**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Morcare Services |
| Service address: | Unit 2, 673 Boronia Road WANTIRNA VIC 3152 |
| Commission ID: | 300909 |
| Home Service Provider: | Morcare Services Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 12 April 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 Morcare Services (**the service**) has been prepared by M Abjorensen, 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.

# Services included in this assessment

**Home Care:**

* Morcare Services, 26374, Unit 2, 673 Boronia Road, WANTIRNA VIC 3152

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Not Applicable** |
| **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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | HCP |
| 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

Through evidence collected by the Assessment Team, such as, interviews with consumers, representatives, staff and management; and file reviews, the Decision Maker finds the service is compliant in relation to all requirements in this standard.

Feedback received through consumer interviews showed they are treated with dignity and respect during their interactions with staff.

In relation to cultural safety, consumers and representatives reported the service strategically recruits and schedules staff from similar cultural or linguistic communities, to support the cultural needs and preferences of consumers.

All consumers reported being involved in decision making and staff described their practices to support consumers in making decisions in how their services are delivered.

Statements from consumers demonstrated how services received help them to live the best life they can. For example, a consumer told the Assessment Team the services they receive mean they ‘‘can do a lot of things, they do make it easier for me as I get older’.

Consumers confirmed that they receive information that is current, accurate and timely. The Assessment Team reviewed the information pack provided to consumers which contains the consumer agreement and relevant information to explain the service. The Assessment Team reported the information pack is available in multiple languages, in accordance with consumers’ linguistic needs.

Consumers told the Assessment Team they feel staff respect their privacy and their information is kept confidential. Documentation reviewed confirmed the service has a privacy policy, which is distributed to consumers in the information pack. Consumers receive information on their rights to privacy and dignity, contained within the consumer agreement and complete consent forms in relation to the collection, use and disclosure of sensitive personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| 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

Through evidence collected by the Assessment Team, the Decision Maker is satisfied the service is compliant in their obligation for ongoing assessment and planning with consumers.

Overall, consumer feedback described the service meets current needs, goals, preferences through partnership during assessment and planning. Consumers and representatives interviewed reported outcomes of the assessment and planning have been communicated and they have access to care plans. Consumers and representatives confirmed that care and services are regularly reviewed for effectiveness and they could let the service know if their preferences changed:

* A representative told the Assessment Team the service reassessed their family member following a change in care needs and hospitalisation, care documentation evidenced the reassessment resulted in increased services, including mental health supports.
* The Assessment Team provided examples where a consumer’s mobility, home environment and care needs were assessed with validated assessment tools, and contributions from allied health clinicians; for the planning of care and service delivery.

Support workers interviewed explained care delivery is informed through care documentation and instructions from consumers and representatives, as appropriate.

Through interviews, management advised the service applies a ‘risk averse’ approach to implement best practice strategies informed through risk assessments. Additionally, assessments identify workforce training needs to ensure consumers receive care from staff with the skillset required to meet consumer needs.

Management advised of planned improvements to embed advance care planning discussions in assessment and care planning processes, supported with workforce training.

Management and staff reported care planning is an ongoing process with scheduled review periods and immediate review in response to a change in circumstance, or where an incident impacts on care needs or preferences (for example hospitalisation, incident, assessment reports from allied health or feedback from consumers).

* The Assessment Team observed information provided to consumers in a program information folder which is kept in the consumers’ homes along with a communication notebook for support workers to complete, to ensure handover of support as appropriate for the consumer.

Care documentation reviewed by the Assessment Team evidenced detailed consumer centred assessments; goals tailored to meet consumers’ current needs and preferences and evidence the involvement of consumers and others, including, representatives, general practitioners, external nursing services, allied health practitioners and lifestyle supports. All sampled care plans contained relevant care directives, scheduled reviews and updated progress notes, or referrals, for consumers with a change in care needs.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| 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

The evidence collected by the Assessment Team satisfies the Decision Maker that the service is compliant in relation to the delivery of safe and effective personal, and clinical care, for each consumer.

Consumers and representatives interviewed expressed satisfaction in general with the personal and clinical care provided, reporting that staff knew what care was to be delivered. Overall, consumers reported their care is well-coordinated, including timely referrals, and effectively communicated with others involved in their care.

* A representative reported their family member receives personal care for showering assistance which helps them to do things they cannot do safely by themselves. The support worker described how they deliver personal care through falls prevention strategies, care documentation evidenced relevant directives.

Support workers described reliable, and accessible; support received from the service in relation to that best practice care provision and effective communication keeps them informed, and up to date, on consumer care needs. Staff interviewed demonstrated knowledge of individual consumers’ risks, including the techniques they use to manage risks during care and service provision. Staff described their responsibilities in reporting deterioration or change in the consumer immediately through contacting the office and/or completing an incident report.

Management advised personal and clinical care is delivered in accordance with each consumer’s specific needs, best practice care is informed through feedback from consumers and clinical advice from relevant health professionals.

The service identified high impact and high prevalence risks associated with consumers as falls, social isolation and consumers changed behaviours related to dementia. Care documentation showed risks associated with the care and services for sampled consumers are identified and documented.

* The Assessment Team reviewed actions taken for sampled consumers in relation to the management of nutrition and hydration; mental health episodes; swallowing difficulties; and diabetes management, which evidenced effective management of risk associated with sampled consumers.

Care documentation evidenced staff report incidents and the service takes actions to address risks to consumers, including the involvement of other health professionals and workforce communications in relation to changes to consumer care needs and risk management strategies.

While the service is not currently providing end of life care to any of their consumers, the service has links with organisations that provide palliative care and the organisation has the capacity to provide personal care and clinical care to consumers receiving palliative care when required.

Interviews with sampled consumers, staff and a review of care documentation demonstrated changes in a consumer’s health or condition are reported by support workers and responded to, in a timely manner. A representative interviewed by the Assessment Team, described the additional services and supports promptly implemented by the service following their family members hospitalisation, evidenced through care files reviewed.

The service has electronic systems for the communication and transfer of consumer information within the service and to support staff using mobile telephone software. The Assessment Team reported care documentation showed examples of ways that with consumer consent, information is shared within the organisation and with others responsible for care, including health practitioners, while progress notes, referrals and referral reports demonstrate appropriate communication of information to others involved in care.

* The Assessment Team reviewed sampled consumers who received referrals to nursing services for catheter care, podiatry for foot care and physiotherapy for falls management which evidenced improved outcomes for consumers through additional supports and ongoing monitoring of consumers’ health conditions.

The service has infection control policies and workforce guidelines, including vaccination requirements, workforce training and COVID-19 protocols, to minimise infection related risks. Staff training records demonstrated appropriate workforce education and COVID-19 registers showed coordinated actions taken to safely deliver care to COVID-19 positive consumers.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | HCP |
| 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

The evidence collected by the Assessment Team satisfies the Decision Maker to find the service compliant in relation to services and supports for daily living delivered to consumers.

Consumers and representative provided positive feedback about how the service supports activities of daily living to enable the consumer to optimise independence and wellbeing. Consumers described instances where they have received emotional support through their interactions with the workforce.

Through interviews, consumers described how services help them to engage in their interests and connect with others, for example:

* A consumer living with a visual impairment reported the service supports them to continue their interest in reading through access to audiobooks. Another consumer reported the service supports them to attend church services and community groups.

Consumers receiving delivered meals or assistance with meal preparations, expressed satisfaction with the choice, quality and quantity of foods. Sampled consumers described how equipment provided has improved their mobility and independent function in their own home.

Through interviews, staff described how they recognise and support consumers when they are feeling low including, being familiar with them and their needs, encouraging them to talk and providing emotional and psychological support where needed

Support workers described how current information about each consumer is shared through verbal updates, emails, telephone calls and mobile telephone applications, and how they notify the services when changes occur.

Management reported the service has developed referral networks with external providers to ensure timely and appropriate referrals for consumers such as counselling and advocacy services. Management advised assessment processes encouraged consumers to share their interests and preferences to identify referral options.

* The Assessment Team provided examples of timely lifestyle support referrals coordinated by the service, for sampled consumers, such as, vision specialist organisations, support groups for family members and counselling services.

Management described the services’ processes to assess equipment safety and suitability during consumer care planning and review processes. Where consumers require urgent or cost effective equipment, the service investigates options for hire equipment in conjunction with allied health assessment and recommendations.

Care documentation for sampled consumers showed assessments and care plans identify services and supports that promote independence and enjoyment, including assistance with shopping, transport to activities and appointments, and equipment. The service communicates with others, internally and externally, to ensure services are coordinated.

For consumers receiving meal services or meal assistance contained food allergies, dietary requirements and reflected food preferences and instructions for support workers to assist consumers with a range of meal preparation tasks in their home. For consumers provided equipment, care documentation contained relevant allied health assessments and recommendations to inform equipment purchased.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | HCP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The organisation does not have a service environment, for this reason, the standard was assessed Not Applicable. 5(

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| 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

The evidence collected by the Assessment Team satisfies the Decision Maker that the service has an effective feedback and complaints system that works for consumers and is used to improve the quality of care and services.

Consumers interviewed stated that they feel safe to provide feedback and raise any complaints by contacting the service, usually via the telephone. Consumer feedback described having confidence in the service to take appropriate action if they raised a concern.

* The Assessment Team interviewed a consumer who raised a concern that their support workers were not a good fit for them. The consumer advised the Assessment Team they were satisfied with the outcome and they are happy with the support workers they have since been allocated.

Management advised the information provided to consumers is made available in languages appropriate to consumer needs. Management reported feedback is reviewed regularly at meetings to identify improvement areas for individual consumers, and broadly within the service.

The Assessment Team reported the consumer information pack contains information on complaints and feedback, including guidance for advocacy and language services. The feedback register recorded complaints and resolution actions taken to improve consumer services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| 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

The Decision Maker is satisfied the service is complaint in human resource Requirements. Through evidence collected by the Assessment Team, the service demonstrated the deployed workforce is appropriate in number and equipped with through skillset, knowledge and training, inclusive of performance monitoring; to deliver the outcomes required by these standards:

Feedback from consumers reported the workforce is reliable and consistent. Where changes to scheduled services arise, consumers reported they receive appropriate notice and communication to decide whether they prefer a different support worker or a reschedule service to a different time. Consumers described the kind and respectful interactions with the workforce and reported staff delivering their care or services are trained and capable to do so.

* The feedback register contained compliments relating to consumers’ interaction with the workforce.

Management advised there had been two unfilled shifts in the past fortnight and the workforce have the required qualifications to do their role. For example, all roles have a position description that detail position duties and the desirable qualifications for roles.

* The Assessment Team reported staff complete a training specific to their roles, including dementia specific training for clinical staff. Workforce compliance checks, such as police checks, are completed prior to commencement of duties and monitored through the delegated staffing department. Induction workshops inform new staff of the organisation’s mission and company values; code of conduct and professional boundaries training, including guidance on the use of mobile devices.

The service delivers workforce training via online and face to face for mandatory competency requirements. Management monitor and review the completion rates of workforce training through reports reviewed by the leadership team. Examples of workforce training include, fire safety, food handling, manual handling and first aid training.

Workforce monitoring occurs annually through review of performance indicators, according to the role requirements. Performance for brokered staff occurs through consumer feedback. management provide feedback verbally on staff performance and formally through an appraisal process through annual appraisals.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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

The evidence provided by the Assessment Team e demonstrated the service has effective governance processes and systems to deliver safe and effective care to consumers through feedback systems, monitoring and review of performance indicators. The Decision Maker finds the service is compliant:

Consumers are engaged to evaluate and develop service delivery through postal, and telephone, surveys. Management review survey information to inform improvement actions.

* The Assessment Team reported, monthly governing body meetings consider continuous improvement activities, informed through reports relating to feedback and incident data. The organisation monitors brokered services throughs consumer feedback and supplier management processes which include mandatory compliance requirements.

Effective organisational wide governance systems relating to information systems, regulatory compliance, financial management, workforce governance, feedback and complaints were demonstrated by the service.

**Information management**

Electronic information management systems are password protected and accessible to the workforce through mobile applications.

**Continuous improvement**

The Assessment Team reported, continuous improvement activities are informed through consumer feedback and workforce input and tracked through governance documentation.

* The Assessment Team reported a recent improvement activity relates to the implementation of an end of life and palliative care policies and the inclusion of advanced care planning brochures within consumer information packs.

**Financial governance**

The Assessment Team reported consumers and representatives advised they receive accurate monthly statements. The organisation monitors unspent funds in accordance with service provisions.

**Workforce governance**

The service demonstrated governance systems are effective to meet the care and service needs of consumers.

**Regulatory compliance**

The organisation monitors regulatory requirements via emails from government bodies and relevant subscription services, Regulatory changes are reviewed by the governing body and communicated to staff.

* The Assessment Team reported the service has complied with recent regulatory requirements for home services, through the implementation of the serious incident response register. The compliance register monitors workforce requirements. and discusses any relevant changes at leadership teams then to staff.

**Feedback and complaints**

The organisation has an effective feedback and complaints system, the Assessment Team found open disclosure principles are applied in the resolution of complaints, and feedback is used to inform service improvements.

* The Assessment Team reported the organisation has an effective risk management framework to manage consumers’ high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents:

High impact and high prevalent risks are identified and managed through assessment and planning processes. Effective incident management systems were evidenced through interviews with staff, care file reviews and actions taken by the service. The Assessment Team reported management review incidents to inform actions to minimise risks to consumers and inform safe and effective care delivery.

* The Assessment Team reported communication protocols, combined with assessment and planning processes, assure the service that neglect or abuse to consumers it identified, and responded to, accordingly, demonstrated through interviews with management and staff.

Interviews with consumers and staff, evidenced the service supports consumers to live the best life they can, through ongoing assessment and planning to inform services delivered, supported through workforce interactions.

The Assessment Team reported the organisation’s clinical governance framework is informed through policies, procedures and clinical data, reviewed by the clinical committee to consider clinical care improvements, for example:

* The service assigns registered nurses to care manager position, policies and procedures guide workforce practice in relation to clinical care. The clinical governance committee, comprised of registered nurses and senior management, meets every two months to review clinical incidents, consumer care risk management and relevant polices. The organisation minimises infection related risks though workforce training and personal protective equipment provided to staff, with relevant competencies guiding staff practice.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)