**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: | Quality Audit |
| Activity date: | 15 April 2024 to 16 April 2024 |
| Performance report date: | 20 May 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.

# 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 G Tonarelli, 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.

# Material relied on

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

* the assessment team’s report for the quality audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management.
* The provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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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 | **Compliant** |
| **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.

# Other relevant matters:

* Standard 5 was not assessed as part of the quality audit as the service does not provide social support group activities within a service environment or centre based respite. Therefore, this Standard is not applicable.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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 and representatives confirmed staff treat consumers with kindness and respect and their identify and diversity are valued. Consumers and representatives gave examples of how staff deliver diverse and respectful care, know consumers’ backgrounds and preferences, and create a safe environment to share information about their needs. Staff showcased how consumers’ rights and dignity are upheld in assessment practices. Consumers said staff are respectful of their privacy, and the service demonstrated processes to ensure personal information remains confidential. Documentation confirmed the service uses *Privacy and Authority to Communicate* forms to record consumer consent where information about their care is shared externally.

The service collects consumers’ cultural, religious and background information and preferences through its onboarding process to inform staff of individual needs. Consumers and representatives confirmed the service accommodates consumers’ cultural needs and prioritise their safety and privacy. Staff described how the service pairs consumers with appropriate staff member(s) to facilitate a culturally sensitive approach to care and gave examples of how it tailors services to individual consumers.

Consumers and representatives confirmed they are involved in making decisions and expressed ease in communicating their preferences. Staff gave examples of how they support consumers to maintain connections of importance and involve others in decision making. Care documentation demonstrated consumer choice about care and services received, and policies and procedures guide staff to facilitate consumer choice and independence.

Consumers indicated the service supports them to live the best life they can. Staff emphasised the importance of enabling consumers to live according to their preferences, which may include an element of risk. Where risk is identified, the service has discussions with consumers and their families/representatives to mitigate the impact on their well-being and safety.

Information and resources provided to consumers and representatives is current, timely and articulated in a way that enables them to exercise choice. On commencement of services, consumers are given information about the services available and budget allocation. Consumers confirmed the service’s communication aligns with their preferences, is easy to understand and personalised. Representatives said monthly statements are detailed, accurate and easy to understand.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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)(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 confirmed overall satisfaction with assessment and planning processes, including being actively involved in discussion in relation to risks. The service demonstrated how the assessment and planning process identifies risk to consumers’ health and well-being and informs mitigation strategies. Staff were knowledgeable about consumers’ individual health conditions and provided examples of tailored strategies to minimise associated risks. Care documentation confirmed a risk-based monitoring approach.

Consumers and representatives said the service provides care in line with consumers’ needs, goals, and preferences. Staff confirmed consumers’ needs, goals, and preferences are captured upon commencement of services and through ongoing assessment and planning.

Consumers confirmed they are involved in assessment and planning processes and decide who is involved in the delivery of care and services. Staff described how they collaborate with consumers/representatives and external service providers during initial assessment and as the consumer’s needs change. Representatives confirmed the service makes it easy for them to be involved. Care documentation supports ongoing collaboration and liaison between external service providers, consumers, and their representatives.

Consumers and representatives said they are supported to understand the consumer’s care plan and are informed when changes are made. Consumers are given a copy of their care plan to keep in their home and have access to a live electronic version. Staff described methods to stay up to date on consumer needs, and contractors described how they access care plans, remain informed of changes and report back to the service post service delivery.

Management demonstrated the frequency of planned care plan reviews is determined by individual consumers needs and HCP levels. Representatives said and care documentation confirmed, previous and planned reviews are conducted in line with management’s claim, with more frequent assessments conducted as needed or when consumers’ circumstances change. Consumers and representatives were satisfied with the provider’s communication regarding service updates and adjustments to consumers’ evolving needs. Staff confirmed the service has organisational process to monitor and track routine care reviews.

In relation to the goals, needs, and preferences of consumers nearing end of life, the service demonstrated a process to capture these preferences during planning reviews. I have considered information from requirement (3)(c) in Standard 3 which confirmed the service engages in conversations with consumers and representatives about end-of-life planning. It also indicated consumers consider the information provided to them by the service adequate to make informed decisions about enhancing their quality of life when nearing end-of-life. However, a review of sampled files revealed consumers’ preferences identified through these conversations were not consistently documented in their care plan. The service acknowledged the discrepancy and demonstrated an initiative to improve reporting mechanisms for end-of-life support, with a planned completion date in May 2024. This initiative to remedy gaps in care documentation, coupled with practices already demonstrated, is sufficient to find requirement (3)(b) in Standard 2 complaint.

While I acknowledge the provider’s planned actions to address this deficit, I would encourage the provider to review its assessment process to ensure it captures end-of-life needs and preferences through initial assessments, routine plan reviews, or when circumstances change, and update the consumer’s care and services plan accordingly. The provider may also consider reevaluating its operational policies and procedures to guide its workforce on decision making processes when consumers’ wishes or preferences are not known or documented.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

**Findings**

Consumers and representatives expressed confidence in the safety and suitability of the personal and clinical care provided, confirming its tailored to needs. Staff demonstrated an understanding of each consumer’s needs, goals and preferences and gave examples of how they customise personal and clinical care accordingly. Care documentation outlined personal and clinical care needs and guide staff to deliver safe and effective services.

Care planning documents identify key risks to consumers and outline individualised strategies to mitigate risk. Staff described how they identify, escalate, and assess risks to the consumer and implement strategies to mitigate them, including utilising referrals to allied health professionals as a strategy to support the prevention of high impact risks. Risks to consumers are recorded in an electronic care management system and risk register for ongoing monitoring and intervention. Staff gave examples of positive outcomes for consumers receiving clinical intervention following the identification of high impact or high prevalence risks.

While deficits in documenting assessment outcomes was identified in Standard 2(3)(c), the service demonstrated a process for communicating with consumers about end-of-life planning, to maximise their comfort and preserve their dignity in time of need. While the assessment team’s findings did not articulate the service’s ability to respond to consumers requiring end-of-life support, it did demonstrate systems and strategies to identify, respond and monitor deterioration in consumers’ condition. A representative gave an example of staffs’ ability to appropriately identify and respond to a decline in a consumer’s condition, resulting in prompt admission to hospital. Staff articulated a process to escalate deterioration and the service demonstrated referrals to medical or allied health professionals in response.

Consumers said staff use personal protective equipment (PPE) and adhere to hand hygiene techniques to minimise the transmission of infection. Staff confirmed they have access to PPE supplies and described regular training undertaken in relation to infection prevention and control. The service has policies and procedures to guide staff on preventing and managing infection related risks, particularly where clinical care is provided. While the service does not manage consumer medications, it described a process to ensure medications are being self-administered in line with medical advice and where required monitors the risk of increasing resistance to antibiotics.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal and clinical care with consumers compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives are satisfied the provision of services provided optimise consumers’ independence, well-being, and quality of life. Staff understand individual preferences and tailor strategies to mitigate associated risks. Care documentation included information on consumer needs and supports to improve their well-being and quality of life.

Consumers confirmed the service is dedicated to enhancing their emotional, spiritual and phycological well-being through daily living supports. A representative gave an example of how the service provided emotional support and guidance when navigating a decline in a consumer’s cognitive state.

Consumers and representatives confirm services and supports for daily living enables consumers to participate in activities of interest and maintain connections of importance to them. Staff and representatives described how the service utilises its transport and social services to support consumers to remain active and connected to their community.

Information about the consumer’s needs and preferences for daily living supports are documented in the consumer’s care plan. Consumers and representatives also confirmed referrals to allied health professionals or external social groups are initiated when required to support consumer activities for daily living. Staff described the referral processes for engaging external stakeholders where interventions are required.

Consumers confirmed equipment provided is assessed by allied health professionals and is suitable and safe. Allied health professionals are contacted to review and make recommendations on equipment or other care needs. The service has process to ensure cleanliness and suitability of consumer-owned equipment and staff described procedures to respond to ineffective equipment and systems to track repairs or replacements.

Consumers are offered a varied meal service from a contracted provider. Consumers confirmed where meals are provided, they are varied and of suitable quality and quantity. Care documentation confirms staff have access to information about consumers’ dietary needs, preferences and identified risks relating to their nutritional/hydration requirements.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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

Not applicable

# Standard 6

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| Feedback and complaints | | HCP |
| 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

While sampled consumers hadn’t logged a complaint with the service, they confirmed they have been encouraged by staff to provide feedback and know who to contact should the need arise. Staff described the various methods to facilitate feedback from consumers, including a dedicated feedback form, and aiding the consumer to contact the service. Information on the internal complaints process and complaints form is outlined in the consumer handbook.

Consumers and representatives are aware of internal and external advocacy and language services, and external mechanisms available to them to raise complaints. Documentation within consumers’ home care agreement included details about advocacy and language services, including instructions on how to access interpreters.

Consumers and representatives affirmed the service promptly addresses any issues raised relating to the provision of care and services. Complaint records indicate the service observes open disclosure principles throughout the complaint resolution process. The service demonstrated consultation with consumers and representatives throughout the process and offered an apology when expectations were not met. Documentation confirmed positive experiences and outcomes for consumers at the end of their complaint journey.

The service has a system to log, escalate and track feedback. This data is used to support analysis of current trends, present reports to management and guide continuous improvement. The assessment team observed systemic measures taken by the service, in response to feedback relating to the introduction of an electronic care system.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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)(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 and representatives confirmed receiving quality services from regular staff, who meet consumers’ needs and preferences. Consumers and representatives said staff are consistent, punctual, and timely. Staff confirmed they have sufficient time and information to deliver services in a safe manner. Management demonstrated a sufficient workforce to fill any period of staff leave, which was confirmed through observations of the service’s roster.

Consumers said staff are kind, caring, and respectful. Staff spoke respectfully about consumers and described how they interact with consumers to ensure their needs and diversity are met. The service monitors workforce interactions and staff conduct through feedback mechanisms. Polices and a staff code of conduct exist to guide staff interactions.

Consumers confirmed staff are competent to deliver the care and services they need and understand their preferences. The service ensures internal staff have the qualifications and knowledge to effectively perform their recruited roles. Staff participate in induction and mandatory training and deliver care inline within their skills, and scope of practice. Management described recruitment processes to screen qualified/skilled candidates and uses compliance checks to gather qualifications, registrations, and licences at onboarding. The service has a system to track and monitor staff qualifications and competencies to ensure staff remain up to date.

The service undertakes regular assessment and review of staff performance for each member of the workforce. Management demonstrated various mechanisms to capture performance indicators, including reviewing digital applications, consumer feedback and review of incidents, which informs ongoing training needs and performance appraisals. Staff said they receive ongoing training and support to perform their roles and confirmed training requests for upskilling and professional development can be lodged at any time. Management discusses training and performance development plans at quarterly meetings and annual appraisals/reviews. The service has a suite of opportunities to upskill staff via face-to face, online and on the job training, including ‘buddying shifts’ for new starters. Documentation confirmed processes and policies are in place to keep staff informed of ad hoc changes to policies and procedures.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Compliant |

Findings

Consumers and representatives are engaged in the development and delivery of care and service. The organisation utilises various mechanisms to consult with and capture input from consumers and representatives, including annual surveys, feedback, and complaints and through an expression of interest to develop a Consumer Advisory Committee (CAC). At the time of the audit, the service advised it had not received interest from the consumer cohort to partake in a CAC, however, management specified an action plan to approach consumers individually to encourage participation and gage interest.

The organisation’s governing body is made up of a leadership team who promote a culture of safe, inclusive, and quality care and services. The organisation demonstrated reporting mechanism to ensure the governing body are informed and accountable for the delivery of care, relating to the service’s incidents; complaints and feedback; survey results; audit outcomes; staff training requirements; unspent funds; and consumers awaiting higher levels of care.

The organisation has governance frameworks to support all aspects of the organisation, including information systems; continuous improvement; financial and workforce governance; and complaints and feedback. Management demonstrated processes to ensure these areas are monitored and regularly reviewed. Electronic information is safely stored and there are electronic platforms to record and report on all aspects of organisational governance.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. The organisation utilises an electronic care management system and clinical risk register to monitor and track high impact, high prevalence risks. Staff and management described procedures and strategies to mitigate incidents and risks to identified consumers.

There is a clinical governance framework that guides staff on delivering safe and quality clinical care to consumers. The framework includes policies for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. While the organisation does not provide medication support to consumers and does not have any consumes subject to use of restraint, staff confirmed they have completed training in these policies and described the relevance of them in their day-to-day work.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 8 Organisational governance.

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