

**Performance Report**

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| Name: | Mercy Community Services - Emmaus |
| Commission ID: | 5125 |
| Address: | 131 Queens Road, Nudgee, Queensland, 4014 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 5 November 2024 to 6 November 2024 |
| Performance report date: | 18 November 2024 |
| Service included in this assessment: | Provider: 6987 Mercy Community Services SEQ Limited  Service: 3482 Mercy Community Services - Emmaus |

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 Community Services - Emmaus (**the service**) has been prepared by Bruce Bassett, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received 8 November 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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)(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. | Compliant |

Findings

Consumers and their representatives said consumers receive the care they need and expressed satisfaction with the service delivery.

Clinical staff were able to explain best practice in relation to wound management, pain, pressure injuries, falls, diabetes management, unplanned weight loss, changed behaviours and restrictive practice.

Care planning documentation evidenced consumers are receiving individualised care, which is safe and right for them and is based on best practice. The service has policies, procedures and work instructions to guide staff in care delivery, that are available to staff via the electronic care management system (ECMS).

Management and registered staff said they monitor consumers’ condition, refer consumers to other health providers when needed, receive feedback from consumers about their care, review care documentation and analyse incidents to identify any emerging issues or care needs.

A review of consumers who have experienced unplanned weight loss identified timely referrals of consumers by registered staff to a dietitian with recommendations for dietary changes to include high protein meals and supplements. Registered staff said consumers are weighed monthly and any consumer with 5% or more of weight loss are referred to a dietitian for a review.

Documentation evidenced the service maintains a register of psychotropic medications, which includes the circumstances under which they can be administered. All consumers with authorisations for chemical restraint have a behavioural support plan (BSP) in place.

The Assessment Team raised with management some consumers’ behaviours were not documented in the consumers’ BSP however behavioural charts did identify the consumers’ behaviours. Management provided a continuous improvement plan action that included education, monitoring of BSPs and ongoing assessment and planning to be delivered to staff and completed by 6 December 2024.

The Assessment Team raised with management that while staff spoke of using other strategies before administration of an as required chemical restraint, progress notes did not always evidence the strategies used or their effectiveness. Management said staff will be informed at handover, staff meetings and training sessions of the importance of documenting information.

Following consideration of the above information I have decided this requirement is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Consumers and representatives said they felt the workforce is competent and staff have the knowledge to deliver care and services that meet the needs and preferences of consumers. Staff reported receiving support and assistance to ensure they have the skills and knowledge to undertake their roles.

Management advised, and staff confirmed, all staff are required to complete a suite of online and face-to-face training annually to ensure competency in their roles, as well as additional face-to-face training provided by external parties.

Staff described the mandatory face-to-face training they receive on topics including manual handling and hand hygiene, which include quizzes to ensure staff have understood the learning content.

Staff also described regular non-mandatory training sessions which they receive on a range of topics including virtual reality dementia training. Staff advised they also receive toolbox training sessions on various topics during staff meetings, which was confirmed by review of meeting minutes.

Review of the service’s mandatory training register demonstrated staff compliance and review of training records for other training sessions evidenced attendance by staff. Management advised staff receive reminders in the months and weeks leading up to due dates for mandatory training and where training has not been completed by the due date, staff are stood down until the training is completed.

Management advised how new staff provide evidence of qualifications to the service/organisation and are required to undergo National Disability Insurance Scheme worker screening prior to commencement, which includes a police check and facilitates notification to the service in the event a worker’s criminal history changes. Australian Health Practitioner Regulation Agency expiry dates and worker screening results are recorded and monitored within the service’s electronic systems with oversight from the organisation’s human resources unit. A review of the service’s registers identified all staff health registrations and worker screenings are up to date.

Following consideration of the above information, I have decided this requirement is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

**Findings**

The organisation has a suite of policies and procedures which guide staff on how to manage high-impact and high-prevalence risk, respond to abuse and neglect, support consumer choice and decision-making, and report and manage incidents. Review of incident data demonstrated incidents are recorded, investigated and actioned within a timely manner, and mandatory notifications are made where required. Consumers’ care planning documentation evidenced consumers are supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can.

The service conducts weekly meetings with a multi-disciplinary team, including management, clinical, pastoral care and lifestyle staff, to discuss identified individual consumer care needs, including high-impact and high-prevalence risks, and incident trends.

Additionally, a weekly meeting is held by clinical staff to review any identified issues, including consumer care issues, and their relation to the Quality Standards and any action to be taken by clinical leaders to address the identified issues.

Review of meeting minutes evidenced review and planning for consumers who have exhibited or experienced falls, behaviours, medication changes, infections, wounds and analysis of incidents including whether they require notification to the SIRS.

Management advised, and staff confirmed, handover is completed between each shift, where any identified high-impact and high-prevalence risks to consumers are communicated to staff for monitoring and follow-up action.

Care staff advised they report any incidents to clinical staff who record them within the service’s ECMS. Investigation of incidents is undertaken by clinical staff to determine the contributing factors and implement control measures to prevent a recurrence.

Review of the service’s incidents in the ECMS evidenced incidents are investigated and actioned within a timely manner and any incidents that require notification to SIRS are completed within mandatory timeframes.

Management advised, and staff confirmed, staff receive annual mandatory training in recognising and responding to abuse and neglect, which includes information on SIRS and regulatory reporting timeframes.

Management advised they support consumers to live the best life they can through direct consultation on how to maintain their independence and do the things that they enjoy.

Following consideration of the above information, I have decided this requirement is Compliant.

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