Performance

Report

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| Name: | MercyCare Maddington |
| Commission ID: | 7270 |
| Address: | 185 Maddington Road, MADDINGTON, Western Australia, 6109 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 20 September 2023 |
| Performance report date: | 25 October 2023 |
| Service included in this assessment: | Provider: 8720 Mercy Human Services Limited  Service: 5537 MercyCare Maddington |

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 Maddington (**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.

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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and management;
* the provider’s response to the assessment team’s report received 6 October 2023; and
* a Performance Report dated 23 June 2023 for the site audit undertaken from 2 May 2023 to 4 May 2023.

# Assessment summary

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| Standard 4 Services and supports for daily living | Non-Compliant |
| **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

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.

Standard 4 requirement (3)(f)

* Ensure meals are of suitable quality and meeting consumers’ preferences, specifically in relation to meal choices for consumers with cognitive impairment and assessed as requiring a high level of texture-modified foods.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as the specific requirement assessed has been found non-compliant.

Requirement (3)(f) was found non-compliant following a site audit undertaken from 2 May 2023 to 4 May 2023 where it was found the service was unable to demonstrate meals provided were of suitable quality due to them being served cold.

At the assessment contact undertaken on 20 September 2023, the assessment team found the service had undertaken initiatives to address the deficiencies identified, such as providing catering equipment to directly serve food to consumers in the dining room and monitoring food temperatures. However, the assessment team were not satisfied an individual and flexible approach to meal choices for consumers with cognitive impairment and assessed as requiring a high level of texture-modified foods was demonstrated. Observations of meal service and survey data indicated the meal service was not effective in enhancing consumers’ quality of meals and their dining experience. The assessment team’s report provided the following evidence relevant to my finding:

* Consumers on texture-modified foods were receiving default meals determined by the chef. Staff confirmed there is no consideration for meal choice for these consumers.
  + Representatives said they were not aware of any meal choices or alternatives being offered to consumers on texture-modified foods.
  + Consumer A does not enjoy their textured-modified meals and is not offered any alternatives despite documentation showing a variety of soft textured foods can be consumed.
  + Consumer B has experienced some weight loss and is unable to make meal choices due to their cognitive impairment. Their representative would like to meal choices for the consumer but is unaware of the meal choice options available.
  + Consumers C and D are on texture-modified diets and are not offered any meal choices. They have expressed no concerns with the quality of the food but were unaware alternative meal choices are available.
* Observations showed some consumers on texture-modified foods not eating their meals and not being offered food alternatives but continued to dessert.
* Food for some consumers was not provided in a way that they can eat, such as temperature, and delayed assistance to support food consumption.
* The scheduled survey for food and dining experience dated August 2023 identified 40% of consumers enjoyed mealtimes ‘sometimes’, 20% were ‘unsure’ if meals and drinks are good quality, 40% were ‘unsure/neutral’ with variety of meals and drinks and 40% were ‘unsure’ with their participation in the menu planning.

The provider accepted the assessment team’s recommendations and submitted a quality improvement plan in their response detailing actions to rectify the deficits identified.

I acknowledge the provider’s response and actions completed to improve the quality and variety of meals. However, further improvements are required to provide meal choices for consumers with cognitive impairment and assessed as requiring a high level of texture-modified foods. In coming to my finding, I have placed weight on feedback provided by staff, consumers, and representatives, regarding insufficient meal choices for consumers with cognitive impairment and assessed as requiring a high level of texture-modified foods. Whilst the service is taking steps to improve the meal service, I consider the planned completion date for the actions identified in the quality improvement plan is noted as the end of November 2023. Therefore, time will be required to implement and embed the proposed actions to deliver an improved meal service, including provision of meals that are varied and of suitable quality for all consumers.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living non-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

Requirement (3)(a) was found non-compliant following a site audit undertaken from 2 May 2023 to 4 May 2023 where it was found the workforce did not enable the delivery and management of safe and quality care and services, specifically in relation to provision of lifestyle services to support the individualised needs and preferences of consumers. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A restructure of the management team to ensure shared responsibility for providing clinical, personal and therapy care to all consumers.
* The master roster is now directly overseen by the facility manager to ensure all shifts are allocated to meet the care and service needs of consumers.
* A ‘care companion’ model is being rolled out across the organisation to amalgamate the lifestyle and carer roles which will focus on improving the provision of individualised holistic care.
* Additional clinical staff hours have been allocated to cover consumer care and therapy activity requirements.

At the assessment contact undertaken on 20 September 2023, the service was found to have adequate staffing to meet the needs of the consumers, and the mix of the workforce deployed enabled the delivery of safe and quality care. Staff feel there is sufficient staff and the correct mix of staff to ensure care and services are provided to consumers in an unrushed manner. Documentation showed, and management confirmed, staffing levels are reviewed regularly and allocations consider the mix of staff required to deliver safe and quality care. Observations showed there were sufficient staff available to assist consumers with their personal care needs, as required, and consumers and representatives were satisfied with the level of staff at the service.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources 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)