Performance

Report

**1800 951 822**

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| Name of service: | Mercy Place East Melbourne |
| Service address: | 22 Verona Lane EAST MELBOURNE VIC 3002 |
| Commission ID: | 3837 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 July 2023 |
| Performance report date: | 21 August 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 East Melbourne (**the service**) has been prepared by C Spiller, 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 |

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

The service was found non-compliant with this requirement following an Assessment Contact conducted on 8 November 2022. During this Assessment Contact the service did not demonstrate effective assessment of risk and planning of care in relation to pain and falls. The service has implemented a range of improvements in response to the deficits previously identified. This included provision of training in relation to assessment and care planning, monthly pain audits, pain charting toolbox talks for staff, palliative care/pain specialist nurse liaison and clinical coordinators monitoring daily updates to progress notes/care plans.

During the Assessment Contact on the 27 July 2023, the service demonstrated how they undertake assessment and planning and how processes support the delivery of safe and effective care.

All sampled consumers expressed their satisfaction with the assessment and care planning processes used to inform the delivery of care. Management and staff discussed and demonstrated assessment and planning in line with the organisation’s policies and procedures. Clinical staff demonstrated knowledge of consumers’ risks and describe strategies used to ensure care is effective and minimise identified risks. Care documentation of these consumers demonstrated care planning includes the use of validated risk assessment tools and confirmed regular monthly reviews are completed. Management advised education sessions related to pain management, assessment and care planning were conducted at the service. They stated they continue to provide training opportunities in different forms such as self-directed learning packages and 1:1 toolbox with staff. All staff interviewed confirmed and training records showed delivery of related training. Staff said the organisation’s related policies/procedures are readily available. The Assessment Team noted the service uses validated risk assessment tools such as falls risk assessment tool, comprehensive skin assessment, mini nutritional assessment, abbey pain assessment, and specialised nursing care assessment as required.

Accordingly, with the information available to me, I find the Service compliant with Requirement 2(3)(a).

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)