Performance

Report

**1800 951 822**

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| Name: | Mertome Aged Care |
| Commission ID: | 7355 |
| Address: | 30 Winifred Road, BAYSWATER, Western Australia, 6053 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 March 2024 |
| Performance report date: | 22 March 2024 |
| Service included in this assessment: | Provider: 9509 Fresh Fields Management (NSW) No 2 Pty Ltd  Service: 7219 Mertome Aged Care |

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 Mertome Aged Care (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* an email from the provider received 20 March 2024 acknowledging the assessment team’s findings.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **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

A range of assessments, including validated assessment tools to identify risks, such as those relating to falls, pressure injuries and pain, are completed on entry, at scheduled care plan reviews and when consumers’ needs change. Care files sampled identify known risks to consumers, including risks relating to cognition, infection, sensory, pressure injuries, falls, equipment and environment, and strategies to guide staff in management of known risks are documented. Where consumers are identified as engaging in activities which include an element of risk, dignity of risk assessments are completed in consultation with consumers and/or representatives and reviewed on a regular basis. Consumers and representative said they are in regular contact with staff and involved in discussions relating to care planning and identification of risks.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

Consumers receive safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Care files sampled, and consumer and representative feedback demonstrates safe and effective provision of care relating to management of pain, diabetes and wounds. Care files also evidence involvement of general practitioners and allied health professionals in provision and management of consumers’ personal and clinical care needs. Care provided is aligned with best practice, where applicable, and with the service’s policies and procedures. Consumers and representatives are satisfied with the clinical and personal care consumers receive, and said consumers’ preferences are considered in provision of care.

Care files sampled demonstrate staff support consumers to ensure they receive appropriate services when their condition changes. Staff described signs and symptoms of consumers whose condition had deteriorated, or when their care needs had changed, and actions taken in response, including increased monitoring, undertaking assessments, initiating referrals to the clinical team, allied health professionals and general practitioners, or transferring consumers to hospital, as required. Team huddles are conducted twice a day to ensure all staff are up to date with any changes and/or deterioration in consumers’ health and well-being and to enable appropriate and timely action occur. Consumers are satisfied staff know them well and feel confident staff will identify and respond to any changes and deterioration in their condition.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care 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)