**Performance**

**Report**

**1800 951 822**

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| Name: | Burdekin Community Association Inc. Home Care Services |
| Commission ID: | 700056 |
| Address: | 130 Queen Street, AYR, Queensland, 4807 |
| Activity type: | Quality Audit |
| Activity date: | 20 March 2024 to 21 March 2024 |
| Performance report date: | 3 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: 2499 Burdekin Community Association Inc  
Service: 25162 Burdekin Community Association Incorporated Home Care Service  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7324 Burdekin Community Association Inc  
Service: 24912 Burdekin Community Association Inc - Care Relationships and Carer Support  
Service: 24913 Burdekin Community Association Inc - Community and Home Support

**This performance report**

This performance report for Burdekin Community Association Inc. Home Care Services (**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.

# 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 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 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/representatives said staff treat consumers with dignity and respect and support their cultural diversity by ensuring their care needs are met and interacting with consumers in a respectful manner also individual identity, culture and diversity is recognised and valued.

Consumers said they can make decisions about their own care and services and can choose to have representatives involved in the decision-making process. Consumers/representatives described how consumers are provided with information to make choices about risks they wished to take. Management and staff demonstrated a shared understanding of how to support consumers to take risks and the service had processes to support informed decision making.

Consumers/representatives said they receive information in a way they can understand enabling them to make informed choices. Most consumers/representatives confirmed monthly statements are well set out and are easy to understand.

Consumers are satisfied care and services, including personal care, are undertaken in a way that respects their privacy and the service has established processes to manage the security of consumers’ personal information.

I have considered the information presented and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance.

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 consumers/representatives said care is planned to meet consumers’ care needs and preferences, with strategies to manage risk to consumers’ health and wellbeing. Consumer care documentation demonstrates staff assess risk to consumers’ health and well-being and plan consumer care to manage risk.

Consumers/ representatives said consumers’ current needs, goals, and preferences, are assessed and planned, including end of life care. Consumers/representatives said they have discussions with the service when changes to consumer care and services are required and they are involved in the assessment and planning of care. Management advised assessment and planning is based on ongoing partnership with the consumer and others involved in the consumers’ care.

Review of consumer files demonstrate documentation of the outcomes of assessment and care planning. The Assessment Team reviewed care planning documentation and relevant information readily available to staff delivering care. Consumers have a hard copy of their care plan and can request an electronic copy.

The Approved Provider reviews care and assessments on an annual basis from the date of commencement, with ad hoc reviews occurring if there are any changes in consumers’ health, choice or incidents occur.

I have considered the information presented and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance.

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/representatives said care is safe and considers the individual consumer’s needs, goals and personal preferences. The Approved Provider has policies and procedures in place to support the delivery of care provided and consumers are assessed by the registered nurse.

The Approved Provider has support from the district palliative care team, and local hospital services 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 Approved Provider uses an electronic care management system and has a backup paper system to store and manage consumer data. Consumers say their personal or clinical care is consistent, they do not have to repeat their story or their preferences to multiple people, and care information is shared with their consent where care is provided by others.

Consumers said they are satisfied with the care and services delivered by external services involved in their care. The management team provided examples of how allied health professionals are engaged in response to changes in consumer needs.

The Approved Provider has 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 and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance.

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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team provided information that consumers said they are supported to engage in activities of interest to them, and are assisted in obtaining supports, such as equipment and resources, to promote their well-being, independence, and quality of life.

Consumers/representatives stated that the service supports consumers 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.

Consumers are supported to take part in community activities outside of their homes including to go shopping and to meet friends at social gatherings. Care planning documentation identified the people important to individual consumers, and those people involved in providing care and of interest to the consumer. The staff know consumers individual preferences and other organisations that may be involved in their care and services.

The Approved Provider demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborate to meet the needs of consumers.

Consumers and staff said the equipment that is purchased and used in the consumer environment is safe and they know how to report any concerns or issues. The service has processes for purchasing, servicing and replacing equipment that is needed for the individual consumer.

I have considered the information presented and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance.

I find all requirements assessed under this Standard compliant.

# Standard 5

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| --- | --- | --- |
| Organisation’s service environment | HCP | CHSP |

Findings

# 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/representatives are aware of how to provide feedback or make a complaint and said they can fill out feedback forms which are in their care folders. Consumers/representatives said they could make complaints and provide feedback and said they have no concerns talking with staff or management if they want to make a complaint. Consumers are aware of how to raise complaints with external organisations. The Approved Provider has established a process to support consumers who wish to appoint an advocate.

Appropriate action is taken in response to complaints and an open disclosure process is applied when resolving complaints. A complaints management procedure is available to guide management and staff.

The Approved Provider documents feedback and complaints and reviews this information to identify improvement opportunities. There is a procedure to guide management in the evaluation of feedback and complaints. The Approved Provider uses a plan for continuous improvement to record improvement activities.

I have considered the information presented and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance.

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/representatives are satisfied with staffing numbers. Management plans workforce requirements based on the needs and preferences of consumers. Care and services are delivered by the service’s staff with support from contracted staff. Staff are satisfied they have sufficient time to meet consumers’ care and service needs. Consumers/representatives expressed they are satisfied with staff interactions which are kind, caring and respectful.

Management advised each role has a position description including the qualifications and knowledge requirements for each role and this guides the recruitment process.

Consumers/representatives expressed confidence in the workforce’s ability to deliver care and services as staff are well trained. Training records indicate staff have completed training that supports them to deliver the outcomes required by the Standards.

Management described the processes used for conducting regular assessment, monitoring and review of the performance of each staff member. Performance appraisals are conducted in August each year and includes a self-assessment.

I have considered the information presented and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance.

I find all requirements in this Standard 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 Assessment Team provided information that consumers said they have confidence in the way the service is run and are engaged in the development and evaluation of their care and services. Consumers/representatives are satisfied a culture of safe, inclusive, and quality care and services is promoted by management and incorporated into the service’s documents. The organisation’s governance structure is designed to ensure accountability in the provision of safe and inclusive care.

The Approved Provider demonstrated effective organisation wide governance systems.

The Approved Provider has developed effective risk management systems and associated practices. These systems identify and manage high prevalence risks and high-impact risks, including abuse and neglect. The Approved Provider has an incident management system and a hazard reporting system. Risks are identified and logged onto a risk register.

The Approved Provider has implemented a clinical governance framework and associated policies and processes to guide the delivery of clinical care.

I have considered the information presented and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance.

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)