Performance

Report

**1800 951 822**

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| Name of service: | MercyCare Rockingham |
| Service address: | 1 Tanby Place COOLOONGUP WA 6168 |
| Commission ID: | 7218 |
| Approved provider: | Mercy Human Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 January 2023 |
| Performance report date: | 23 February 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 Rockingham (**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 - 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’s response to the Assessment Team’s report received 31 January 2023 acknowledging the Assessment Team’s recommendations; and
* the Performance Report dated 22 June 2022 for an Assessment Contact – Site undertaken from 3 May 2022 to 4 May 2022.

# Assessment summary

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| 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** |

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 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

Requirements (3)(a) and (3)(d) were found non-compliant following an Assessment Contact – Site undertaken from 3 May 2022 to 4 May 2022 where it was found the service did not demonstrate:

* each consumer received safe and effective personal and/or clinical care that was best practice, tailored to their needs, and optimised their health and well-being, specifically relating to management of pain, behaviours of concern, specialised nursing needs and wounds; and
* deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed care planning documentation to ensure consumer preferences are accurate and relevant to clinical and personal care needs.
* Engaged a Wound care clinical consultant ensuring wound management practices are reviewed to align with guidelines for achieving best practice outcomes.
* Implemented a system to ensure consumers subject to restrictive practice have appropriate consent, a process is in place to review and update their needs as necessary and a Behaviour support plan is utilised to identify triggers and support challenging behaviours.
* Provided education and guidance to staff on existing procedures and processes and recognising, reporting and responding to deterioration.
* Recruitment and trained a new Clinical nurse manager and four Registered nurses.
* Introduced a simplified handover tool that includes a flow chart of tasks and responsibilities and a focus on recognising and escalating changes in consumers.

At the Assessment Contact undertaken on the 19 January 2023, it was found consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives said staff deliver clinical and personal care that consumers require, in line with their wishes. Care files were reflective of consumers’ individualised personal care needs and demonstrated involvement of General practitioners and Allied health specialists in the development and delivery of care. Appropriate management of specific aspects of personal and clinical care, including skin care, continence, diabetes, pain and wound care was evident in care files sampled. Staff provided examples of how they provide care to sampled consumers in a safe and effective manner and in line with their assessed needs and preferences.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including additional clinical monitoring and referrals to General practitioners and/or Allied health specialists. Where changes to consumers’ health and well-being had been identified, care plans had been updated to reflect any changes to consumers’ care and service needs. Staff described actions the service has taken to improve their understanding of recognising and responding to consumers’ changing conditions. Consumers and representatives sampled were satisfied changes in consumers’ health are identified and responded to in a timely manner.

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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following an Assessment Contact – Site undertaken from 3 May 2022 to 4 May 2022 where it was found the workforce was not competent or had the skills and knowledge to effectively perform their roles, specifically in relation to minimisation of chemical restraint, monitoring consumers at risk of deteriorating and management of wounds, pain, and behaviours of concern. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Placed a temporary hold on admitting new consumers to ensure a controlled and supported approach to new admissions and to embed current practices for new staff, for effective management and safety.
* Recruited a new leadership team, including a Service manager, Clinical nurse manager, Administration officer and employed four Registered and two Enrolled nurses.
* Reviewed duty lists and the handover tool to ensure staff understand their roles and responsibilities for care.

At the Assessment Contact undertaken on the 19 January 2023, it was found there are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. New employees complete an induction and orientation process which includes practical skills training and competency assessments, and undertake supernumerary shifts with experienced staff. Staff are required to complete ongoing mandatory competency assessments, relevant to their roles and annual performance review processes provide an opportunity for staff to discuss their goals and competency requirements. Staff said they complete competency assessments and are alerted when they are required to do further training and when annual competencies are due. Consumers and representatives felt staff are skilled and knowledgeable and provide care that meets consumers’ needs.

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