Staffing Options for Community Services

Performance Report

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**Commission ID:** 700936

**Provider name:** Staffing Options for Community Services Pty Ltd

**Assessment Contact - Site date:** 29 September 2020 to 30 September 2020

**Date of Performance Report:** 30 November 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(b) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 26 October 2020.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives interviewed by the Assessment Team said the service understood their current needs, goals and preferences. They said they preferred to self-manage their Home Care Packages and deal directly with brokered service providers, clinicians, allied health professionals and other providers of care regarding the care and services provided under their Home Care Packages.

A review of care planning documentation evidenced consumer’s needs, goals and preferences were inconsistently documented in the care plan and for some consumers, advance health directives were sighted.

The service encouraged consumer directed care planning to meet individual consumer’s needs, goals and preferences. The service delivered care and services to most consumers through brokered service providers and contracted support workers.

Care planning documents sighted by the Assessment Team established that plans were reviewed at least every 12 months. This was confirmed by consumers and representatives who reported the Coordinator made regular contact with them to review services. However, the service did not demonstrate that comprehensive assessments were completed and that assessment and planning informed the delivery of safe and effective care and services. Not all care plans identified and addressed consumers’ current care needs, goals and preferences or provided detailed information to guide staff practice. The service provider submitted a plan for continuous improvement in relation to these matters which outlined improvement activities being undertaken with respects assessment and care planning.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The service was not able to adequately demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services.

Care planning documents did not adequately demonstrate comprehensive assessment and care planning, including a consideration of risks. Some care planning documents had no initial or ongoing assessment documentation and several consumers had incomplete initial assessment information and no ongoing assessment information. There was no evidence of validated assessment and planning tools being used.

Although documentation evidenced the provision of care and services by allied health professionals for some consumers, there was no evidence that allied health assessments informed care planning.

Care planning documentation was not individualised and did not provide sufficient detail to guide staff practice including actions to take if the consumer did not respond to a scheduled visit. Support workers said they were guided by the consumer or their representative in the delivery of care and services.

Care planning documentation indicated home safety checklists were completed on entry to the service or when a consumer moved to another residence. However, for one consumer the checklist was completed by a consumer’s representative. There was no evidence to demonstrate the risks identified were part of the assessment process conducted by the service.

During the visit, the service acknowledged assessment and planning did not consistently identify risks to the consumer’s health and well-being. Managers said they would conduct a review of care planning documentation for all consumers and incorporate assessments undertaken by allied health professionals. The service would review its systems and processes relating to assessment and planning.

The Service Provider’s response received on 26 October 2020 acknowledged the deficiencies identified by the Assessment Team and developed a plan for continuous improvement to address these areas. It advised the service has commenced a review of all current assessment and planning tools and a review of all current home care package consumer assessments, reports and plans to address gaps in assessment and planning. Furthermore, it reported policies and procedures will be updated and changes communicated to staff.

While I acknowledge the Service Provider’s actions to address the findings of the Assessment Team, at the time of the visit the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services. Therefore, I find the service Non-compliant in this requirement.

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Non-compliant

*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.*

Although consumers and representatives interviewed confirmed they are involved in the assessment and care planning process, the service did not adequately demonstrate that brokered service providers, clinicians, allied health professionals, medical officers and other providers of care and services were involved in ongoing assessment and planning of the consumers’ care and services. Examples included involve of professionals in relation to the purchase of suitable equipment or provision of an exercise program.

Contracted support workers stated they were not involved in assessment and care planning for care or services delivered under the home care package.

During the visit, management acknowledged they do not involve the consumer’s preferred allied health professional or brokered service providers and would review their systems and processes relating to assessment and planning.

The Service Provider’s response received on 26 October 2020 acknowledged the deficiencies identified by the Assessment Team and developed a plan for continuous improvement to address these. Its plan identified the service has commenced a review all current assessment and planning tools and a review of all current home care package consumer assessments, reports and plans to address gaps in assessment and planning. Furthermore, it reported that a review of its processes for involving brokered services will occur and it will strengthen relationships and referral processes with other providers.

I acknowledge the Service Provider’s actions to address the findings of the Assessment Team, however at the time of the visit, the service did not demonstrate that assessment and planning included other organisations, and individuals and providers of other care and services, that were involved in the care of the consumer. Therefore, I find the service Non-compliant in this requirement.

### Requirement 2(3)(d) Non-compliant

*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.*

Care planning documents did not evidence outcomes of assessment and planning were documented in consumers’ care plans. For example, the Assessment Team identified:

* Care plans did not provide detail on the services to be delivered.
* Care plans did not include sufficient information about risks and interventions or management strategies to guide staff practice such as falls, use of specialist equipment or behavioural support.
* Assessments by clinical staff and allied health professionals were not documented in care plans. The Assessment Team noted a consumer had been assessed by a registered nurse however outcomes of this assessment had not been communicated or documented in the care and services plan.

The Service Provider’s response received on 26 October 2020 did not disagree with the Assessment Team’s findings and developed a plan to address these deficiencies. It advised the service has commenced a review all current assessment and planning tools and a review of all current home care package consumer assessments, reports and plans to address gaps in assessment and planning. In addition, the service’s plan for continuous improvement identified it will ensure outcomes and recommendations of any clinical assessments are communicated as well as documented in the consumer’s support plan. Staff will also be provided with further instructions to ensure they read and comply with the consumer’s support plan.

I acknowledge the Service Provider’s actions to address the findings of the Assessment Team. However, at the time of the visit, the service did not demonstrate that the outcomes of assessment and planning were effectively communicated and documented in a care and services plan, that was readily available to the consumer, and where care and services were provided. Therefore, I find the service Non-compliant in this requirement.

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

A summary of the Standard has not been provided due to the Assessment Team having assessed two requirements within this Standard only.

The Quality Standard is assessed as Non-compliant as one of the two specific requirements that were assessed has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

Although consumers and representatives reported the consumer gets care and services that reflect their individual needs and situation, the service was not able to demonstrate consumers received safe and effective personal and clinical care that was best practice, tailored to the consumers’ needs and optimised their health and well-being.

Care planning documentation indicated that some consumers were subject to clinical risks. However, management were not consistently aware of the risks and/or how they were being managed. Documentation did not inform persons delivering care and services to consumers of strategies to minimise the risks relating to comprised skin integrity issues, medication and behavioural support, falls and other underlying health conditions (cardiac).

The service was not consistently aware of services provided by brokered services to consumers under their home care package and did not consistently identify staff with the qualifications and knowledge to deliver personal and clinical care. (Further information about the monitoring of brokerage services and staff is considered under Standard 7a requirement 3a and Standard 8 requirement 3 b).

Although management advised the service’s policy and procedure manual was under review, they did not reflect the Quality Standards or best practice principles to inform the delivery of safe and effective care. Furthermore, management was not able to advise the Assessment Team of how personal and clinical care is monitored or where information can be sourced to support the delivery of care that is best practice.

The Service Provider’s response received on 26 October 2020 did not disagree with the Assessment Team’s findings. It acknowledged these deficiencies and had developed a plan for continuous improvement. The plan outlined advised that the service has commenced a review all current assessment and planning tools and a review of all current home care package consumer assessments, reports and plans to address gaps in assessment and planning. Furthermore, the Service Provider advised it will ensure more detailed information is included in the support plan and who is responsible for delivering services. Research will be conducted on best practice and dementia training made available to staff.

I acknowledge the Service Provider’s actions to address the findings of the Assessment Team, however at the time of the visit, consumers were not receiving care that optimised their health and well-being or based on best practice. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(g) Compliant

*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.*

Consumers advised that they received regular phone calls from the service to keep them up to date on COVID-19 precautions and practices. Consumers said staff performed their duties with appropriate respect for infection control practices.

The service advised a COVID-19 infection plan was discussed with all consumers and a COVID-19 factsheet was given to employees.

An entry and exit register was kept at the front desk, with risk based questions about COVID-19 and general health asked of visitors and staff. Hand sanitiser was available for use throughout the office area and social distancing was adhered to in the office.

Staff said any changes in a consumer’s condition or signs of infection were reported to the service. They confirmed they received information from the service on infection control. Staff said they had completed online COVID-19 education and had a supply of personal protective equipment if required. All staff have received flu vaccinations.

Although the service generally demonstrated that infection related risks are in place, the service was not able to demonstrate this extended to brokered services. The service advised the Assessment Team that it would determine whether staff from brokered services had received COVID-19 training. The Service Provider’s response had included the follow up of training for brokered staff in its plan for continuous improvement and this has been considered further in relation to workforce planning (Standard 7 requirement 3 a).

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

A summary of the Standard has not been provided due to the Assessment Team having assessed one requirement within this Standard only.

The Quality Standard is assessed as Non-compliant as the requirement that was assessed has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The service did not demonstrate that the workforce was planned to ensure delivery of care was safe and met consumers’ needs.

Several consumers and representatives stated that they were happy with the services provided and indicated that the service contacts them regularly to determine whether consumers were satisfied with the care and services provided. However, the service was not aware of the services provided by brokered staff and the qualifications of those staff.

Management advised they did not monitor the education and training of staff from brokered services and not all brokered staff have an agreement with the service. In addition, the service did not review the performance of staff in any formal appraisal process. Management advised they rely on consumer feedback only to assess performance. However, the Assessment Team identified examples where staff (internal or brokered) did not have appropriate training and/or qualifications to perform, change or deliver services to consumers.

The Service Provider’s response received on 26 October 2020 did not disagree with the Assessment Team’s findings and advised that the Managing Director, the Aged Care Coordinator, the Human Resource Manager and Quality Officer will review the workforce issues and brokerage agreements. Furthermore, its plan for continuous improvement developed in response to the visit, identified there will be improved monitoring and recording of staff training and qualifications including brokerage agreements established where these are not in place.

I acknowledge the Service Provider’s actions to address the findings of the Assessment Team, however at the time of the visit, the service did not demonstrate that its workforce, including brokered services, was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Therefore, I find the service Non-compliant in this requirement

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

A summary of the Standard has not been provided due to the Assessment Team having assessed one requirement within this Standard only.

The Quality Standard is assessed as Non-compliant as the requirement that was assessed has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(b) Non-compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The organisation’s governing body did not promote a culture of safe and quality care and services that was accountable for its delivery. For example:

* Although the organisation has policies and procedures that relate to business planning, these did not reflect the Aged Care Quality Standards and staff were not trained on how these Standards were applied to their roles.
* Monthly leadership meeting minutes did not identify aged care was discussed other than in relation to funding.
* The service did not have established systems to support the monitoring and management of services that are brokered to consumers.
* The Assessment Team identified deficiencies in relation to the service’s assessment and care planning processes including the delivery of care and services to consumers.
* The Assessment Team identified examples of where the workforce was not adequately planned and managed to deliver safe and effective care.

The Service Provider’s response received on 26 October 2020 advised the new policies did correlate to the Aged Care Quality Standards and the service will undertake a full self-assessment between November 2020 and March 2021 to ensure the service complies with the Quality Standards as well as to ensure new policies and procedures align with practice. It further advised it will provide training to staff and management on the Quality Standards and update relevant documents such as position descriptions and handbooks.

While I acknowledge the Service Provider’s actions to address the findings of the Assessment Team, at the time of the visit, the organisation’s governing body did not demonstrate that it promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Furthermore, I note not all actions identified in its plan for continuous improvement have been commenced or fully implemented and the service will require a period of time to evaluate its effectiveness. Therefore, I find the service Non-compliant in this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) – Ensure assessment and planning by the service, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Requirement 2(3)(c) – Ensure that assessment and planning by the service includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
* Requirement 2(3)(d) – Ensure that 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.
* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 7(3)(a) – Ensure that the services workforce, including brokered and contracted services, 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.
* Requirement 8(3)(b) – Ensure that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.