

# Report of the Periodic Review for the ACHS Evaluation and Quality Improvement Program

## **Mercy Services Tighes Hill, NSW**

Organisation Code: 15 52 26

Survey Date: 16 June 2016

ACHS Accreditation Status: **ACCREDITED**

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## About The Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation. The ACHS was established in 1974 and is the leading independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations.

The ACHS mission is to 'improve the quality and safety of health care' and its vision is 'to be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of health care.'

The principles upon which all ACHS programs are developed and the characteristics displayed by an improving organisation are:

- a customer focus
- strong leadership
- a culture of improving
- evidence of outcomes
- striving for best practice.

These principles can be applied to every aspect of service within an organisation.

### What is Accreditation?

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.

### How to Use this Survey Report

The ACHS survey report provides an overview of quality and performance and should be used to:

- provide feedback to staff
- identify where improvements are needed
- compare the organisation's performance over time
- evaluate existing quality management procedures
- assist risk management monitoring
- highlight strengths and opportunities for improvement
- demonstrate evidence of achievement to stakeholders.

This report provides guidance for ACHS members for future quality improvement initiatives by documenting the findings from the organisations accreditation survey. This report is divided into four main sections.

- 1 Surveyor Team Summary Report
- 2 Ratings Summary Report

- 3 Summary of Recommendations from the Current Survey
- 4 Recommendations from the Previous Survey

## 1 Surveyor Team Summary Report

Consists of the following:

Function Summary or Periodic Review Overview- A Function Summary/Overview provides a critical analysis for organisations to understand how they are performing and what is needed to improve. It provides an overview of performance for that Function and comments are made on activities that are performed well and indicating areas for improvement.

### Criterion ratings

Each criterion is rated by the organisation and the surveyor team with one of the following ratings.

- LA
- SA
- MA
- EA
- OA

The rating levels are:

LA – Little Achievement - Organisations that achieve an LA rating will have an awareness or knowledge of responsibilities and systems that should be implemented but may have only basic systems in place. At this level compliance with legislation and policy that relates to the criterion would be expected.

SA – Some Achievement - An organisation that achieves an SA rating will have achieved all the elements of LA and will have implemented systems for the organisation’s activities. At this level there is little or no monitoring of outcomes, and so efforts at continuous improvement may be limited by a lack of understanding about the effectiveness of existing systems.

MA – Marked Achievement - The label for MA has changed from “Moderate Achievement to “Marked Achievement” as the term “Moderate” did not reflect the high standard of achievement that organisations reach within the MA award level. An MA rating requires that achievement against the elements of LA and SA has been demonstrated and that efficient systems have been established for collecting relevant outcome data on processes and preferably outcomes, monitoring this information, evaluating current procedures and planning improvement in response.

EA – Extensive Achievement - To Achieve a rating of EA in EQulP5, demonstrated achievement against the elements in LA, SA and MA must be met. In addition, response to EA elements will be reviewed and extensive achievement against the criterion statement and/or its elements is required. Organisations will be able to demonstrate extensive achievement in a criterion if they satisfy one and preferably more, of the following requirements:

- internal or external benchmarking and subsequent system improvement, and / or
- the conduct of research that relates to the particular criterion, and subsequent system improvement, and/ or
- proven, excellent outcomes in that particular criterion.

OA - Outstanding Achievement - All elements of LA, SA, MA and EA must be achieved as well as a demonstration of leadership in this criterion. Leadership in a criterion does not necessarily mean that the organisation is a peer leader of performance and excellence in Australia. However, it does require an organisation to use concentrate evidence to demonstrate that it is one of the best and, more importantly, that it has taken a leadership stance in communicating its outcomes to other professionals, other organisations and/or consumers/patients, or that the organisation is being recognised and sought out for its knowledge by other professionals and organisations.

#### Criterion Comments -

Surveyor comments regarding individual criterion detailing issues and surveyor findings and opportunities for improvement. Comments are available for all mandatory criteria giving an indication of why the organisation is achieving at the given rating level.

#### Criterion Recommendations -

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular criterion. Surveyors are required to make a recommendation where an LA or SA rating has been assigned in a criterion to provide guidance and to provide an organisation with the maximum opportunity to improve. Recommendations in the survey report need to be reviewed and prioritised for prompt action and will be reviewed by the surveyor team at the next on site survey.

Risk ratings and risk comments will be included where applicable- Risk ratings are applied to recommendations especially where the criterion rating is an SA or an LA to show the level of risk associated with the particular criterion.

Risk ratings could be:

- E: - extreme risk; immediate action required.
- H: - high risk; senior management attention needed.
- M: - moderate risk; management responsibility must be specified.
- L: - low risk; manage by routine procedures

#### High Priority Recommendations (HPR) -

A High Priority Recommendation (HPR) is given to an organisation when:

- consumer / patient care is compromised and / or
- the safety of consumers / patients and / or staff is jeopardised.

Surveyors complete a risk assessment to validate their decision to allocate a HPR, which should be addressed by the organisation in the shortest time possible.

## **2 Ratings Summary Report-**

This section summarises the ratings for each criterion allocated by an organisation and also by the survey team.

### **3 Summary of Recommendations from the Current Survey-**

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular criterion.

Recommendations are structured as follows:

The criterion numbering relates to the month and year of survey and the criterion number. For example recommendation number OWS 0811.2.1.1 is a recommendation from an OWS conducted in August 2011 with a criterion number of 2.1.1

### **4 Recommendations from Previous Survey-**

This section details the recommendations from the previous onsite survey. The actions taken by the organisation and comments from the surveyor team regarding progress in relation to those recommendations are also recorded.

# Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

## Survey Report

### ***PERIODIC REVIEW OVERVIEW***

Mercy Services is a community based service provider delivering a range of programs and services to the frail aged, people with disabilities and their carers, the socially disadvantaged and individuals and families affected by substance abuse in the Hunter region. Changes to the National Disability Insurance Scheme (NDIS) and the introduction of the Commonwealth My Aged Care reforms have and will continue to, pose significant challenges to Mercy Services. The organisation's commitment to quality, safe, caring and individualised client care was evident to the survey team and all reviewed criteria were rated MA with all previous EQuIP and NSW Disability recommendations closed and no new recommendations made. Mercy Services management and staff are to be commended for their preparation for survey and supporting documentary evidence which was of a high standard.

#### **Clinical Function**

All programs and services delivered by Mercy Services are supported by comprehensive assessment and care planning specific to the services provided and the individual needs of clients / their families and carers. Assessment is based on referral and initial assessment confirms the services required and the suitability of the referral. Subsequent assessment supports individualised and comprehensive risk assessments and care planning which is undertaken in collaboration with clients and carers as appropriate and involved the joint establishment of care goals and expected outcomes. Reassessment is evident in documentation and care changes are indicated by client need, preferences, treatment goals, progress and changes in circumstance / condition. Client engagement in assessment, care planning, the establishment of treatment goals / outcomes, reassessment and subsequent care decisions is supported both by policy and by documented evidence provided to, and reviewed by, the survey team.

Consent is comprehensive and service specific, it includes informed and detailed financial consent, consent to share information with other service providers and consent of alternative contacts as part of emergency management protocols. Consent is regularly audited as part of the client file audits and compliance is good. Formal and informal partnerships with other service providers are in place and shared care arrangements are supported by policy, documentation and well defined referral pathways. Policies are in place for transfer and discharge from Mercy Services programs and it is evident that clients are engaged in decision making regarding their future needs and service preferences. Comprehensive health care records are maintained and regularly audited for compliance with requirements and comprehensiveness. In response to a recommendation from the previous survey alerts now indicate where patients may have a paper-based and electronic record in place.

Medication management is supported by policies and safe work practices and was evident to the survey team that these are regularly reviewed when changes to circumstances, practice or service requirements necessitate this for both staff and client safety. Changes are supported by staff education, assessment and competency testing. Infection control practices are again supported by policy and safe work practices and staff / volunteer competency is assessed and reported. Processes are in place to ensure products comply with infection control requirements. Spill kits and PPE are provided in all vehicles and staff / volunteers are trained in their use. Food services practices are compliant with infection control and food safety standards and are well monitored and reported. Linen services have well documented practices and processes in place to identify and segregate contaminated waste and for the separation of clean and dirty linen. No infection control related incidents have been reported and no medication incidents resulting in adverse outcomes have been reported at Mercy Services.

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

### Support Function

Mercy Services has a strong culture for continuous quality improvement through the identification of risks, incidents, complaints and audit data all inform and enhance the quality improvement process. This process has been developed through an integrated strategic approach to a defined planning structure and governance for quality and risk management across all sites within the organisation. Sound policies, procedures and protocols have clear processes for supporting all aspects of improving performance and managing risks across the service. There is a strong commitment to quality improvement from all staff and their responsibility and accountability is clearly defined within the quality improvement framework with a focus on the EQulP process and is articulated in the Quality Improvement Policy. The quality framework also involves Managers and Coordinators assessing, implementing and reviewing community care services provided to the clients and acting on information from clients via satisfaction surveys and any improvement to service delivery they would like to see. Client involvement in the care planning process, delivery of care and evaluating that care was evidenced throughout the survey.

The Risk Management Policy details the risk management framework in place and processes for identifying and documenting risks which are reported to the WHS Committee monthly meeting. All risks are reported to the Board through the CEO. The Risk Register includes all corporate and clinical risks and is reviewed every six months and new risks added, downgraded or removed when mitigating actions have been taken. It was evident that there was integration between quality improvement, risk management and strategic planning within Mercy Services as these processes are all integrated into the Continuous Quality Improvement Plan including items from the Risk Register and Strategic Plan. The Quality Improvement Plan is a live document and can be accessed by Managers and Coordinators at any time. All staff and volunteers are informed of their responsibilities for managing risk through education and training programs, and are able to provide input regarding any issues around risk management to the WHS tool box meetings /work group representatives on the WHS Committee.

The incident and complaints management process is well managed with clear guidelines to ensure that all incidents/complaints are reported, investigated, action taken and outcomes communicated to promote a safe work environment. The system in place for informing clients and staff of the process and providing feedback is sound, and all staff are aware of the Open Disclosure Policy and are provided with support and counselling should the need arise. The incident management system is evaluated annually and the Incident Investigation Policy was reviewed in August 2015. All incidents are trended and risk rated and an annual graph developed comparing incidents and injuries by cause, this is discussed at WHS Committee and the graph posted on notice boards across the various sites.

### Corporate Function

Credentiailling of staff is efficiently managed across the service. Position descriptions detailing scope of practice, roles and responsibilities were sighted and performance management and supervision was evident. At the Service level there is a process in place to monitor registrations, drivers' licences and education attendance and all are recorded in a database. Competency of staff and mandatory training is monitored and staff education and training is provided annually including safe work practice education. The WHS Training Policy clearly identifies that any new interventions/practice/equipment needs to have a Safe Work Practice procedure developed and that staff cannot undertake any intervention or practice or operate new equipment unless they have been trained and found competent to do so. Each program has a folder containing all of the Safe Work Practices that apply to their respective staff.

Mercy Services policies and procedures are developed with input from Board, Management, Clinical Coordinators and staff for both new and reviewed policies / procedures. There is a robust system in place to regularly review policies/procedures and all policies are referenced to current legislation and Acts. New staff are educated on how to access policies. All reviewed and new policies are endorsed by the Board. Comprehensive Board policies are regularly reviewed and re-written covering Mercy Service Values,

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

Board and Governance, Financial Management / Administration, WHS, Service Delivery, Staff and Volunteers.

WHS systems are well established across Mercy Services. A Manual Handling Policy is in place and education and training is provided to all staff including volunteers and new staff and as part of mandatory training. External contractors are managed efficiently under a process which ensures and maximises the quality of services to be delivered. A checklist is provided to them on appointment to ensure they comply with the organisations health and safety requirements. A Policy outlining the process for the management of Hazardous Substances and Waste Disposal is in place and follow up action to be taken in the event of a risk. It was evident the risk register highlighted the areas of concern and the severity of any risk that may occur and the appropriate action to mitigate the risks.

The commitment to disaster and response management was evident and the Mercy Services Emergency Response Policy guides the management and coordination of any emergency and includes business continuity actions both pre and during emergency. Fire training and evacuation exercises are conducted annually including staff Fire Wardens. Evacuation plans are reviewed as required and external contractors undertake mandatory fire inspections and fire equipment maintenance regularly and within pre-determined specified timeframe.

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.1**

### **Criterion: 1.1.1**

**Assessment ensures current and ongoing needs of the consumer / patient are identified.**

**Organisation's self-rating: MA**

**Surveyor rating: MA**

## **Overall Comment**

### **Overall Comment 1.1.1**

Assessment at Mercy Services is undertaken specific to the service / program the client is accessing. Assessment includes pre-service assessment to determine if referrals are appropriate and consistent with the client's needs and service delivery profile. This is followed by more comprehensive assessment when to client is accepted into the service / program. Assessment includes risk screening (falls, environmental risks etc.) and for some services a risk matrix is used for behavioural related risks where indicated. Criteria are in place which indicate suitability for service delivery and these are regularly reviewed. Regular meetings of staff and coordinators across and within programs support regular re-assessment and issues management. Standardised assessment tools are used and there is evidence of client / carer engagement in the assessment phase as evidenced by a review of client documentation undertaken by the survey team.

## **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.1**

### **Criterion: 1.1.2**

Care is planned and delivered in collaboration with the consumer / patient, and when relevant the carer, to achieve the best possible outcomes.

Organisation's self-rating: MA

Surveyor rating:MA

### **Overall Comment**

#### **Overall Comment 1.1.2**

Mercy Services has a range of care plans specific to the service / program each client is registered in. These plans are comprehensive and there is evidence of client / carer engagement in the care planning process. Assessment forms the basis for care planning and it was evident that care plans are regularly reviewed and updated as required with planned review timings based on each client's individual circumstance and care needs trajectory. The importance of client choice is evident throughout the care planning process and clients are empowered to make decisions that impact on the services provided to them based on their needs and preferences. Regular team / service meetings and inter-service coordinator meetings support care planning and are used to discuss issues and concerns relating to client care and service provision.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.1**

### **Criterion: 1.1.3**

**Consumers / patients are informed of the consent process, and they understand and provide consent for their health care.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 1.1.3**

Consent is well documented for all clients and includes consent to share information with other service providers. Consent for alternative contact persons is sought as part of the emergency plans for clients accessing services / programs through Mercy Services. Information on the services offered by Mercy Services is provided to clients / carers to support informed consent. Informed financial consent is undertaken and dependent on the program / service has been amended to ensure consistency with the requirements of the NDIS and / or My Aged Care. In these instances clients are provided with regular financial statements so that they can monitor expenses against their care package entitlement. A consent policy is in place and consistent with service requirements; it has been reviewed and revised regularly. Consent is monitored by regular client file audits.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.1**

### **Criterion: 1.1.4**

**Outcomes of clinical care are evaluated by healthcare providers and where appropriate are communicated to the consumer / patient and carer.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 1.1.4**

Service goals are documented as part of the care planning / assessment processes for all services / programs at Mercy Services. It is evident that clients and, where indicated, carers are actively involved in goal setting and reviews of the progress and outcomes / effectiveness of service delivery. The survey team reviewed documentation which indicated that service goals and progress are regularly reassessed.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.1**

### **Criterion: 1.1.5**

**Processes for clinical handover, transfer of care and discharge address the needs of the consumer / patient for ongoing care.**

Organisation's self-rating: MA

Surveyor rating:MA

### **Overall Comment**

#### **Overall Comment 1.1.5**

Policies are in place that support shared care and the review of care needs including transfer / discharge from the service. Joint visits with other service providers are supported where indicates and Mercy Services staff work collaboratively with other services to support client care. It is evident that as part of the assessment and care planning process future needs and preferences are discussed with clients / carers and that these are taken into consideration in sharing client information and handover between services. Referral processes are in place, and whether paper-based or electronic these support multiple service provider engagement in care.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.1**

### **Criterion: 1.1.8**

**The health record ensures comprehensive and accurate information is collaboratively gathered, recorded and used in care delivery.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 1.1.8**

All clients at Mercy Services have a clinical record, and unique identifiers are maintained by a database to prevent duplication. Documentation in the clinical record supports that regular reviews are undertaken and client based documentation is comprehensive and current. Regular client record / file audits are undertaken and good compliance with the requirements of documentation are consistently maintained. Since the last review Mercy Services has responded to a previous recommendation and now alerts are in place to indicate where clients may have a hybrid paper-based and electronic record.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.5**

### **Criterion: 1.5.1**

**Medications are managed to ensure safe and effective consumer / patient outcomes.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 1.5.1**

Policies and safe work practices are in place at Mercy Services to support the safe management of medications. It was evident to the survey team that these are regularly reviewed in line with changes to medications available for clients in their homes and recent reviews of practices to address the needs of clients with sub-lingual sprays and cutaneous patches have been established in response to these changes. A medication assistance checklist is in place for clients are the Home Care and Home Support programs. Changes in policy / practice are supported by staff education and information and regular staff competency assessment is undertaken to support medication safety, training records were viewed by the survey team. Medication incidents are reported and monitored and no medication related incidents resulting in adverse outcomes have been reported.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Clinical**

**Standard: 1.5**

### **Criterion: 1.5.2**

**The infection control system supports safe practice and ensures a safe environment for consumers / patients and healthcare workers.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 1.5.2**

Infection control practices are well supported by referenced policies and safe work practices. Mercy Services staff are supported with education and competency testing with respect to compliance with infection control requirements including hand hygiene and universal precautions is undertaken. Clients are provided with details of approved products so that these are available to service providers in the home care and home support programs. Spill kits and PPE are available in all vehicles used by Mercy Services staff including the buses used for community transport and staff are trained in their use. The linen service operated by Mercy Services has colour-coded bags to differentiate soiled / contaminated linen and indicate risk and treatment / management protocols required. Linen vans have well separated dirty and clean storage areas. Staff and volunteers engaged in food preparation and management are well educated and relevant food safety audits are undertaken indicating good compliance with food segregation policies, temperature controls and testing and safe food practices. All infection control processes are supported by comprehensive safe work practices which are regularly reviewed and updated. A vaccination program is available to staff and monitored. There have been no breaches of infection control practices in the infection related incidents reported at Mercy Services.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Support**

**Standard: 2.1**

### **Criterion: 2.1.1**

**The organisation's continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 2.1.1**

The quality improvement program at Mercy Services clearly identifies the commitment of the Board of Directors to quality improvement and to continuous improvement across the organisation through the strategic plan and their understanding of the standards relevant to their role function. It was evident to the surveyors that staff are engaged in improvement efforts that are relevant and important to their work.

The framework for continuous quality improvement centres around the EQulP process and is articulated in the Quality Improvement Policy. A Quality Improvement Group meets monthly and provides support and advice to Coordinators to assess and review the community service programs provided by Mercy Services and information obtained used to improve service delivery and client satisfaction.

Improving and evaluating the quality program is undertaken regularly by the Managers, Coordinators, staff, clients and volunteers and information is fed back to Board Meetings through the CEO.

### **Recommendations**

*No Recommendation*

# Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Support**

**Standard: 2.1**

## **Criterion: 2.1.2**

**The integrated organisation-wide risk management framework ensures that corporate and clinical risks are identified, minimised and managed.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

## **Overall Comment**

### **Overall Comment 2.1.2**

Risk Management is part of the quality improvement system and all health activities involve risk that needs to be managed, and with this comes client / community expectations of safety. Risk management is an integral part of governance and information provided clearly indicated that the risk management processes at Mercy Services are managed in a framework where the application of policies, procedures, practices and protocols are strictly monitored and adhered to by all staff within the service. The WHS Management Systems Policy and Risk Management Policy were sighted at the time of survey and were endorsed by the CEO of Mercy Services and the Code of Conduct provides information on the responsibilities expected by, Management, staff and volunteers. All staff and volunteers are informed of their responsibilities for managing risks at the time of their employment through the orientation and induction program and as part of ongoing education throughout the organisation. In the event of new services or equipment being introduced consultation is carried out when considering and /or developing new or modified services. A risk assessment is undertaken when new equipment and / or substances are introduced within Mercy Services. Compliance with the Risk Management process is evaluated every six months by WHS Committee, Management Team, Board and CQI group. The WHS Committee and management team review audit results from incident, toolbox meetings and consultation groups and make recommendations to the Board in the event of potential risks being identified.

## **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Support**

**Standard: 2.1**

### **Criterion: 2.1.3**

**Health care incidents are managed to ensure improvements to the systems of care.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

## **Overall Comment**

### **Overall Comment 2.1.3**

There is an effective system for the management of incidents as to where and when they occur, investigations and improvements, recommendations made and evaluation of outcomes documented. The reporting of incidents and near misses is well embedded in the culture at Mercy Services. An incident report form is completed at the time the incident occurs and all are reported to the WHS Committee, recorded in the minutes and discussed at each meeting with recommendations made for improvement if needed.

Staff are aware of the open disclosure procedure and a process is in place to support and guide staff should the need arise. Counselling is available to staff through the Employee Assistance Program following an incident should the need arise.

All clients and staff involved in an incident receive formal feedback in a timely manner and updates are provided throughout the investigation and reassurance is also given to the client regarding privacy and confidentiality. Open communication is encouraged with clients and a Client Risk Assessment is undertaken if the need arises such as due to a deterioration in a client's health.

Policies related to incidents, complaints and open disclosure are available to staff electronically and all comply with current legislation and, where applicable, standards of clinical practice.

## **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Corporate**

**Standard: 3.1**

### **Criterion: 3.1.3**

**Processes for credentialling and defining the scope of clinical practice support quality, safe health care.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 3.1.3**

There are appropriate systems in place to ensure all staff have current qualifications and registrations articulating with Mercy Services Credentialling Policy which clarifies the roles and responsibilities regarding staff's credentials and defined scope of practice. It was also noted the Mercy Services Constitution, Board Policies and the Delegations Manual stipulate the Board's responsibility to ensure that services are provided by qualified and competent staff. At the time of survey professional staff requiring registration were 100% compliant. On commencement of employment qualifications and certificates are verified, national criminal record checks are on record and visas checked for overseas trained staff. Volunteers must also have current police checks on record, particularly those who have unsupervised interaction with clients. Each service program has documented evidence of Safe Work Practices that apply to staff. The surveyors congratulate Mercy Services on their Safe Work Practice Manual which is excellent in terms of its simplicity and coverage. It is applicable to all staff whether they be professional or non- professional and covers all work practice activities. Records are kept of all annual registrations, first aid certificates and drivers licences are all sighted at the appropriate time of review.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Corporate**

**Standard: 3.1**

### **Criterion: 3.1.5**

**Documented corporate and clinical policies and procedures assist the organisation to provide quality, safe health care.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 3.1.5**

Policies and procedures are developed and formulated with reference and acknowledgement of both state and federal current legislation. Codes of Practice and evidence-based clinical practice documentation, for example the use of Joanna Briggs Institute guidelines and the requirements of funding bodies. Mechanisms are also in place to ensure consultation with stakeholders, clinicians and non-clinical staff also occurs. There is a system for the regular review of policies and these are available to staff once amended, reviewed by management and ratified by the Board.

There is an electronic system in use for the promulgation and distribution of new and amended policies, procedures and protocols. This process allows the ability for clinicians to suggest alterations to suit local conditions with respect to procedures and policies in order to meet emerging needs. Staff members are actively involved in the review process of reviewing policies and procedures and this allows them to provide valuable input into policy development applicable to their area of expertise.

Staff and clients are kept up-to-date with policy and service delivery changes through a variety of ways and this includes newsletters, emails, the Mercy Services Intranet, meetings and input from other peak bodies such as the Department Human Services, NADA, Catholic Health Australia and funding bodies to name a few.

### **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Corporate**

**Standard: 3.2**

### **Criterion: 3.2.1**

**Safety management systems ensure the safety and wellbeing of consumers / patients, staff, visitors and contractors.**

**Organisation's self-rating: MA**

**Surveyor rating:MA**

### **Overall Comment**

#### **Overall Comment 3.2.1**

Safety management processes are consistent across Mercy Services and the safety and wellbeing of employees, clients and volunteers is very well managed. This was evidenced by well constructed and effective policies that effect staff clients and volunteers; and the practical interpretation and implementation of policies in the delivery of appropriate evidence-based procedures in providing safe, high quality health care to the clients.

The current safety management system recognises the potential for errors and has established control measures to ensure that errors do not result in incidents or near misses. There are a set of work practices and procedures for the monitoring and improving safety in all aspects of the programs and services the organisation provides.

Education and training for staff is a priority of Mercy Services in relation to safety management. The WHS Committee has representatives on the committee from all sites and all committee members have received training and education on safety matters. Compulsory education is provided to staff for example, manual handling, safer driving, ergonomic safety, and contractors are supplied with information and a checklist to ensure they comply with the organisations safety management requirements.

The safety management system is evaluated regularly and an annual forum has been established to consult with clients/ community regarding future plans and service delivery changes and input is sought from them as to what they see as the future needs of the service may be to support the needs of their clients.

### **Recommendations**

*No Recommendation*

# Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

**Function: Corporate**

**Standard: 3.2**

## **Criterion: 3.2.4**

**Emergency and disaster management supports safe practice and a safe environment.**

Organisation's self-rating: MA

Surveyor rating:MA

## **Overall Comment**

### **Overall Comment 3.2.4**

Mercy Services has developed a flexible emergency/disaster policy which covers all contingencies including Fire, Flood, Severe Storms, Bomb Threat, Pandemic, Heat Wave, Gas/Chemical leak.

Fire and evacuation drills are part of mandatory training across all sites and evacuation, emergency and response information is covered at orientation sessions and as part of ongoing education if required.

Fire inspection has been undertaken at all sites within the specified timeframe and the current fire reports were sighted by the survey team. All fire recommendations have been completed and the Metropolitan Fire Brigade NS and local city council have been sent copies of the reports.

Site fire fighting and emergency equipment is serviced by Total Fire Solutions an external authorised contractor. Fire evacuation plans have been developed and maintained by Wormald an external authorised contractor. This company also provides fire training for staff three yearly and Fire Warden Training annually. Evacuation drills are carried out at all sites and site managers reported evacuations were completed within the specified timeframes for each specific site.

## **Recommendations**

*No Recommendation*

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

### Rating Summary

#### Clinical

Criterion	Organisation's self-rating	Surveyor Rating	HPR
<b>Crit. 1.1.1</b>	MA	MA	
<b>Crit. 1.1.2</b>	MA	MA	
<b>Crit. 1.1.3</b>	MA	MA	
<b>Crit. 1.1.4</b>	MA	MA	
<b>Crit. 1.1.5</b>	MA	MA	
<b>Crit. 1.1.8</b>	MA	MA	
<b>Crit. 1.5.1</b>	MA	MA	
<b>Crit. 1.5.2</b>	MA	MA	

#### Support

Criterion	Organisation's self-rating	Surveyor Rating	HPR
<b>Crit. 2.1.1</b>	MA	MA	
<b>Crit. 2.1.2</b>	MA	MA	
<b>Crit. 2.1.3</b>	MA	MA	

#### Corporate

Criterion	Organisation's self-rating	Surveyor Rating	HPR
<b>Crit. 3.1.3</b>	MA	MA	
<b>Crit. 3.1.5</b>	MA	MA	
<b>Crit. 3.2.1</b>	MA	MA	
<b>Crit. 3.2.4</b>	MA	MA	

## Periodic Review - PR

Organisation: Mercy Services  
Orgcode: 155226

### Recommendations from Previous Survey

<b>Function:</b> Clinical	<b>Standard:</b> 1.1
<b>Criterion:</b> 1.1.8 The health record ensures comprehensive and accurate information is collaboratively gathered, recorded and used in care delivery.	

**Recommendation:** E5 OWS 0814.1.1.8#1 **High Priority:** No

**Recommendation:**

Mercy Services establishes a mechanism for ensuring paper based records indicate that an electronic record may also be maintained for a client where this occurs.

**Action:**

We decided we could cover this by adding a note to the coversheet of HCP, HSP/NDIS client's home file and to the Community Transport client introduction letter saying:  
*Additional information about you and records of your service are kept electronically and in the Mercy Services office. You can always ask to see this information if you want.*

**Completion Due By:** 20/05/2015

**Responsibility:** Manager Tighes Hill

**Organisation Completed:** Yes

**Surveyor's Comments:**

**Recomm. Closed:** Yes

The survey team was able to view records which indicated that the coversheet has been amended to include information supporting that clients may have an electronic and paper-based record and the changes that have been made to client home based files and the community transport introductory letter that also support this.

<b>Function:</b> Clinical	<b>Standard:</b> 1.5
<b>Criterion:</b> 1.5.6 The organisation ensures that the correct consumer / patient receives the correct procedure on the correct site.	

**Recommendation:** E5 OWS 0814.1.5.6#1 **High Priority:** No

**Recommendation:**

Mercy Service review all documentation and forms in use throughout their programs to ensure that three points of identification are included.

**Action:**

All MOS and MPP client forms use as their three points of identification:

1. Client's name
2. Client's address or Client's date of birth
3. Unique identifier number

## Periodic Review - PR

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They usually put the three points of identification as a footer in an electronic document.

All other client records use as three points of client identification:

1. Client's name
2. Client's address
3. Client's date of birth

All forms now have the three points of identification

**Completion Due By:** 20/05/2015

**Responsibility:** Manager Tighes Hill

**Organisation Completed:** Yes

**Surveyor's Comments:**

**Recomm. Closed:** Yes

The survey team was able to sight the amendments made to all client forms and records that indicate the three points of identification are consistently used across the programs offered by Mercy Services.

<b>Function:Support</b>	<b>Standard:2.3</b>
<b>Criterion: 2.3.1 Health records management systems support the collection of information and meet the consumer / patient's and organisation's needs.</b>	

**Recommendation:** E5 OWS 0814.2.3.1#1

**High Priority:** No

**Recommendation:**

Review the existing process of hard and electronic medical record systems to assess the feasibility of a contemporaneous record being developed across all service areas.

**Action:**

1. We decided it is not desirable to use Carelink+ for Community Transport which means we will have to maintain two databases for clients of our aged and disability services. We also decided it is not desirable for us to add McAuley Outreach and Parenting clients into the same database as the clients of our aged care disability or community transport due to their work be more confidential and not relevant to the deliver of other services. We reviewed ways we could ensure that we are aware when a client has a record in another one of our databases and/or is being assisted by another part of our organisation. This is a situation that has the greatest impact across Carelink+ and TRIPS databases. We decided the best way to identify shared clients is for the administrative staff to check both databases when they add a client to the database. We also cross check the names of clients in both databases at least every three months. Admin staff add an alert in both databases to say the client is a shared client and who their Coordinator is in the other program.
2. When relevant Care Notes that are made in one database these are to be emailed to other Coordinator/Service who will add the Care Note in to that database.
3. We think one Care Plan describing all the services a client receives from Mercy Services is better than each service having a Care Plan for the client. Community Nursing, Newcastle Elderly Citizens Centre and Community Transport will continue to have a separate Care Plan. Wallsend Carers and Elermore Vale Social Support all joined Mercy Services after the merger of our HSP

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services and we are working to merge their clients with existing HSP services with one Coordinator and Care Plan. The client file audit checklist now includes checking that there is a split file coversheet where a client has more than one paper file.

4. Where a client is supported by both the Day Centre and Home Care Packages or Home Support Program or NDIS there are two paper files (one with Day Centre and one with the other service involved). After consulting with Day Centre staff the most feasible option is for as much of the file as possible to be located with the non-Day Centre service. The remaining Day Centre file will have a split file coversheet notifying staff that there is another part to the file stored elsewhere
5. There are also two paper files when a client is using our services from two or more of our sites. This can happen with HCP or NDIS or HSP and Newcastle Elderly Citizen Centre, or Elernmore Vale Social Support or Wallsend Carers. A split file coversheet is used to notify staff that there is another part to the file stored elsewhere.
6. We discussed that Day Centre and NECC staff were making paper progress notes. The preference is for all progress notes to be entered into Carelink+ so all Coordinators working with that client have the most up-to-date and comprehensive knowledge. Day Centre and NECC staff were provided with training so they can enter progress notes in Carelink+.

**Completion Due By:** 03/03/16

**Responsibility:** Manager Tighes Hill

**Organisation Completed:** Yes

**Surveyor's Comments:**

**Recomm. Closed:** Yes

The action taken by Mercy Services to ensure records management fulfils the operational requirements of the organisation was reviewed by the survey team and determined to be satisfactory and meet the needs of users. Records were reviewed and both paper based and electronic records were comprehensive and regular audits supported compliance.

# NSW Disability Service Standards Standards in Action (2012)

Organisation : Mercy Services  
Orgcode : 155226

## Recommendations from Previous Survey

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### **Standard 1: Rights**

### **Practice Requirement 2:**

**1.9** - Service providers encourage and support access to advocacy services by people with a disability to promote their rights, interests and wellbeing.

**EQUIP5:** 1.6.2

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### **Surveyor's Recommendation:**

Mercy Services establish a mechanism for determining disability client's understanding of advocacy and the options available to them to support this.

### **Action:**

1. It was decided that Coordinators would provide education on advocacy to each client at initial assessment and annual review.
2. An Advocacy and Clarity Check form was implemented in 2015 for Coordinators to check that the client correctly understands advocacy and complaints handling issues. In 2016 this form was modified further and responsibility moved to Managers.
3. The form is completed (usually over the phone) when the Manager is auditing the client's file.

### **Completion Due By:**

1. 20/05/15
2. 15/04/15
3. Initially 20/05/15 then in new form from April 2016.

### **Responsibility:**

1. Coordinators
2. Managers
3. Managers

### **Organisation Completed:**

1. Ongoing from 20/05/15
2. Initially 15/04/15 then modified 01/04/16
3. Ongoing from 01/04/16

### **Surveyor's Comments:**

**Recomm. Closed: YES**

Mercy Services has implemented a process for providing information on advocacy is provided to clients at assessment and annually thereafter. Mercy Services monitors not only that the information is provided, but also that it is understood, through comprehensive file audits.

# NSW Disability Service Standards Standards in Action (2012)

Organisation : Mercy Services  
Orgcode : 155226

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**Standard 5: Service Access****Service Requirement 3:**

**5.8** - Service providers provide information and support to the person when recommending or referring other services or activities.

**EQUIP5:** 1.1.5

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**Surveyor's Recommendation:**

Mercy Services ensure that where both electronic and hard copy file are maintained that reference to both files are maintained so that service providers are aware of the potential for access to additional information that may assist in client care / management.

**Action:**

We decided we could cover this by adding a note to the coversheet of client's home file and to the Community Transport client introduction letter saying:

*Additional information about you and records of your service are kept electronically and in the Mercy Services office. You can always ask to see this information if you want.*

**Completion Due By:**

20/05/15

**Responsibility:**

Manager: Tighes Hill

**Organisation Completed:**

20/05/15

**Surveyor's Comments:****Recomm. Closed: YES**

The survey team was able to view records which indicated that the coversheet has been amended to include information supporting that clients may have an electronic and paper based record and the changes that have been made to client home based files and the community transport introductory letter that also support this.