Metta Community Care Sydney

Performance Report

26A Davis Road
WETHERILL PARK NSW 2164
Phone number: 0437 470 464

**Commission ID:** 201417

**Provider name:** Burmese Community Development Collaboration (BCDC)

**Assessment Contact - Desk date:** 5 April 2022

**Date of Performance Report:** 1 June 2022

# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Burmese Community Development Collaboration (BCDC), 26863, 26A Davis Road, WETHERILL PARK NSW 2164

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been considered in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service has processes in place to ensure there are enough staff to deliver safe, quality care and services. Service staff have access to online and face to face training and once completed, service staff training records are made and monitored.

The service monitors compliance of its staff and resources, including drivers licences and vehicle insurances. The service has an operational staff appraisal policy in place.

The Quality Standard is assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The assessment team conducted a desk assessment contact on 5 April 2022 and reviewed information that evidenced compliance with this requirement:

* Staff education calendar and training register (2022)
* Service staff job descriptions including but not limited to: Quality Assurance Co-ordinator, Care Co-ordinator, and Care workers
* Service staff induction and orientation processes
* Service meeting minutes and meetings schedule (2021 and 2022)
* Staff performance assessment policy and associated registers
* Forms pack provided to staff inclusive of incident and complaints forms
* Records and examples of the service conducting staff supervision
* Services drivers licence, vehicle insurance, and vehicle registration records

The service provided information to support the evidenced provided to the assessment team on 6 April 2022, 7 April 2022, and 11 April 2022. This included:

* Advice corroborating the development of a staff induction checklist and a recruitment and training policy. This policy includes prospective staff reference checks, and encompasses a review of criminal history checks, and staff qualifications.
* The service has implemented an updated job description for aged care workers and the quality assurance coordinator.
* Advice demonstrating the service is conducting regular staff meetings. Meeting minutes were supplied to the assessment team with a meeting schedule for 2022.
* The service has developed a code of conduct. Supporting education for staff has been conducted and recorded.
* Service management explained that all staff are issued with a residual current device (RCD) and first aid kits.
* Service management discuss staff performance during staff appraisals. The services staff appraisal policy evidenced contemporary practises and outlines annual staff appraisals take place. The assessment team was provided with a supporting performance appraisal schedule for 2022.
* Service management evidenced staff training certificates for Aged Care Quality Standards, fire safety, infection prevention and control, and the serious incident response scheme (All dated in 2022).
* Service management demonstrated a checklist for assessment of daily allocated tasks is used by care workers at the service

The service has made improvements in relation to this requirement when measured against an assessment contact previously completed on 21 February 2021.

On balance, I find the service compliant with this requirement.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.