

**Performance Report**

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| Name: | MercyCare Wembley Catherine McAuley |
| Commission ID: | 7887 |
| Address: | 18 Barrett Street, WEMBLEY, Western Australia, 6014 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 24 October 2024 |
| Performance report date: | 7 November 2024 |
| Service included in this assessment: | Provider: 1707 Mercy Community Services Limited  Service: 4893 MercyCare Wembley Catherine McAuley |

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 Wembley Catherine McAuley (**the service**) has been prepared by Katherine 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email dated 6 November 2024 stating they accepted all findings.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Fully Assessed |
| **Standard 8** Organisational governance | **Not Fully 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)(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 |

Findings

Consumers and representatives provided positive feedback on the timely recognition and response to change of consumer health. Staff received training on recognising and responding to clinical deterioration and described signs and symptoms reflecting change of health. Care planning documentation reflected prompt identification of deterioration and response in line with policies and procedures.

Most consumers and representatives said staff were familiar with consumers condition, needs, and preferences. One representative reported inconsistency in staff knowledge of the consumer with changes to personnel care and failures to follow care plan directives. Management identified care planning documentation was reflective of the consumer’s care requirements, with reminders sent to all staff on the importance of following directives. Staff described processes to communicate changes within handover, explaining how they communicated with visiting providers and shared outcomes with others through incorporating recommendations into the consumer’s care and service plan. Care planning documentation identified changes to consumer care following change of condition.

Based on the assessment team’s report, I find Requirements 3(3)(d) and 3(3)(e) in Standard 3 Personal care and clinical care 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**

Risk management systems, including assessment, review, and reporting systems, effectively supported identification and management of consumer risk. High impact and high prevalence risks to consumers were identified through assessments, incident reporting, and monitoring practices, with regular reporting and analysis. Staff described how incidents were managed and reported through the electronic system, with management explaining how information was analysed and used to improve services. Consumers were supported to make choices to live their best life, including taking risks of choice, with consultation on harm mitigation strategies.

Based on the assessment team’s report, I find Requirement 8(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)