**Performance**

**Report**

**1800 951 822**

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| Name: | Blackall Range Care Group |
| Commission ID: | 700293 |
| Address: | 360-362 Flaxton Drive, FLAXTON, Queensland, 4560 |
| Activity type: | Quality Audit |
| Activity date: | 22 February 2024 to 23 February 2024 |
| Performance report date: | 27 March 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: 3203 Blackall Range Care Group Limited  
Service: 18013 Blackall Range Care - EACH  
Service: 18015 Blackall Range Care Group  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7901 Blackall Range Care Group Incorporated  
Service: 23825 Blackall Range Care Group Incorporated - Care Relationships and Carer Support  
Service: 23826 Blackall Range Care Group Incorporated - Community and Home Support

**This performance report**

This performance report for Blackall Range Care Group (**the service**) has been prepared by Stewart Brumm, 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.
* the provider’s response to the assessment team’s report received 13 March 2024.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Assessment Team Provided information that consumers said they are treated with dignity and respect by staff and their identity, culture and diversity is known by staff and valued. Staff spoke respectfully about the consumers and knew about the consumers’ culture and background, and how this shapes their identity. Consumers said staff understand their culture and how it can impact their care and services. Staff have received training in cultural safety.

Consumers said they are informed of the services available to them, are supported to make their own decisions about the services they receive, and the service supports them to be as independent as possible and to include those they want involved with their care. Management and staff described how consumers are supported to make informed decisions and described how services are provided in accordance with the consumers’ preferences.

Consumers said they feel supported to continue to live the life they choose. Management said they consider risks to all consumers and adjust their practices as required to reduce risk. Management said they discuss any potential risks with the consumer and complete consumer choice risk assessment forms in consultation with the consumer.

The Approved Provider demonstrated 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. Its was also demonstrated that each consumer’s privacy is respected, and personal information is kept confidential.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view.

I find all requirements in this Standard compliant.

# 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 | 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

The Assessment Team Provided information that the Approved Provider has policies and procedures related to assessment and planning. Consumers or their representatives said they are satisfied the care and services provided meet consumers’ current needs, goals, and preferences. Care staff could identify risks for consumers and care plans included sufficient information to guide staff in managing the risks. Staff advised discussions regarding advance care directives and end-of-life wishes are conducted during care plan reviews or when there is a significant change in the consumer’s condition.

Consumers or their representatives said the Approved Provider prioritises the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. Management explained how the assessment process works in partnership with other organisations, individuals, and service providers in assessment and care planning and communicates regularly regarding the changing needs of consumers.

Consumers said staff discuss with them their care needs and preferences. Staff said they have access to care plans and other information through the electronic care management system, with access via mobile devices or as a hard copy in the consumers home folder.

The Approved Provider demonstrated 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.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view.

I find all requirements in this Standard compliant.

# Standard 3

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

Findings

The Assessment Team Provided information that consumers or their representatives reported the clinical and personal care that consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Staff providing personal and/or clinical care to the consumers sampled, had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of that care.

The Approved Provider demonstrated that risks for each consumer including life choices, falls and diet choices are effectively managed. All consumers and representatives were satisfied that consumers risks are effectively managed. Management and staff provided examples of how care and services are adjusted for consumers nearing end of life. A review of care documentation reflects that an advance health directive is in place for those consumers who choose to have one in place, and palliative care plans are in place where appropriate. The service has a registered nurse and trained staff to provide palliative care, and a local palliative care team supports the service as required.

Consumers said that the staff know them well and would pick up a change in their condition, would listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration.

The Approved Provider uses an electronic care management system to store and manage consumer data such as personal, medical and clinical information, care plans and support plans, advance care plans and other relevant information. Documents reflect how the Approved Provider asks for consent to release or share information using methods suitable for each consumer and in accordance with privacy legislation.

The Approved Provider demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Approved Provider demonstrated effective minimisation of infection-related risks. There are documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view.

I find all requirements in this Standard compliant.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team Provided information that consumers interviewed said that they feel supported to engage in activities that are of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. The lifestyle staff develop lifestyle plans for each consumer that attends the social centres to inform staff of individual preferences and guide their practice in caring for consumers.

Consumers stated that the service supports their emotional, spiritual and psychological well-being. Staff were able to discuss various ways that they work in partnership with consumers and representatives to support emotional and psychological well-being, such as individual activities and 1:1 time with consumers. The lifestyle staff provided an overview of the lifestyle program including how they assess consumers, develop personalised individual activity plans, develop the weekly activities planner, assess activities and determine if consumers want the activities to remain on the planner. Consumers said they are supported to take part in community activities outside of their homes including to go shopping and to meet friends at social gatherings.

The Approved Provider demonstrated that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. It was also demonstrated that there are timely and appropriate referrals to individuals, other organisations and providers of other care and services. And where equipment is provided, it is safe, suitable, clean and well maintained.

Consumers expressed satisfaction with the quality and quantity of the meals provided by brokered meal services and the services kitchen. Staff described how the consumer’s food preferences and dietary requirements are catered for.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view.

I find all requirements in this Standard compliant.

# Standard 5

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| Organisation’s service environment | | HCP | 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Assessment Team Provided information that the Approved Provider has 3 social activities centres which are used for social support groups. The Assessment Team visited two of the three centres and observed they were welcoming with easy access for consumers with physical limitations. The centres were observed to be set out in such a way which allowed the consumers to interact with each other and staff. Consumers/representatives said the centres are always welcoming and they feel like they are with family when they attend the activities there.

The Assessment Team observed the service to be safe, clean and well maintained, with the activities centre and service easily accessible for consumers with varying levels of mobility. The service has schedules for cleaning, building and equipment maintenance and fire equipment.

Furniture, fittings and equipment in the activity centres were clean and suitable for consumers to use. Staff described the cleaning processes and said there is sufficient furniture and equipment to meet the needs of consumers. The Approved Provider uses buses and cars that are serviced and maintained regularly.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view.

I find all requirements in this Standard compliant.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Assessment Team Provided information that consumers said they feel supported to provide feedback and make complaints when needed. Consumers said they are encouraged to talk with staff and management whenever they have a concern, and these concerns are listened to and dealt with promptly. Staff were able to explain how they support consumers to provide feedback or make a complaint.

Consumers are provided with information on commencement with the Approved Provider including how to access advocacy services, the consumer’s right to contact the Aged Care Quality and Safety Commission to make a complaint, as well as information on how to access language services for assistance with interpreting or translation.

Management was able to discuss the use of open disclosure and how they use this when dealing with complaints. Consumers said their complaints are listened to, acted on promptly and they receive an apology. The service has policies and procedures in place to assist staff with responding to complaints.

Consumers provide feedback to the service and the service have been able to make changes to improve care and services. Management demonstrated they review, analyse and trend complaint data, and use successful outcomes from the complaint investigation process to inform the service’s improvement process.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view.

I find all requirements in this Standard compliant.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Assessment Team Provided information that consumers or their representatives said there is enough staff to provide safe and quality care and services. Care staff said they are not rushed and are able to ask for extra time with consumers if needed to ensure they deliver safe and effective care. The service was able to demonstrate effective processes to ensure the number and mix of staff enables the delivery of safe and quality care and services, even with unplanned leave or unexpected changes. Consumers said staff are kind, caring and respectful of their identity and culture.

The Assessment team reviewed position descriptions for each role and staff said they understand their roles, responsibilities, and the scope in which they work under. Management was able to demonstrate they undertake appropriate checks and ensure staff have the appropriate qualifications prior to starting with the service.

The Approved Provider conducts and induction and mandatory training for staff prior to commencing with the delivery of care and services to the consumers. Care staff said they have received training to ensure they deliver safe and effective care in line with the standards, and they receive support from the registered nurse or other senior staff if needed.

The Approved Provider demonstrated they conduct regular assessment, monitoring and review of the performance of each member of the workforce.

The Approved Provider provided a response to the Assessment Team report that included a plan for continuous improvement and supporting documentation. Improvement actions taken by the Approved Provider since the audit include reminding staff about professional boundaries, a review and enhancement of medication management training, refresher training on the Serious Incident Response Scheme and additional training and support for registered nurses.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view. I also note the improvement actions taken post audit by the Approved Provider.

I find all requirements in this Standard compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The Assessment Team Provided information that the Approved Provider demonstrated that consumers and representatives are engaged in the development, delivery and evaluation of care and services. Consumers confirmed the service seeks their input into the care and services they receive, including through surveys, speaking to staff and management and establishing consumer advisory groups.

Management and the board demonstrated to promote a culture of safe, inclusive and quality care and is accountable for their delivery.

The Approved Provider has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The Approved Provider has a risk management policy and an incident management system. These systems identify and manage high-prevalence and high-impact risks, including abuse and neglect. The service has developed a Clinical Governance framework to monitor clinical indicators and incidents, as well as set out roles and responsibilities.

The Approved Provider provided a response to the Assessment Team report that included a plan for continuous improvement and supporting documentation. Improvement actions taken by the Approved Provider since the audit include a review of the process to manage unspent funds and ensuring unspent funds utilization plans are established.

I have considered the information presented by the Assessment Team, and I am persuaded by the feedback from consumers and the Approved Providers ability to demonstrate compliance in forming my view. I also note the improvement actions taken post audit by the Approved Provider.

I find all requirements in this Standard compliant.

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)