**Performance**

**Report**

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| Name: | HomeMade Support |
| Commission ID: | 201494 |
| Address: | Level 10, 255 Pitt Street, SYDNEY, New South Wales, 2000 |
| Activity type: | Quality Audit |
| Activity date: | 11 September 2023 to 14 September 2023 |
| Performance report date: | 23 January 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: 9812 Self Managed Support Pty Ltd  
Service: 27836 Self Managed Support Pty Ltd trading as HomeMade Support

**This performance report**

This performance report for HomeMade Support (**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.
* the provider’s response to the assessment team’s report received 15 November 2024.

# 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** |

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 |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team provided information that consumers and representatives interviewed provided feedback on how staff treat consumers with dignity and respect. Staff described how they treat consumers with dignity and respect and care documentation reflected goals related to consumer’s identity and diversity.

Consumers and representatives confirmed staff understand the consumer’s background, preferences and what is important to them, which makes them feel valued. Staff interviewed could describe how they deliver culturally safe care for consumers.

Consumers or representatives interviewed said that the staff encourage them to make decisions about their services and overall had positive comments regarding the Home Care Package self-management model and how they are involved in making decisions about their own care and who should be involved in their care. Management explained the organisation supports consumers to make decisions about their care and services through the assessment and care planning process the services has, where the consumer must be present and that they’re understanding about their care.

Consumers or representatives interviewed detailed how the service enables them to take risks in day-to-day life and encourage them to do things that they may not otherwise feel confident to do. Care documentation contained records of discussion regarding risks associated with consumer choices and interventions to support consumers to continue living the life they choose.

Consumers and representatives interviewed by the Assessment Team provided feedback confirming that they receive monthly statements from the service through the Homemade platform detailing how their budget is spent and the majority indicated that they were satisfied with their statements, being clear and easy enough to understand.

Consumers and representatives said they felt that all staff respect their privacy while delivering care and services. Staff interviewed were able to describe how they maintain consumer’s privacy when providing care and demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality.

The Approved Provider provided a response to the Assessment Team report including clarifying information as well as correspondence and account statements.

I have considered the information presented by the Assessment Team, as well as the Approved Provider response. I am persuaded by the consumer and representative feedback and the Approved Providers’ ability to demonstrate systems and processes to support compliance.

I find all requirements for this Standard compliant.

# Standard 2

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| 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)(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 |
| 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 |
| 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 |
| 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 |

Findings

The Assessment Team provided information that the virtual assessment process captures risk information relating to falls, wounds, medical conditions, swallowing issues, and social isolation. Consumers reported receiving services they need, consistent with care documentation reviewed.

Consumers are satisfied with their care and services plan and felt it covered how they want their care and services delivered. Staff advised data is gathered on all aspects of the consumer’s current needs goals and preferences. Specific sections of the care planning documents are devoted to medical, personal, psychological, and emotional questions to ensure information gathered can inform consumer centred service delivery.

Where a number of organisations provide care and services, the consumers said the organisation has helped them to understand how they fit together. Consumers know which organisation is responsible for different aspects of their care and services, and who to contact in different situations.

Each consumer is assigned an account to access the HomeMade platform. Consumers and representatives can access care planning documents via this system, or a paper copy can be provided if requested.

Reviews of care planning are carried out following the same structure as the initial assessment to ensure all information changes are picked up. The Approved Provider offers 12 monthly reviews as standard. Changes in care needs or incidents will atomically trigger a reassessment. Changes in care needs or incidents are monitored by the provider’s team of Registered Nurses.

The Approved Provider provided a response to the Assessment Team report that included clarifying information as well as additional correspondence, a range of policies and procedures, and demonstration videos of the systems used. The Approved Provider demonstrated systems and processed to support compliance with the outcomes under Standard 2.

I have considered the information presented by the Assessment Team, as well as the Approved Provider response. I am persuaded by the consumer and representative feedback and the Approved Providers’ ability to demonstrate systems and processes to support compliance.

I find all requirements for this Standard compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

The Assessment Team provided information that the Approved Provider has process to ensure consumers receive safe and effective personal and/or clinical care. Policies and procedures support the delivery of care with care workers having access to care planning information. The care planning process included comprehensive sections related to consumer health and wellbeing, needs and preferences and assessments ensured the development of risk profiles for each consumer.

Care worker shift notes regarding consumer risks are monitored by the Registered Nurses. Care workers complete shift notes relating to activities and welfare notes relating to consumer welfare such as cognitive decline, falls risk, mood, and eating. Shift notes are mandatory to complete shifts.

Interviews clinical staff confirmed that the provider has processes in place to identify and support consumers nearing the end of life through the assessment of care notes. Consumers nearing the end of life would be supported though referrals to local palliative care serves.

The Approved Provider has policies and processes to support the identification and management of deterioration or changes in a consumer’s condition. The Registered Nurses will conduct reassessments and update care planning documentation as required.

Information about consumer’s is shared via the consumers care plan, with the consumer having choice regarding how and with who the information is shared. Support partners and clinical staff had full access to all information and were able to provide this to other providers of care when necessary.

Processes are established for the referral of consumers to allied health and additional services as required. Consumers and representatives interviewed were satisfied with the referral process.

The Approved Provider has processes to minimize infection related risks. Staff undertake training on infection control and are supported by a range of policies and procedures.

The Approved Provider provided a response to the Assessment Team report that included additional and clarifying information as well as shift and case notes, correspondence and a range of supporting policies and procedures. The information provided demonstrated the Approved Provider has systems and processes to ensure compliance with the Aged Care Quality Standards and particularly Standard 3.

I have considered the information presented by the Assessment Team, as well as the Approved Provider response. I am persuaded by the Assessment Team information and the Approved Providers’ ability to demonstrate systems and processes to support compliance.

I find all requirements for this Standard compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team provided information that consumers and representatives reported that the Approved Provider made them feel safe, and that they were able to receive supports and services that enabled them to remain in their own home and maintain independence and quality of life. Support workers and the services support partners gave examples of how the service is provided for individual consumers with all indicating they feel the service supports consumers to maintain their independence and quality of life.

The Approved Provider demonstrated that care and services provide spiritual and emotional support to consumers for their daily living. Consumers and/or representatives interviewed felt that care staff can recognise if consumers are feeling low.

Consumers and representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest within the community. They said they have plenty of opportunities to do things that are meaningful to them, and the care staff will take them wherever they wish on their social support services.

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared via the HomeMade support App. Consumers choose who has access to information and consumers reported being satisfied that staff have sufficient information.

Consumers and representatives interviewed provided positive feedback on how the Approved Provider has connected them with other services and supports from others outside the service.

Equipment that is provided, is safe, suitable, clean and well maintained. Appropriate assessment processes, including by Occupational Therapists as required. Consumers who have accessed equipment reported satisfaction with the process.

The Approved Provider provided a response to the Assessment Team report that included clarifying information, manuals, correspondence, support plans, shift notes and process guides. The information provided demonstrated the Approved Provider has systems and processes to ensure compliance with the Aged Care Quality Standards and particularly Standard 4.

I have considered the information presented by the Assessment Team, as well as the Approved Provider response. I am persuaded by the consumer and representative feedback and the Approved Providers’ ability to demonstrate systems and processes to support compliance.

I find all requirements assessed for this Standard compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Assessment Team provided information that the Approved Provider demonstrated processes to encourage and support consumers and/or representatives to make a compliant or provide feedback. The service agreement in the consumer information pack contains information about feedback and complaints. Consumers and representatives confirmed that they are encouraged and supported to provide feedback and make complaints.

The Approved Provider demonstrated that appropriate action is taken to ensure consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints. This includes support to access alternative, external complaints handling options. Consumers are empowered to easily provide feedback or make a complaint, whatever their culture, language, or ability. A review of complaints records identified both internal and external complaints mechanism are being utilized.

The Approved Provider was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives stated that the service would act on feedback provided. Management demonstrated that consumer feedback is addressed and documented for consumers in a timely manner. This was confirmed through documentation viewed by the Assessment Team.

The Approved Provider demonstrated that feedback and complaints are used to improve the quality of care and services. While complaints are not always resolved to the satisfaction of the consumer and/or representative, the service demonstrated that they have made changes to care and services as a result of feedback.

I have considered the information presented by the Assessment Team, as well as the Approved Provider response. I am persuaded by the Assessment Team information and the Approved Providers’ ability to demonstrate systems and processes to support compliance.

I find all requirements for this Standard compliant.

# Standard 7

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| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team provided information that the Approved Provider demonstrated the workforce is planned, and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Consumers and representatives generally felt there are enough staff to provide care and services. Staff said the consumers and/or representatives choose their support workers, days and times of service.

The Approved Provider demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, race and diversity. Consumers and/or representatives commented positively that staff and support workers were kind, caring, respectful, responsive and know what is important to each consumer.

Management described how recruitment and associated processes including position descriptions, interviews and referee checks consider the qualifications, applicable registrations, skills and knowledge of relevant staff. The Approved Provider recruitment, selection and orientation programs consider staff qualifications, knowledge and competency to effectively perform their roles. Consumers and representatives were satisfied with the competency of staff.

The Approved Provider was able to demonstrate that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Staff described receiving training and support. Management described human resources and related policies in initial selection, the onboarding process, annual mandatory schedule of training identified based on job roles. The service holds regular staff meetings to provide information and support.

The Approved Provider has a performance appraisal and development process for staff. Staff interviewed confirmed they were supported in their ongoing performance through regular meetings with their managers and through the performance review process.

I have considered the information presented by the Assessment Team, as well as the Approved Provider response. I am persuaded by the consumer and representative feedback and the Approved Providers’ ability to demonstrate systems and processes to support compliance.

I find all requirements for this Standard compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

The Assessment Team provided information that the Approved Provider has formal processes to seek consumer and/or representative input through consumer surveys, However, the Board want to see the establishment of a Consumer Advisory Committee or consumer representative on the Board. There is planned work being undertaken in this area and due to completion in 2024.

The Board promotes a culture of safe, quality care and services and is accountable for the oversight of the services received by the consumers under the home care package. Management discussed the governance structure, monitoring and reporting processes, and continuous improvement processes implemented to ensure they are accountable for the delivery of safe, inclusive, and quality services.

The Approved Provider was able to demonstrate generally effective organisation wide governance systems relating to information management, continuous improvement, financial governance, feedback and complaints, regulatory compliance and workforce governance, including the assignment of clear responsibilities and accountabilities.

The Approved Provider has a Clinical Governance Committee and Quality Care Advisory Body who oversee clinical governance and reviews the risk management systems to ensure effective practices are used by the service to manage high impact or high prevalence risks, to identify and respond to abuse and neglect of consumers, to support consumers to live their best life and to manage and prevent incidents. A high-risk consumer register of clinical risks is maintained and monitored by the support partners. The register includes risk controls and mitigation strategies. High impact high prevalence risks are reported to the Board.

The organisation has a clinical governance committee which is a Board sub-committee. The Quality Care Advisory Body meets quarterly, and its role is review customer feedback, complaints, incidents and customer experience research and inform and support the governing body.

The Approved Provider provided a response to the Assessment Team report that included clarifying information as well as the emergency management policy. This policy demonstrated that the Approved Provider has processes to follow to ensure continuity of care during emergencies.

I have considered the information presented by the Assessment Team, as well as the Approved Provider response. I am persuaded by the Assessment Team information and the Approved Providers’ ability to demonstrate systems and processes to support compliance.

I find all requirements for 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)