Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Mercy Place Rosebud |
| Commission ID: | 4413 |
| Address: | 1497 Point Nepean Road, ROSEBUD, Victoria, 3939 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 August 2024 to 8 August 2024 |
| Performance report date: | 30 August 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 2932 Mercy Place Rosebud |

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 Rosebud (**the service**) has been prepared by M Murray, 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 (performance assessment) – site. The Assessment Team report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not Applicable as not fully assessed |
| **Standard 3** Personal care and clinical care | Not Applicable as not fully assessed |
| **Standard 4** Services and supports for daily living | Not Applicable as not fully assessed |
| **Standard 7** Human resources | Not Applicable as not fully 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)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

I am satisfied based on information in the Assessment Team’s report as summarised below, that the approved provider complies with this Requirement for this service.

The Assessment Team reported that staff could describe the assessment and care planning process and how the process contributes to the safe care of consumers. A review of consumer care files confirmed staff conduct a variety of assessments, including assessments used to identify any clinical risks to a consumer’s health and wellbeing.

Risk-based assessments undertaken included those relating to poor nutrition and ability to swallow. Once staff identify a risk through the assessment process, the Assessment Team were satisfied that staff schedule a referral for follow up with an allied health practitioner.

A representative said staff kept them informed of the various assessments completed by the service and was satisfied staff are aware of any risks to the consumer.

Clinical staff described how they develop strategies with the consumer to minimise any risks and record the outcome of these conversations in the consumer’s care plans. Care plan review evidenced strategies including the provision of modified food and fluids, consideration of dietary preferences, the use of nutritional supplements and the use of weight monitoring schedules. Relevant information is communicated by staff to the catering team.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

I am satisfied based on information in the Assessment Team’s report as summarised below, that the approved provider complies with Requirements 3(3)(e) and 3(3)(f) for this service.

The Assessment Team reported that consumer files, progress notes and handover sheets reflected current information about consumers’ conditions, needs and preferences.

Care staff described how they communicate any recent changes in a consumer’s care needs during the handover process between shifts throughout the week. Care staff can also access electronic copies of each consumer care plan to check or update information regarding the consumer’s needs and preferences. This includes recording updates to dietary requirements, so the information is readily available to other staff.

Consumers and representatives described staff knowing consumers well, recognising change, and communicating with consumers, representatives, staff, and others as required.

Information from third parties outside of the organisation, such as hospital discharge summaries, are used by clinicians to inform care planning and update care plans.

Clinical staff described how they refer consumers to dietitians and speech pathologists following the identification of any risk of poor nutrition and/or hydration.

Clinical staff update care plans 6-monthly or as required.

The Assessment Team undertook file reviews and reported that referrals are timely and appropriate.

Consumers and representatives were satisfied that referrals occur, and said consumers get access to dietitians, speech pathologists and other specialists as required.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

I am satisfied based on the information in the Assessment Team’s report, as summarised below, that the approved provider complies with Requirement 4(3)(f) for this service.

The Assessment Team reported that most consumers provided positive feedback on the meals at the service. Catering staff consider consumer feedback for future menu options. A seasonal menu in each dining room listed a variety of meal options, including options for all levels of texture modified meals and other dietary requirements.

Catering staff said consumers with dietary requirements such as a gluten-free diet are catered for, with a range of gluten-free menu items available. Most food is prepared fresh on-site, and the service orders in prepared meals for pureed and minced/moist meal requirements.

Consumers, while not always happy with the variability of the menu, confirmed that they can request alternatives to suit their preferences each day, including sandwiches. Care plan reviews demonstrated the service has captured each consumer’s meal preferences and which alternative meal selection to offer if the consumer’s first preference is not available.

The Assessment Team’s observations of the meal service included that staff presented meals to consumers and explained the meal elements. They offered alternatives where consumers declined the meal and followed a process to document and report to the nurse when consumers had declined.

Sufficient staff were available to assist with the dining experience, and staff were observed to provide meal assistance in a respectful manner.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

I am satisfied based on the information in the Assessment Team’s report, as summarised below, that the approved provider complies with Requirement 7(3)(c) for this service.

Management explained the organisational process to ensure all staff have the qualifications, skills, and knowledge to provide care and services as per their job description and responsibilities.

Ongoing monitoring of staff skills and qualifications occurs, including annual checks of health professional registrations and a range of mandatory annual competencies required for all levels of staff.

Staff demonstrated they have the knowledge to undertake their roles and described they had attended training on texture modification and fluid consistency and understanding dysphagia / swallowing difficulties.

A consumer with complex nutritional needs said staff know how to manage these needs while supporting their independence.

Management said they conduct regular ‘walk arounds’ to observe the day-to-day practices of staff.

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)