**Performance**

**Report**

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| Name: | JobQuest |
| Commission ID: | 200002 |
| Address: | Unit 7, 79 Mandoon Rd, GIRRAWEEN, New South Wales, 2145 |
| Activity type: | Quality Audit |
| Activity date: | 8 February 2024 to 9 February 2024 |
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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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7580 Penrith Skills for Jobs Ltd  
Service: 23725 Penrith Skills for Jobs Ltd - Community and Home Support

**This performance report**

This performance report for JobQuest (**the service**) has been prepared by J Durston, 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.

# Material relied on

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

* the Assessment Team’s report for 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 Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **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

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| Consumer dignity and choice | | CHSP |
| 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

Consumers/representatives advised staff treat consumers with dignity and respect when communicating and delivering services. Staff interviewed demonstrated knowledge of consumers’ individual backgrounds, culture and identities. Management advised the service’s ethos reflects values of respect and inclusion. Care planning documentation reviewed contained reference to consumers’ personal circumstances, what/who is important to them and their cultural backgrounds.

Consumers/representatives reported consumers feel cultural safe and their background, preferences and what is important to them is acknowledged and understood by staff. Staff described how they delivered individualised culturally safe care. The service has a cultural safety policy and provides cultural safety training to staff. Staff are matched with consumers of similar backgrounds whenever possible.

Consumers/representatives advised consumers can exercise choice and independence, making their own decisions regarding the way their services are delivered and who they would like to be involved in those decisions. Staff described a holistic approach with consumers used when planning care and services. Training is provided to staff on choice, independence and consumers’ rights to make decisions about their care and services. Care documentation reviewed records consumer choices and decisions about care and services, including authorised representatives.

Consumers/representatives are confident consumers would be supported to take risks to enable them to live the best life they can. Staff and management interviewed confirmed, and documented reviewed showed, there are policies and procedures in place to discuss and document identified consumer risks/mitigating strategies.

Consumers/representatives confirmed they received information that was clear and easy to understand upon commencement of services. Documentation observed to be provided to consumers included clear and accurate information on services available, consumers rights and responsibilities, feedback and complaints information, and fees and charges. Consumer information is reviewed regularly to ensure it is relevant, current, clear and understandable. Consumers with language barriers are supported to understand information provided with the use of interpreters.

Consumers/representatives advised they felt staff respect consumers’ privacy and kept their personal information confidential. Consumers confirmed they are asked to provide consent to share their information as required. Staff described methods they used to ensure consumer information is kept secure, such as the use of passwords to access electronically stored consumer information. Training is provided to staff during induction on privacy policies and procedures.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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

Consumers/representatives confirmed they were involved in the assessment and planning process that included the identification of consumer risks. Staff advised consumer assessments are based on My Aged Care initial assessments and follow assessment and care planning policies and procedures to complete internal assessments. Care planning documentation reviewed showed assessments identified individual risks and mitigating strategies developed.

Consumers/representatives confirmed consumers received an in-home assessment that included discussion of their needs, goals and preferences prior to commencement of services. Consumers could not recall if advanced care planning was discussed during assessment process, however, advised they would discuss this with relevant parties if and when required. Staff interviewed, and documentation reviewed, confirmed consumers’ needs, goals and preferences are assessed and documented appropriately to guide service delivery.

Consumers/representatives expressed satisfaction that they are frequently consulted in making decisions regarding consumer services. Documentation reviewed confirmed consumers, their support network and/or other organisations involved in their care are included in assessment and care planning discussions.

Consumers/representatives confirmed they had received documented information on agreed upon services and/or been well informed of services implemented. Staff advised they have access to information on the specific care needs and preferences of consumers.

Consumers/representatives confirmed the service completes reassessments regularly and are aware reviews can be requested at any time. Staff advised consumers’ individualised services are formally reviewed at least annually, but advised informal reviews are conducted more frequently through ongoing contact with consumers/representatives. Documentation reviewed showed formal reviews have been conducted for consumers in the past 12 months and/or were triggered from changes in consumers’ circumstances.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# Standard 3

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| Personal care and clinical care | | 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. | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable |
| 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. | Not Applicable |

Findings

Standard 3, Personal and clinical care is not applicable, as the service does not provide consumers with personal and clinical care funded through the CHSP program.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

Consumers/representatives provided positive feedback on how staff supported consumers to receive daily living services that optimised their independence and quality of life. Staff described providing services and supports based on individualised consumer needs and preferences. Care planning documentation reviewed included personalised consumer interests, goals and preferences.

Consumers/representatives confirmed staff are attentive to consumers emotional and psychological well-being and report concerns appropriately. Consumers advised rapport built with their regular staff helps meet their emotional and psychological needs and overall health and wellbeing. Staff demonstrated an in-depth knowledge of individual consumers' emotional, spiritual, and psychological needs and were able to provide examples of strategies used to support needs. Documentation reviewed showed consumers emotional, spiritual, and psychological needs are regularly assessed and used to inform service delivery needs.

Consumers/representatives described opportunities consumers have been provided to build and maintain relationships and pursue activities of interest in the community. Staff confirmed awareness of important consumer relationships and could describe individualised social activities enjoyed by consumers. Documentation reviewed was observed to include consumer life stories and social needs and activities enjoyed.

Consumers/representatives stated they are satisfied that information about consumers’ care and services is effectively shared within the service and with others involved in their care. Staff advised they are kept well informed when consumer needs and preferences change. Reports on consumer deterioration are actioned by coordination staff involving representatives and external parties, such as a general practitioner as required.

Consumers/representatives confirmed referrals to other organisations and providers of other care and services have been made with their permission. Staff described the referral process to other organisations and providers of care, and advised referrals are based on reports on the need for additional consumer services. Review of documentation showed consumers are appropriately referred to external organisations as required.

Requirement 4(3)(f) is not applicable, as the service does not provide meals to consumers funded through the CHSP program.

Requirement 4(3)(g) is not applicable, as the service does not provide equipment to consumers funded through the CHSP program.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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

Standard 5, Organisation’s service environment is not applicable, as the service does not provide a service environment funded through the CHSP program.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

Consumers/representatives said that they can and are supported to provide feedback and make complaints. Management advised consumers receive information on the complaints/feedback process upon onboarding and are encouraged to provide feedback during weekly welfare checks conducted. Staff training records show staff are encouraged to support and escalate consumer complaints and feedback.

Consumers/representatives expressed knowledge of their rights to an advocate and advocacy services available. Documentation reviewed confirmed consumers receive a handbook containing information about external bodies, such as the Commission and advocacy services which consumers can refer to if they are dissatisfied with their service. Translating services are made available as required.

Consumers/representatives provided positive feedback on their experience with the complaints management process. Management advised staff are trained in complaints management and the practice of open disclosure, which was confirmed by staff interviewed. A review of the complaints and feedback policy showed the principles and elements of open disclosure are outlined to guide staff practice.

Consumers/representatives confirmed satisfaction with changes made as a result of feedback provided that improved the quality of consumer services. Management described, and documentation reviewed confirmed, feedback and complaint data are used to gain insight into the quality of services provided and to identify continuous improvement plans.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | CHSP |
| 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

Consumers confirmed receiving consistent services from regular staff. Documentation reviewed confirmed services had not been cancelled due to staff shortages and relief processes are in place to ensure continuity of service delivery.

Consumers described staff as kind, caring and respectful of their cultural needs. Staff and management were observed to discuss consumers in a kind and respectful manner. Documentation reviewed confirmed staff are informed and trained on their requirement to treat consumers with respect.

Consumers/representatives said staff are competent in their roles. Management advised staff must have appropriate qualifications specific to their roles or be willing to undertake necessary training. Management confirmed all roles have detailed position descriptions.

Staff advised they felt adequately supported to undertake their roles by induction and ongoing training provided. Management advised identification of staff training needs occurs through ad hoc and formal performance appraisals, and from consumer incident/complaint data.

Staff and management confirmed annual performance reviews are conducted, however, staff and management advised regular monitoring of staff development also occurs throughout the year. Documentation reviewed confirmed completion of staff performance reviews.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

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| Organisational governance | | CHSP |
| 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. | Not Applicable |

Findings

Consumers/representatives advised they have had opportunities to provide feedback to improve the quality of services provided. Management described how feedback data obtained from weekly consumer welfare checks are analysed in team meetings and a report on initiatives and indicators are provided to the Board for review.

Consumers were satisfied that the service promotes a culture of safe, inclusive and quality care and services. Management advised, and documentation reviewed confirmed, the governing body maintains oversight of service delivery through reporting processes that occur to provide information on consumer feedback/complaints, incidents and continuous improvement plans.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.

Continuous improvement

* The service identifies opportunities for continuous improvement via consumer surveys, feedback, and incidents and through a review of management systems including staff performance.
* The continuous improvement plan was confirmed to include details of service improvements made.

Financial governance

* The organisation oversees financial governance through financial reports provided to the Board monthly and annual external financial audits conducted.

Workforce governance

* The organisation has workforce governance processes in place including the assignment of clear responsibilities and accountabilities, recruitment strategies and workforce performance management.

Regulatory compliance

* Organisational systems are in place for all staff to meet regulatory compliance requirements.
* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Feedback and complaints

* A feedback register is used to collate feedback and complaints and data trends are discussed and used for continuous improvement ideas. Open disclosure principles are understood and practiced by staff when resolving consumer complaints.

Effective risk management practices and systems were demonstrated, for example:

* Management outlined how the incident management register is overseen by the Board with inclusion of the manager.
* Staff provided practical examples of the incident reporting procedure followed and confirmed appropriate follow up action is taken to ensure the safety and wellbeing of consumers.
* Staff advised they are supported to report any identified elder abuse and/or neglect by policies and procedures and training provided.
* Staff and management were knowledgeable of high-risk consumers and mitigating strategies applied to manage associated risks.

Requirement 8(3)(e) is not applicable, as the service does not provide clinical care funded through the CHSP program.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 8, Organisational governance.

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