Performance

Report

**1800 951 822**

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| Name: | Mercy Place Ballarat |
| Commission ID: | 4577 |
| Address: | 60 Corbett Street, BALLARAT EAST, Victoria, 3350 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 May 2024 to 8 May 2024 |
| Performance report date: | 31 May 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 19318 Mercy Place Ballarat |

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 Ballarat (**the service**) has been prepared by M. Waniczek, 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 and consumers/representatives.
* the provider’s response to the assessment team’s report received 28 May 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not compliant |
| **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

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.

Requirement 3(3)(a):

* Ensure all consumers whose doors are locked overnight have been adequately consulted and consented to this option, with supporting records and documentation to reflect this.

# 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 |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirement 3(3)(a) and as a result does not comply with Standard 3.

Requirement 3(3)(a):

The Assessment Team report indicated there were inconsistencies in accounts regarding environmental restraint provided by management and observations of care staff actions. Consumers who require support for responsive behaviours or mental health issues were not effectively managed, with the Assessment Team noting consumer behaviours were affecting other consumers health and wellbeing and adequate behaviour support planning and assessments were not in place. Staff did not adequately understand environmental restrictive practices or concepts surrounding this, and care plan documentation did not adequately reflect consultation with consumers.

In response to the Assessment Team Report the service submitted clarifying information and supporting evidence of actions related to named consumers. The Approved Provider response indicates that the current service standard requires all assessments and care plans to be completed within the first 28 days of a consumer entering the premises, however they are trialling a shorter period. The response indicated that referrals to Dementia Support Australia had been made prior to the Assessment Teams attendance and subsequent to the Assessment Team attendance behaviour charting and referrals to community health services have also been made. Staff at the service have met with the community mental health team, to discuss the importance of evidence of their visit and care plan and agreed that the service will be included in any email correspondence between the community mental health team and the consumers general practitioner. Regarding environmental restraint practices and the observations of the Assessment Team the response indicated that alternatives had been considered at the time of recommendations made by Dementia Support Australia and it was considered a door sensor installation would not be beneficial. It was decided the service would provide the option to consumers to have individual doors locked overnight to address concerns with wandering behaviours. The response indicates that consumers have consented to locking their individual doors and review of this occurs regularly.

I accept the Approved Providers assertion that referrals had been previously made to Dementia Support Australia and consideration to appropriate strategies were made for the named consumer. I acknowledge the response and supporting evidence which also addressed the timeframes for completion of assessments after admission; however, it is unclear how the service reflects adequate consideration, consent, and documentation where individual consumers have made decisions to restrict access to their individual rooms in response to the behaviours of others. I note the response specifically indicates consent by consumers to lock their doors, although no further evidence of this has been provided. With consideration to the available information and the Assessment Teams recommendations, I have placed weight on their observations and the absence of evidence to support adequate management of environmental restraint. As a result, I consider Requirement 3(3)(a) is non-compliant.

Remaining requirements:

Consumers, representatives, and staff provided examples that demonstrated the service recognises and supports consumers physical, emotional, social, and spiritual needs, goals, and preferences when a consumer is nearing end-of-life. The service has a range of documented procedures to support the implementation of advanced care directives (ACD) and holistic end-of-life care. Staff consult with consumers and/or representatives about end-of-life wishes, initiate an end-of-life care pathway, and refer to the organisation’s palliative specialist when a consumer’s comfort care needs are complex.

Consumers and representatives were satisfied that staff recognise and promptly respond to deterioration in a consumer’s health. Staff described how deterioration, changes or incidents are identified and actioned. A review of documentation reflected appropriate actions taken in response to deterioration or a change in consumer health. The service has policies and procedures to support recognition and response to deterioration. The process includes involvement of consumers, representatives, clinical staff, registered nurses, general practitioners, allied health staff, nurse on-call, and ambulance and hospital staff.

# 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 service applies a range of risk and incident management systems and practices to undertake analysis and produce reports.

The risk management system ensures risks and incidents are assessed, acted upon, and reported, with recommendations for staff training and process improvement, resulting in ongoing improvement in consumer care.

Following review of a complaint in November 2023 the service has implemented a range of actions including clinical huddles and the PAUSE reflective model, which provides a multidisciplinary approach for the review of consumers and improves communication opportunities with families and representatives.

The service demonstrated a strong reporting culture that ensures incidents and actions are recorded. As a result, the service submits a high number of Serious Incident Response Scheme to the Aged Care Quality and Safety Commission.

As a result, I am satisfied that based on the Assessment Team’s observations and recommendation, that the service complies with the Requirements as outlined in the table above and therefore complies with this Standard.

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)