Performance

Report

**1800 951 822**

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| Name of service: | Mercy Place Rosebud |
| Service address: | 1497 Point Nepean Road ROSEBUD VIC 3939 |
| Commission ID: | 4413 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 August 2023 |
| Performance report date: | 20 September 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 Rosebud (**the service**) has been prepared by L. Malone, 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 11 September 2023

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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 2

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| 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

The service was previously found non-complaint with Requirement 2(3)(a) at Site Audit in January 2023 as it did not demonstrate risks related to pain, falls and behaviour management were effectively considered in assessment and care planning. Since then, the approved provider has employed a clinical manager and implemented quality audits and regular reviews of assessment and care planning documentation and processes.

At the Assessment Contact 24 August 2023, positive feedback from consumers and representatives was received about the safety and effectiveness of care, and the way assessment and care planning meet their needs. Staff described using a range of assessments to inform care planning and demonstrated knowledge of strategies to manage risks to consumer wellbeing. Care planning documentation demonstrated consideration of risks to consumer wellbeing in relation to falls, pain and behaviour management, and assessment informs care planning strategies that are safe and effective for the individual consumer.

The approved provider submitted a response dated 11 September 2023 in which they acknowledge and do not refute the findings presented in the Assessment Contact report.

I have considered the evidence and I am satisfied Requirement 2(3)(a) is 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

The service was previously found non-complaint with Requirement 7(3)(a) at Site Audit in January 2023 as it was not demonstrated that workforce planning enabled safe and quality care and services.

At Assessment Contact 24 August 2023, it was found the approved provider had implemented additional care staff shifts and recruited a number of staff to fill roster vacancies and additional shifts. The Assessment Team received mostly positive feedback from consumers and representatives regarding the adequacy of staff to meet their needs and provide safe care. Some feedback included examples of times where staff response times to call bells were delayed but feedback overall described staff regularly responding in a timely manner. Staff provided feedback of recent improvements in workforce deployment and said they felt the number of staff is sufficient. Documentation and interviews demonstrated processes of monitoring staff response times and ensuring consumers needs are met in timely way. The workforce is planned and deployed to enable safe and effective care.

The approved provider submitted a response dated 11 September 2023 in which they acknowledge and do not refute the findings presented in the Assessment Contact report.

I have considered the evidence and find Requirement 7(3)(a) 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)