Mercy Place Wyndham

Performance Report

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**Commission ID:** 4342

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

**Assessment Contact - Site date:** 14 January 2021

**Date of Performance Report:** 17 February 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | 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 4 February 2021.

# STANDARD 3 NON-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 considered that they receive personal care and clinical care that is safe and right for them. For example:

* All consumers and representatives sampled said they feel safe and care provided meets their needs.
* Representatives are satisfied with the management of high impact/high prevalence risks.

Staff described strategies they use to manage skin integrity, pain and behaviours including restraint minimisation strategies. Consumer files sampled demonstrated consumers receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being.

The service has identified potential high impact and/or high prevalence clinical risk for consumers such as falls, pressure injuries and infections. Risk assessments generally identify and interpret risk factors. Individual risks for specific consumers are recorded in a risk assessment and care plan. The Assessment Team identified deficits in the management of medication for one consumer.

However, the service did not demonstrate effective application and monitoring of infection control practices.

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.*

The Assessment Team’s report records sampled evidence of effective management of identified high impact high prevalence at the service, however also identified deficits in relation to medication management for one consumer. The provider’s response acknowledged the error and provided additional context to the general practitioner’s prescribing errors in relation to a new medication chart. While it concerns me that the error was not identified by staff during administration or through the medication delivery system, I also note staff were administering the medication as handed over, and intended by, the general practitioner. I have also taken into the consideration the nature and form of the two medications. I note an electronic medication system is being introduced at the service which will help eliminate risk of this nature.

On this basis I disagree with the Assessment Team’s recommendation and find the service Compliant with this requirement.

### 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 recommended the service is not compliant with this requirement based on the following evidence:

* observations of staff practices in relation wearing and handling of face masks and eye shields
* disposal of PPE in relation to a consumer with multi-resistant infection and in the staff room
* observations of staff practices in relation to shared equipment and availability of disinfectant wipes and signage
* set up of donning and doffing stations outside staff room
* staff inability to identify location of outbreak management plan
* outbreak management plan not identify site specific information.

The provider’s response states:

* there are going processes to monitor staff practices using face masks and eye shields and that a toolbox talk was completed following the assessment contact
* the donning/donning processes in relation to the consumer with a multi-resistant infection was an anomaly, immediately rectified and staff reminded
* management were not aware of staff practice disposing PPE in locker room, acknowledged the practice as unacceptable, and the room is now cleaned and audited daily
* the location of the outbreak management plan has subsequently been reinforced through toolbox education
* wipes are available on shared equipment and there are processes to check this on a daily basis
* staff egress from the staff room does not flow through public/consumer areas prior to PPE access
* the organisation maintains a well-established centralised approach to COVID-19.

While I acknowledge the response by management on the day of the audit and the action taken since the audit, the evidence presented by the Assessment Team, particularly the extent of observations of staff practices and access of PPE leads me to the view the service is Not-Compliant with this requirement.

# STANDARD 7 COMPLIANTHuman 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers did not provide any feedback in relation to staffing or raise any concerns related to responsiveness.
* Consumers and representatives did not raise concerns in relation to staff manner and care delivery.
* Consumers and representatives did not raise concerns in relation to staff knowledge, including the use of hoists.

All shifts are allocated with regular staff available to fill shifts. Regular shifts are replaced but ‘floater’ shifts are not filled due to current occupancy levels. Review of the roster occurs to support care and services. Observations indicate staff are responsive to requests for assistance, however some call bell response data indicates average consumer wait times exceed ten minutes.

Interactions between consumers, representatives and staff were observed to be kind, caring and respectful. A number of staff speak languages other than English.

The workforce is recruited to specific roles requiring qualification, credentialing or competency. Staff are generally trained and equipped to undertake their roles and supported to deliver outcomes for consumers. The monitoring of recruitment and orientation is effective.

Staff performance is monitored and reviewed with action taken to address performance deficits. Mandatory reporting documentation is maintained and complaints inform staff monitoring.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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)

* Ensure staff practices in relation to face mask and eye protection are consistent with best practice infection control.
* Ensure staff practices in relation to PPE disposal are in line with best practice.
* Ensure PPE and donning/doffing stations are available where required.