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: | on 27 August 2024 |
| Performance report date: | 17 September 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 N Chahal, 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
* the provider acknowledged the assessment team report on 2 September 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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

The service was found not compliant with Standard 3 in relation to the Requirement 3(3)(a) following an Assessment Contact in May 2024. The service was unable to demonstrate effective management of changed behaviours and restrictive practices to optimise the well-being of consumers. In response to the findings of non-compliance, the service has implemented various actions and initiatives which have been effective.

During the Assessment Contact conducted on 27 August 2024, consumers and representatives confirmed involvement in consultations relating to restrictive practices including the use of locked doors to prevent unwanted intrusion. The service has effective processes to assess risks for consumers subject to restrictive practices. This was supported by review of consumers’ care documentation demonstrating detailed behaviour support plans with individualised triggers and strategies recorded along with informed consent according to organisational policies and procedures.

There was evidence that staff have received training, and they described implementation of comprehensive and individualised strategies to manage changed behaviours. Two consumers who prefer to lock their doors from the inside confirmed providing informed consent after having consultations with staff where risks were discussed, which was confirmed through a review of care planning documentation. The service has developed work-flow charts to provide guidance to staff in relation to locked doors.

As a result, with consideration to the actions implemented by the Approved Provider I am satisfied 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)