Performance

Report

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| Name of service: | Performance report date: |
| Mercy Place Wyndham | 26 September 2022 |
| Commission ID: | Activity type: |
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| Approved provider: | Activity date: |
| Mercy Aged and Community Care Ltd | 30 August 2022 to 1 September 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 Wyndham (**the service**) has been considered by Ms D. McDonald, 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.

# 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.
* other information and intelligence held by the Commission in relation to the service

# 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 | | 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 said they were treated with dignity and respect by staff. Staff spoke about consumers in a respectful manner and were familiar with consumers' individual backgrounds and preferences. Care planning documents showed consumers' culture, diversity, and identity were acknowledged and their personal preferences recorded.

Consumers confirmed their cultural background was recognised and care provided was consistent with their culture and preferences. Staff could identify consumers from a culturally and linguistically diverse (CALD) background and care planning documentation identified their cultural needs and preferences. Policies and procedures regarding cultural diversity and inclusion were available.

Consumers and representatives stated they were supported to exercise choice and independence, including making decisions about their own care and services and maintaining relationships of choice. Staff could give examples of how they helped consumers to make choices and assist them to achieve their choices.

Documentation showed the service supported consumers to take risks they chose. Management demonstrated they were aware of the risks taken by consumers and said they supported consumers' wishes to take informed risks. Consumers described how the service supports them to understand and take risks.

Consumers confirmed they were informed about choices, and they were supported to understand the information available. Management and staff described different ways information was provided to consumers, in line with their needs and preferences. Updated information such as the daily menu and meeting minutes and newsletters were observed displayed in the service.

Consumers confirmed their privacy was respected and were confident their information was kept confidentially. Staff described ways they respected the personal privacy of consumers, and this information aligned with the consumer feedback. Policies and procedures regarding privacy and the protection of personal information guided staff practice.

# Standard 2

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| 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

Care planning documentation showed assessment and planning considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Consumers and representatives said they received the care and services they needed, and they were involved in the care planning process. Staff described the care planning process in detail, and how it informed the delivery of care and services.

Care documentation identified and addressed the consumer’s current needs, goals and preferences, including advance care and end of life (EOL) planning, where the consumer wished. Consumers and representatives described how the service accommodated their care needs and wishes. Staff could describe consumer’s care preferences, including their advance care and end of life plans, where applicable.

Care documentation confirmed regular case conferences, and the involvement of various external service providers such as medical officers and allied health professionals. Consumers and representatives reported the service partnered with them, and others they wished to involve in their care. Staff described various methods used to partner with consumers and their representatives in care planning and assessments.

Consumers and representatives said the service kept them informed about their care, services and their health status. Consumer’s care plans were accessible, made sense to them, and staff explained things to them in a clear and simple way. Documentation and staff responses confirmed there was effective communication to consumers and representatives, through in-person meetings, telephone calls, and email.

Consumers and representatives confirmed staff regularly discussed their care needs and any changes requested, or needed, were addressed in a timely manner. Care documentation showed care needs were reviewed on both a regular basis and when there was a deterioration in condition, or an incident had occurred. Staff monitor the completion of scheduled care plan reviews and are alerted if a review is overdue.

# Standard 3

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| 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

Overall, consumers received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. The service demonstrated there were robust processes in place to manage restrictive practices, skin integrity and pain, in line with best practice. Consumer documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Staff demonstrated strong knowledge about specific consumers and the care they needed.

High impact and high prevalence risks were effectively managed with regular monitoring and implementation of suitable risk mitigation strategies for individual consumers. Staff described the documented high impact and high prevalence risks for individual consumers. A consumer and their representative said the service effectively managed the consumer’s falls risk and infections. Clinical data was used to trend and identify emerging consumer risks.

Consumers who had received end of life care had their dignity preserved and care was provided in accordance with their needs and preferences. A representative of a recently deceased consumer expressed satisfaction with the service’s adherence to their advance care and end of life plans. Staff were able to describe how they approach conversations around end of life and how they used a multidisciplinary approach and case conferences.

Care planning documentation and progress notes evidenced the identification of, and response to, a deterioration or change in condition. Consumers and representatives said the service had identified and promptly responded to changes in health status. Staff described the signs and changes monitored to identify if deterioration was occurring and the escalation pathways if a decline was detected.

Staff described how changes in condition were discussed during handovers and by electronic messaging. Current information about consumers’ condition, needs and preferences was documented and effectively communicated with those involved in providing care. All consumers and representatives said staff know the consumers very well and they do not have to repeat themselves.

Care documentation evidenced timely referrals were made and consumers said they were referred to a broad range of health professionals, when needed. Staff advised they were able to access health professionals such as medical officers, specialists and allied health professionals in a timely manner.

Infection control policies and plans, overseen by an appointed staff member, were documented to assist in the management of an infectious outbreak, including for COVID-19, and best practice antibiotic prescribing practices. Consumers and representatives said recent COVID-19 outbreaks were managed well, staff practice hand hygiene and use personal protective equipment. Staff demonstrated knowledge of infection prevention and control processes.

# Standard 4

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| 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 felt they got the services they needed and were supported to pursue activities of interest to them. Lifestyle staff knew what was important to consumers, and how the activities at the service met their needs. Consumers were observed engaging in a variety of daily living activities.

Consumers described how they were supported when they were feeling low, and how the service promoted their emotional, spiritual and psychological well-being. Staff explained how the service supported consumers' emotional, social and psychological needs including by facilitating connections with people important to them as well as with church and religious services for consumers of various faiths.

Consumers felt supported to participate in the community within and outside the service as community outings and a variety of activities were organised. Consumers confirmed they were supported to keep in touch with people who were important to them including through window visits during COVID-19 outbreaks. Staff provided examples of how consumers were supported to live the life they chose and maintain their relationships, both inside and outside of the service and this was reflected in care planning documents.

Consumers and representatives said the consumer's condition, needs and preferences were effectively communicated within the service, and with others responsible for care. Staff explained how clinical and care information was shared internally through communication logbooks, handovers and recorded in the service’s electronic system. Care planning documentation contained adequate information to ensure services and supports for daily living met consumers’ needs.

Consumers said they were supported by other organisations, support services and providers of care and services including cultural volunteers and hairdressers who visit the service. Staff could describe the other service providers accessed by specific consumers and this was reflected in their care plans.

Most consumers and representatives said the service provided meals which were varied and of suitable quality and quantity. Consumers were observed being offered other options when the menu was not to their liking. Processes and systems were in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Staff described how they met individual consumer’s dietary needs and preferences and were guided by their care plan.

Consumers felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# Standard 5

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| 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 and representatives found the service environment to be welcoming and easy to navigate. Staff described features that helped consumers feel welcome and optimised their sense of belonging and ease of navigation. Consumers' rooms were observed to be personalised with photographs, decorations, and items of importance displayed in their rooms.

The service appeared safe, clean, and well-maintained and consumers were able to move freely, both indoors and outdoors. Consumers and representatives considered the service was safe, clean and well-maintained and allowed them to move around freely. Staff described how the service environment was cleaned and maintained as they have basic and deep cleaning schedules to guide them.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained and consumers confirmed this was the case. The preventative maintenance register was up to date with essential items including the call bell system having been reviewed to ensure proper functioning.**Standard 6**

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| 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 their representatives said they understood how to give feedback or make a complaint and they felt comfortable doing so. Staff described how they encouraged and supported consumers to provide feedback and make complaints, and how complaints were documented.

Consumers and representatives said they were aware of advocacy and translation services and the service provides additional information and pamphlets. Pamphlets on how to make complaints had been translated into different languages and posters displayed provided the contact details for external complaints and advocacy agencies.

Consumers and representatives said management was open and transparent when they had made a complaint or when an incident had occurred. Staff members showed an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. An open disclosure policy guides staff to be open and honest when discussing incidents with consumers.

Consumers and representatives reported their feedback was used to improve services. The service’s continuous improvement register showed input from consumers and representatives had prompted changes to meals, laundry, the provision of portable computers for consumer use and king single beds.

**Standard 7**

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| 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

Whilst some consumers said sometimes there were not enough staff, they did not report any negative impacts on the quality of care and services they received. Management said the service has enough staff for the number of consumers in the service, and processes were in place to cover unplanned leave. Call bell response times were monitored; and evidenced staff were able to respond promptly or investigations were undertaken if delay was identified. Staff were observed to be carrying out their duties without rushing.

Workforce interactions with consumers were observed to be kind, caring and respectful of each consumer's identity, culture and diversity. Consumers and representatives said staff were kind, caring and gentle when providing care. The employee handbook described how staff should support the service’s mission to help those in need.

Consumers and representatives said staff were properly trained and know what they are doing. Staff were recruited according to position requirements and provided with buddy shifts and mandatory training when they commenced. Position descriptions included key competencies, qualifications and requirements essential for each role. Essential qualifications were monitored for currency

An online training portal is used to schedule mandatory scheduled training, mandatory, non-mandatory training, and additional training if a need is identified. Staff felt supported by the service to perform their roles and they received enough training. Training records confirmed most active staff were up to date with their training. Staff described how their performance is assessed through an annual appraisal process which is undertaken by a senior clinical staff member. Management described how any concerns may prompt review of a staff member’s performance.

**Standard 8**

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| 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 were confident the service was well run and knew they could engage through care planning processes, monthly consumer meetings, regular surveys and the feedback system. The service’s continuous improvement register included suggestions from a consumer meeting and a food focus group.

Management could describe the involvement of the governing body in the promotion of a culture of safe, inclusive and quality care and gave examples. A structure was in place to monitor, communicate and implement legislative changes which was overseen by the Board. Internal audits, covering the service environment, medication charting and general, food and electrical safety were conducted with the results reported to the Board to ensure compliance with the Quality Standards.

Management and staff could describe processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

A documented risk management systems and policies for managing high-impact or high-prevalence risks, identifying, and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents was implemented. Staff were familiar with these policies and how they applied to their work, including the need to report any incidents immediately. Incident documentation evidenced these were reported, investigated and, if serious, reported to the appropriate authority.

The service had a documented clinical governance framework which included policies addressing; antimicrobial stewardship, minimising the use of restrictive practices, open disclosure. Staff had received training in relation to the application of these policies and gave examples of how they implement these policies in their daily duties.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)