**Performance**

**Report**

**1800 951 822**

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| Name: | Country Home Advocacy Project Inc. (Trading as Country Home Services) |
| Commission ID: | 600124 |
| Address: | Level 1, Chateau Building, Beckwith Park, 30-38 Barossa Valley Way, NURIOOTPA, South Australia, 5355 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 5 June 2024 |
| Performance report date: | 9 July 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: 33 Country Home Advocacy Project Inc  
Service: 18478 CHAP Community Care Program  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7587 Country Home Advocacy Project Incorporated  
Service: 24176 Country Home Advocacy Project Incorporated - Community and Home Support

**This performance report**

This performance report for Country Home Advocacy Project Inc. (Trading as Country Home Services) (**the service**) has been prepared by G Cherry, 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 Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with Management team members.
* the provider’s response to the assessment team’s report received 21 June 2024, included an updated Plan for Continuous Improvement (PCI).

# Assessment summary for Home Care Packages (HCP)

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| Standard 7 Human resources | Not Compliant |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* **HCP**
  + Requirement 7(3)(a) – implement and effective system to ensure 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, plus a monitoring system to ensure compliance.
  + Requirement 7(3)(e) – ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken and implement a monitoring system to ensure compliance.
  + Requirement 8(3)(c) - implement an effective organisation wide governance systems (with self-monitoring processes) relating information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback/complaints.
* **CHSP**
  + Requirement 2(3)(d) – ensure outcomes of assessment and planning are effectively communicated to consumers and documented in a care/services plan that is readily available to them, and others where care/services are provided.
  + Requirement 7(3)(a) – implement and effective system to ensure 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, plus a monitoring system to ensure compliance.
  + Requirement 7(3)(e) – ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken and implement a monitoring system to ensure compliance.
  + Requirement 8(3)(c) - implement an effective organisation wide governance systems (with self-monitoring processes) relating information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback/complaints.

# Other relevant matters:

The Country Home Advocacy Project (trading as Country Home Services) is a not-for-profit organisation and home care provider in rural South Australia providing Commonwealth Home Support Program (CHSP) and Home Care Package (HCP) services for older people residing in Yorke Peninsula, Lower North, Gawler, and Barossa regions.

An Assessment Contact (performance assessment) – non-site was conducted via video teleconference to assess the quality of care and services provided, focusing on previously identified non-compliance. The provider advised 1651 clients receiving CHSP and 234 HCPs across all 4 levels. This performance assessment included review of documentation requested under Section 67 of the *Aged Care Quality and Safety Commission Rules 2018* and interview of Management personnel.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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. | Not Applicable | Not Compliant |

Findings

This Standard is non-compliant relating to CHSP as one requirement is non-compliant.

A decision of non-compliance made on 19 May 2023 for consumers receiving CHSP services followed a Quality Audit on 14 April 2023 to 18 April 2023. At an assessment contact via electronic medium on 5 June 2024 Management described processes initiated to develop/provide copies of service plans for all consumers receiving CHSP services; however, at the time of this performance assessment, management report 70% of CHSP consumers had a service plan in place and due to increased consumer numbers did not foresee completion of all service plans until the end of 2024. They advised all new CHSP consumers have a plan developed at the commencement of services and when changes occur and prior to implementing service plans education is provided to workers by newsletter. Via review of the supplied PCI the assessment team note this had occurred, also noting annual reviews are conducted via telephone, with occasional home visits to evaluate quality-of-service provision. Management explained completed service plans are uploaded to the electronic care management system (ECMS) as the initial viewed item and where no plan exists several data fields containing consumer information is viewed. When review/change is required contracted staff report requirements to Management to enable updating and provision to consumers; an example of service plan provision to one consumer was supplied. However, via view of supplied CHSP service plans the assessment team note when updates are made, a process does not alert the reader of an updated plan nor changes easily identifiable. Management advised a process of alert does not exist as it is the expectation of staff responsibility to read the service plan each time they attend a consumer’s home. Noting, while a system does not exist to ensure this occurs no adverse consumer feedback has been received. Via review of supplied plans, the assessment team note limited individualised information relating cultural, spiritual, background, interests nor equipment needs and or cleaning.

In their response, the provider supplied an updated service plan for one consumer receiving domestic assistance detailing identified risk alert, plus updated templates to demonstrate if the current service plan is an initial and/or updated plan, and staff communication to alert of changed templates. They advised the corrected total number of consumers receiving CHSP services to be less than advised to the assessment team, included a plan for continuous improvement recording all CHSP clients have a service plan, plus planned changes to electronic application to alert and require staff to acknowledge reading of same.

In addition, they supplied an updated service plan for one consumer receiving domestic assistance detailed identified risk alert, plus updated templates to demonstrate if the current service plan is an initial and/or updated plan and copy of staff communication to alert of changed templates. While I accept changes to processes and documents in occurring evidence to demonstrate efficacy of changed processes and/or consumer satisfaction regarding receipt of service plan is not provided. Outcomes of assessment/planning effectively communicated and documented in a care/services plan that is readily available to each consumer, and where care/services are provided is not demonstrated. I find for services provided under CHSP, requirement 2(3)(d) is non-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. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

This Standard is non-compliant as two requirements are non-compliant.

Requirement 7(3)(a)

A decision of non-compliance made on 19 May 2023 for consumers receiving both HCP and CHSP services followed a Quality Audit on 14 April 2023 to 18 April 2023. At an assessment contact via electronic medium on 5 June 2024 Management described processes initiated to address previous non-compliance.

Management explained (and the provided PCI detailed) active engagement in local networks/activities as a strategy to recruit and maintain the workforce, noting at the time of assessment contact an increase in number of care workers. They explained several initiatives introduced to assist with recruitment/retention advising the workforce is primarily contracted (brokered) workers, with members of the management team, administration, coordinators, team leaders employed as staff of the provider. A new Chief Executive Officer (CEO), a Clinical Care Manager (CCM), three additional Coordinators and other internal roles have been recently employed to assist in completion of service planning processes for consumers receiving CHSP services and monitoring of compliance. In addition, a Project Manager is responsible to review the feasibility of transitioning from current system to a hybrid mix of contractors and employees. However, the assessment team note via review of supplied documentation 92 instances recently where workers notified of unavailability resulting in consumers not receiving planned services. Management advised of processes aimed to replace allocated workers noting many consumers prefer missed services rather than attendance by unknown staff.

The provider did not include a response in relation to this requirement. While I accept the provider’s actions to increase workforce numbers and their assertion a lack of complaints translates to satisfaction; in consideration of compliance, I am swayed by the volume of missed consumer services and the lack of consumer consultation/demonstration relating to their satisfaction regarding this. I find requirement 7(3)(a) is non-compliant.

Requirement 7(3)(e)

A decision of non-compliance made on 19 May 2023 for consumers receiving both HCP and CHSP services followed a Quality Audit on 14 April 2023 to 18 April 2023. At an assessment contact via electronic medium on 5 June 2024 Management described processes initiated to address previous non-compliance.

Management advised a lack of current performance reviews for all members of the workforce noting approximately 15% uncompleted rate and the supplied PCI details planned completion in 2025. Management described the process for performance review of contracted workers includes communication with consumers, reviewing quality/compliance with activities such as documentation requirements and service delivery. Performance reviews are required annually and/or ad-hoc if concerns are raised/deficiencies identified. Management notes limited receipt of consumer complaints relating to workforce and an increased adherence to report writing compliance.

In their response, the provider amended the percentage of uncompleted performance reviews to be less, and planned completion date to be earlier than was reported to assessment team. They provider a template to demonstrate planned discussion relation to workforce management as an agenda item at future Management meetings and noted an early planned completion date for outstanding performance reviews. While I accept actions to complete current performance reviews, in consideration of compliance I note a lack of evidence to support an effective, sustainable monitoring/management process to ensure regular ongoing assessment/review of each member of the workforce. I find requirement 7(3)(e) is non-compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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. | Not Compliant | Not Compliant |

Findings

This Standard is non-compliant as one requirement is non-compliant.

A decision of non-compliance made on 19 May 2023 for consumers receiving both HCP and CHSP services followed a Quality Audit on 14 April 2023 to 18 April 2023. At an assessment contact via electronic medium on 5 June 2024 Management described processes initiated to address previous non-compliance.

While the service demonstrates compliance with some aspects of this requirement (regulatory compliance, financial governance, feedback/complaints management and the process for continuous improvement), effective organisational governance systems relating to information management, workforce governance are not evident. Via review of supplied documentation and Management interview, the assessment team note risk mitigation strategies related to clinical or psychological needs are not included in alerts to ensure workers are aware of consumer’s needs, care plans for consumers receiving CHSP are not current nor reflect consumers’ specific needs/preferences, not all care workers have access to service plans at point of care, however a process of implementation of HCP and CHSP care/service plans into the ECMS is occurring. Management advised direct care workers do not have access to additional consumer information such as preferences, religious/cultural needs, or identified risks/mitigation strategies.

Management advised consumers are provided a copy of their service’s plan after each annual review however a process to demonstrate consumer engagement/agreement to care provision is not evident. Via review of supplied documentation relating to information provided to new staff the assessment team note lack of reference to the Quality Standards, the Aged Care Worker Code of Conduct or Charter of Aged Care Rights, however a training needs assessment is being conducted and information relating to individual contractors is filed electronically with alerts to monitor currency/compliance.

Management advised a monthly Board meeting exists to review accounts/financial outcomes and review of the new draft Board Agenda details financial reporting as a standing agenda item. The CEO reviews a monthly finance/activity report including both HCP and CHSP and changes in active consumer packages/levels. Management explained legislative changes, industry standards/guidelines are monitored/managed via subscriptions to various legislative services/peak bodies. Document review detailed development of an aged care reform action plan, noting establishment of a consumer advisory committee, quality advisory group and annual monitoring of key personnel suitability. Management advised opportunities for improvement are identified via a range of sources and trending/analysis occurs to identify areas for improvement. An example includes consumer feedback resulting in formation of a working party to conduct an ‘end to end’ review of intake processes, care plan, work instructions and incorporation of draft strengthened Quality Standards. Organisational governance processes monitor feedback/complaints resulting in assignment of responsibility for management/completion of required actions; guided by a Complaints Management policy. A process of communication to the Management team and Board, results in feedback to staff. Management explained the process for capturing/documenting feedback/complaints to inform continuous improvement. However, via review of supplied PCI the assessment team note a lack of planned/completed improvement actions is evident.

In their response, the provider supplied an updated service plan for one consumer receiving domestic assistance detailing identified risk alert, plus updated templates to demonstrate if the current service plan is an initial and/or updated plan, an action to ensure all CHSP clients have a service plan, plus planned changes to electronic application to alert/require staff to acknowledge reading of same and a process to demonstrate consumer engagement/consent to care/services plan and amendments to policy documents. In consideration of compliance, based on the Assessment Team Report and the provider’s documented response, I accept responsive actions however I consider that while they have implemented several actions to address system deficits, these actions will take some time to embed in practice and enable implementation of self-monitoring processes to ensure compliance. I find requirement 8(3)(c) is non-compliant.

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