**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Country to Coast Home Care |
| Service address: | 7 Birkdale Close ANGLESEA VIC 3230 |
| Commission ID: | 301053 |
| Home Service Provider: | Victorian Homecare Services |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 5 October 2022 |
| Performance report date: | 11 October 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 Country to Coast Home Care (**the service**) has been prepared by G.Roberts, 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:**

* Country to Coast HCP Level 4, 27663, 7 Birkdale Close, ANGLESEA VIC 3230

# 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 review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | 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 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| 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 |
| 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 |

Findings

The service demonstrated that assessment and planning processes now consider current and emerging risks. Assessments occur as appropriate by the care coordinator and care manager, both registered nurses, who use newly developed validated assessment tools to identify current and emerging risks. Clinical staff described the service has processes to communicate with staff to ensure care plans include documented risk mitigation strategies to inform the delivery of safe and effective care and services as agreed with the consumer and their representative. Since the last Quality Audit, consumer files have been reviewed by clinical staff to ensure all contemporaneous information is documented. The staff interviewed said feedback from all staff is sought and incorporated into the information provided to ensure accuracy and usefulness.

The service demonstrated that care plans accurately reflect information about each consumer’s care and services. Management and clinical staff interviewed demonstrated all care plans and service delivery instructions, including new and reviewed care plans, are now reviewed by senior staff before the plan is finalised.

Service staff evidenced care plan documents have been reviewed, and consumers have all been provided copies of their reviewed care plan in a folder in their homes. Staff described how the service had implemented a mobile phone application, and they can view the consumer’s entire care plan, service delivery instructions and alerts via this application.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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 |

Findings

The Quality Audit conducted from 14 to 16 December 2021 found service did not have effective governance systems with sub-requirements (i) information management due to assessment and planning information that did not consistently inform safe and effective care and service delivery. The service system for (iii) financial governance was ineffective as consumers were not provided with fully itemised monthly statements.

An Assessment Contact was conducted on 5 October 2022. Documentation evidenced demonstrated care plans accurately reflect outcomes of assessment and planning to inform safe and effective care delivery. Consumers and their representatives interviewed by the assessment team were satisfied with the assessment and planning outcome information.

The service demonstrated effective financial governance. New processes have been implemented by the service to ensure consumers are provided with invoices and monthly statements from subcontracted providers.

Consumers and their representatives interviewed by the assessment team were satisfied their statements and invoices were clear and easy to understand.

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)