Performance

Report

**1800 951 822**

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| Name: | Mercy Place Mont Clare |
| Commission ID: | 7443 |
| Address: | 9 Dean Street, CLAREMONT, Western Australia, 6010 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 27 March 2024 |
| Performance report date: | 12 April 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 6433 Mercy Place Mont Clare |

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   
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 was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a performance report dated 3 October 2023 for an assessment contact undertaken on 16 August 2023.

The provider did not submit a formal response to the assessment team’s report.

# Assessment summary

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| 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

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 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. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following an assessment contact undertaken in August 2023 as the clinical governance framework was not effectively implemented to minimise use of restrictive practices. The assessment team’s report outlined a range of actions the service has taken in response to the non-compliance, including, but not limited to, providing training to staff on restrictive practices; undertaking regular review of the psychotropic register to ensure consumers receiving medications to manage behaviour are identified as being subject to a chemical restrictive practice; and including psychotropic medication review as a standing agenda item at medication advisory meetings.

At the assessment contact undertaken in March 2024, clinical care provided was found to be governed by an effective overarching clinical governance framework which included, but was not limited to, antimicrobial stewardship, minimising use of restraint and open disclosure.

An antimicrobial stewardship policy is in place and antimicrobial stewardship is promoted through ensuring, where possible, specimens are collected for pathology to ensure correct antibiotics are prescribed for the appropriate period of time.

A current restrictive practice register and restrictive practice policies and procedures, reflective of current legislative and regulatory requirements, are in place to support and guide staff in the responsible use of restrictive practice. Consumers subject to restrictive practices have regular reviews and documentation shows where possible, use of restrictive practices is minimised. Care files for consumers identified as being subject to chemical restrictive practice include behaviour support plans, behaviour charting, restrictive practice care plans and required authorisations.

An open disclosure policy is available to guide staff practice, and staff from various disciplines said the organisation supports them to report any incidents and open disclosure principles are used in their daily practices.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 8 Organisational governance 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)