Mercy Place Parkville

Performance Report

1 Willam Street
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**Commission ID:** 3867

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

**Assessment Contact - Site date:** 20 November 2020

**Date of Performance Report:** 24 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 10 December 2020.

# STANDARD 2 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

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

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.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers or their representatives interviewed discussed how staff consult with them during the assessment and care planning of the consumer’s care and services. Consumers and representatives said they are consulted by staff when there are changes to consumer’s conditions and their care and services. While most consumers or their representatives said that they have partnered in ongoing assessment and planning of their care and services, one consumer and two representatives said they were not fully involved in the care planning process.

Consumers and representatives report feeling safe and confident that staff listen to their goals and preferences, and that the organisation seek advice from other professionals to ensure consumers get the right care and services to meet their needs.

Consumer files reviewed by the Assessment Team demonstrate that plans provide current information. Care plans are regularly reviewed by registered nurses in response to any identified changes.

Nursing Staff described their understanding of adverse incidents and how these are identified, documented and reviewed by the service, to inform continuous improvement.

The three requirements are 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)(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.*

# 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 therefore an overall rating for the Quality Standard is not provided.

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 considered that they receive personal care and clinical care that is safe and right for them. Most Consumers, and representatives of consumers, living with high impact or high prevalence risks described in various ways their satisfaction with the service's management of these risks.

Consumer sampled are satisfied staff are responsive to incidents or changes to their condition and confirmed that they receive visits from their medical practitioner or allied health professionals.

High impact and high prevalence risks associated to the care of each consumer were assessed and managed effectively. Risk assessments are completed as required to support consumers’ needs and preferences, and choices. Care documentation sampled demonstrated identification of, and response to deterioration or changes in function and condition were followed.

Staff described how they manage high impact high prevalence risk associated with consumers sampled. Staff described they way they recognise and respond to deterioration and how this is communicated. Staff described processes to minimise to need and use of antibiotics.

While the service has processes to minimise infection related risks and staff have attended an education on infection control, staff practices were not always following best practice infection control practices. The service has processes and designated staff on each shift to monitor staff practice.

The three requirements are assessed as Compliant.

### 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.*

### 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.*

### 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.*

The Assessment Team presented evidence to support a recommendation of non-compliance based on observations of staff practice in the use of personal protective equipment, set up of some donning and doffing stations and entry practice. The provider’s response provided additional information in relation to practices at entry on the day and the ongoing processes in place at the service to monitor staff practice in relation to the use of personal protective equipment. The provider’s response states set up of donning/doffing stations were addressed following the visit.

The Assessment Team’s evidence included that a consumer displaying COVID-19 symptoms was not placed in isolation in a timely manner. The provider’s response provides additional information in relation to the consumer, including that the consumer was not displaying COVID-19 symptoms, their diagnoses and circumstances of their isolation.

Taking the Assessment Team’s evidence into consideration and the additional information into consideration I am satisfied the service has processes to monitor and enable staff practice in relation to the use of personal protective equipment, including two infection control champions rostered to each shift. I have also placed weight on the provider’s information in relation to the consumer who was isolating.

Thus, on balance, I disagree with the Assessment Team’s recommendation and find the service compliant with this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers and representative provided feedback that the organisation is well run and that they can partner in improving the delivery of care and services.

The service demonstrated oversight of, managing high impact and high prevalent risks and responding to abuse or neglect of consumers.

The organisation provides mandatory education to staff on elder abuse. There are policies and procedures established to support the reporting and investigation of these incidents.

The Requirement 8(3)(d) is assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

# 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.