Performance

Report

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| Name: | MercyCare Kelmscott |
| Commission ID: | 7245 |
| Address: | 89 Clifton Street, KELMSCOTT, Western Australia, 6111 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 19 December 2023 to 20 December 2023 |
| Performance report date: | 15 February 2024 |
| Service included in this assessment: | Provider: 8720 Mercy Human Services Limited  Service: 4772 MercyCare Kelmscott |

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 MercyCare Kelmscott (**the service**) has been prepared by T Wilson, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 12 January 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Compliant |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

As only Requirements (3)(b) and (3)(g) have been assessed found complaint the overall assessment of this Quality Standard is not applicable.

The Assessment Team recommended both Requirements (3)(b) and (3)(g) not met.

Requirement (3)(b)

The service has a history of non-compliance with this Requirement since a Site Audit was conducted in April 2022. The two subsequent assessment contacts in October 2022 and August 2023 found the original reasons for the non-compliance were addressed, however, at the August 2023 visit there were issues with management of restrictive practice, specifically chemical restraint. Actions were undertaken to address the deficits raised, including referral for consumers to Dementia Support Australia (DSA) and completion of consent forms to ensure valid informed consent.

On this visit, the assessment team recommended not met as the service did not demonstrate effective management of high impact or high prevalence risks associated with each consumer in relation to pain and changed behaviours and minimising consumers’ chemical restraint. The report was primarily based on one consumer who has pain and changed behaviours which have been reviewed by DSA, but not all strategies were implemented. It was also stated that a behaviour support plan was not in place and the changed behaviours were not charted and analysed for effectiveness.

The report also states three other consumers subject to chemical restraint do not have behaviour support plans in place, and behaviour charts also showed a lack of consistency in documenting non-pharmacological strategies trialled, and their effectiveness, however, no additional information was provided for these consumers.

The service provided a response on the 12 January 2024 providing additional evidence in relation to the consumers which included, but was not limited to, behaviour assessments, behaviour charting, external referrals for pain and commentary related to all consumers. They also acknowledge that the service is currently reviewing the behaviour assessment plan based on the in alignment with the Commission’s plan and suggestions received during a previous audit.

I have considered the information in both the assessment team’s report and provider’s response and I have come to a different view to that of the assessment team.

The consumer conversed with the assessment team and whilst they did say they were in pain most of the time, they did not say that they are refused pain treatment when asked or made no other comment that the service was not managing their pain. The response outlines in the commentary how the consumer can tell the service when they are in pain which based on the conversation with the assessment team that seems reasonable. The referral for external assistance to manage the pain in the area described was also included.

Whilst I am unsure of the exact intent of the behaviour assessment, it does outline consumer behaviours along with strategies to manage them. The one thing I will say is that while the behaviour assessment is personalised to the consumer and does contain strategies, they are general in nature and could be more detailed. It does also mention that the DSA strategies have been tried with only some being success but it is not outlined in either information what was successful or tired or not tried. Staff also knew what the strategies were and were applying them. The recorded incidents of behaviours provided in the response were three times in November and one in December 2023 which were all incidents of previously identified behaviours of impatience. I have also considered that the legislative requirement for behaviour support plans and personalised strategies are more aligned to Standard 8 Requirement (3)(e).

I also acknowledge the service is in the process of updating the behaviour care plan process which should address the more detailed behavioural strategies.

It is for these reasons I find Requirement (3)(b) compliant.

Requirement (3)(g)

The assessment team recommended this Requirement not met as the service did not take immediate action to isolate a consumer when they had vomiting and diarrhoea and they were taken to the dining room just hours after the symptoms began. When in the dining room they vomited again. The assessment team asserted the service did not implement immediate measures to prevent the potential spread of infection by isolating the consumer for 12 hours since the first onset of symptoms. Appropriate standard and transmission-based precautions were not commenced until after two consumers with symptoms were reviewed by a general practitioner over teleconference later that afternoon.

The service provided a response on the 12 January 2024 in the commentary stating the consumer was comfortable for the rest of the morning and was taken to the dining room at their own request. They stated staff sat them away from other residents due to them being unwell that morning and have acknowledged it was not best practice and have since completed additional training in infection control to address any gaps in knowledge of the staff.

I have considered the information in both the assessment team’s report and provider’s response and I have come to a different view to that of the assessment team.

I acknowledge it was not best practice to take someone who had shown signs of gastroenteritis to a public area so soon without knowing what the reason for the symptoms were. Comments in the report stated two staff sated they should not have been taken from their room but it is not known if these comments were a result of their previous knowledge or if it was due to the additional training. Had the service not acted and completed additional training I would have agreed with the assessment team that this Requirement was not met. Another influencing factor in my finding of compliance is the infection prevention control (IPC) audit where the IPC appraisal was conducted on the 12 December 2023, post outbreak, as the service was found to have the appropriate knowledge, systems, processes and resources to respond to an outbreak. It also acknowledge an IPC lead is currently in training as the previous person left.

It is for these reasons I find Requirement (3)(g) 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)