Performance

Report

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| Name of service: | Mercy Place Wyndham |
| Service address: | 39 Deutgam St WERRIBEE VIC 3030 |
| Commission ID: | 4342 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 May 2023 |
| Performance report date: | 15 June 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 Wyndham (**the service**) has been prepared by D Utting, 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 June 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | 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.

**Requirement 3(3)(a)**: the service ensures consumers receive effective, safe and optimal personal and clinical care, particularly in relation to pressure injury care and wound management.

# 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. | Non-compliant |

Findings

I have assessed this Quality Standard as Non-compliant as I am satisfied Requirement 3(3)(a) is Non-compliant:

The service was found non-compliant with Requirement 3(3)(a) following a risk escalation conducted in September 2022 where it was unable to demonstrate effective pressure injury management and referral and escalation to medical officer or other clinical expert for advice.

At the May 2023 assessment contact the Assessment Team found ongoing deficits in the management of pressure injuries. The service was unable to demonstrate effective pressure injury management particularly in relation to the correct staging of pressure injuries, timely referrals to wound consultants or medical experts on deteriorating wound sites and following advice from wound consultants. While consumers and representatives interviewed said they were satisfied with the care provided by staff, a review of wound care documentation by the Assessment Team showed inconsistencies in the management of wounds. For one consumer sampled, while wound charting documented deterioration, no restaging of the wound was completed and no referral to a medical officer or wound specialist was evident. A second consumers charting demonstrated that whilst frequency of wound dressing was maintained, the wound products applied were not in line with the wound consultants’ recommendations. Staff wound management practices were not aligned with the organisations policy.

The approved provider responded to the assessment contact report and acknowledged the deficits identified by the Assessment Team align with their own internal audit findings. The approved provider submitted a continuous improvement plan that details corrective actions they have commenced to address these deficits in the management of pressure injuries. These actions include clinical staff capability and knowledge review, education sessions to target knowledge gaps, piloting new decision-making tool and auditing of all documentation related to consumers pressure injuries. These corrective actions are expected to be completed by October 2023.

I have considered the evidence in the Assessment Team report and the Approved Provider’s response. While I acknowledge the service is implementing measures to improve pressure injury management processes, improvements are yet to be embedded and evaluated for effectiveness. For this reason, I find the service is non-compliant with requirement 3(3)(a).

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)