Performance

Report

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| Name: | MercyCare Rockingham |
| Commission ID: | 7218 |
| Address: | 1 Tanby Place, COOLOONGUP, Western Australia, 6168 |
| Activity type: | Site Audit |
| Activity date: | 7 May 2024 to 9 May 2024 |
| Performance report date: | 5 June 2024 |
| Service included in this assessment: | Provider: 8720 Mercy Human Services Limited  Service: 4746 MercyCare Rockingham |

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 Rockingham (**the service**) has been prepared by Denise McDonald, 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 Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others
* the provider’s response to the assessment team’s report received 21 May 2024
* other information and intelligence held by the Commission in relation to the performance of the service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives said consumers were treated with dignity, respect and gave practical examples of how their diversity was valued. Staff were observed engaging with consumers in a respectful manner including seeking consent prior to providing care. Posters displayed and handbooks given to consumers on entry, advised consumers of their right to be treated with dignity, respect and to receive care or services in line with their individual preferences.

Consumers and representatives said consumers felt culturally safe and gave examples of how staff supported them to meet their cultural preferences. Staff demonstrated knowledge of consumers needs and preferences which were based on their cultural background, life history or personal beliefs.

Consumers said they were encouraged on entry to choose who they wanted to be involved in their care decisions, advising their choice to be independent and their own decision maker was supported. Staff provided examples of how they supported consumers to make choices and their decisions were reflected in care documentation. Policies and procedures supported consumers independence in decision making processes and promoted person centred care.

Consumers and representatives said consumers were able to take risks and live life the way they choose. Staff demonstrated knowledge of and gave examples of how consumers take risks and strategies to support them. Care documentation evidenced risks were discussed, including potential harms and consumers were enabled to make informed choices regarding how they lived their life.

Consumers and representatives confirmed information to assist them in making informed choices was timely, clear, and easy for them to understand. Staff described various means in which information was given to consumers and how this was adjusted in consideration of cognitive or sensory impairments. Activity schedules were observed to be displayed in consumers rooms and were current.

Consumers and representatives felt consumers’ privacy was respected as their doors were closed when they received care. Staff advised computers were kept locked and passwords were required to access consumers’ personal information stored on the electronic care management system (ECMS). Policies and procedures guided staff on maintaining consumer privacy and staff were required to sign confidentiality agreements.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed assessments were completed when consumers entered care. Staff advised a checklist was used to guide them through the completion of a suite of validated assessment tools, to identify potential risks to consumers, however the assessment process did not include consideration of risk of environmental practice in response to the keypad controlling entry and exit to the building, with all consumers subsequently assessed to identify if restrictive practices had been applied. Care documentation evidenced comprehensive care plans were developed following completion of assessments and the care plan guided staff on the care required by consumers.

Consumers and representatives advised they had discussed their care preferences including for personal hygiene and advance care. Staff confirmed a consumer’s wishes for end of life are discussed upon entry and revisited routinely and understood their role in ensuring care plans were kept up to date to reflect currency. Care documentation evidenced consumer’s current care needs were captured and contained an advance care directive where this had been completed.

Consumers and representatives gave positive feedback on their continued engagement in assessment and care planning processes. Staff confirmed consumers and those who they have identified as being their nominated representative, are routinely involved in assessments and care conferences. Care documentation evidenced a multi-disciplinary approach was used with medical officers, allied health professionals and specialists contributing to the assessment and care planning process.

Consumers and representatives said they knew the consumers assessment outcomes as these are communicated to them. Staff were observed accessing consumer’s care documentation stored within the ECMS and via point of care applications. Staff advised copies of the consumer’s care plans are offered to consumers and their representatives, however most decline.

Staff confirmed consumers care plans were regularly reviewed and gave practical examples of incidents which prompted, care strategies to be reviewed and evaluated. Staff confirmed care plans were reviewed every 6 months. Care documentation evidenced care strategies were updated when they were assessed as no longer effective and routine reviews were completed, as scheduled.

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received personal and clinical care which was tailored to meet their individual needs. Staff demonstrated knowledge of consumers personal care preferences and their individualised clinical needs to maintain their skin integrity and to manage their pain or wounds. Care documentation evidenced where restrictive practices were applied, informed consent was obtained, behaviour supports were in use and their use was monitored and reviewed for effectiveness, in line with best practice.

Consumers and representatives said high impact or high prevalence risks such as falls were effectively managed. Staff demonstrated knowledge of the care required to be delivered by them to manage risks to individual consumers. Care documentation evidenced, when falls occurred staff followed post fall management procedures and management of diabetes was in line with medical officer directives.

Care documentation, for a consumer who recently passed away, evidenced the consumer was kept comfortable through provision of regular comfort cares, psychosocial support and administration of pain medication. Consumer representatives gave practical examples of care provided which ensured the consumer’s dignity when they neared end of life. Policies and procedures guided staff practice, with staff confirming they have access to palliative care specialists, if required.

Care documentation evidenced when a consumer experienced a clinical deterioration, staff responded quickly. Consumers and representatives advised staff were responsive, in monitoring for and when, changing health conditions were detected. Staff were knowledgeable of the escalation processes required when clinical deterioration was identified.

Staff confirmed consumers information was documented within the ECMS, it was transferred with them when the consumer attended external appointments or went to hospital, and it was shared between themselves using meetings and handover processes. Care documentation evidenced updates to consumer’s care were made to following review by specialists and changes were discussed during handover. Consumers said communication was effective.

Consumers and representatives advised staff were responsive in referring the consumers to allied health providers. Care documentation evidenced consumers were quickly referred for assessment or review in response to a change in their condition or an incident, as appropriate. Staff demonstrated knowledge of referral processes and confirmed a range of health providers and specialists were available to receive referrals.

Consumers and representatives gave positive feedback on staff using precautions of hand hygiene and wearing personal protective equipment (PPE) to prevent of control the of infections. Staff demonstrated knowledge of non-pharmacological strategies to prevent infection, reduce the need for antibiotics and ensure antibiotics were suitable when infection was present. Policies and procedures promoted antimicrobial stewardship practices and outbreak management plans guided staff on their roles and responsibilities when an infectious outbreak occurred.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives felt consumers were supported to undertake daily living activities which enhanced their quality of life and promoted their independence. Staff advised lifestyle assessments identify consumer’s individual preferences, including food likes, dislikes leisure interests, spiritual needs and social traditions. Staff were observed to promote consumer independence while supporting them to participate in lifestyle activities.

Consumers said their emotional needs were recognised by staff and they were supported to engage in spiritual practices aligned with their faith. Care documentation included the supports required by consumers to promote their emotional, psychological and spiritual wellbeing. Staff confirmed they spent one on one time with consumers when their mood was low and connected them with loved ones for emotional support.

Consumers said they were supported to participate in activities aligned to their interest and advised some of these were run by community visitors to maintain connection to the outside community. Consumers were observed participating in a range of activities including exercises and a gardening club. Consumers were observed socialising with other consumers as part of the activities run through the lifestyle program which included community outings and receiving visits from family and friends.

Consumers and representatives felt consumer information was effectively communicated as staff understood their daily living needs and preferences. Staff confirmed changes in consumer condition or preferences were communicated between care and catering staff, with dietary profiles observed to be consistent with care documentation. Staff were observed handing over changes to consumers nutrition and hydration preferences.

Consumers said they received additional services and supports to assist with socialisation and spiritual enrichment. Staff described the referrals process and were knowledgeable of other organisations able to be engaged to support consumers daily living needs. Care documentation evidenced referral occurred promptly when consumers were identified as needing additional support.

Consumers and representatives gave positive feedback on the variety, quality and quantity of meals served. Staff confirmed consumers have input into the development of the menu, consumer’s meal choices were collected daily, with off-menu options available, if required. Consumers meals were observed to be cooked on site and served fresh.

Consumers and representatives said equipment provided to them was regularly cleaned and checked for safety. Maintenance documentation evidenced consumers mobility aids were inspected routinely to maintain them in good working order. Staff demonstrated knowledge of processes used to ensure faults in consumer equipment were attended to promptly and confirmed cleaning of equipment after each use was part of their duties.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers described the service environment as welcoming and easy to navigate. Directional signage was observed to aid consumers to find their way around and consumer’s rooms were personalised with their own belongings, photos, and artwork. Communal areas were observed to be decorated to promote a homelike environment.

Consumers and representatives said consumers were able to mobilise between indoor and outdoor areas as they wished. Staff described systems and processes to ensure cleaning and maintenance were performed routinely or when hazards were identified. Consumers were observed spending time in communal areas which were clean, and outdoor areas which were well maintained.

Consumers and representatives said the furniture was very comfortable and maintenance checks were routinely performed on to ensure equipment was in good working order. Maintenance documentation evidenced equipment was inspected at regular intervals to ensure it was in good condition and furniture was treated to reduce fire risks. Furniture was observed to be clean, with fittings and equipment safe and suitable for consumer use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints. Staff understood complaints processes and gave practical examples of how consumers were supported both verbally and in writing to make suggestions and raise any concerns. Feedback forms and locked lodgement boxes were observed to be readily accessible.

Consumers and representatives were aware of advocacy services and language services available, if they were required. Staff described acting as advocates for consumers, confirmed advocacy services were presenting at the next consumer meeting and consumers did not currently need to access interpreters as they spoke English. Posters and pamphlets displayed promoted consumer awareness of their ability to access advocacy services and the Commission.

Consumers and representatives gave practical examples of actions taken in response to complaints they had made and confirmed they had received an apology. Staff demonstrated knowledge of the principles of open disclosure and confirmed these were used when complaints were made. Complaints documentation evidenced timely management of complaints in line with timeframes designated in complaints management policies.

Management confirmed feedback and complaints are logged and reviewed monthly to identify trends and improvements required. Staff gave practical examples of obtaining a cat to reside within the service to enhance a homelike environment. Continuous improvement documentation evidenced responsive actions and complaints resolution processes were monitored through to closure.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said there was enough staff to meet consumers’ needs, care preferences and to provide the required supports. Staff stated the skills mix of staff was frequently adjusted based on consumer needs, nursing staff were continuously on site and agency staff were rarely used to fill unplanned leave. Rostering documentation evidenced shifts were filled and care minute targets were being reached.

Consumers and representatives said staff are kind, caring and gentle when delivering care. Staff interactions were observed to be respectful with staff demonstrating knowledge of consumers identity as they called them by their preferred names. and diversity and understand their background and cultural preferences. Policies and procedures guided staff on behaviour expectations which included respecting consumer diversity.

Consumers and representatives stated staff were sufficiently skilled to meet their care needs and to perform their roles. Personnel records evidenced staff qualifications, registrations and suitability to work in aged care were checked on commencement and monitored for currency. Management described staff competence was assessed and monitored through onboarding processes, ongoing observations, theoretical and practical assessments.

Consumers felt staff knew what they are doing and had received the required training. Management advised staff completed annual mandatory training modules on manual handling, infection control, food safety and incident management. Education records evidenced staff had completed orientation, annual and adhoc training as scheduled.

Management confirmed workforce performance was formally assessed through an annual appraisal process. Personnel documentation evidenced staff had been or were scheduled to have their appraisal prior to the end of the financial year. Management confirmed informal processes, such as observations were used to monitor workforce performance and performance review was initiated in response to adverse findings against behaviour expectations.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives felt the service was well run, with consumers confirming they contribute to service operations through consumer meetings and acting as consumer representatives on staff interview panels. Management confirmed a consumer advisory body was in the process of being established, with consumers confirming they had been approached to join. Meeting minutes and complaints documentation evidenced consumer feedback had been instrumental in television streaming services being implemented in communal areas.

Management described how the governing body (the Board), supported by a range of sub-committees, including a Quality care committee, and senior management personnel is responsible for the quality and safety of care and services delivered. Management advised monthly performance reports containing clinical incident data, complaints information, areas for improvement, workforce performance and serious incident notifications are provided to the Board to inform their decisions. Organisational policies, procedures and frameworks promoted inclusivity, cultural safety and guided staff on the quality of care to be delivered.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to monitor and support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the Serious Incident Response Scheme (SIRS). Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, open disclosure and restrictive practices with staff describing how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place which was followed by management and staff, however, guidance to staff on assessment for environmental restrictive was insufficient.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)