Mercyville Hostel

Performance Report

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CRAIGIE WA 6025  
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**Commission ID:** 7058

**Provider name:** St Brigid's Convent of Mercy Perth Limited

**Assessment Contact - Site date:** 16 December 2020

**Date of Performance Report:** 11 March 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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 staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 13 January 2021.

# STANDARD 2 NON-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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers and found the service did not meet the Requirement. The approved provider’s response acknowledged the deficits identified by the Assessment Team and the service has implemented improvements and actions to address.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers and have provided reasons for my decision in the relevant Requirement below.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found the service could not demonstrate 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. The service does not accurately assess consumers on admission and on an ongoing basis to inform the development of care plans to deliver safe and effective care. Assessment and planning processes including assessment of risks associated with consumers’ falls, pain and medications are not effective because they are not resulting in safe and effective care. Evidence included:

* One consumer new to the service did not have falls risks appropriately assessed to develop strategies in the care plan to manage the risks associated with falls. Medications were not appropriately assessed or reviewed in consultation with consumer, representative and medical officer on entry to the service.
* One consumer did not have pain assessed or strategies implemented to manage following signs and symptoms of pain. Oral assessments were not completed when changes occurred in oral intake. Three monthly regular review and assessment was not effective as it did not identify changes in the consumer’s condition.
* One consumer did not have appropriate assessments undertaken following a deterioration in their condition.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team in relation to assessments and care planning not consistently being completed to inform care delivery. The service has implemented a continuous improvement plan to address the deficits including; training on clinical assessment for nursing staff, training on assessment and use of psychotropic medication and review and reassessment of consumers’ care plans.

The service has an established assessment and care planning system including use of assessment tools and procedures to regularly and when required review and reassess consumers’ needs. However, at the time of the Assessment Contact the service did not demonstrate each consumer’s needs including risks had been assessed and strategies documented in the care plan to inform the safe delivery of care. One consumer on entry to the service did not have risks associated with their care assessed and strategies were not implemented to ensure safe and quality care. Consumers who had changes in their needs were not appropriately reassessed to identify changed needs and to ensure strategies to manage were implemented. The service’s monitoring systems had not identified the deficits in assessment and monitoring.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# STANDARD 7 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 Requirement (3)(a) in relation to Standard 7 Human resources and found the service did not meet the Requirement. The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and the service has implemented improvements and actions to address.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with Requirement (3)(a) in Standard 7 Human resources and have provided reasons for my finding being different to the Assessment Team’s in the relevant Requirement below.

All other Requirements in Standard 7 Human resources were not assessed, and an overall assessment of the Standard not completed.

## 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.*

The Assessment Team found the service has recently reviewed the roster resulting in an increase in clinical care staff hours. However, the increase in hours has resulted in an increase in agency staff until the service recruits additional staff to fill the additional shifts. The Assessment Team found the current skill mix of staff has resulted in consumers not always being provided safe and quality care and services. Relevant evidence included:

* Clinical assessments, incidents, medication administration and progress note documentation not being completed or appropriately completed for four consumers.
* Consumers’ medications, pain and falls not always being managed effectively.
* One consumer said staff don’t always come in the mornings when they want to get up to go to the toilet.
* One representative said regular staff are very good but have noticed a lot of agency staff recently who don’t know the consumers’ needs.
* In the eight days prior to the Assessment Contact 26 shifts were filled with agency relief staff.
* Care staff stated since the additional hours were implemented they have time to get all their work done.
* No staff were answering the phone at reception from 9.00am to 9.15am.

The Approved Provider’s response acknowledged the deficits in staff practice including completing assessments and managing clinical care in line with expectations. The Approved Provider acknowledges the additional hours including care staff hours and provision of a registered nurse on every shift has resulted in increased use of agency relief staff. The Approved Provider acknowledged a contributing factor to the deficits may have been recent changes in management. The Approved Provider has implemented the following improvements to address the deficits:

* Education for clinical and care staff relevant to their role on clinical assessment, medication management and documentation, behaviour management and pain assessment.
* Review of agency relief staff orientation and support and implement an additional 45 minutes to agency staff shifts to ensure appropriate orientation and access and communication of relevant information to assist them to perform their roles.
* Implement daily call bell report monitoring and follow up.

The service has conducted a comprehensive review of staffing rosters, skill mix and allocation of duties prior to the Assessment Contact. The review resulted in significant increases in clinical and care staff hours including registered nurse supervision and support across all shifts. The service is recruiting to ensure agency relief staff usage is reduced. The service has acknowledged the training and skill deficits of the staff and implemented comprehensive training relevant for staff roles in relation to the assessment and delivery of personal and clinical care. While one consumer demonstrated staff are not always timely in responding to their needs, other consumers and their representatives interviewed were satisfied there are sufficient staff to deliver safe and effective care and services. Care staff confirmed the increase in staff hours has provided them with sufficient time and support to perform their roles and deliver care to consumers. The deficits identified in relation to staff practice in the assessment and delivery of consumers’ clinical care show the service has not ensured all staff are sufficiently trained, supported and competent in performing their role. The service has implemented improvements including staff training and improved agency relief staff orientation and support to address the deficits identified by the Assessment Team. While I find the deficits in staff practice have impacted the delivery of safe and quality care, the deficits are not relevant to the number or skill mix of staff and more relevant to the competency, training and monitoring of staff practice. The service has an effective system to ensure sufficient numbers and mix of staff are enabled to provide care and services.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

# 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.

* Standard 2 Requirement (3)(a): Ensure each consumer’s needs, including risks are assessed and strategies documented in the care plan to inform safe and quality delivery of care.

# Other relevant matters

Ensure staff practice and competency are monitored and where deficits are identified staff are provided effective training and support to deliver safe and effective care and services to consumers.