Mercy Place Northcliffe

Performance Report

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**Commission ID:** 3003

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

**Assessment Contact - Site date:** 26 February 2021

**Date of Performance Report:** 23 April 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-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) | Non-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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 19th March 2021

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The majority of consumers and representatives confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives expressed satisfaction with communication and partnering when planning care. However, there is no information that copies of the care plans are available if requested.

The service’s assessment and care planning process include assessment of risks such as falls, skin integrity, nutrition, behaviour and pain assessment. Assessments were regularly updated and reviewed. Staff are aware of assessment and care planning processes and understand the care needs of individual consumers.

Consumer’s files outline consumers' needs with consideration of goals and preferences. Staff understand each consumer's needs, providing care as per the individual’s preferences. Advance care directives and end of life planning is an integral part of the assessment and care planning for the consumer.

Care plans and assessment reviews are undertaken and updated when circumstances change or incidents occur. Nursing staff conduct a three monthly ‘consumer care review’ with the consumer and or their representative.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT 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

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.

Of the consumers and their representatives sampled, the majority consider that they receive personal care and clinical care that is safe and right for them. Staff are knowledgeable about each consumer and the care they require to optimise their health and wellbeing.

Care planning documentation identified high impact and high prevalence risks associated with the care of each consumer, with strategies implemented, to address these. Staff are aware of the risks associated with individual consumers’ care and monitoring processes are in place.

Consumers' care files, daily handover sheets and communication diaries contained comprehensive information documented by service staff and external health providers to support communication of health status, needs and preferences.

The review of care planning documents and staff interview demonstrated timely and appropriate referrals for allied health providers, medical specialists and other health organisations.

The Assessment Team reported that neurological observations are not always completed consistently in line with the service's process. Staff are generally responsive to changes in health and well-being and take timely action. The screening of consumers for and monitoring of consumers with respiratory symptoms, was not effective. Consumers identified with respiratory symptoms at the commencement of the respiratory outbreak were not monitored each shift in line with the organisation's monitoring process or management's expectations.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-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.*

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

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

### 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.*

### 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.*

Staff described how changes in consumers’ health are identified and responded to and provided an example of this. Staff are generally responsive to changes in health and well-being and take timely action. However, the Assessment Team observed inconsistencies in how consumers displaying respiratory infection symptoms were monitored, which they felt was ineffective in identification of a respiratory outbreak. Not all consumers had temperature checks each day and some had oxygen saturation checks with no temperature checks. Referrals to medical practitioners were made and all had COVID-19 tests performed. No consumer required hospitalisation and individual consumers were isolated in their own rooms.

Management at the time explained that staff undertake observations once a shift when a consumer is unwell. The service’s response was that they acknowledge that some staff were not consistently documenting their assessments in progress notes. They advised that at times this was due to consumers were resistant to having observations taken and have informed staff that this is to be clearly documented in progress notes.

Their Infection Prevention and Control Consultant had advised that temperature only need to be taken for 7 days if it remained within normal limits which was followed by staff. As the home was not COVID-19 positive the service feels they are not required to follow the 'guidelines for observations - COVID-positive homes' as the Assessment team believed was required.

Based on the information provided I find the service compliant with this requirement but note that they must ensure observations and progress notes are consistent and comprehensive.

### 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.*

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

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

### Requirement 3(3)(g) Non-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.*

The Assessment team observations were that outbreak prevention, management and planning is not fully effective. Timely identification of a respiratory outbreak, referral to the organisational IPC team and implementation of effective precautions did not occur to minimise risk and transmission to consumers. Transmission of the outbreak across the service was not prevented and no evaluation on conclusion of the outbreak was undertaken to identify issues and required improvements. The case list for consumers with respiratory symptoms was not in chronological order. In their response the service stated that consumers were isolated with staff wearing full PPE when symptoms were first identified and there was no risk of transmission. The Our Infection Control Nurse Consultant stated transmission could have occurred prior to a consumer being symptomatic. The IPC only attends the service if requested in the case of non-COVID infections. The evaluation was not undertaken due to reduced staffing over the Christmas New years period and the concurrent management of the NSW COVID outbreak which required staff to be used in other NSW homes. The also acknowledged the case list should have been in chronological order.

In relation to infection control measures the Assessment Team observed personal protective equipment (PPE) was observed to not be worn correctly by the Service Manager. There were also a lack of signage and antiseptic wipes located at the digital sign in and other high touch areas. Screening processes for all visitors to the service are effective and monitored.

Social distancing was not being applied in the nurse’s station as staff were required to pass through it to access PPE. Five staff were observed working/standing in the nurses’ station which has a density of three with social distancing not able to be maintained. The outbreak management plan was not organised and did not include the mobile contact details of the Infection Control and Prevention (IPC) lead, consumer Medicare numbers or staffing details. Management was able to indicate where this information was located in the event of an outbreak. The site plan does not indicate donning and doffing stations for individual rooms, PPE stores and food movement details. In their response the service provided details outlining this information is fully accessible in the event of an outbreak and provided details.

Staff have attended a range of infection prevention and control education including practical application of PPE. Management was commended on the competency they developed for staff in relation to processes and the location of resources to support an outbreak. Management said where staff did not demonstrate competence they were required to redo the competency.

Antibiotic prescription does not consistently meet antimicrobial stewardship best practice requirements. Antibiotics have been prescribed without the identification of pathogens to inform decision making and some antimicrobials were continued, despite the consumer not having signs of infection. This was authorised by the medical practitioner. In their response the service stated the home has taken steps to work with medical officers regarding this topic, however, ultimately it is the decision of the medical officer as to whether to prescribe an antibiotic.

Taking all information into consideration I find the service non-compliant in this requirement at the time of the assessment but has shown its commitment to making improvements as outlined in their response document.

# 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 3(3)(g)

*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.*

* Ensure timely review of outbreak management following the conclusion the outbreak
* Ensure social distancing is maintained in the nurses’ station
* Ensure signage to prompt wiping and antiseptic wipes are in place on or near all high use equipment
* Ensure antibiotic prescribing meets antimicrobial stewardship best practice.