Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Mercy Place Lathlain |
| Commission ID: | 7868 |
| Address: | 63 Archer Street, CARLISLE, Western Australia, 6101 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 December 2023 |
| Performance report date: | 15 January 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 4875 Mercy Place Lathlain |

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 Lathlain (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others;
* an email received from the provider dated 22 December 2023 stating a response to the assessment team’s report would not be provided; and
* a performance report dated 30 August 2023 for an assessment contact undertaken 6 July 2023.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following an assessment contact undertaken in July 2023 as care and services were not regularly reviewed for effectiveness, including when consumers’ circumstances changed. The assessment team’s report provided evidence of actions taken to address the deficits identified, including, but not limited to, development of a care plan and review flow chart to assist staff with undertaking care plan reviews; and undertaking ad-hoc audits of care planning documentation to ensure compliance with policy requirements.

At the assessment contact undertaken in December 2023, care files demonstrated there are processes to ensure consumers’ care and services are up-to-date and meet their current needs and preferences. Staff interviewed stated, and documentation showed, care plans are updated when there is a decline or change in health status, when incidents occur, following discharge from hospital, or when there are changes in consumer preference. Consumers’ care and service needs are reviewed on an ongoing basis, including through completion of a resident of the day assessment tool, with appropriate actions implemented in response. One representative said management keeps them informed of any changes required to a consumer’s care through the care planning process.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers 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)