic Complaints Register to record feedback and complaints and gave examples of how trends analysis and continuous improvement opportunities were identified from that information.

The service’s policies and procedures for complaints and feedback showed a commitment by the service to encourage and support consumers to provide feedback and to seek opportunities for improvement. The service made it possible for consumers to lodge complaints regardless of cultural or other diversity and without discrimination or fear. Consumers and representatives were provided with a welcome pack upon admission which contained information on accessing advocacy and language services. The service’s electronic system informed continuous improvement within the service and ensured feedback and complaints were recorded and responded to in a timely and appropriate manner.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 were treated consistently well by staff, and staff were appropriately trained and equipped to do their jobs. Consumers said the staff delivered care and services to them in a kind and caring way. Consumers and representatives said there were enough staff at the service and they had not experienced any delays or poor-quality care at any time.

Staff were satisfied with the quantity and mix of staff rostered on at the service and were confident in providing safe and effective care to consumers. The Assessment Team observed staff interacting with care and compassion with consumers. Staff were well trained, used the service’s care management systems effectively and had access to online training. Management monitored call bell response times and demonstrated excellent staff coverage in recent months. Management encouraged staff to adopt a best practice approach to their engagement with consumers.

The service had an effective program in place which ensured staff were trained and skilled to perform their roles. Staff undertook mandatory training and the service conducted regular monitoring and reviews of staff performance. The service had a comprehensive staff recruitment and induction process which ensured staff were trained and skilled for their roles. The Assessment Team made positive observations of the service’s rostering and workforce planning systems, which indicated there was an appropriate mix of staff and sufficient quantity of staff available.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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

Consumers and representatives advised they were engaged in the design and delivery of care and services within the service. Consumers said the service was professionally managed.

The service’s management demonstrated it had effective governance mechanisms in place, which included written materials such as policies, procedures and frameworks, information and risk management systems, governance meetings with management and governing bodies, and audit processes which helped ensure the service consistently delivered safe and effective care and services.

The management team acted on feedback and issues raised and regularly provided updated information to consumers when changes occurred. Management monitored and managed Key Performance Indicators, which included quality and clinical data.

Staff used and understood the service’s clinical governance framework, which included minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure.

The organisation had a documented risk management framework, including policies and procedures, which was examined by the Assessment team.

Management described the involvement of the governing body in:

* complaints
* serious incidents
* regulatory compliance
* clinical governance
* antimicrobial stewardship and
* use of restraint.

The service used a risk management framework, which included a risk register, to assist in identifying and managing high-impact and high-prevalence risk within the service. The service used an electronic consumer care system and explained its use and accessibility within the service.

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-2)