**Performance**

**Report**

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| Name: | Staffing Options for Community Services |
| Commission ID: | 700936 |
| Address: | 60 Harcourt Street, NEW FARM, Queensland, 4005 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 September 2023 |
| Performance report date: | 17 December 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7019 Staffing Options for Community Services Pty Ltd  
Service: 26180 Staffing OptionS for Community Services Pty Ltd

**This performance report**

This performance report for Staffing Options for Community Services (**the service**) has been prepared by , 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 Assessment contact (performance assessment) – 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 team’s report received 14th November 2023.

# Assessment summary for Home Care Packages (HCP)

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| 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 7** Human resources | **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 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. | 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 |

Findings

Requirement 2(3)(a)

The non-compliance with this requirement identified in the Assessment Contact - Desk conducted 23 November 2022 the service not being able to demonstrate the service’s care plans provided sufficient information for internal support workers and brokered staff members to perform their roles effectively and safely.

At the time of the Assessment Contact - Site the service demonstrated it has a comprehensive assessment and care planning process. The information outlined in care plans guides staff in the provision of safe effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer/representative, strategies to reduce the risk to the consumer were noted to be documented in consumer care plans.

Review of documentation confirm the service has assessment and care planning policy and procedures that are available to guide staff in assessment and care planning processes.

Requirement 2(3)(c)

The non-compliance with this requirement identified in the Assessment Contact - Desk conducted 23 November 2022 the service not being able to demonstrate brokered service providers, clinicians, allied health professionals and other providers of care and services are involved in the ongoing assessment and planning by the service.

At the time of the Assessment Contact - Site the service demonstrated it involves consumers/representatives as well as other organisations in the planning of the care and services to be provided to the consumer.

Consumers and representatives interviewed reported they have had an opportunity to meet with their coordinators to discuss their specific needs and preferences including how specific services are delivered. Support workers interviewed said while the service care plans are there to guide the care being provided there is ongoing discussion with the consumer to determine their specific preferences to be considered at the time of each service attended. Staff advised there is ongoing assessment and planning in collaboration with brokered service providers, clinicians, and allied health professionals. The service has policies and procedures that guide assessment and planning based on ongoing partnership with the consumer and other organisations as required.

Requirement 2(3)(d)

The non-compliance with this requirement identified in the Assessment Contact - Desk conducted 23 November 2022 the service not being able to demonstrate outcomes of assessment and planning are effectively documented in care planning documentation nor readily available where care and services are provided.

At the time of the Assessment Contact - Site the service demonstrated outcomes of assessment and planning are effectively communicated to consumers/representatives and documented in their care plans to guide staff to effectively deliver care and services.

Consumers and representatives interviewed advised their care plans are discussed and agreed upon prior to the commencement of services and are provided with a hard/soft copy of their care plan. Support workers stated consumer care plans are in place and available to them via a mobile application and in hard copy files in the consumer’s home. At the completion of each service, support workers complete a visit summary on their mobile application and changes and concerns are sent through as action items to coordinators. Staff advised if changes to care plans are made following the ongoing review process, a change in the consumers’ needs or as a request from the consumer/representative, the care plan is updated and uploaded on the electronic application. Staff advised they will also ring support workers to notify of changes and email/post updated care plans to consumers/representatives.

Based on the evidence summarised above I find the provider in relation to the service, compliant with Requirement 2(3)(a), Requirement 2(3)(c) and Requirement 2(3)(d) of the Aged Care Quality Standards.

# 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. | Compliant |

Findings

The non-compliance with this requirement identified in the Assessment Contact - Desk conducted 23 November 2022 the service not being able to demonstrate it had reviewed or audited subcontracted service delivery records to ensure it was reflective of best practice guidelines and services were delivered safely and effectively.

At the time of the Assessment Contact - Site the service demonstrated that each consumer gets safe and effective personal care that is best practise, tailored to their needs and optimises their health and well-being. Review of care planning documentation showed that services was personalised to meet the specific needs and preferences of each consumer. The service was found to have established policies, procedures, and assessment tools to guide staff practice in delivering both personal and clinical care, ensuring quality service delivery.

Consumers and representatives interviewed stated they are satisfied with the personal and clinical services received. Documentation sighted by the Assessment Team captured consumers’ needs adequately and care plans were found to be comprehensive, with detailed strategies in place to guide staff practice.

Based on the evidence summarised above I find the provider in relation to the service, compliant with Requirement 3(3)(a) of the Aged Care Quality Standards.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The non-compliance with this requirement identified in the Assessment Contact - Desk conducted 23 November 2022 the service not being able to demonstrate it has oversight of the performance reviews of brokered staff.

At the time of the Assessment Contact - Site the service demonstrated it has appropriate processes in place to assess, monitor and review staff performance. Documentation reviewed by the Assessment Team confirm 8 of 8 internal staff 11 of 11 contracted support workers had received a performance appraisal during the previous 12 months. The service further demonstrated additional processes currently being implemented, including an onboarding, and monitoring handbook which describes how the service will ensure all contracted support workers sign a statuary declaration as well as a third-party provider service agreement to confirm the completion of performance appraisals. This was confirmed by contracting staff who advised they have discussed this with management and will be implementing going forward. The Assessment Team sighted human resource (HR) policy and procedures in place for the service which described the annual appraisal requirements for staff.

Based on the evidence summarised above I find the provider in relation to the service, compliant with Requirement 7(3)(e) of the Aged Care Quality Standards.

# 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. | Compliant |

Findings

The non-compliance with this requirement identified in the Assessment Contact - Desk conducted 23 November 2022 the service not being able to demonstrate management is maintaining oversight of the delivery of safe and quality care through their brokered services.

At the time of the Assessment Contact - Site the service demonstrated that the Aged Care Management team is accountable for the delivery of a culture of safe, inclusive, and quality care and services. The Aged Care Management team remains informed of the service’s operations through formal governance frameworks, leadership and reporting pathways, and feedback and complaint mechanisms. Incidents and feedback are reported through the monthly report produced for each Aged Care Management meeting. The service utilises various strategies of monitoring the performance of the service and staff as well as consumer satisfaction to create an inclusive and welcoming culture for consumers and others.

The service has a strategic plan which is discussed at the services monthly management meeting and utilised to ensure the continuation of safe and effective care and services and strive for continuous improvement. Staff advised the Aged Care Management team work to ensure they are always accountable and answerable for the quality of care and services provided, by maintaining oversight of staff performance and management of incidents and complaints.

The service has implemented performance review strategies and resources to maintain oversight of subcontractors which is discussed during monthly meetings as a standing agenda item.

Based on the evidence summarised above I find the provider in relation to the service, compliant with Requirement 8(3)(b) of the Aged Care Standards.

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)