Mercy Place Abbotsford Hostel

Performance Report

2 Clarke Street
ABBOTSFORD VIC 3067
Phone number: 03 9419 3933

**Commission ID:** 3106

**Provider name:** Mercy Aged and Community Care Ltd

**Assessment Contact - Desk date:** 4 October 2021 to 15 October 2021

**Date of Performance Report:** 18 November 2021

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents, a walk-through video call at short notice, and interviews with staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Desk report received on 9 November 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The Assessment Team found ongoing deficiencies in management of skin integrity and continence, however I have formed a different view.

In relation to the management of a pressure injury for one consumer, the Assessment Team found that care planning documents did not contain relevant history, outline strategies to prevent reoccurrence, and did not include evidence of the provision of two-hourly pressure care as directed by care documentation. In their response to the Assessment Team report, the approved provider submitted documentation evidencing that this consumer has received two-hourly pressure care and that strategies to prevent reoccurrence of a pressure injury, which has now healed, are documented in a care plan dated 1 November 2021. I accept the consumer was repositioned two-hourly and that their pressure injury has healed. While I note that documenting strategies to prevent reoccurrence of the pressure injury only took place after the Assessment Team conducted their assessment, I accept the approved provider’s contention that this reflects a deficit in clinical documentation, not a deficit in clinical care.

In relation to a consumer who is a high risk of falls and experiences incontinence, the Assessment Team found improvements to continence management, but found deficiencies in the consumer’s falls risk assessment, including failure to list fall prevention strategies, and a failure to identify wounds sustained from falls in incident reports. In their response to the Assessment Team report, the approved provider submitted a number of documents in relation to this consumer, including evidence of completing post-fall observations half-hourly and completing wound charting at specified intervals. The approved provider also stated that not all wounds were sustained from falls, that falls prevention strategies are not required in the Falls Risk Assessment Tool, and that prevention strategies, while not noted in the mobility care plan, are documented elsewhere. While noting a deficiency in this consumer’s mobility plan, based on the supporting evidence provided, I accept that the service has mitigated this consumer’s risk of falls to the greatest extent possible.

In making my decision I have considered the Assessment Team’s report and the provider’s response. Noting deficiencies with clinical documentation which is assessed in Standard 2 of the Aged Care Quality Standards, on the balance of the evidence available to me, I find the service is compliant with this requirement.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team observed the service environment by requesting the provider conduct a walk-through via video call at short notice. The Assessment Team observed the environment to be clean and well maintained, enabling consumers to move freely both indoors and outdoors.

Consumer representatives described how cleanliness and maintenance of the service had improved over the past six months. Management described how ongoing renovations, including the replacement and/or repainting of surfaces, have enhanced the comfort of consumers living at the service. The service provided photographs showing new vinyl floor coverings, in addition to recently painted walls, floors, and skirting boards.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

While the complaints register does not distinguish whether the complaint relates to the hostel or the co-located nursing home, overall, consumer representatives were satisfied with the response to feedback and complaints.

Staff and management described taking prompt action to resolve complaints. They described using open disclosure principles when resolving complaints, including apologising when required and using an open and transparent approach.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.