**Performance**

**Report**

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| Name of service: | Burdekin Community Association Inc. Home Care Services |
| Service address: | 130 Queen Street AYR QLD 4807 |
| Commission ID: | 700056 |
| Home Service Provider: | Burdekin Community Association Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 22 November 2022 |
| Performance report date: | 19 December 2022 |

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.

**This performance report**

This performance report for Burdekin Community Association Inc. Home Care Services (**the service**) has been prepared by J Taylor, 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.

# Services included in this assessment

**Home Care:**

* Burdekin Community Association Inc. Home Care Services, 25162, 130 Queen Street, AYR QLD 4807

**CHSP:**

* CHSP - Social Support - Individual, 4-227YFLM, 130 Queen Street, AYR QLD 4807
* CHSP - Personal Care, 4-227YFM5, 130 Queen Street, AYR QLD 4807
* CRCS - Flexible Respite, 4-227YFMO, 130 Queen Street, AYR QLD 4807
* CHSP - Transport, 4-227YFN7, 130 Queen Street, AYR QLD 4807
* CHSP - Home Maintenance, 4-227YFNQ, 130 Queen Street, AYR QLD 4807
* CHSP - Domestic Assistance, 4-227YFO9, 130 Queen Street, AYR QLD 4807

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by 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 as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| 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 |

Findings

Consumers and representatives interviewed stated staff support them to make decisions about things that affect their lives and understand what is important to them. Review of the assessment and planning process included identification of risk and discussion with consumers clearly explaining identified risk and potential consequences should the consumer choose to undertake an activity regardless of the identified risk. The service demonstrated creation of a Consumer Choice Form to be completed should a consumer choose to undertake activities which may present a risk to the consumers overall health. The service advised the process in using the Consumer Choice Form includes involvement of others, if desired by the consumer, followed by education on the identified risks to ensure informed decision making by the consumer.

Consumers and representatives interviewed confirmed they are provided with information in a way that enables them to make informed choices. Consumers and representative said they received a verbal explanation of the care and services available, the assessment and care planning process, feedback and complaints, advocacy rights and responsibilities. The service evidenced the package budget is prepared in partnership with consumers with itemised monthly statements provided. Management and staff interviewed described the various ways they provide information to consumers regarding care and services provided which enables consumers exercise choice. Consumer file notes reviewed evidenced communication with consumers is recorded.

The service advised monthly statements to consumers now include service costs associated with public holidays. This was confirmed on review of the monthly statements for three consumers.

Considering the information provided, the service has demonstrated consumers are supported to take risks and information provided to consumers is current, accurate and timely. I find this Standard to be Compliant and the requirements above are now assessed as 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)(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 service demonstrated assessment and planning considers potential risk to individual consumer’s health and well-being and informs the delivery of safe and effective care and services. Care plans reviewed included sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks for consumers. For example:

* Review of a consumer’s file noted risk assessments completed for falls, pressure injuries and self-administration of medications. Strategies were in place and included the use of a mobility aid and the use of a falls alert device. Documentation evidenced the consumer had been assessed by a registered nurse (RN) on a regular basis.

The service advised validated assessment tools has been implemented as part of overall assessment and planning activity and confirmed all consumers have now been reassessed using the redeveloped Assessment and Support Planning tool with further reviews scheduled with a Registered Nurse based on complexity of individual services to consumers. The service advised training has been provided to staff on undertaking assessments, support planning and budget creation to ensure plans reflect individual consumer risk, health conditions and service provision.

Consumers and representatives interviewed reported services consumers currently receive meets their needs, goals and preferences. Consumers interviewed said they have day to day control of the services they receive. Care documentation evidenced End of Life (EOL) and Advance Health Directive (AHD) information is provided to consumers. Care planning documents reviewed described in sufficient detail the services consumers receive and included goals and preferences.

The service advised revision of assessment and planning documentation included records of Enduring Power of Attorney and AHD conversations occur with consumers and outcomes documented in care plan documents. Review of training records confirmed staff involved in these discussions with consumers have completed online training.

Staff interviewed described how the service works in partnership with other organisations, individuals and service providers in assessment and care planning and communicate regularly regarding the changing needs of consumers. Documentation evidenced consumer and representative involvement in the planning of services and in the ongoing and annual reviews.

The service advised a review of the intake process ensures the principles of consumer partnership are embedded from the onset of service provision and on an ongoing basis. The service stated formal discharge documentation is now requested when consumers are discharged from hospital to enable informed and collaborative reassessment of consumer needs occurs.

Review of care planning documentation confirmed care plans are reviewed at least annually and more often should changes or incidents occur. Staff interviewed described the review process and the triggers for reassessment. The service confirmed consumer reviews had been scheduled to ensure assessments and reassessments are completed in an appropriate timeframe considering consumer complexity.

Considering the information provided, the service demonstrated they are partnering with consumers and representatives to ensure assessment and planning effectively assesses individual consumer needs, goals and preferences and evidenced documentation in consumers care plans include risk assessments with regular reviews scheduled. Therefore, this Standard is assessed as Compliant and the requirements above are assessed as 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)(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 |

Findings

Consumers and representatives interviewed stated the clinical care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Staff interviewed demonstrated a good understanding of each consumer’s needs, goals and preferences relating to the delivery of individual care. Care plans reviewed described consumers current personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. For example:

* Care documentation for an individual consumer evidenced wound assessments and treatments attended by a Registered Nurse (RN). The consumers representative said the wounds were attended 3 times a week and they have now healed.

The service demonstrated risk assessments are undertaken for high impact or high prevalence risks to determine actions to minimise identified risks. An example of risks identified included falls, skin integrity and cognitive decline. Staff interviewed described risks for individual consumers and risk information was reflected in care planning documentation, including the mitigation strategies and guidance for staff who regularly provide services to consumers.

The service advised a number of actions had been taken in response to the Quality Audit completed in April 2021 including the creation of a register to record “Client Risk Notifications” and actions taken in relation to identified risks. The service advised this register is also submitted to the Management Committee for consideration and review and this was confirmed in review of meeting minutes.

Staff interviewed confirmed a care plan is located in consumers’ homes which they can refer to if needed and they receive ‘roster notes’ advising them of any key changes or matters to be aware of. Overall, the Assessment Team identified there is sufficient information in relation to the consumer’s condition, requirements and preferences, which are detailed in the ‘roster notes’ which are distributed daily to care staff at the commencement of each shift.

Considering the information provided, the service demonstrated delivery of personal and clinical care that is best practice and meets the needs of consumers and managing risks to achieve positive outcomes for consumers with high impact or high prevalence risks. Therefore, this Standard is assessed as Compliant and the requirements above are assessed as Compliant.

# 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 | Compliant |

Findings

The service demonstrated effective processes to identify and record risks and incidents through the lens of their field operation staff, contractors and their continuous feedback and complaint mechanisms. The service evidenced a focus on the provision of further mandatory training for staff to identify consumers potentially at risk of elder abuse, dementia and domestic family violence. The service evidenced a suite of policies that guide management of consumer risk and assessment and care planning incorporates risk identification and triggered assessment tools where risk is indicated.

The service demonstrated an effective clinical governance framework in place to maintain and improve the reliability, safety and quality of the clinical care consumers receive. Management and staff interviewed stated monthly engagement with contractors, who provide allied health services, occurs to ensure all have a mutual understanding of the service’s expectations within the clinical governance and antimicrobial stewardship. Review of Management Meeting Committee minutes for September 2022 evidenced discussion including complaints, feedback and high-risk consumers.

The service evidenced a suite of policies and procedures in relation to antimicrobial stewardship, minimising the use of restrictive practice and open disclosure that meet the requirements of the Standards.

Considering the information provided, the service demonstrated utilisation of established risk management system and practices to identify and assess risk and support consumers to live the best life they can supported through an established clinical governance framework. Therefore, this Standard is assessed as Compliant and the requirements above are assessed as Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)