Mercy Place Mandurah

Performance Report

1 Hungerford Avenue, HALLS HEAD   
MANDURAH WA 6210  
Phone number: 08 9559 2800

**Commission ID:** 7896

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

**Assessment Contact - Site date:** 2 June 2021

**Date of Performance Report:** 30 June 2021

# 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 |

# 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff and others
* the Performance report dated 15 December 2020 for the Assessment Contact - Site conducted 20 August 2020.

# 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

The Assessment Team assessed Requirement (3)(a) in Standard 3 as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess Requirement (3)(a) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact conducted 20 August 2020. The service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(a) in this Standard met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

### 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 service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 20 August 2020 where it was found pressure area care and wound care was not delivered in accordance with the consumer’s assessed needs and care plans were not updated to reflect identified behaviour management strategies. The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies, including, but not limited to:

* There has been a change in leadership. The Manager has been at the service for the past three months, the Clinical manager two months and the Quality officer six months. All management staff have a clinical background.
* The management team have identified numerous deficits in service delivery and implemented improvements, including those to address the deficits identified at the last Assessment Contact.
* There has been an improvement in the consistency of wound plans and the use of wound dressings. Staff training sessions have been held in conjunction with an external wound consultant.
* Weekly monitoring of wound care is being implemented.
* The new management team identified a high proportion of care plans had not been reviewed and updated. In response, a dedicated team was established to review and update care plans, re-implement the Resident of the day process and improve overall quality of information in care plans.
* Implemented a new psychotropic register and database.
* The database indicates medication being used for a diagnosed mental disorder or physical illness and medication being used to modify responsive behaviours. A description of behaviours and the date of last review is included.
* The Service manager stated this has prompted General practitioners to undertake a review of consumers on the register.
* The Assessment Team noted several consumers had ‘as required’ medications ceased as they were identified as not requiring administration of the mediation in the previous year.

Information provided to the Assessment Team by consumers and staff through interviews and observations and documentation sampled demonstrated:

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers expressed satisfaction with management of wounds, pain and general clinical care needs and indicated involvement of General practitioners and other allied health professionals in their care.

Care files sampled included care related to behaviours, pressure injuries, wounds, pain, falls and medication. Documentation demonstrated where issues had been identified, additional monitoring processes had been implemented, assessments completed, care plans reviewed and updated and referrals to General practitioners or allied health professionals initiated. Additionally, appropriate actions had been implemented in response to falls and wounds were noted to be healing in response to management plans implemented.

Registered staff stated they undertake daily tasks as identified through the electronic database and stated they report any concerns relating to consumers to clinical staff for follow-up and further treatment. Care staff stated they notify registered staff of any issues to consumers’ skin integrity and described pressure injury prevention strategies.

For the reasons detailed above, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care

# 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.

# Other relevant matters

The Assessment Team’s report included information regarding a complaint raised by a consumer relating to food quality and meal options. Management were aware of the consumer’s complaints in relation to food and are implementing actions and working with the consumer to address the issues raised.