Performance

Report

**1800 951 822**

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| Name of service: | Mercy Place Mandurah |
| Service address: | 1 Hungerford Avenue, HALLS HEAD MANDURAH WA 6210 |
| Commission ID: | 7896 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 November 2022 |
| Performance report date: | 14 December 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 Mandurah (**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 - Site; the Assessment Contact - 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 from the provider received on 30 November 2022 indicating no further comments in response to the Assessment Team’s report would be provided: and
* a Performance Report dated 3 June 2022 for a Site Audit undertaken from 22 March 2022 to 24 March 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 22 March 2022 to 24 March 2022 where it was found the service did not demonstrate an effective system to document and communicate consumers’ condition, needs and preferences to enable the delivery of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Using a clinical handover tool in conjunction with verbal handovers and work logs, to ensure transfer of consumer related information and clinical tasks are effectively communicated between all shifts.
* The Service manager and Clinical nurse are proactively involved in reviewing consumer files daily to identify gaps.
* Changed the Resident of the day procedure to promote consistency and ensure consumers’ conditions, needs and preferences are current.
* Educated clinical staff in relation to effective handovers and use of the electronic management system work logs for clinical tasks and best practice wound management.

At the Assessment Contact undertaken on the 22 November 2022, staff described improvements in communication and information sharing systems and were satisfied they are provided or have access to current information related to consumers’ current conditions, needs and preferences. Staff reported they attend face-to-face handovers, each care station has diaries for important messages, a work log and message board system is used and nurses will update them directly if there have been any changes in consumers’ conditions needs or preferences. Staff were observed attending the afternoon handover where the new clinical handover tool was used. Two consumers were satisfied they receive the care they need and that staff know how to look after them.

For the reasons detailed above, I find Requirement (3)(e) in Standard 3 Personal care and clinical care 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

Requirement (3)(c) was found non-compliant following a Site Audit undertaken from 22 March 2022 to 24 March 2022 where it was found the service was unable to demonstrate services and supports for daily living assisted each consumer to do things of interest to them, have social and personal relationships or participate in their community. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Increased lifestyle staff rostered Monday to Friday, with one lifestyle staff working in the memory support area. In addition, one lifestyle staff works one shift on the weekend, alternating between Saturday and Sunday.
* Reviewed the lifestyle program to ensure a wide range of activities and reviewed all consumers’ leisure care plans to ensure they are current and reflect their preferences.

At the Assessment Contact undertaken on 22 November 2022, the Assessment Team found most consumers sampled said they have the choice to attend activities of interest to them, maintain relationships and participate in the community. Overall, documentation showed that most consumers’ interests, needs and preferences are current and staff were able to describe how they support consumers to do the things of interest to them. Care files sampled for three consumers included their individual preferences, and activity attendance charts for a 22 day period in November 2022 showed the consumers regularly attend activities of their choice.

For the reasons detailed above, I find Requirement (3)(c) in Standard 4 Services and supports for daily living 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)