Performance

Report

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| Name of service: | Mercy Place Colac |
| Service address: | 83-99 Queen Street COLAC VIC 3250 |
| Commission ID: | 3011 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 August 2023 to 24 August 2023 |
| Performance report date: | 18 September 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 Colac (**the service**) has been prepared by N Eastwood, 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **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 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 |

Findings

Consumers and representatives were satisfied risks are appropriately assessed and individualised strategies to mitigate risks are planned. Management and staff described specific consumer risks and interventions to minimise potential adverse events or harm. A representative described the process of consent for the use of restrictive practice for their consumer and the indications for use, this was supported by discussion with the treating general practitioner. A review of care documentation including behaviour support plans, progress notes and restraint authority and assessment documentation, demonstrated consumer risks were considered and assessed in the assessment and care planning process. This includes risks associated with the use of restrictive practices and changed behaviour identified upon entry to the service or return from the hospital, through feedback from consumers and/or their representatives, following incidents and during regular comprehensive care plan reviews.

# 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 previously found non-compliant with this requirement following a Site Audit performed between 21 February 2023 and 22 February 2023 (the Site Audit).

At the time of the Site Audit the service did not demonstrate effective management of restrictive practices and consumers’ changed behaviours.

The service has implemented several effective actions in response to the identified non-compliance staff education and training focused on topics related to the previously identified deficits, trialling of alternative strategies prior to the use of restrictive practices, and the completion of behaviour support plans for consumers identified as subject to restrictive practices.

At the site visit of 23 August 2023, consumers and representatives expressed satisfaction with the effective management of consumers changed behaviour and use of restrictive practices as a last resort. They confirmed the consent process, the reason for use, benefits and associated risks were discussed. A review consumer care files reflected how consumer changed behaviours and the use of restrictive practices are effectively assessed and managed with input from their representatives, general practitioners and mental health or dementia specialists. Management and clinical staff explained how the use of restrictive practices is identified through clinical assessment and review of medications from entry to the service, upon return from the hospital and following a medication review by the general practitioner or specialists. The Assessment Team observed a current restrictive practice register which accurately identified 22 consumers subject to restrictive practices. The Assessment Team noted that the service regularly performs internal audits of care planning documents and care documentation to ensure the appropriate use and minimisation of restrictive practices. ‘Quick reference Chemical Restraint’ posters were observed displayed in staff areas.

As a result, and with consideration to the implemented actions and available information I find this requirement is now 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)