Mercy Place Montrose

Performance Report

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**Commission ID:** 4477

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

**Assessment Contact - Site date:** 18 January 2022 to 19 January 2022

**Date of Performance Report:** 21 February 2022

# Performance report prepared by

David Lee, 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)(b) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(d) | Non-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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been considered 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 10 February 2022.

# 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 service was found non-complaint in one of the specific requirements under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to full compliance in this requirement.

One requirement under this Quality Standard was assessed and found Compliant.

An overall rating for the Quality Standard is not provided as not all requirements have been assessed.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team found that in response to the last assessment, management implemented a range of actions to strengthen the management of risks associated with consumers’ challenging behaviours, medication and falls management.

The service has implemented actions to ensure consumers who experience challenging behaviours are supported and managed effectively.

* One consumer lives with dementia. A recent review by Dementia Services Australia provided personalised recommendations, strategies and interventions in their behaviour and personal assistance care plan. The plans focused on staff responses and information to deescalate verbal or physical aggression and challenging situations. The representative expressed satisfaction in which the service has managed the consumer’s behaviour.
* Management has undertaken an audit of behaviour care plans, to review individualised care plans and ensure meaningful interventions are included.
* The service has delivered education and regular updates on behaviour management, incident reporting processes and documenting progress notes. Care staff provided examples of assisting consumers with challenging behaviours and the interventions required to deescalate challenging situations, especially during assistance with personal care.

The service has reviewed and implemented changes to strengthen medication management.

* One consumer complained of pain in their right shoulder, after experiencing an unwitnessed fall and striking their head. The consumer’s pain was regularly reviewed post fall to assess whether strong pain medication was required. The representative expressed satisfaction in which the service has managed the frequency of the consumer’s pain assessment and the provision of pain relieving medication.
* Care staff are provided with medication management education. Assessments are conducted to confirm staff knowledge and competencies. The service reported the medication review process builds staff confidence in medication administration. Care companions described the allocation of the medication task and the processes of providing medications to the consumers.
* The Assessment Team noted a reduction in medication incidents after a review of medication management training was conducted with care staff.
* The Assessment Team noted the service has undertaken a review, analysis and evaluation of the medication incident trends reported in the past 6 months and noted a decrease in medication incidents.
* The Assessment Team found the psychotropic register listed all consumers who are prescribed psychotropic medications, with colour coding to highlight consumers who are considered under chemical restraint.

The service has a number of consumers with high falls risk. The service demonstrated falls incidents are responded to in a timely manner and post falls management completed and demonstrated effective falls prevention strategies.

* One consumer experienced an unwitnessed fall sustaining a right hip fracture. Prior to the fall, information documented the consumer’s toileting care needs and assistance with a four wheel frame for their mobility needs. Initial post fall assessment did not reveal a fracture or pain. Further post fall reassessment was conducted after the consumer experienced severe pain when staff assisted the consumer to the bathroom. Reassessment of the consumer’s care needs was performed with falls prevention strategies updated to include a low low bed, crashmats and sensor mats placed on both sides of the bed. Care planning documents were reviewed and included assistance by two care staff using a standing hoist for transfers. The representative expressed satisfaction in which the service had managed post falls assessment, care and rehabilitation.
* Staff stated some of the households have a number of consumers with high falls risks, with insufficient staff an ongoing factor that has the potential to impact the quality and safety of care of the consumers.

The response submitted by the Approved Provider demonstrated falls incidents are within the industry standard. The response notes that the definition of a near miss fall, by the Approved Provider, is one where the consumer was prevented from falling by the action of a staff member. The response also notes from the Approved Provider that despite current staffing challenges, staff are working hard to ensure resident safety.

In making my decision I have considered the Assessment Team report and the response from the Approved Provider. The Assessment Team found staffing short falls has a potential impact on the quality and safety of care of the consumers. I have considered this information under Requirement 7(3)(a).

Based on the evidence provided, it is my view the Approved Provider has demonstrated compliance with this requirement. I therefore, find this requirement is Compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed two specific requirements and found both Non-compliant.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

Feedback from consumers, representatives and staff indicate insufficient levels of staff at the service to deliver safe and quality care.

* One representative provided an example of how staff levels impact the delivery of safe and quality consumer care. The consumer requires assistance by two staff for toileting and there have been episodes of urinary incontinence as a result of waiting for an hour or more for assistance. The representative described on one occasion the consumer passed a large amount of urine in a communal area whilst waiting for care staff, causing distress to the consumer’s partner and the consumer.
* One representative expressed concerns with the wellbeing of a consumer as a result of staffing levels. The representative described visiting a consumer on several occasions in the morning still in bed. The representative stated on several occasions they had assisted staff with the personal care of a consumer’s dressing needs.
* Feedback from staff indicate they are short staffed, work in teams and prioritise workload. Staff indicated responsive behaviours are not being actioned quickly. Staff provided an example of a consumer defaecating in the communal area distressing other consumers.
* Staff reported the continual shortage of staff has resulted in stress and they have to prioritise care and tasks as they cannot complete all daily scheduled care tasks.
* The Assessment team found rostered and daily allocation sheets confirmed that staffing levels have not changed since the last assessment, to adequately deliver and manage safe and quality care and services.
* Feedback from management reported there is a chronic staff shortage and the service has attempted to fill empty shifts with casual, permanent staff and agency staff. Management stated they have employed different strategies to reduce the impact of staff shortages.

The following information was submitted by the Approved Provider in response to the Assessment Team’s findings.

* In response to the first consumer, the Approved Provider submitted information relating to the consumer’s behaviour management and progress notes, relating to the consumer’s care.
* In response to the second consumer, the Approved Provider submitted information that notes the consumer does not require assistance getting out of bed.
* In response to staff feedback the Approved Provider states the small household living model enables a number of tasks, such as cleaning, laundry and some meal preparation, to be done by the overnight staff if tasks are not completed during the day. The model lends itself to staff spending time with residents more than a traditional model. The response notes two management staff are registered nurses and provide hands-on assistance when requested by staff members.

In making my decision I have considered the Assessment Team report and the information in the response from the Approved Provider. The Approved Provider did not demonstrate the workforce has sufficient staff to enable the delivery and management of safe and quality care and services.While I acknowledge the actions taken by the Approved Provider and chronic staff shortage exacerbated by the COVID-19 pandemic, I consider at the time of the site visit the Approved Provider did not demonstrate compliance with the requirement. I, therefore, find this requirement Non-Compliant.

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Approved Provider has not demonstrated it has a trained Infection Prevention and Control lead at the service.

The Assessment Team’s evidence included:

* Management reported the service had an ongoing recruitment drive for new staff members, including a nurse to take on the vacant Infection Prevention and Control (IPC) lead.
* Management reported that there is no current IPC lead in the service, but have an interim strategy in place, the Clinical Manager is overseeing infection control at the service level with support from the organisation’s National Infection Control manager. The service is currently advertising to recruit a nurse with an IPC certificate to fill the IPC lead role vacancy. The Clinical Manager is currently overseeing the infection control and prevention practices and consults with the organisation’s appointed Infection Control Manager – Aged care, to ensure procedures conform to guidelines.

The following information was submitted by the Approved Provider in response to the Assessment Team’s findings.

* The Clinical Manager is currently acting as the Infection Prevention and Control lead, supported by the organisation’s full time Infection Control Nurse Consultant. Negotiations are continuing with a Registered Nurse staff member, who has completed IPC training, to fulfil the IPC role at the service. The service is also actively recruiting internally and externally for the service’s Infection Prevention and Control role.

In making my decision I have considered the Assessment Team report and the information in the response from the Approved Provider. I acknowledge the service had an ongoing recruitment drive for a nurse to take on the vacant Infection Prevention and Control lead. I consider at the time of the site visit the Approved Provider did not demonstrate compliance with the Commonwealth Department of Health’s requirement to have a trained IPC lead on site. I, therefore, find this requirement Non-Compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

* Ensure staffing structure considers the number and skills mix of the workforce to ensure the delivery and management of safe quality care.
* Ensure staffing is planned to enable the management and delivery of safe and quality care and services to mitigate adverse impact to consumers.

### Requirement 7(3)(d)

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

* Ensure the service has a dedicated Infection Prevention and Control lead (IPC) enrolled or commenced suitable IPC training if they do not already hold suitable existing qualifications.