Mercy Place Keon Park

Performance Report

15 Tunaley Parade
RESERVOIR VIC 3073
Phone number: 03 8414 6000

**Commission ID:** 4329

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

**Assessment Contact - Site date:** 12 November 2020

**Date of Performance Report:** 4 December 2020

# Publication of report

This Performance Report **may 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

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

* the Assessment Team’s report for the Assessment Contact. The Assessment Contact report was informed by site assessment observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers and representatives considered consumers received the personal and clinical care that is safe and right for their individual needs.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### 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.*

Consumers and representatives interviewed said the service provides safe and effective personal and clinical care that is tailored to specific needs and preferences and optimises health and wellbeing.

The Assessment Team reviewed care documents and interviewed consumers and staff in relation to skin integrity, pain management and restraint and found care to align with good practice.

The Assessment Team found the service routinely reviews skin related issues and takes photographs of progression in healing in line with best practice. When required, consumers are reviewed by wound specialists.

Pain is considered across care domains including as part of palliative care and wound management. Staff assess consumers for their risk of pain and the effectiveness of pharmacological and non-pharmacological strategies. Alternatives to pain medication including therapeutic massage, physiotherapy and oxygen therapy were evident.

The Assessment Team found the service’s approach to be one of restraint minimisation. The service’s psychotropic medication self-assessment tool documents consumers currently prescribed psychotropic medication and is subject to monthly medical review. The Assessment Team saw examples of consumers whose psychotropic medication had been reduced or ceased after medical review, in consultation with the consumer and their representative. Staff interviewed demonstrated an understanding of non-pharmacological strategies that could be used to manage behaviours, in lieu of medication administration.

Based on the evidence summarised above the service complies with this requirement.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumers and representatives sampled spoke positively of the service’s management of risks including consumer’s behaviours and post fall care.

Care planning documentation demonstrated the management of risks associated with behavioural management, skin and wound care, falls and pain management. Consumer files reviewed by the Assessment Team included a variety of risk assessments completed by nursing and medical staff. For example, a consumer has been assessed as competent to use a bed pole.

The Assessment Team reviewed four consumers experiencing ongoing behavioural and psychological symptoms of dementia. The service has developed individual behaviour interventions and staff were able to describe how these interventions are used. The involvement of a geriatrician for complex cases was evident and medical officers are communicating with representatives in regard to the use of psychotropic medication.

Staff were able to identify consumers with individual risks and the interventions required to minimise harm. For example, staff could describe a range of non-pharmacological strategies that could be used for a consumer to manage behaviour, and these strategies were listed in the consumer’s care plan.

Based on the evidence summarised above the service complies with this requirement.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team reviewed the care being delivered for consumers on palliative care pathways and found appropriate documented medical review, specialist involvement and pain management.

Consumer and representative feedback confirmed nursing staff had discussed their wishes for end of life care and what is important to them. A representative for a palliating consumer described how they were satisfied how the service was keeping the consumer comfortable.

Staff described how they maximise comfort and dignity of care for palliating consumers by providing regular well being and pain checks, repositioning, moistening lips and gentle massage.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 3(3)(d) Compliant

*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.*

Consumers and representatives sampled said they are satisfied with timely interventions by the service when required.

For the consumers sampled, care planning documents, progress notes and/or charting reflect the identification of, and response to, deterioration or changes in consumer function/capacity/condition.

Care staff described ways they recognise and respond to deterioration and explained how referrals are made to medical practitioners when needed. Clinical handover is used to advise staff of any change to consumer needs and monitoring.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 3(3)(e) Compliant

*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.*

A review of documentation evidenced care documents (e.g. progress notes, care plans and referral documentation), provide adequate information to support effective and safe sharing of the consumer’s care related goals, needs and preferences. Changes to consumer care needs and preferences are also communicated in staff handover.

Representatives interviewed said they were satisfied that they are kept up to date of changes in the consumer’s care plan and medical team.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Care documentation reviewed confirmed that timely referrals to health professionals occur, including documentation of care recommendations. This included physiotherapy, medical officers, behavioural specialists and other providers.

Staff were able to describe the range of referrals available to optimise and monitor the continued health and wellbeing of consumers. Staff explained that referrals are organised through the nurse in charge.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 3(3)(g) Compliant

*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.*

Care, nursing and hospitality staff demonstrated their understanding of infection prevention and control related processes in line with their role.

The service promotes the benefit of annual influenza vaccinations for consumers and staff.

Nursing staff demonstrated they understand how the service minimises the need for the use of antibiotics. Strategies described include testing for the presence of a urinary tract infection prior to commencement of antibiotic therapy.

The service has infection control and antimicrobial stewardship policies to guide staff on best practice principles.

The Assessment Team completed the Aged Care Quality and Safety Commission Checklist as part of the performance assessment and found effective processes to minimise the spread of infection. The service has an outbreak management plan in place to guide staff in the event that an infectious outbreak occurs.

Based on the evidence summarised above the service complies with this requirement.