Performance

Report

**1800 951 822**

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| Name: | Mercy Place Dandenong |
| Commission ID: | 3185 |
| Address: | 82 McCrae St, DANDENONG, Victoria, 3175 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 July 2024 |
| Performance report date: | 19 August 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 1944 Mercy Place Dandenong |

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 Dandenong (**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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 |
| 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

Consumers and representatives confirmed they were satisfied with personal and clinical care. A review of documentation demonstrated that the service is minimising the use of restrictive practice consistent with legislative requirements. Care documentation of a consumer subject to restrictive practice demonstrated a comprehensive behaviour support plan developed using a multidisciplinary approach, guiding staff on the consumers diagnosis, triggers, changed behaviours and strategies to implement during changed behaviours. Staff discussed how they minimise the use of restrictive practice and outlined individualised interventions for the consumer subject to restrictive practice. Documentation related to personal care, skin integrity, and pain management demonstrated care assessments and charting consistent with best practice.

There was evidence to support that service responds to changes in consumer condition in a timely manner. Care documentation reviewed relating to weight loss and severe swallowing difficulties demonstrated that service responded to deterioration in a timely manner through involvement of a medical officer, representatives, and a referral to palliative services. Staff described how they identify, action, and communicate deterioration or changes in a consumer’s condition. Clinical staff explained the use of clinical indicators such as weight loss or falls data to identify deterioration in a consumer leading to a review of care interventions. The service has guidelines to support the identification and management of clinical deterioration.

Based on the available evidence, I find Requirements 3(3)(a) and 3(3)(d) Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Most consumers and representatives were satisfied with the maintenance and cleanliness of furniture, fittings, and equipment. Consumers explained that if they require repairs or cleaning of equipment, staff are responsive to their requests. There were examples of specialised mobility aids having been regularly checked for function with timely resolution of identified issues. The service has both electronic systems and hard copy logs for maintenance requests, these were actioned appropriately with average resolution of 1 to 2 days. The furniture was noted to be clean and well maintained.

Based on the available evidence, I find Requirement 5(3)(c) 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

Consumers confirmed they were happy with the care received and were generally satisfied with staffing levels at the service. Staff explained that staffing levels are generally good, and they are able to complete their assigned tasks. A review of the master roster and shift allocation indicated a planned workforce reflective of the suitable allocation and skill mix of staff including nurses, care staff and support services staff to deliver safe and quality care and services. The service has registered nurses rostered onsite 24 hours per day. Management explained there has been an increase in staff employment in the last 6 months because of ongoing recruitment strategies including overseas nurse recruitment. A review of the call bell analysis demonstrated that average call bell response was 14 minutes against a service response time target of 15 minutes.

Based on the available evidence, 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)