Performance

Report

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| Name of service: | Performance report date: |
| MercyCare Wembley Catherine McAuley | 12 July 2022 |
| Commission ID: | Activity type: |
| 7887 | Site audit |
| Approved provider: | Activity date: |
| Mercy Community Services Limited | 15 June 2022 to 17 June 2022 |
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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 MercyCare Wembley Catherine McAuley (**the service**) has been considered by Denise 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.

# 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 felt respected by staff who valued their identity, culture and diversity. Consumers and representatives said services provided were culturally safe and identified how their beliefs were respected. Consumers and representatives said consumers were supported to take risks, exercise choice, remain independent and maintain relationships of their choosing. Most consumers and representatives described how the accurate information helped them make decisions, however some representatives advised occasionally information was not timely.

Staff described consumers’ spiritual and cultural preferences and how care delivery was tailored to the consumer. Staff identified how they support consumers to be independent and make choices. Staff described providing options, encouraging relationships, delivering care in line with consumers’ preferences and how they assist consumers to understand risks. Staff said they present information according to consumers’ preferences and needs, which included the use of communication aids.

Care planning documents included details of consumers’ identity and cultural practices, including religious and spiritual needs. Documents described areas in which consumers were supported to take risks and contained information, such as dignity of risk documentation, to support consumer choice.

Information was displayed to support consumers to make choices regarding their care needs, lifestyle activities, complaints processes and how to access support services.

Staff were observed to be respecting consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information was recorded in an electronic care management system which was password protected, and handovers occurred in a meeting room with a locked door.

# 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

Consumers and representatives sampled expressed confidence in the assessment and care planning at the service. Consumers stated the service assessed risks, supported them to do the things they wanted and consumers felt they were living their best life. Consumers and representatives said staff had discussed end of life planning with them and where they wished to, the consumers and representatives advised staff of their general and EOL preferences.

Care planning documentation demonstrated individualised, comprehensive assessment and care planning processes had been completed to identify the risks, needs, goals and preferences of consumers. Reviews occurred when an incident occurred or when changes to consumers’ health and well-being were identified. Care documentation identified the involvement of the consumer and representative, physiotherapist, dietitian, speech therapist, specialist dementia services, and lifestyle staff. Care planning documents and/or progress notes reflected the identification of, and response to, deterioration or changes in condition of consumers.

Staff described using consumer information to deliver safe, effective care and how consumers and representatives are able to access a copy of the consumer’s care plan. Staff explained the assessment process following changes to a consumer’s condition. They would report changes to the clinical nurse manager, medical officer and allied health professionals as needed. Staff said they were informed through handover of information when a consumer has deteriorated and a change in care needs has been implemented.

Policies and procedures were available to guide staff in the recognition and response to deterioration of consumer’s cognitive or physical function. Clinical records indicated consumers are regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive, or physical function, capacity or condition occurs, this was recognised and responded to in a timely manner and representatives are notified.

# 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

Consumers and representatives said they felt the consumer’s personal and clinical care needs were met and any changes were effectively communicated between staff, the medical officers, and other providers of care, with referrals undertaken promptly. Consumers and representatives expressed confidence when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them. Consumers who were on an end of life pathway confirmed they were pain free, comfortable and did not require anything. Consumers said they often saw staff perform hand hygiene and their rooms are cleaned regularly.

Care documentation evidenced staff identified, communicated, and responded to deterioration or changes in a consumer’s condition or health status, resulting in referrals to and input from, a range of medical officer’s, specialists, and allied health professionals. Care planning documentation included advance care plans and the needs, goals, and preferences of consumers for end of life care.

Consumers with restrictive practices applied had behavior support plans in place listing triggers and interventions to trial, prior to the restrictive practice being used. The effectiveness of behaviour support plans was evaluated regularly, and the medical officer was contacted if behaviours changed. Consent forms were signed by the consumers medical officer and nominated representative.

Staff demonstrated knowledge of individual consumer’s needs and preferences including risks associated with consumers’ personal and clinical care such as falls, compromised skin integrity, pain or challenging behaviours and described strategies to manage or minimise those risks. Staff said they prevent spread of infection by frequent hand washing, and keeping the place clean, consumers use their own equipment where they can otherwise it is cleaned prior to and after use.

The service was observed to have policy and procedures to ensure best practice, assessments were completed using evidence-based assessment tools including pain assessment tools, psychogeriatric assessments, falls risk assessment tools, and end of life palliative care pathways. These evidence-based assessment tools were embedded in the admission checklist and annual assessment checklist. The service had policies, procedures and plans to prevent or manage an infectious outbreak and infection rates are monitored through monthly service reports.

Organisational policies and procedures provide guidance to staff in the delivery of personal and clinical care including best practice management of falls, skin, pain and deterioration. The service monitored and analysed clinical incidents to identify trends, risks to consumers and implements actions contributing to continuous improvement.

Electronic care plans displayed vital information on the home page identifying the information as a priority to staff. Clinical records indicated consumers were regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive, or physical function, capacity or condition occurred, this is recognised and responded to in a timely manner and representatives are notified.

# 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 and representatives confirmed the service supported the consumers to keep in touch with the people important to them. Consumers advised how they remained in contact with people important to them, such as visitors attending the service, consumers left the service on social leave, and visiting their loved ones who may also be consumers at the service. Consumers and representatives confirmed the service’s lifestyle program supported their needs and described how staff assisted them to be independent when taking part in the activities of daily living. Most consumers reported they have no issues with the quality or quantity of food and they had access to other food or snack items in between meals, however one consumer advised they did not like the food but offered no further specific information about their concerns.

Care planning documentation demonstrated consumer files captured what and who is important to individual consumers to promote their well-being and quality of life. The service demonstrated services and supports for daily living promoted each consumer’s emotional, spiritual, and psychological well-being. Information about consumer’s condition, needs and preferences were communicated within the organisation, and with external providers, where warranted. Timely and appropriate referrals were made to individuals and other providers of care and services.

Staff could explain what is important to the consumers and what they like to do, and this aligned with the information in the consumer’s care and service plan. Staff explained the services’ lifestyle program accommodates and modifies activities to cater for consumer’s needs, preferences, and varying levels of functional ability. Staff said shared equipment is regularly cleaned and they described the process for reporting a maintenance issue when equipment is identified as being faulty or defective.

Consumers were observed actively engaged in group and individual activities, including singalongs, bingo and chair exercises. Staff were observed reassuring and supporting consumers in a caring and respectful way. Menus offering multiple options for meals were displayed. Equipment was inspected as part of the planned maintenance program and mobility aids, exercise equipment, activity games and televisions, appeared to be safe, clean, well-maintained, and suitable for the consumers’ needs.

# 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 said the consumers felt comfortable at the service and their visitors were welcome at any time. Consumers and representatives stated the service is generally clean, well maintained and consumers could move freely around the service including to access outdoor areas Consumers and representatives said equipment, furniture, and fittings in the service were clean, safe, well maintained, and suitable to the needs and preferences of the consumers.

The service environment was observed to be welcoming and easy to navigate. Consumers’ rooms were decorated with personal items and photographs. There were quiet spaces being utilised by consumers and their family to meet. The outside areas and garden were tidy, with shaded areas and outdoor seating.

Cleaners were observed to be cleaning individual rooms and communal areas, and the service environment, furniture, fittings, and equipment was generally clean, well maintained, and appropriate for the consumer’s needs. Corridors were wide and had handrails on each side to assist consumers with limited mobility. Consumers had access to a call bell when in their rooms and call bells were also available in common areas.

The service’s preventative maintenance program identified works to be completed at specific times of the year. The planned maintenance schedule included servicing of, equipment, essential services, hydraulic services and catering equipment on a regular basis by external contractors. The completion of corrective maintenance items reported was monitored and documentation evidenced any reported issues were attended in a timely manner.

# 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 considered they were encouraged and supported to give feedback and make complaints, and appropriate action was taken. Consumers and representatives interviewed said they were familiar with processes for providing feedback or making a complaint and felt safe and supported to do so. Consumers considered their complaints were resolved in a timely manner and communication was received throughout the complaint process. Consumers, representatives, and staff who have provided feedback or made a complaint were able to describe improvements and changes to care and services in response to their feedback or complaint.

The service was able to demonstrate they had processes to support consumers in providing feedback and making complaints and how all complaints were resolved using an open disclosure process. Information on how to make a complaint and where to get support to make a complaint, including access to advocacy services, was displayed at the entry of the service, throughout the hallways and in the dining areas of the service. The organisation had a complaints management and open disclosure policy, used to guide staff during complaint resolution. Training records demonstrated staff have received training in open disclosure practices.

Staff interviewed were aware of the internal and external complaint mechanisms available to consumers. Staff described how they advocate for consumers and described the external advocacy services available to consumers, including how consumers can access information related to advocacy services. Staff described the action taken to resolve complaints, for example, complaints regarding the dining experience at the service had resulted in consumer meetings, the implementation of additional staff training, the ‘dining with excellence’ program and the hospitality manager role to improve the dining experience for consumers.

# 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

Consumers and representative interviewed reported there were sufficient staff to meet their care needs, and the staff were kind caring and gentle when delivering care. Consumers and representatives indicatedstaff were well trained and could effectively and safely provide the care consumers required. Consumers and representatives reported consumers did not usually have to wait long for help and call bells were answered promptly.

Staff were observed assisting consumers in a way which was respectful and did not rush consumers through their daily care tasks. Staff were observed chatting politely to consumers about their days and preferences. Staff did not appear to be rushed while performing care or cleaning tasks.

Staff advised the service engaged in regular call bell audits and areas for improvement were identified and shared with staff during meetings and toolbox sessions.

The service had an induction and orientation process for new staff. The process included, but was not limited to, completion of mandatory training modules, introduction to MercyCare values and organisational goals, a review of job description and role responsibilities, introduction to services intranet. Position descriptions specify the core competencies and capabilities for each role.

Staff described how the service supports their professional growth through training and annual performance appraisals. Staff said they had received performance reviews within the last year, and the process included completion of a self-assessment which is reviewed by management with feedback provided online and in person. Staff were monitored to identify areas for additional training and report any gaps in knowledge to management. Subsequently, additional training and support was provided to staff through 1 on 1 sessions and additional online modules. Staff were able to demonstrate their understanding of restrictive practices, incident reporting and the Quality Standards.

# 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 said they were actively engaged in the development, delivery and evaluation of services and the service was well run. Representatives said their suggestions were always listened to by management.

Staff described how they engage with consumers through discussions and focus groups to obtain feedback which is presented to the board. The board reviews data such as trends in clinical care indicators, infection control, call bell analysis, complex care needs, and complaint/feedback data.

Changes impacting the service’s operations are communicated to staff through email, updates to the electronic care management system and daily staff meetings.

Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. There are guidelines and policies to promote consumer partnerships with the service. The service has implemented effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback. Continuous improvement opportunities are identified through audits, complaints and consumer surveys, continuous improvement items are logged and the plan is assessed for success. There are processes to apply for and receive funding for extraordinary purchases, which are identified through feedback from consumers and staff.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Staff attend training in risk management, including toolboxes, onsite training and completing online modules. Staff at all levels described training received and their role in identifying abuse, reporting incidents and supporting consumers.

Staff were aware of the clinical governance framework and provided examples of how it was relevant to their work in practical ways, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure.

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)