Performance

Report

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| Name: | Mercy Place Ave Maria |
| Commission ID: | 3269 |
| Address: | 25 Graham Street, SHEPPARTON, Victoria, 3630 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 July 2024 |
| Performance report date: | 9 August 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 2027 Mercy Place Ave Maria |

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 Place Ave Maria (**the service**) has been prepared by L Glass, 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements assessed. |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed.** |
| **Standard 7** Human resources | **Not applicable as not all requirements 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was previously found non-compliant with Requirements 2(3)(a) and 2(3)(e). The Assessment Team found current evidence demonstrates implemented actions have resulted in sustained improvement and as a result recommend the requirements are met.

In relation to Requirement 2(3)(a) consumers and representatives said staff plan care which is safe and meets the consumer’s health and wellbeing needs. Staff described ongoing care planning and assessment of care and how this contributes to safe consumer care. The Assessment Team reviewed sampled consumer’s care plans and found them to be inclusive of risks and risk mitigation strategies.

The service has implemented several improvements to inform the delivery of safe care. Management demonstrated enhancements to the electronic management system, including diabetic treatment plans to ensure ongoing effective care planning and reviews. A clinical huddle has been introduced for morning and afternoon staff to discuss concerns and handover notes were seen to be comprehensive.

In relation to Requirement 2(3)(e), consumers and representatives were satisfied the service reviews consumer care and services regularly and following changes in a consumer’s condition. Staff review consumer’s care needs on a quarterly basis, when their needs or preferences change or following an incident.

Review of care documentation reflected ongoing assessment and monitoring of consumers by the clinical team according to the service’s guidelines and protocols, including when changes occur or as requested by the consumer.

I have considered the Assessment Team report and based on the evidence supplied I accept the Assessment Team ‘s recommendations. I find Requirements 2(3)(a) and 2(3)(e) Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |

Findings

The service was previously found non-compliant with Requirement 4(3)(b). The Assessment Team found the service has implemented actions resulting in sustained improvement and as a result the Assessment Team recommends the Requirement is met.

In relation to Requirement 4(3)(b), the Assessment Team found consumers and representatives were satisfied emotional, spiritual and psychological needs are being met. Pastoral care plans confirmed recent reviews of consumer’s needs. Lifestyle staff explained pastoral care plans are reviewed on an ongoing basis. Staff recognise a change in consumer’s emotional and psychological wellbeing. They discussed strategies aligning with consumer feedback and the lifestyle documentation reviewed. Management and staff demonstrated implementation of the assessment and planning schedule. Documentation about consumer’s lifestyle choices evidenced pastoral care plan reviews in line with the schedule.

I have considered the Assessment Team report and based on the evidence supplied I accept the Assessment Team’s recommendation. I find Requirement 4(3)(b) 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

The service was previously found non-compliant with Requirement 7(3)(a). The Assessment Team found the service has implemented actions resulting in sustained improvement and as a result the Assessment Team recommends the Requirement is met.

In relation to Requirement 7(3)(a), the Assessment Team found consumers and representatives were satisfied there are enough staff to meet the consumer’s needs and call bells are answered promptly. Management ensure staff provide safe and quality care using a master roster designed to cover the care needs of consumers. The service effectively plans its workforce to enable the delivery of safe and quality care and services to consumers, by using permanent and/or casual staff to fill nursing and care positions prior to using agency staff.

I have considered the Assessment Team report and based on the evidence supplied I accept the Assessment Team’s recommendation. I find Requirement 7(3)(a) 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)