Performance

Report

**1800 951 822**

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| Name of service: | Mercy Place Ballarat |
| Service address: | 60 Corbett Street BALLARAT EAST VIC 3350 |
| Commission ID: | 4577 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 May 2023 |
| Performance report date: | 5 June 2023 |

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 V Stephens, 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 - Site; the Assessment Contact - 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 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 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 found non-compliant with Requirement 7(3)(a) following a site audit conducted in September 2022. The service at the time did not demonstrate sufficient number and workforce mix to deliver safe and quality care and services. The service has implemented remedial action in response to the non-compliance identified at the site audit in September 2022 including significant additional recruitment and making improvements to filling vacant shifts.

During this assessment contact assessors drew on the experience of seven consumers who all stated that staffing levels have improved and that there is sufficient staff to care for them. Management and care staff also stated staffing levels have improved at the service. Management advised recruitment remains ongoing and demonstrated there are contingencies in place to ensure adequate staffing levels in each area of the service. A review of rosters and allocation sheets indicated a good level of staffing across all shifts demonstrating sufficiency of staff and effective backfilling of unexpected leave. Accordingly, I find the service compliant with Requirement 7(3)(a).

# 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 was found non-compliant with Requirement 8(3)(d) following a site audit conducted in September 2022. The service at the time did not demonstrate effective risk management systems and practices in relation to the management of high impact or high prevalence risks and incident management. The service has implemented remedial action in response to the non-compliance identified at the site audit in September 2022 including daily review of progress notes where high prevalence or high impact risks are identified, monthly quality reporting, reviewing incident management trends and providing staff training on incident reporting.

During this assessment contact the service demonstrated it has reviewed and initiated improvements to its incident management system whereby incidents are managed, investigated and analysed to inform continuous improvement. Management initiated proactive and targeted training for care staff in relation to reporting high impact or high prevalence risks. Management also explained the process for care and clinical staff to report incidents both within progress notes and electronically. Assessors were satisfied that incident reporting, incident investigation, and trend analysis is embedded into the service’s incident management system. Accordingly, I find the service compliant with Requirement 8(3)(d).

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)