Performance

Report

**1800 951 822**

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| Name: | Mercy Aged Care Services (Singleton) |
| Commission ID: | 2529 |
| Address: | 24 Combo Lane, SINGLETON, New South Wales, 2330 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 August 2024 |
| Performance report date: | 16 September 2024 |
| Service included in this assessment: | Provider: 3082 Mercy Services  Service: 903 Mercy Aged Care Services (Singleton) |

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 Mercy Aged Care Services (Singleton) (**the service**) has been prepared by Micheal Cooper, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives were satisfied the service is effectively managing their care needs. Service documentation evidenced processes in place to manage and minimise risks including monthly care plan reviews and a monthly clinical risk report which informs clinical interventions to prevent risk to consumers. Care documentation demonstrated staff are effectively assessing and managing consumers’ care needs including falls management, deterioration, changed behaviours, restrictive practice, wound care management and diabetes management. Staff were knowledgeable of consumers’ care needs, and described ways they mitigate risks.

I have considered the information within the assessment contact report, and I have placed weight on the information including effective processes in place and staff knowledge of consumers’ care needs and organisational processes.

It is my decision Requirement 3(3)(b) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services, and explained staff respond promptly to their needs. Service documentation, and interviews with staff and management confirmed staff have access to regular online and face to face training.

In relation to the workforce responsibilities (including the 24/7 registered nurse) requirement and mandatory care minutes, the service’s roster evidenced the service is not currently meeting their mandatory 24/7 RN care responsibilities, however service documentation, and interviews with staff and management demonstrated strategies the service has in place to ensure care sufficiency including:

* On call arrangements are in place to guide staff in the delivery of care when a RN is not onsite.
* A resource folder is available to guide staff in the service’s systems and organisational processes including escalation protocols.
* Ongoing recruitment processes are in place.
* Shift extensions are granted to support consumer’s care needs where possible.
* The service has a long-term strategic plan with the view of sponsoring overseas registered staff.
* Call bell data is analysed monthly with gaps investigated to identify a route cause analysis.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(b).

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The organisation demonstrated an effective clinical governance system in place which provides guidance to staff to ensure the delivery of quality care and services to consumers. Service documentation evidenced systems to maintain and improve the safety and quality of care to ensure beneficial outcomes are achieved. The service has a clinical governance committee who provide guidance and oversight regarding clinical matters within the service to identify and inform areas for continuous improvement.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff demonstrated understanding of the organisation’s policies and procedures.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of a competent and qualified workforce, and ongoing and continuous improvement actions.

It is my decision Requirement 8(3)(e) is 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)