MercyCare Joondalup

Performance Report

21 Aldwych Way
JOONDALUP WA 6027
Phone number: 08 9300 0700

**Commission ID:** 7241

**Provider name:** Mercy Human Services Limited

**Assessment Contact - Site date:** 13 January 2021

**Date of Performance Report:** 16 March 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### Assessment of Standard 3 Requirements

The Assessment Team assessed Requirement (3)(b) and (3)(d) under Standard 3 Personal care and clinical care. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The Assessment Team found overall, consumers and representatives consider they receive care that effectively manages high impact and high prevalence risks (risks) and the staff can recognise deterioration in the consumer’s health and well-being. The following examples were provided by consumers and representatives:

* Consumers said the personal and clinical care is timely and the staff have the knowledge and skills to identify deterioration and changes in the consumers’ health and well-being.
* Consumers and representatives are satisfied the staff understand their complex needs and when risks are identified strategies are implemented to manage the consumer’s safety.
* Representatives and consumers said the staff respond quickly when there is deterioration in the consumer’s condition.
* One representative said they were aware of the fall prevention strategies in place for the consumer, the staff discussed the risks with them, and they were supported in their decision.

The organisation has policies and procedures to guide the staff in recognising changes in the consumer’s health and well-being, and managing risks to the consumer to ensure care is received in an effective and safe way. These policies and procedures align with the care planning documentation sited by the Assessment Team.

The Assessment Team spoke to staff who were able to describe the risks identified for the sampled consumers, they could explain what strategies were effective for the management of the risks and showed an awareness of the organisation’s process to escalate deterioration in the consumers’ health and well-being. Staff also acknowledged training is provided on determining deterioration of consumers’ health and they are aware of the organisation’s policies and procedures.

The organisation has systems to monitor the deterioration in the consumer’s mental health, cognitive or physical function, capacity or condition and to manage risks associated with care to enable the delivery of effective and safe services.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(d) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.