Performance

Report

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| Name of service: | MercyCare Maddington |
| Service address: | 185 Maddington Road MADDINGTON WA 6109 |
| Commission ID: | 7270 |
| Approved provider: | Mercy Human Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 December 2022 |
| Performance report date: | 10 January 2023 |

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 K Richards, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff, and management.
* the provider did not provide a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives said consumers were treated with dignity and respect, with value for their identity and culture, and the Assessment Team observed staff interactions to be respectful and undertaken in a manner to respect their dignity. Care planning documentation reflects what is important to consumers to maintain their identity and dignity. The organisation has documents and processes which outline consumers’ right to respect and dignity, and staff confirmed they receive training on this as part of their annual mandatory training. Consideration of cultural needs and preferences was demonstrated through menu options and food provided for the weekly Italian club activity.

For the reasons detailed above, I find Requirement (3)(a) in Standard 1 Consumer dignity and choice 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

Each consumer receives safe and effective personal and clinical care that is tailored to their needs, optimises health and well-being, and aligned with best practice guidelines. Consumers and representatives were satisfied with the delivery of care, and confirmed staff were aware of personal preferences, which was also captured in care planning. Care files sampled in relation to wound care and falls documented monitoring and reviews undertaken, including tailored care strategies, although one consumer at risk of falls was observed to not have a shower chair in the bathroom despite care plan documentation confirming this was required due to risk of falls.

Consumers subject to restrictive practices received regular review, including reduction and/or cessation of medications where appropriate. Pain assessment was documented in pain charts, with interventions and responses captured in progress notes instead of within pain charting.

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. Clinical staff said they had recent training on this topic and were able to describe signs and symptoms of clinical deterioration, including delirium, as well as reference available documentation to guide their actions. Sampled care files included documented description of assessment and monitoring, or actions taken in response to clinical and behavioural changes, including referral to medical officers or hospital. Recent actions were taken to expedite pathology result response time, especially for consumers who were symptomatic.

For the reasons detailed above, I find Requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care 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

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. Consumers and representatives were satisfied there were enough staff to deliver care and services the way consumers wished, and did not feel rushed by staff when providing care and services. Staff said the service has enough staff to provide safe quality care and services. Some consumers felt agency staff were not as knowledgeable as permanent staff, with staff saying agency staff who do not know consumers well puts pressure on them to complete additional tasks to minimise impact on consumers. However, the service has a good relationship with one agency and request, where possible, to have the same staff to ensure continuity of care, and were actively interviewing staff to fill vacancies, with 19 new staff members commencing within the past 6 months. Call bell data is audited monthly and investigation is undertaken on lengthy responses or frequent call bell use, with analysis used to develop strategies to improve the quality of care and services.

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

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

There are effective risk management systems and practices, including, but not limited to, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents, including use of an incident management system. Staff could describe policies in place to manage risk and enable consumers to be supported to live the best life they can and were aware of incident management reporting requirements and processes, including for the Serious Incident Response Scheme (SIRS). Training on SIRS reporting is provided during onboarding and on an ongoing basis, and staff meeting minutes demonstrated ongoing education on mandatory reporting. The online incident management system captures incidents and provides alerts to designated senior staff, and the process supports mandatory reporting of incidents which was demonstrated through SIRS reporting data.

High impact or high prevalence risk data is identified through clinical assessment and incident reviews, with data included in monthly reports for review at monthly quality meetings, attended by the leadership team. The service has a risk management framework which guides staff when managing risk of consumers, and the service has processes to identify and assess risky activities and guide staff through individual risk assessments to identify and develop mitigation strategies.

For the reasons detailed above, I find Requirement (3)(d) in Standard 8 Organisational governance 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)