Performance

Report

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| Name: | Edgewater Mercy Hostel |
| Commission ID: | 7172 |
| Address: | 19 Pioneer Drive, EDGEWATER, Western Australia, 6027 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 May 2024 |
| Performance report date: | 5 June 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 4700 Edgewater Mercy Hostel |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Edgewater Mercy Hostel (**the service**) has been prepared by R Falco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the assessment contact (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, representatives, and others;
* the provider’s response to the assessment team’s report received 24 May 2024; and
* the performance report dated 23 January 2024 for the assessment contact (performance assessment) – site undertaken on 19 December 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 3 requirement (3)(a)**

* Ensure personal and/or clinical care and services provided to consumers are best practice and tailored to their needs, particularly relating to catheter and diabetes management.
* Ensure a robust review process is in place to review consumers’ clinical progress notes, particularly over weekends and public holidays.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as the assessed requirement has been found non-compliant. The assessment team recommended requirement (3)(a) not met.

Requirement (3)(a) was found non-compliant following an assessment contact undertaken in December 2023 where the identified consumers did not receive safe and effective personal and/or clinical care, specifically relating to behaviour management and restrictive practices. The service implemented a range of improvements to address the non-compliance, including updating the psychotropic medication register to improve monitoring of consumers subject to restrictive practices, mandatory training for registered nurses on managing consumers with diabetes and improved monitoring of documentation, including progress notes, with registered staff to review notes daily and management to review weekly.

However, at the assessment contact in May 2024, the assessment team recommended requirement (3)(a) not met as the service did not demonstrate the actions implemented had been embedded and informed best practice clinical care for consumers. Documentation showed consumers were not receiving clinical care in line with best practice or the organisation’s policies and procedures.

The provider acknowledged the assessment team’s recommendation and included actions to address the deficits identified in the assessment team’s report. This included, but was not limited to, documentation and escalation requirements to be added to staff meetings, individual diabetes knowledge assessments to be undertaken for all nurses and the monitoring of all aspects of care by the quality manager to ensure best practice personal and/or clinical care.

I acknowledge the provider’s response and the actions planned and/or implemented. In coming to my finding, I have considered that sampled consumers did not receive best practice clinical care related to recognising and responding to deterioration, catheter management, and diabetes management. Progress notes were not effectively monitored, and management acknowledged work is still required to address the new issues found by the assessment team. Whilst the service has implemented changes to rectify previous deficiencies in this requirement, the improvements have not been embedded into everyday practice to ensure appropriate care for each consumer. For one consumer, staff did not follow best practice guidelines and the organisation’s policies and procedures which resulted in a decline in the consumer’s condition. Blood glucose levels were also not effectively managed for the identified consumers in the assessment team’s report when their levels were below normal parameters.

I acknowledge the difficulties experienced by the service due to staff changes, however, robust systems are required to monitor consumers’ care to ensure best practice clinical care is provided. I consider time is required to embed and monitor the improvements planned to ensure personal and/or clinical care is effectively managed.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)