Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | MercyCare Rockingham |
| Commission ID: | 7218 |
| Address: | 1 Tanby Place, COOLOONGUP, Western Australia, 6168 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 17 October 2023 |
| Performance report date: | 9 November 2023 |
| 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   
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, representatives, and others; and
* the provider’s response to the assessment team’s report received on 23 October 2023 acknowledging the recommendations made by the assessment team.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | 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 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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

The service recognises changes of consumers’ clinical, cognitive, or mental health status and responds appropriately. Procedures are in place to guide staff in managing consumers’ risks or deterioration in health. Consumers’ care is reviewed to ensure risks are identified, and interventions to mitigate risks are implemented, monitored, and analysed via monthly reports. Discussions are held with consumers regarding risks with their chosen activity and an agreement made according to the consumer’s wishes. Staff identified consumers with clinical changes and how consumers’ health is monitored, and referrals made when deterioration in health is identified.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The service has an effective risk management framework that includes systems and processes to guide staff practice in recognising and responding to high-impact and high-prevalence risks associated with consumer care. Consumers are supported to take risks with strategies to minimise risks documented and reviewed annually or as required. Risk data is collected and analysed, and regular meetings are held to discuss consumers who are identified at risk. Documentation showed staff have undertaken training in identifying and responding to the abuse and neglect of consumers, including the Serious Incident Response Scheme and when mandatory reporting is required.

Based on the assessment team’s report, I find requirement (3)(d) 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)