Performance

Report

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| Name of service: | Mercy Place Mont Clare |
| Service address: | 9 Dean Street CLAREMONT WA 6010 |
| Commission ID: | 7443 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 August 2023 |
| Performance report date: | 3 October 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 Mont Clare (**the service**) has been prepared by A. Kasyan, 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;
* the provider’s response to the assessment team’s report received 5 September 2023;
* the Performance Report dated 2 August 2023 for the Site Audit undertaken on 21 to 23 June 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-compliant** |

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.

**Standard 8 Requirement (3)(e)**

* Ensure the clinical governance framework is effectively implemented and is reviewed for effectiveness.

# 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

**Requirement 3(3)(a)**

The assessment team found, whilst the majority of consumers and representatives interviewed said consumers receive safe personal and clinical care, one representative expressed their dissatisfaction with the consumer’s skin care and prevention of pressure injuries. The assessment team provided the following findings and evidence to support their recommendation of Not Met relevant to this requirement:

* A review of a consumer’s file showed the consumer had a history of pressure injuries and at the time of the assessment contact there were 2 pressure injuries which staff advised are very slow to heal.
* The representative advised the consumer is often wet or soiled when they arrive, and they are concerned having a soiled continence aid prevents healing of pressure injuries.
* Whilst the consumer’s care plan contains information to guide staff with the consumer’s skin care, including application of moisturisers, air mattress, regular repositioning and use of siding sheets for moving in bed, the assessment team found these strategies to be generic.
* The consumer has had ongoing pressure injuries since last year.

The provider’s response included commentary on the content of the assessment team’s report and supporting evidence, including the following information:

* The representative’s feedback about finding the consumer in wet and soiled continence aid was not raised with the management during the assessment contact visit. Following receipt of the assessment team’s report, the service contacted the representative who advised they did not make these statements. The representative advised their feedback was that on one occasion the representative’s observed the consumer’s continence aid was wet.
* The provider disagrees with the assessment team’s finding that the consumer’s care plan was generic. Supporting evidence included interventions tailored to the consumer’s specific skin integrity condition.
* The provider disagrees with the statement the consumer has had ongoing pressure injuries since last year. The provider asserts skin injuries the assessment team referred to were of a different nature and not all of them were pressure injuries. They assert they healed with the application of targeted interventions. The provider in their response states two current pressure injuries were acquired this year and were referred to a wound consultant prior to the assessment contact. In addition, the consumer is provided with nutritional supplements to support the wound healing process.

After reviewing the evidence and information presented in the assessment team’s report and the provider’s response, I find Requirement 3(3)(a) compliant.

The assessment team’s report and the provider’s response contain conflicting information about the quality of personal and clinical care provided to the above-mentioned consumer. This includes the feedback from the representative about toileting and personal hygiene. I find, once identified, the management of the consumer’s pressure injuries was effective which is evidenced by their reduction in size which was cited in the assessment team’s report and the representative’s positive feedback about the effectiveness of pain management and quality of wound care.

I have also considered that all interviewed consumers and all, but one representative expressed their satisfaction with personal and clinical care provided to the consumers.

The provider’s response provides includes evidence of monitoring the incidents of pressure injuries which is low.

Furthermore, I have considered information in the Site Audit and Performance Reports for the Site Audit undertaken in June 2023 which demonstrates that the provider has the systems, processes and practices to meet this requirement. For example:

* The assessment team found staff refer to the organisation’s intranet for policies and procedures to ensure they provide consumers with best practice clinical care including in relation to restrictive practices, skin integrity and pressure injury prevention and management.
* The service is supported by the regional office including a relieving clinical manager and quality manager who audits the service to ensure each consumer’s care is best practice and guided by the organisation’s suite of clinical care policies and procedures.

For the reasons detailed above, I find Requirement 3(3)(a) compliant.

**Requirement 3(3)(d)**

Consumers and representatives interviewed expressed their confidence in staff knowledge and skills to respond to a change or deterioration in their condition. Staff were able to describe signs and symptoms of a consumer’s change in condition, or deterioration. The organisation has policies and procedures to guide staff in relation to management of consumer deterioration.

Documentation reviewed evidenced regular assessments of consumers’ mental health, cognitive abilities and physical condition; timely reporting of changes or deterioration in a consumer’s condition and individualised care plans that were adjusted in response to changes in a consumer’s condition.

Based on the evidence summarised above, I find Requirement 3(3)(d) 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

Skills mix of employees is considered in addition to staffing levels based on the number of consumers, their acuity levels and care minutes requirements.

Records of staff allocation for the period of two weeks prior to the assessment contact demonstrated the service consistently maintains staffing levels in accordance with the master roster.

Staff confirmed they have sufficient time to undertake their duties.

Consumers and representatives expressed satisfaction with the staffing levels.

Based on the evidence summarised above, I find Requirement 7(3)(a) compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

The assessment team found the organisation has not effectively implemented clinical governance framework, specifically in relation to minimising the use of restrictive practices.

Whilst documentation demonstrated the service identified two consumers were receiving medication as chemical restraint, two other consumers sampled by the assessment team were not identified as being subject to chemical restraint. As the two consumers were not identified as being subject to chemical restraint, the service did not demonstrate the legislative requirements were adhered to including, the medication was used as a last resort, alternative strategies had been trialled and documented prior to the use of the medication, valid informed consent had been provided, and ongoing monitoring and evaluation was being undertaken.

The provider responded by stating a nurse misunderstood the definition of a medication being used as a chemical restraint and the service provided further education to this staff member and contacted a representative of one of the consumers to obtain informed consent.

At an organisational level, changes are being made to the system maintaining information about consumers receiving psychotropic medication which will require staff to select the reason for the prescription of the medication from a drop-down list. The provider states this will ensure staff are aware when a medication is a chemical restraint. This update to the system is being rolled out in the first half of September 2023.

Whilst the provider’s response acknowledges failure to identify when chemical restraint is used, it primarily cites the provision of training to one nurse who did not identify chemical restraint and a proposed change in the process, specifically requiring nurses to select a reason for the prescription of medication from a drop-down list.

The provider’s response focuses on training for one nurse and changes to the documentation process but does not address the broader issues related to restraint minimisation for all consumers, such as staff education, regular audits and ongoing monitoring of medication use.

For these reasons, I find Requirement 8(3)(e) non-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)