Performance

Report

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| Name of service: | Mercy Place Warrnambool |
| Service address: | 16 Hopetoun Road WARRNAMBOOL VIC 3280 |
| Commission ID: | 3878 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 12 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 Warrnambool (**the service**) has been prepared by J Miaris, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff value their identity, culture, and diversity. Staff described how they incorporate their knowledge of consumers’ backgrounds and personal identity into the services and supports they provide consumers. Care planning documents outlined consumers’ backgrounds and personal preferences. Staff were observed treating consumers with dignity and respect.

Consumers and representatives said the service provided care and services which were culturally safe to consumers and respects their cultural background. Staff described how they value consumers’ culture, personal values, and diversity which influences the delivery of their day-to-day care and identified consumers with individual preferences and care needs. Care planning documentation reflected consumers preferences, including their cultural and spiritual needs.

Consumers and representatives said consumers were supported to exercise choice, maintain their independence, and maintain important relationships. Staff described how consumers were supported to maintain relationships and care planning documents reflected what was important to them, including maintaining personal and social relationships, and lifestyle choices. The service had policies and procedures in place to support consumer choice and decision making.

Consumers and representatives said the service supports consumers in taking risks to enable them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities. Staff demonstrated knowledge of the consumers who wish to partake in risk activities describing examples of how the organisation supports consumers to make choices, including those that present risks. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer and consumers or their representative in line with the service’s risk management policies and procedures.

Consumers and representatives said they received information in various ways, and they were satisfied with the up-to-date information they received regularly from the service. Staff said consumers were provided with regular communication via email, monthly consumer and representative meetings, monthly activity calendars, weekly menus. Staff described different ways information is communicated to ensure it is easy to understand and accessible to consumers, including strategies to communicate information with the use of translating and interpreting services if required.

Consumers said the service respects their privacy and confidentiality and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Staff described how they support consumers to communicate their preferences to ensure their privacy is maintained and gave examples of how they maintain the privacy of consumers. The service had a policy describing how the service maintain and respects the privacy of consumers’ personal information and confidentiality. Staff were observed knocking on doors prior to entering and closing doors when attending to consumers.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Management and staff described how regular care assessments are completed to ensure safe and effective care is delivered.

Consumers and representatives said they are consulted in relation to consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Staff said end of life planning is discussed on admission if the consumer is comfortable to do so and during case conferences and as consumers’ needs change. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers.

Care planning documents reflected the involvement of consumers, representatives and other health professionals and services in the assessment and planning process. Staff described processes for partnering with consumers and representatives in care planning, and those who the consumer wishes to be involved. This was reflected in consumer and representative feedback.

Consumers and representatives expressed confidence that information provided by the service regarding outcomes of assessments and care is accurate, timely, and they can access a copy of the care and service plan at any time. Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process.

Care planning documents evidenced initial and timely ongoing completion of routine 6 monthly care plan reviews and were updated when circumstances change, this was also reflected in feedback provided by management and staff. Consumers and representatives confirmed consumers’ care needs were regularly discussed with them and when circumstances change, or incidents occur which impact consumers’ care needs.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were receiving care that is safe and right for them, that meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which were in line with best practice. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

Care planning documents identified that high impact and high prevalence risks were effectively managed, and staff implement relevant strategies to minimise risks such as sensor mats and adequate lighting for those consumers who are at risk of falls. Consumers said their care is safe and right for them. Staff explained how they identify, assess, and manage risks and the service had policies and procedures to guide staff practice in relation to high impact or high prevalence risks.

Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place. Staff described how they delivered end of life care to consumers in line with their needs, goals, and preferences and to ensure consumers’ comfort is maximised and their dignity preserved. Consumers and representatives confirmed the service discussed consumers’ end of life wishes with them and documented.

Staff and management described how they identify and respond to deterioration or change in consumers’ condition. Consumers and representatives provided positive feedback about the service responding to a change or deterioration in the condition, health, or ability of the consumer. Care planning documents reflected the identification and response to a change in consumers’ condition and the service had policies and procedures to guide staff in managing a consumer’s clinical deterioration.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care, including communication with external providers. Staff said information about the consumers’ conditions, needs and preferences is documented in the service’s electronic care management system and communicated via shift handover.

Consumers and representatives said referrals were timely, appropriate and consumers have access to a range of health professionals and supports when required. Staff described the process to refer clinical matters to other providers. Care planning documentation contained information and timely referrals to other health professionals and allied health services.

The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Consumers and representatives were satisfied with the service’s infection control practices and staff were observed adhering to infection control practices, including wearing personal protective equipment.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they felt supported by the service to do the things of interest to them and received support to optimise their health, wellbeing, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities and provided examples of how they support consumers to remain independent, which aligned with care planning documents. Consumers were observed engaging in various group and independent activities, and documentation demonstrated consumers have input into lifestyle activities.

Consumers said their emotional, spiritual and psychological needs are supported. Staff said they know consumers well and if they identify a change in a consumer’s mood or emotional need, they provide additional support to them. Care planning documents included information on consumers' emotional, spiritual, and psychological well-being describing how the service can best support their individual needs.

Consumers said they are supported to participate in the community within and outside the service, have social and personal relationships and do things of interest to them. Care planning documents identified consumers’ likes and dislikes, cultural preferences, relationships of importance, and social activities of interest to them. Staff explained how consumers were encouraged to participate in activities of interest to them and identified who is important to them.

Consumers and representatives felt their needs and preferences were well communicated and understood by staff. Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, dietary folders, and shift handover to enable the provision of safe and personalised care to consumers. Care planning documents included adequate information to support safe and effective care.

Care planning documents evidenced the service collaborates with external providers and makes timely and appropriate referrals to meet consumers’ needs. Consumers confirmed referrals were made in a timely manner, and staff described the referrals process. Management and staff described the referral processes for various providers of health support and staff provided examples of consumers being referred to other providers of care and services.

Consumers were satisfied with the variety and quantity of food offered at the service, and the menu is developed in consultation with them. Staff were aware of consumers’ dietary needs referring to the dietary list prior to serving meals, and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food and consumer input, and suggestions are sought at regular meetings.

Consumers said equipment was clean and well maintained and the equipment provided is suitable and meets their needs. Staff explained their responsibilities for the safety, cleanliness, and maintenance of equipment. Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment is welcoming and consumers feel at home. Staff described how consumers were supported to make the service feel like home, and they encouraged consumers to personalise their rooms with their own belongings. Signage was observed at the service to assist consumers to navigate the service, with well-maintained indoor and outdoor spaces for consumers and visitors to access.

Consumers and representatives said the service environment is clean, well maintained, comfortable, and they are able to move around freely both indoors and outdoors. Consumers were observed moving freely throughout the service both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and how maintenance is managed at the service.

Consumers said furniture and equipment were safe, clean, and suitable. Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable with providing feedback and raising concerns with management and staff. Staff were aware of the process to follow when an issue is raised with them directly and described their role in supporting consumers and representatives to provide feedback. Management advised feedback and complaints are gathered through consumer satisfaction surveys, consumer and representative meetings and feedback forms. Brochures and posters for internal and external complaints services were observed at the service and feedback forms with secure lodgement boxes were located throughout the service.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services if required and felt comfortable raising any issues with management and staff directly. Staff and management were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers said when they have raised a concern it was addressed in a timely manner and resolved to their satisfaction. Staff and management provided examples of the process that is followed when feedback or a complaint is received, staff acknowledged they have been trained in open disclosure, and demonstrated an understanding of open disclosure principles and how they have been applied.

Consumers reported their feedback has been used to improve care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there is enough staff to attend to consumers care needs in a timely manner and staff answer call bells promptly. Management described how the roster is planned to enable suitable number and mix of staff to support the delivery of safe and quality care and services to consumers, ensuring shifts were covered. Management explained how call bell data is monitored and any identified trends of concern were investigated.

Consumers said staff treat them with dignity and respect and are caring and considerate of their needs. Staff were observed being kind and respectful to consumers during various activities and interactions. The service had policies and procedures to guide staff practice regarding respectful and inclusive care.

Consumers and representatives said that staff are skilled and know what they are doing to meet the care needs of consumers. The service detailed processes for ensuring the workforce are competent and have the qualifications and knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff described how they are required to complete mandatory training and were supported by management for additional training if required. Management and staff described the annual mandatory training and online training resources for staff to complete and how completion of training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

The service demonstrated that appropriate processes were in place to regularly assess, monitor and review the performance of staff, in line with the service’s policies and procedures. Management demonstrated that systems were in place to record and track staff performance reviews. Staff explained the performance review process, including discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service consistently engages with them in the development, delivery and evaluation of care and services, they can provide feedback by way of, feedback forms, at consumer and representative meetings, surveys, care planning meetings and verbal conversations with management. This was reflected in feedback from staff and management, and documentation evidenced the services engagement with consumers and representatives on an ongoing basis.

Consumers advised the service promotes a culture that is safe, inclusive, and they were kept well informed. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management demonstrated how effective financial management systems support the service, and described the process followed to obtain additional funding through business plans and board approval. The service provided examples of approval obtained for expenditure most recently such as equipment to quality support services provided to consumers.

The organisation has a documented risk management framework, which includes policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how potential reportable incidents are identified and responded to and how incidents are managed and prevented. Management described how incidents are analysed, used to identify risks to consumers, managed, and inform improvement actions to support consumers to live their best lives. Management and staff provided examples of how high impact or high prevalence risks are managed at the service, and how they identify and respond to abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day-to-day work. Staff said the service's clinical governance framework functioned effectively and reported they were trained in the systems supporting clinical governance.

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)