**Performance**

**Report**

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| Name: | Bur-Del Community & Home Support - Burdekin |
| Commission ID: | 700162 |
| Address: | 72 Wickham Street, AYR, Queensland, 4807 |
| Activity type: | Quality Audit |
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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: 1945 The Bur-Del Co-Operative Advancement Society Limited  
Service: 18418 The Bur-Del Co-Operative Advancement Society Limited

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7563 The Bur-Del Co-operative Advancement Society Ltd  
Service: 24688 The Bur-Del Co-operative Advancement Society Ltd - Care Relationships and Carer Support  
Service: 24689 The Bur-Del Co-operative Advancement Society Ltd - Community and Home Support

**This performance report**

This performance report for Bur-Del Community & Home Support - Burdekin (**the service**) has been prepared by Bruce Bassett, 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

# 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

Consumers and their representatives said they are satisfied consumers are treated with dignity and respect and consumers’ identity, culture and diversity is valued. The service has processes to identify consumers’ cultural backgrounds, and staff can describe what treating consumers with dignity and respect means in practice.

Consumers and representatives expressed satisfaction with the quality of care and services provided and said they felt culturally safe. The service operates a community-based model where the workforce and consumers and their representatives are well known to each other and focussed on community connections.

Management and staff evidenced knowledge, awareness and understanding of consumers’ choices and preferences and described how each consumer is supported to make informed decisions about the care and services they receive. Consumers were able to provide examples of how they exercise choice and make their own decisions.

Consumers and representatives provided examples of how the consumers are supported to live the life they choose. For example, one consumer living with restricted mobility is supported to water potted plants and care documentation includes a record of conversation and instructions for staff. Management and staff said they are supporting consumers to live the best life they can by remaining in their own homes, maintaining independence as far as possible and or assisting them to find accommodation and support them as per their wishes and within package boundaries.

Consumers and representatives said they are satisfied with the provision of information. The service has systems to ensure consumers are provided with initial and ongoing information that is designed to keep consumers informed about their care and services generally, including monthly statements describing how their funds have been spent and any remaining balance.

Management said, and staff confirmed, restricted details about the consumer, the care and services they receive, or their budget information is provided to different staff according to the level of detail they require to perform their role effectively. Consumers’ privacy is respected, and personal information kept confidential.

Following consideration of the above information, I have decided that Standard 1 is 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

Consumers and their representatives said they are satisfied the care and services provided meet consumers’ current needs, goals, and preferences. The service undertakes a range of assessments when a consumer enters the service, and these are reviewed periodically and when changes occur. Risk assessment tools are used to identify health and well-being risks to consumers, including falls, pain, changed behaviours, medication, and continence. Care staff could identify risks for consumers and care plans included sufficient information to guide staff in managing the risks. The service has policies and procedures related to assessment and planning. Consumers’ care planning documentation included the outcomes of assessments.

Consumers and representatives said they are involved in identifying consumers’ needs and preferences including emergency responses. Consumers and representatives said, and staff confirmed, they did not wish to discuss end of life preferences with the service for cultural reasons. Consumers’ care documentation includes information about consumers’ needs, goals, and preferences, including emergency response preferences.

The service involves 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 they receive a copy of their care plan and staff are aware of their care needs and preferences. Consumer care documents demonstrate the service consults with consumers and representatives and their needs and preferences are considered. The Assessment Team reviewed care planning documentation and relevant information available to staff delivering care and the outcomes of assessment and care planning.

Consumers and representatives said care and services are reviewed regularly, when needed or if requested by the consumer or their representative. Consumers’ care documentation recorded timely and appropriate assessments and review of care and services is occurring. Staff described the process for completing regular review of consumers’ care and services and how they are alerted by the service’s Electronic Care Management System (ECMS) when care plans are due for review.

Following consideration of the above information, I have decided that Standard 2 is 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

Consumers and representatives said personal care for consumers is appropriate and provided in a safe manner and they consider the clinical care consumers receive is right for them and provided examples of the care received. Consumers’ care documentation demonstrated clinical care is being provided to optimise consumers’ health and well-being including complex care needs such as pressure area care, wound management, and indwelling catheter (IDC) care. Review of care documentation confirmed consumers’ needs, goals and preferences are described in sufficient detail to guide staff in the delivery of care and services and staff demonstrated knowledge of individual consumer’s needs, goals, and preferences.

The service demonstrated 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 included falls, pressure injuries, social isolation, cognitive deficiencies and homelessness or risk of homelessness. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks.

Management and staff provided examples of how care and services are adjusted for consumers nearing end of life. Whilst staff said advance care planning is not discussed on entry to the service for cultural reasons, emergency contact details are obtained in the event of rapid decline in a consumer’s wellbeing and the service provides guidance and information should a consumer wish to undertake end of life planning. Management said they can refer to the local hospital for palliative care guidance to support a consumer’s end of life wishes if required.

Consumers and representatives said staff have identified deterioration or changes for consumers and responded. Staff provided examples of change or deterioration in a consumer’s condition and what actions they took, including escalating their concerns to management. Management advised they provide consistent staffing who have received training on how to identify deterioration or change in a consumer.

Consumers and representatives said staff provide consistent care and services. Information about care and services is provided in the ECMS, and a copy of the care plan is stored in a file at the service’s office. Staff said they receive information about service delivery from a colour coded roster however do not have immediate access to consumer’s care plans unless they ask. Management advised changes in care plans are communicated verbally to staff prior to staff commencing a shift. A review of documentation demonstrates care and service plans provide adequate information to support the delivery of safe and effective care.

Consumers and representatives expressed satisfaction with referrals to other organisations, including allied health services. Management confirmed where a need is identified, the service refers consumers to other organisations to provide care and services that address the consumers’ assessed needs. Where input from other organisations and providers of care is sought, their recommendations are incorporated into consumers’ care planning documentation. A review of care planning documentation confirms referrals are undertaken following consultation with consumers and representatives.

Consumers and representatives said staff follow standard infection control protocols, including handwashing and the appropriate use of personal protective equipment (PPE) as required. Management and staff demonstrated understanding of practical ways to minimise the transmission of infections including the risks associated with influenza and COVID‑19. Overall, staff said they have access to sufficient supplies of PPE. The service has policies relevant to outbreak management.

Following consideration of the above information, I have decided that Standard 3 is 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

Consumers and representatives said the service supports consumers to optimise their independence and well-being while considering their preferences and needs. Staff described how they support consumers to maintain their independence and quality of life and engage with consumers to ensure their preferences are supported. Care documentation included information relating to the service and supports which are identified through consumers’ preferences.

Consumers reported the service provides a sense of purpose for consumers to take part in community and social activities that align with their preferences. Staff demonstrated an understanding of what is important to the consumer and how the delivery of a flexible service promotes the well-being of the consumer. Staff demonstrated an understanding of what is important to the consumer and provided examples of how the well-being of consumers is supported.

Staff described how they support consumers to participate in the community and do things of interest to them, including exercise classes, craft activities, singing, shopping, outings in the bus such as fishing and a BBQ lunch, and a local musical band visits the respite centre fortnightly. Staff understand consumers’ daily living preferences and provide appropriate support.

Consumers and representatives said staff know the consumers they support and understand their needs and preferences as consumers receive consistent care and services from regular staff. Staff described how the service keeps them informed of consumers’ needs, preferences, and any changes to the consumer’s condition.

Staff and management described the process for referrals to other organisations and individuals involved in the consumer’s care. Management maintains contact details for organisations that may be useful for consumers. Recommendations are made by the service as required and consumers have the choice to receive HCP services through brokered service providers. Consumers and representatives are aware they can access additional home supports from other organisations through their HCP and said the service provides information on services available to consumers.

Consumers expressed satisfaction with the quality and quantity of the meals provided at the activities centre. Some consumers receive support with preparing meals in their home and others engage the services of pre-prepared meal providers through their HCP.

Where equipment has been sourced for consumers to use in their homes or community, consumers and representatives reported that the equipment is suitable and meets the consumers’ needs. Management advised the service assists consumers to source the necessary equipment which is funded through their HCP.

Following consideration of the above information, I have decided that Standard 4 is 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 service has a respite centre which is used by both their CHSP and HCP consumers for social support groups, activities such as arts and crafts, allied health clinics, meals, and other services such as hairdressing. The centre is welcoming, and light filled, with easy access for consumers with physical limitations. The centre was observed to be set out in such a way which allowed the consumers to interact with each other and staff.

The service’s indoor and outdoor environments were observed to be safe, comfortable, and well maintained. Consumers said they can move freely around the service and access outdoor areas if they choose and were satisfied the service is clean and well maintained.

Consumers were observed actively participating in activities in a well-maintained environment. Staff described the cleaning and maintenance processes in place. Management described the maintenance program for furniture, fittings, and equipment. The service uses cars that are serviced and maintained regularly.

Following consideration of the above information, I have decided that Standard 5 is 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

Consumers and representatives said they would feel comfortable raising any concerns by speaking directly with staff; either at the consumers home or at the service office or common area. Staff at the service assist consumers and representatives to complete feedback and complaint forms if required.

Consumers and representatives are provided information about advocacy and interpreting services available, however all consumers and representatives interviewed said they were happy to manage their complaints with the service directly. Management described the advocacy services available to consumers and representatives. The consumer handbook includes information about the Commission, advocacy services and the Aboriginal interpreter service.

The service has a documented process for receiving, categorising, and actioning feedback and complaints. Although not all staff recognised the term ‘open disclosure’ they said they would offer an apology to consumers and try to resolve the complaint if it was within their scope and always inform or escalate the concern to assessment staff or management respectively.

Management discussed how opportunities for improvement are obtained from different avenues, and entries are recorded in the service’s Plan for Continuous Improvement, which evidenced planned actions to address feedback from consumers and representatives to improve the quality of care and services.

Following consideration of the above information, I have decided that Standard 6 is 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

Consumers said staffing is consistent and the service notifies them of any changes to their scheduled care and services. Management has contingency plans in place to replace staff when required and rosters are reviewed to ensure staff allocations are adequately meeting changing consumer needs and preferences. Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences. Staff said they have sufficient time to undertake their allocated tasks and responsibilities.

Consumers and representatives said staff are kind, caring and respectful of each consumer’s identity and preferences for service delivery. Management and staff demonstrated a considerate and caring attitude when discussing individual consumers and how their participation in community influences the interactions between staff and consumers.

Consumers and representatives said staff are competent and have the knowledge to effectively meet the needs of consumers in a friendly and helpful manner. Staff said they have the necessary skills to perform their role and are supported by management. A range of subcontractors assist the service to provide the care and services. Subcontractors’ agreements include necessary competencies as well as adopting the values of the service.

The service was able to demonstrate it has processes for the recruitment, induction, and onboarding of staff. Staff generally confirmed they received adequate induction and onboarding, and the management team is available to provide support at any time.

Management and staff demonstrated systems are in place to assess, monitor and review staff performance. Staff confirmed they undergo performance review.

Following consideration of the above information, I have decided that Standard 7 is Compliant.

# Standard 8

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| 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 service demonstrated consumers and representatives are engaged in the development, delivery, and evaluation of the care and services they receive. Consumers and representatives undertake surveys in the home and/or at the service, and assessment staff survey consumers and representatives at each review. Management said most consumers visit the respite centre for various reasons which provides management and the Board the opportunity to engage directly with them and glean suggested improvements.

The governing body promotes and is accountable for the delivery of safe, inclusive, and quality care and services. The governing body meets regularly to monitor the quality of care and services. Consumers and representatives said they believe the organisation provides safe, inclusive, and quality care and services.

The service, which is an Aboriginal Community Controlled Organisation, demonstrated proportionately effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Board meetings address governance topics, including finance, risk and the Quality Standards. The service engages a consultant service to support governance systems.

The service was able to provide frameworks and policies to manage risk and respond to incidents. The service was able to demonstrate the effective management of high impact or high prevalence risks and responds to identification of abuse and neglect of consumers. Management provided examples risks and how they are managed at the service.

The service provides limited clinical care and has implemented a clinical governance framework. Management said there are three consumers who receive clinical care. Clinical care services are brokered to subcontractors who can provide the services. The service provides transport for other consumers requiring clinical care. Although clinical care is currently a brokered arrangement with subcontractors of convenience, the service is networking with other indigenous care and service providers to ascertain who can provide care and services for the cohort.

The Assessment Team raised with management that the clinical governance framework discussed did not clearly articulate systems that are required to maintain and improve the reliability, safety and quality of clinical care, and to improve outcomes for consumers.

Management responded with an updated documented Clinical governance framework which outlined the systems and practices, and the relevance to nominated policies and procedures. The Assessment Team noted not all of the nominated policies are currently adopted by the service. The service made a plan for continuous improvement entry to further develop the Clinical governance framework with linkages to staff training, handbooks and agreements.

Following consideration of the above information, I have decided that Standard 8 is Compliant.

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