Performance

Report

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| Name of service: | Mercy Place Lathlain |
| Service address: | 63 Archer Street, Carlisle, WA 6101 |
| Commission ID: | 7868 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact |
| Activity date: | 25 August 2022 |
| Performance report date: | 12 October 2022 |

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 Rebecca Beaman, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 15 September 2022
* Performance Report dated 1 March 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **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 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Non-compliant** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal care and clinical care including in the areas of continence management, personal hygiene, pain and wound care management.
* Requirement 7(3)(a) – the approved provider ensures 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.

# Standard 3

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| Personal care and clinical care | | Non-Compliant |
| 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. | Non-compliant |

Findings

The service was found to be non-compliant in Requirement (3)(a) in this Standard from a Site Audit undertaken from 1 to 3 March 2022 in relation to consumers not receiving safe and effective personal or clinical care. The service implemented a range of improvement actions to address the deficits including providing staff with additional training on wound and pain management, reporting clinical concerns and infection control, employment of a new clinical nurse manager and an external contractor to review and update consumer care plans.

The Assessment Team found in relation to Requirement (3)(a) the service did not demonstrate that each consumer gets safe and effective personal care and clinical care. The Assessment Team found the service for three consumers ( Consumer A, B and C) personal and/or clinical care was not delivered in a safe or effective manner, in line with best practice or tailored to their needs specifically in relation to personal hygiene, wound and pain management.

* + Consumer A and B provided feedback they often have long waits for assistance which impacts their continence as they will not be assisted in time with personal care. Both Consumer A and B advised this caused them pain.
  + Consumer A’s representative raised concerns around the wait times for Consumer A to be assisted with toileting and advised on occasion Consumer A has been advised to use their continence aid as there were not enough staff on shift to help in a timely manner.
  + Consumer B’s representative advised Consumer B had stated to them they were embarrassed having to ‘go to the toilet laying down’.
  + Consumer A has wounds on both heels they advised concern them and cause pain. Consumer A provided feedback that included staff do not always tend to their wound care consistently and advised they don’t feel their pain is being managed effectively.
  + Documentation showed Consumer A’s wound care is not delivered in line with care directives and dressings were not consistently checked or changed. Consumer A was observed on several occasions to be seated without devices in place as per care directives to limit pressure to their heels.
  + Consumer C advised they do not receive personal care that meets their needs, goals or preferences in terms of showering and they are not able to have a shower when they wished and had to have a bed wash instead, due to staff not knowing how to use specialised equipment.

The Approved Provider responded to the Assessment Team’s report and respectfully disagreed with the findings stating improvements are effective and that issues are due to staff shortages. The Approved Provider stated they are now undertaking weekly audits of wound care to identify any gaps in staff knowledge or practice so immediate action can be taken and they have planned education sessions for staff to undertake further training around personal care and personal hygiene documentation.

In relation to Consumer’s A, B and C the Approved Provider has stated the following actions have been implemented following the Assessment Contact visit:

* + Consumer A’s continence care plan is being reviewed and updated in consultation with Consumer A to record their preferences for personal care that maintains their dignity.
  + Consumer B was referred to an external palliative care service for review around pain and deterioration.
  + In relation to Consumer C staff were provided further education on caring for a consumer with specialised equipment needs.

While the Approved Provider in their response has provided actions, they are taking or going to implement to rectify issues identified in the Assessment Teams report for Consumer A, B and C, they have not provided evidence to show these were in place at the time of the response, or that the experience of the consumers in receiving personal care that is in line with their needs, goals or preferences has improved with the implementation of actions to address those. In coming to my decision, I have also considered evidence in Standard 7, Requirement (3)(a) where the Approved Provider acknowledges consumer and representative feedback provided during the Assessment Contact visit that personal care is not in line with consumers needs or best practice, and asserted comments made to consumers about using continence aids due to lack of staff to help were made by agency staff. This assertion whilst acknowledging the deficits, satisfies me that the issue was current, and the experience of consumers as provided through their feedback was valid.

Accordingly, I find Requirement 3 (3)(a) Personal care and clinical care is safe and effective in line with best practice, tailored to consumers needs and optimises their health and well-being is not compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |

Findings

The Assessment Team assessed Requirement 4 (3)(c) in this Standard and have recommended this requirement as met. All other requirements in this Standard were not assessed. Therefore, an overall rating has not been provided.

The service was found to be non-compliant from a Site Audit undertaken from 1 to 3 March 2022 in relation to consumers not being supported to do the things of interest to them. The service implemented a range of improvement actions to address the deficits including employment of an external contractor to review and update all care plans with leisure and social activities recorded.

Consumers provided positive feedback about the lifestyle program and confirmed they are supported to do the things of interest to them. Consumers provided examples of how the service supports them to have social and personal relationships and how they are supported to participate within the internal and external community where they choose to be.

Sampled consumer care files showed consumers had current and updated leisure and lifestyle care plans in place.

The Assessment Team observed consumers engaged and participating in two different activities throughout the assessment contact visit.

I agree with the Assessment Team’s recommendation that this Requirement is compliant. Improvements have been made by the service to ensure daily services and supports are in place to support consumers to do the things of interest to them, participate in the community and maintain personal and social relationships. Care plans have been reviewed and updated to include consumers preferences, needs and goals in relation to the lifestyle program and consumers are engaged with activities of interest to them.

Accordingly, I find Requirement 4(3)(c) services and supports for daily living to assist each consumer participate within the internal and external community, do the things of interest to them and maintain social and personal interests is compliant.

# Standard 7

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| Human resources | | Non-Compliant |
| 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. | Non-compliant |

Findings

The service was found to be non-compliant from a Site Audit undertaken from 1 to 3 March 2022 in relation to the service not having the right number and mix of members of the workforce to deliver safe and quality care and services. The service implemented various actions to address the deficits identified during the site audit including recruitment of lifestyle co-ordinator to commence in September 2022, an external clinical contractor to review care plans including lifestyle assessments and ongoing recruitment for various designations.

The Assessment Team found in relation to Requirement 7(3)(a) the service did not demonstrate that its workforce is planned with the right number and mix of staff who can provide safe and effective personal and clinical care, specifically in relation to continence management and the provision of personal care for consumers.

* + Consumer’s A and B provided feedback they had long waits at times for assistance and did not receive continence care that was in line with their needs or optimal for their health or wellbeing.
  + Consumer B advised they had been told to ‘use their continence aid for toileting’ on the day of the Assessment Contact visit due to lack of staff to provide assistance.
  + Consumer A’s representative confirmed Consumer A had been advised to ‘use their nappy’ to go to the bathroom as there were not enough staff to assist them at the time.
  + Consumer C confirmed the lack of staff impacts their personal care negatively. Consumer C advised they do not receive regular showers in line with their needs and preferences. They advised staff do not know how to operate a piece of euiptment they require to be in place for activities of daily living which also impacts their personal care and social interaction.

The Approved Provider responded to the Assessment Team’s report acknowledging they have had staff shortages but advising they are and have been working hard to recruit more staff at site and organisational level, however this has presented significant challenges to them over the past 24 months due to the pandemic. The Approved Provider acknowledges that some of the issues identified by the Assessment Team of consumers needs not being met is due to the use of agency staff and asserted they believe consumers being told to use continence aids rather than go to the toilet was agency staff and as a result they are now being advised on arrival for their shift this is not an acceptable practice.

The Approved Provider asserts in their response the feedback from consumers is accurate about staff shortages but believe it is reflective of past experience and not the experience at the time of the assessment contact visit. While the feedback provided by Consumer A and their representative about instances where they have had to use their continence aid due to lack of staff to assist toileting in a timely manner could be deemed as past experience due to the Assessment Team’s report not providing a timeline of events, the Approved Provider’s response does not persuade me the experience of Consumer B and C is in the past. The evidence provided by the Assessment Team shows Consumer B’s experience occurred on the day of the Assessment Contact visit and Consumer C only recently moving to the service advised the personal care not being delivered as they preferred was ongoing.

In coming to my decision, I have considered evidence provided in response to deficits in personal care identified in Requirement 3(3)(a) have been, by admission of the Approved Provider in their response, come about by the inability to always fill vacant shifts and where able the use of agency to fill vacancy shifts. While I acknowledge the Approved Provider has ongoing recruitment in place to build their workforce, at the time of the Assessment Contact they were unable to show that the mix and number of staff as required under this Requirement was effective in delivering safe and quality care to consumers specifically in relation to personal care and personal hygiene.

Accordingly, I find Requirement 7(3)(a) the workforce is planned with the right mix and number of members to enable the delivery of safe and quality care and services is not compliant.

1. The preparation of the performance report is in accordance with section 68 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)