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: | 16 January 2024 |
| Performance report date: | 4 March 2024 |
| 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.

# 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, and representatives;
* the provider’s response to the assessment team’s report received 13 February 2024 acknowledging the recommendations made by the assessment team; and
* the performance report dated 25 October 2023 for an assessment contact (performance assessment) - site undertaken on 20 September 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |

Findings

Consumers are supported to maintain relationships and exercise choice by having any requests for care and services addressed in a timely manner. Observations showed staff interacting with consumers and representatives, assisting consumers to sit with the people of choice, and join activities they would like to participate in. Consumers and representatives said they are supported and encouraged to make decisions about how and when consumers would like care delivered, and who is involved in the decision-making process about their care.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 1 Consumer dignity and choice compliant.

# 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. | Compliant |

Findings

Requirement (3)(f) was found non-compliant following an assessment contact in September 2023 as meals of suitable quality were not provided or did not meet consumers’ preferences, particularly for consumers with cognitive impairment and assessed as requiring texture-modified foods. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Providing training and information to staff on how to improve consumers’ dining experience.
* The purchase of thermometers and increased food temperature checks to ensure meals remain of suitable quality.
* Food and drink choices to be made available for all consumers regardless of their cognitive ability.

The improvements implemented ensured meals provided were of suitable quality, quantity, and variety. Observations showed staff checking consumers’ nutrition and hydration preferences, and dietary requirements before serving meals. All consumers were offered meal and drink choices irrespective of their cognitive ability or food consistency requirements, and new menus are developed with input from consumers, representatives, and dieticians. Consumers were happy with the meals and drinks provided and said they were offered meal choices.

Based on the assessment team’s report, I find requirement (3)(f) in Standard 4 Services and supports for daily living 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)