**Performance**

**Report**

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| Name: | Star Community Services |
| Commission ID: | 700911 |
| Address: | Shop 15, 152 Shore Street West, CLEVELAND, Queensland, 4163 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 4 April 2024 to 5 April 2024 |
| Performance report date: | 17 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: 7075 Star Community Services Ltd  
Service: 26360 STAR Community Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7739 STAR Community Services Ltd  
Service: 23967 STAR Community Services Ltd - Community and Home Support

**This performance report**

This performance report for Star Community Services (**the service**) has been prepared by Gill Jones, 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.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable |
| **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 | **Not applicable** |
| **Standard 7** Human resources | **Not applicable** |
| **Standard 8** Organisational governance | **Not applicable** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 7** Human resources | **Not applicable** |
| **Standard 8** Organisational governance | **Not applicable** |

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.

*Requirement 2(3)(d)*

* Implement a system and a plan to ensure each consumer can access a copy of their care and services plan that describes the services they receive.
* Ensure the consumer’s care and services plan is available to staff were services are provided.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| 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 | Compliant |

Findings

The service demonstrated current, accurate and timely information is provided and communicated in a way that is clear, easy to understand and enables consumers/ representatives to exercise choice. All consumers/representatives interviewed advised they receive information in formats that are clear and easy to understand, enabling them to be actively involved and make informed choices. Care coordinators, staff and volunteers interviewed described strategies to help communicate with consumers who may experience communication barriers to assist them to understand information provided.

I find requirement 1(3)(e) compliant for both CHSP and HCP.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | 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 | 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 | 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 | Not 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 | Compliant |

Findings

Consumers/representatives reported staff involved them in the consumer's assessment and care planning and ongoing reviews. Sampled consumers stated they are satisfied the care and services provided meet their current needs, goals, and preferences. The process of assessment and planning includes consultation with the consumer/representative and documentation review such as hospital discharge summaries and My Aged Care (MAC) summaries. Risk assessment tools are used to identify health and well-being risks to consumers and risks are clearly outlined in care plans. Staff could describe how assessment and planning is facilitated and how this informs the delivery of consumers’ care and services. The consumers/representatives interviewed verified that the care coordinators held discussions with them regarding issues that may be risks to their health and wellbeing such as vision and history of falls. Alerts in care plans highlight individual risks such as falls to support workers.

Consumers/representatives said the service meet their needs, goals, and preferences and that they have a say in the care and services they receive. Care planning documents describe the services the consumer receives, goals and preferences, and agreed activities to be undertaken. The assessment undertaken considers the consumers' clinical needs and preferences, where appropriate, which are effectively communicated to clinical staff and care staff. If a consumer or their family determines a need, or if a MAC assessment prompts adjustments to the care plan the care coordinator initiates the necessary referrals to complete additional assessments. Management emphasised there is active discussion around importance of an Advance Health Directive with consumers and their families.

Consumers/representatives confirmed they participate in the planning and review of the services the consumer receives. Staff described how they work in partnership with others when undertaking assessment and care planning and communicate regularly concerning the changing needs of consumers. Documentation evidenced consumer/representative involvement in the planning of services and the involvement of others including the general practitioner, physiotherapist, and occupational therapist which indicated that the service takes a collaborative approach to delivering care and services.

The service could not demonstrate that the outcomes of assessment and planning are effectively documented in a care and services plan that is readily available to each consumer for both CHSP and HCP programs. Although care plans were established for all sampled HCP consumers, not all sampled CHSP consumers had completed care plans and, where a care plan existed, not all information in the care plan aligned with information gathered during reviews undertaken. For CHSP consumers while regular reviews are conducted, updates to care plans are not made, and changes to their needs are solely recorded in the electronic database and mobile phone application. Management confirmed that they are prioritising the development of care plans as required by the Standards based on service type and risk due to the large number of CHSP consumers (over 15,000 consumers) they provide services to. For HCP consumers electronic care plans are maintained in the day respite centre and printed copy is provided to consumers. Sampled consumers/representatives confirmed receiving a copy of care plan which documented the frequency of the services they receive.

The service demonstrated care and services are regularly reviewed and when consumer circumstances change. Consumers/representatives said staff regularly communicate with them about the service they receive and make changes to meet their current needs. A review of care planning documentation demonstrated 12 monthly reviews occurred for all HCP and CHSP consumers with an additional 6 monthly phone review for HCP consumers. The clinical and care staff were aware of incident reporting processes and how altered circumstances such as deterioration of health, incidents, and hospitalisation may trigger a review or review of the care plan.

I find four of the five requirements in Standard 2 compliant for both CHSP and HCP’s. Requirement 2(3)(d) is compliant for HCP’s but not compliant for CHSP.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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. | Compliant | Not applicable |

Findings

The service demonstrated that high-impact and high-prevalence risks associated with the care of consumers are effectively managed. Risk assessments are undertaken to create strategies that minimise the occurrence of incidents. Risks identified include cognitive decline, pressure injuries and falls. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Evidence indicates the service considers risks to the consumers’ well-being and creates strategies to avoid their occurrence. Care coordinators confirmed they review care documentation and analyse incidents to identify emerging concerns or care needs. The service maintains a clinical monitoring register called ‘Risk and Vulnerability Register’ for consumers experiencing recent clinical or physical decline, including issues such as UTIs, dementia, diabetes, wounds, and recurrent falls. The service has also introduced an early warning tool ‘Stop N Watch’ to monitor changes in the consumer’s condition that may compromise their health and wellbeing.

Consumers/representatives reported staff know the consumer’s needs well and they do not have to provide direction to staff often. Consumers/representatives stated most of the time they receive care and services from the same staff, who know their needs well. Care coordinators confirmed care staff receive information about service delivery via email. Information in consumer care plans was sufficient to provide staff direction in delivering care and services to the consumer. Relevant dated progress notes about the consumer’s care and services are recorded in an electronic database. Review of sampled consumer care documentation identified electronic correspondence from a range of health professionals and included MAC summaries, and hospital discharge summaries.

I find requirements 3(3)(b) and 3(3)(e) compliant for HCP.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |

Findings

The service demonstrated information about the consumer’s condition, needs and preferences is effectively communicated within the organisation and other providers sharing care, whilst ensuring privacy and confidentiality is maintained. The service utilises electronic databases, a mobile phone application and hard copy care plans to store, manage and communicate information about consumers’ condition, needs, preferences and any changes in same. Care documentation evidenced regular communication with other service providers about the care of consumers. Care coordinators, staff and volunteers interviewed all described how they access, update, and share consumer information within the service and other providers involved in consumers’ care.

I find requirement 4(3)(d) compliant for both CHSP and HCP.

# Standard 7

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

Findings

Management and staff demonstrated systems are in place to regularly assess, monitor and review staff performance. All staff interviewed said the service has a performance review process in place and they have participated in regular formal and informal discussions and assessments. Staff confirmed how they are regularly engaged in their professional development including opportunities to request specific training relevant to their role. Sampled consumers said the service regularly seeks their feedback about performance of staff especially when new staff are providing cares and services. Documentation reviewed by evidenced staff performance reviews were current.

I find requirement 7(3)(e) compliant for both CHSP and HCP.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | 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 | Not applicable |

Findings

The service has a risk management framework and policies and procedures to guide staff and management practices in identifying and responding to risk. Incidents are recorded in an Incident Management System (IMS) and management could demonstrate how incidents are assessed, followed up, resolved, and escalated as appropriate. Incident data is analysed and used to inform continuous improvement practices and prevent reoccurrence. Staff demonstrated an understanding of consumers with high impact or high prevalence risks and advised how they implement the service’s policies in alignment with best practice. The service was able to demonstrate a system for identifying and responding to risks including abuse and neglect, and how the information was used to support consumers to live their best life. A review of the incident management system and reportable incidents register demonstrates how incidents are managed through the electronic IMS and how the service identifies, responds, and reports incidents, including serious incident reporting through the SIRS. Incident data is present to Board through regular management and clinical meetings to provide oversight of factors that may affect the safety and quality of care provided by the service.

The service has a documented clinical governance framework, policies for minimising the use of restraint and open disclosure, and a draft policy for antimicrobial stewardship. Staff received training on the policies and were able to provide examples of application in their duties. Management advised the service’s clinical governance framework includes a suite of policies and procedures for the safe, effective quality care of consumers including a mandatory training program, management and staff meetings that discuss clinical care inclusive of clinical risk management and monitoring of consumers. Clinical incidents and clinical audit results are reported, trended and discussed at meetings. Consumer records and consumer risk management meeting minutes show consumer clinical care needs and any relevant risks are identified, monitored and managed to provide the optimal outcome for the consumer.

I find Requirement 8(3)(d) compliant for both CHSP and HCP and Requirement 8(3)(e) compliant for HCP.

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)