**Performance**

**Report**

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| Name: | AUSCARE Staffing Agency Pty Ltd |
| Commission ID: | 500317 |
| Address: | 184 A Shepperton Road, East Victoria Park, Western Australia, 6101 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 9 October 2024 to 10 October 2024 |
| Performance report date: | 12 November 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9602 AUSCARE Staffing Agency Pty Ltd  
Service: 27748 Auscare Staffing Agency Pty Ltd  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9951 AUSCARE Staffing Agency Pty Ltd  
Service: 27920 AUSCARE Staffing Agency Pty Ltd - Care Relationships and Carer Support  
Service: 27950 AUSCARE Staffing Agency Pty Ltd - Community and Home Support

**This performance report**

This performance report has been prepared by Peter Frangiosa, 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 services it operates, 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.

# 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider did not submit a response to the Assessment Team Report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |

Findings

Requirement 1(3)(d) was found non-compliant following a Quality audit undertaken from 6 February to 7 February 2024, as the service did not demonstrate established systems and processes to ensure each consumer is supported in taking risks to enable them to live the best life they can.

The Assessment Team’s report for the Assessment Contact undertaken on 9 October to 10 October 2024 included evidence of actions taken to address the non-compliance, including but not limited to, implementation of a new policy platform with a staff portal that allows staff to be able to review the providers policies and procedures as required. A consumer care risk document has also been developed for the service coordinators to use, documenting risk and mitigation strategies.

The Assessment Team found these improvements were effective and recommended Requirement (1)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* Management advised of a new dignity of risk policy, with the ability to assign specific policy training to specific staff, knowledge testing and completion monitoring.
* Documentation reviewed showed the consumer care risk document was used for activities involving risk. This form documented the consumer’s desired outcome, risks ratings, strategies for mitigation, and acknowledgement of risk.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 1(3)(d) in Standard 1, Consumer dignity and choice.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Not applicable |
| 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 | Not applicable |

Findings

Requirement 2(3)(a) was found non-compliant following a Quality audit undertaken from 6 February to 7 February 2024, as the service did not demonstrate sampled consumers receiving HCP services, had the necessary assessment and planning around considerations of risks including falls, incontinence, wounds and pressure injury management.

The Assessment Team’s report for the Assessment Contact undertaken on 9 October to 10 October 2024 included evidence of actions taken to address the non-compliance, including but not limited to, development and implementation of a flow chart to support assessment and planning. Risk assessments were completed for all consumers and additional assessments tools created based on identified risk to consumers. The implementation of an escalation and reporting of incidents flow chart. All consumer support plans were reviewed, and clinical assessments by the registered nurse implemented for at risk identified consumers, including a nutrition and swallowing risk checklist.

The Assessment Team found these improvements were effective and recommended Requirement 2(3)(a) met. The Assessment Team provided the following evidence relevant to my finding:

* Regarding one consumer who had an unwitnessed fall, management advised the following.
  + A post falls assessment was conducted by their Registered Nurse (RN) using the updated risk assessment tools developed.
  + Management advised and documented reviewed confirmed following a referral and review of relevant information from My Aged Care, an initial meeting was scheduled with the consumer. Clinical assessments were completed by the registered nurse. This was done to ensure services, as per the referral, were appropriate and in line with the consumer’s needs and preferences.
  + A comprehensive support plan was developed in consultation with the consumer and their representative. Management said the RN discussed their specific needs and the services that would be most beneficial in maintaining or improving the consumer’s health and well-being. Management said this information was available to support workers on their mobile phone application or through the organisation’s electronic care management system.
* A review of the organisation’s documentation showed validated assessment tools, forms, flow charts, plans and position descriptions were in place and utilised.
* Management advised, and documentation viewed confirmed the provider has assessment and care planning policies and procedures that outline the steps to undertake initial and ongoing assessment and care planning in partnership with consumers to optimise their health and well-being.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 2(3)(a) in Standard 2, Ongoing assessment and planning with consumers across HCP (CHSP was not applicable).

Requirement 2(3)(e) was found non-compliant following a Quality audit undertaken from 6 February to 7 February 2024, as the service did not demonstrate sampled consumers receiving HCP services were reviewed in response to changes.

The Assessment Team’s report for the Assessment Contact undertaken on 9 October to 10 October 2024 included evidence of actions taken to address the non-compliance, including but not limited to, development and implementation of a flow chart to support assessment and planning. Coordinators inform a RN if a consumer’s condition changes, resulting in a clinical assessment. Consumer support plans were reviewed to ensure they were updated and captured a consumer’s needs, goals and preferences. All HCP level 3 and 4 consumers would be reviewed at 6 monthly intervals and support plans updated.

The Assessment Team found these improvements were effective and recommended Requirement 2(3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* Management advised and documentation reviewed confirmed the organisation’s process for reviewing support plans was every 12 months.
  + Triggers for a reassessment or review of consumer care needs included hospital discharge, incidents, or a change in circumstances.
* Sampled documentation reviews evidenced assessments including descriptions of risk management strategies to guide staff and recommendations for consumer supports.
  + An Occupational Therapist (OT) assessment completed for a sampled consumer due to their decline in mobility included equipment recommendations to reduce the risk of falls e.g. grab rails, height adjustable chair and electronic bed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 2(3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Not applicable |

Findings

Requirement 3(3)(a) was found non-compliant following a Quality audit undertaken from 6 February to 7 February 2024, as the service did not demonstrate a consumer receiving HCP services had safe and effective personal care, clinical care, or both personal care and clinical care.

The Assessment Team’s report for the Assessment Contact undertaken on 9 October to 10 October 2024 included evidence of actions taken to address the non-compliance, including but not limited to, development and implementation through the onboarding process consumer identification of incontinence care needs reviewed by the registered nurse.

The Assessment Team found these improvements were effective and recommended Requirement 3(3)(a) met. The Assessment Team provided the following evidence relevant to my finding:

The organisation developed of bladder and bowel checklist form to be completed by a registered nurse. All staff who deliver care and services to consumer with incontinence care needs receive the required training. Existing consumers who develop incontinence care needs have a clinical assessment completed by the registered nurse and support plans are updated.

* Review of care planning documentation showed that services were personalised to meet the specific needs and preferences of each consumer. The provider has policies, procedures, and assessment tools to guide staff practice in delivering both personal and clinical care, ensuring quality service delivery.
* Care planning documentation reviewed showed that best practice and validated assessment tools are being used, including, but not limited to FRAT and PAS.
* Progress notes showed routine evaluation of care provision including routine monitoring or identification of issues such as following a fall or when specific clinical issues were identified, e.g. continence care. A review of the organisation’s documentation included:
  + bladder and bowel checklist
  + evidence support workers had completed complex bowel care training
  + validated assessment tools
  + management plans including diabetes, skin care, wound and urinary catheter
* A review of consumer support plans indicated specific instructions were provided to guide staff practice in the provision of personal care, clinical care, urinary catheter care, wound and skin care and incontinence care.
* Reviewed care planning documentation illustrated:
* Urinary catheter care plan
* Photos in support of wound evidencing and progress
* Alerts on the organisation’s electronic care management system
* Support plan detailing daily care needs including incontinence care needs.

Management advised and documentation viewed confirmed the organisation has a restrictive practice policy and procedures which are available to all staff. Management further advised the service does not have consumers subjected to restrictive practices.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 3(3)(a) in Standard 3, Personal care and clinical care regarding HCP (CHSP was not applicable).

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | 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 | Compliant |

Findings

Requirement 8(3)(c) was found non-compliant following a Quality audit undertaken from 6 February to 7 February 2024, as the service did not demonstrate effective governance systems for information management, workforce governance and regulatory compliance systems.

The Assessment Team’s report for the Assessment Contact undertaken on 9 October to 10 October 2024 included evidence of actions taken to address the non-compliance, including but not limited to, a new information system that address staff requirements for up-to-date consumer information records transferred to the new electronic system. The provider had also filled the position of quality assurance officer and had created a role of clinical lead.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(c) met. The Assessment Team provided the following evidence relevant to my finding:

Information Management

* Management explained, and documentation reviewed confirmed the transition to a new client management system (CMS) that the staff can access through their employee portal. These systems cover information about consumers, policies and procedures, training, and other information, such as position descriptions. Staff also can log incident reports which notify the coordinators.
* Implementation of a new policy platform, allowing assignment of staff training and monitoring completion of training. This gives the provider a mechanism to disseminate information and allows them a level of oversight to ensure compliance.
* Implementation of human resources software which tracks relevant training, completion, expiry dates, and other information relevant to their role. This system will send out an automated message to staff to let them know when they must renew relevant certification or documentation, permitting staff to upload it through the portal.

Workforce Governance

* Position of Quality Assurance Officer introduced (This role has been focused on overhauling the policies and procedures).
* Position of Clinical Lead Nurse role has been established and filled. This role oversees the clinical staff and the provision of clinical care. This role reports to the managing director.
* Ensuring oversight of sub-contractors meeting consistency and expectations the following collection process now includes 100 points of identification, Australian Business Number (ABN) details, police clearance check, certificates of currency, and sign brokerage agreements stating their agreement to the services code of conduct.

Regulatory Compliance

* Advisement of membership with Aged and Community Care Providers Association (ACCPA).
* Advisement of a newly created quality and compliance committee, with the inclusions of the quality assurance officer, human resources specialist, and currently the managing director in the role as clinical lead. The clinical lead (Clinical Lead Nurse) will take up third position on the committee. This committee meets weekly to discuss and address issues of compliance.
  + The findings and recommendations of this committee are then sent to the managing director for approval.
  + This committee will also host a 6 monthly quality management meeting with managers and coordinators to provide a forum to raise issues.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 8(3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(e) was found non-compliant following a Quality audit undertaken from 6 February to 7 February 2024, as the service did not demonstrate effective clinical governance frameworks, specifically in relation to minimising use of restraint and effective processes to ensure the safe and effective delivery of clinical care.

The Assessment Team’s report for the Assessment Contact undertaken on 9 October to 10 October 2024 included evidence of actions taken to address the non-compliance, including but not limited to, new policies specifying the minimising the use of restraint as well as partnering it with training for staff. Restrictive practices is noted on the consumer care plan and positive behaviour support training is provided to staff before services are commenced.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* Management described, and reviewed documentation confirmed that restrictive practice was part of the induction training and provided annual refresher training.
  + Review of the staff training matrix was able to show staff had completed the training.
  + Induction training modules covered areas such as antimicrobial stewardship, restrictive practice, and open disclosure.
* Quality Assurance Officer appointment permits internal audits to be conducted to identify gaps in relation to clinical care and clinical governance. As part of remediating this, a new policy platform was introduced.
* Updated induction training modules viewed cover areas such as antimicrobial stewardship, restrictive practice, and open disclosure.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 8(3)(e) in Standard 8, Organisational governance.

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)