**Performance**

**Report**

**1800 951 822**

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| Name of service: | Staffing Options for Community Services |
| Service address: | 60 Harcourt Street NEW FARM QLD 4005 |
| Commission ID: | 700936 |
| Home Service Provider: | Staffing Options for Community Services Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 23 November 2022 |
| Performance report date: | 14 December 2022 |

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 Staffing Options for Community Services (**the service**) has been prepared by S Bickerton, 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 Packages (HCP):**

* Staffing Options for Community Services Pty Ltd, 26180, 60 Harcourt Street, NEW FARM QLD 4005
* Staffing Options for Community Services Pty Ltd, 26180, 71 Sugar Road, MAROOCHYDORE QLD 4558

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 8 December 2022

# Assessment summary for 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

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| 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. | Non-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. | Non-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. | Non-compliant |
| 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-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. | Non-compliant |

# Other relevant matters:

Non-compliance of requirements 2(3)(a), 2(3)(c), 2(3)(d), 3(3)(a), 7(3)(a) and 8(3)(b) was identified during a site assessment contact conducted on 29 September 2020.

# Standard 2

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| 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. | Non-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. | Non-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. | Non-compliant |

Findings

At the time of performance report decision, the service was not:

* Demonstrating assessment and planning processes include robust consideration of consumer risks to inform the delivery of safe and effective services.
* Demonstrating brokered services, including clinicians and allied health professionals, are involved in ongoing consumer assessments and service planning.
* Evidencing that outcomes of consumer assessments and planning processes are documented in consumer care plans and made available at the point of service delivery.

The service evidenced consumer care plans with varying degrees of detail, including some with contradictory information. The assessment team evidenced inconsistencies in documented consumer information and evidenced that the service is not routinely completing annual reviews of consumer care plans in line with the services own policy.

* One consumers support agreement was signed and endorsed by the consumers representative, however the service did not evidence a lawful authority for this representative to do so. Additionally, the service did not evidence that this consumer lacked decision making capacity.
  + This consumers support assessment for HCP evidenced a scheduled review date of November 2021, however at the time of assessment contact (November 2022) this was not evidenced as having occurred.
  + This consumer was recorded by the service as having medium risk factors relating to falls. However, the service did not evidence completion of a falls risk assessment.
  + The services support assessment documentation indicated this consumer has no allergies. However, the consumers care plan indicated they have medication allergies.
  + This consumers home safety checklist was completed by the consumers representative in September 2020 and identified issues impeding access and requiring house maintenance. At the time of assessment contact (November 2022) this checklist was not evidenced as being updated and the consumers current home access impediments are not known.
  + The service evidenced detailed nutrition and meal requirements relating to this consumer in email form to staff. However, this information was not evidenced in the consumers care plan.
* One consumers personal details evidenced inconsistencies across various service documentation (spelling of the consumers last name).
  + This consumers support assessment for HCP evidenced a medical condition recorded in July 2021 (diabetes). However, this information was not evidenced in the consumers care plan or in the services meal and dietary preparation instructions for the consumer.
  + The consumers care plan (dated August 2021) evidenced a dietary alert advising service staff the consumer likes to eat cakes. No additional information was recorded relevant to the consumers diagnosis of diabetes.
  + This consumers home safety checklist was initially completed in July 2021 and noted a scheduled review date of July 2022. At the time of assessment contact (November 2022) this was not evidenced as having occurred.
  + This consumer is identified as being legally blind by service staff, however in a falls risk assessment completed by the service, records indicated the consumer has no difficulty with vision. This documentation did not reference an assessment date or the service personnel completing the assessment.

At the time of assessment contact the service was in the process of migrating consumer information into a new information management system and had not fully implemented changes identified in its plan for continuous improvement. At the time of performance report decision, the service did not evidence or demonstrate consumer care plans contain relevant information to direct and enable service staff to perform their roles safely and effectively.

While the service brokers clinical care and personal care to external organisations, it did not demonstrate that these brokered service providers, including clinicians, and allied health professionals are involved in ongoing consumer assessments and care planning. For example:

* One consumers care documentation evidenced that following a discharge from hospital the consumer had become non-ambulant and a series of medical recommendations had been made by allied health and medical practitioners for them to continue living in their own home.
  + Documented communication from the service sharing these recommendations to brokered service partners was not evidenced.
* One consumer was evidenced as receiving services including podiatry, personal care, domestic assistance, and garden maintenance.
  + The assessment team evidenced documentation from this consumers doctor referencing complex medical history including reduced cognition, impulsive behaviours, and mobility restrictions.
  + The consumers home safety assessment did not evidence the use of validated assessment tools to assess consumer risks.
  + The service did not evidence allied health practitioners had been engaged to assess consumer risks including falls and cognition.
  + The consumers care plan did not evidence a signature from the consumer or a representative.

The service did not demonstrate that outcomes of consumer assessments and planning is effectively documented and available where care and services are provided. For example:

* One consumers care plan documented ‘support services’ including personal care, domestic assistance, and community support. This care plan was unsigned by the consumer or a representative.
  + The consumers care plan did not evidence detailed information including types of personal care or what community support looks like for the consumer.
  + While service management explained that service staff receive detailed information at the point of care, it was not demonstrated that support workers providing services to consumers with complex requirements such as cognitive impairment are guided in service delivery.
* One consumer requires two people to assist in mobility transfers using specialised equipment.
  + Service documentation did not evidence allied health assessments for this consumer.
  + The service did not evidence that staff are informed and trained in the safe use of the required specialised equipment.

In response to the assessment teams report, the service evidenced a plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with these requirements and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards and measure the service in demonstrating changes are embedded and effective for consumers.

# Standard 3

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| 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. | Non-compliant |

Findings

At the time of performance report decision, the service was not:

* Demonstrating and evidencing that subcontracted care and services are monitored and reviewed, to ensure services are delivered safely, effectively, and in line with best practise.

At the time of assessment contact the service utilised brokerage agreements with subcontracted organisations to deliver all clinical care, and most personal care.

The service did not evidence that it had reviewed or audited subcontracted service delivery records to ensure they reflect best practice. Additionally, the service did not evidence that the care and services delivered by subcontracted personnel is monitored.

Some consumer care plans identified risks in relation to home safety and falls. The service did not demonstrate that other risks to consumers well-being are considered and did not evidence that consumer care plans provide strategies to minimise identified risks. For example:

* One consumer experienced a medical episode and was later discharged from hospital with in-continents and significantly limited mobility. The consumer receives subcontracted personal and clinical care, however:
  + The service did not evidence that emergent risks for this consumer had been assessed and recorded, including skin integrity and pressure injuries.
  + The consumers care plan did not evidence strategies to minimise skin integrity compromise.
* The consumer receives a modified diet due to dysphagia and is considered being at high risk of choking, however:
  + The consumers meal preparation, diet, and shopping details in their care plan did not evidence the requirement a modified diet or detail the risk of choking.

In response to the assessment teams report, the service evidenced a plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this requirement and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards and measure the service in demonstrating changes are embedded and effective for consumers.

# Standard 7

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| 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)(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. | Non-compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating that its workforce is planned to enable delivery of safe and quality care.
* Demonstrating its workforce is competent and appropriately qualified.
* Evidencing recruitment and training of its workforce.
* Evidencing its workforce performance is monitored and reviewed.

At the time of performance report decision, the service was not:

* Evidencing oversight, monitoring, and performance review of its subcontracted workforce.

Service management described processes for monitoring and reviewing its staff performance and evidenced this is conducted on an annual basis or more frequently if required. However, the service did not evidence any oversight and monitoring of its subcontracted workforce, including the sharing of relevant information regarding subcontracted staff performance as reviewed by their own organisations. Service management explained brokered services are responsible for the performance review of their own staff. However, the service demonstrated no knowledge of any reviews being conducted by the brokered organisations, including receiving relevant feedback on consumer service delivery.

In response to the assessment teams report, the service evidenced a plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this requirement and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards and measure the service in demonstrating changes are embedded and effective for consumers.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Non-compliant |

Findings

At the time of performance report decision, the service was not:

* Evidencing that accountability and oversight of service delivery is appropriately embedded through the services leadership.
* Monitoring the performance of brokered services.

The service evidenced three types of management meetings are held regularly, and the assessment team reviewed documentation associated with each:

Aged Care and Quality Control Meetings (held monthly).

* The assessment team reviewed the meeting summaries for the last six Aged Care and Quality Control meetings. The agenda included items including incidents, workforce matters, and self-assessments. However, the meeting minutes did not provide details of actions and outcomes of these meetings.

Aged Care and Managing Director Meetings (held monthly).

* The assessment team evidenced meeting notes included agenda’s and sometimes assigned actions and tasks. However, meeting minutes were not evidenced. This meeting evidenced a focus on financial governance and workforce governance.

Leadership meetings (held bi-monthly).

* The assessment team evidenced meeting notes included an update of challenges, upcoming events, and contemporary service issues. Meeting minutes were not evidenced.

Service management described receiving reports from service team leaders for discussion at service meetings. However, examples of these reports were not evidenced at the time of assessment contact. The assessment team evidenced that while the service holds three management governance meetings, these overall demonstrated limited utility in enabling governing body oversight and accountability of consumer care and service delivery. At the time of assessment contact, the service brokered clinical and personal consumer care through 55 service providers. Service management did not evidence or demonstrate that the performance of subcontracted personnel is monitored or reported against in reports provided by brokered organisations. Service management described a reliance on consumer feedback to assess and determine issues linked to subcontracted services. The assessment team reviewed four subcontracting agreements, and while all agreements were in date, none mentioned the Aged Care Quality Standards.

In response to the assessment teams report, the service evidenced a plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this requirement and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards and measure the service in demonstrating changes are embedded and effective for consumers.

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)