**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Support4Me Home Care |
| Commission ID: | 301075 |
| Address: | 366 Griffith Road, LAVINGTON, New South Wales, 2641 |
| Activity type: | Quality Audit |
| Activity date: | 5 March 2024 to 6 March 2024 |
| Performance report date: | 11 April 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: 2541 Kirinari Community Services Ltd  
Service: 27749 Support4Me  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9983 Kirinari Community Services Ltd  
Service: 27977 Kirinari Community Services Ltd - Care Relationships and Carer Support  
Service: 27978 Kirinari Community Services Ltd - Community and Home Support

**This performance report**

This performance report for Support4Me Home Care (**the service**) has been prepared by L. Malone, 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) and Short-term Restorative Care Programme (STRC)

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **Not assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **Not assessed** |
| **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

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumers and representatives described consumers being treated with respect, and that their individuality and dignity is valued. Staff described how they provide respectful care in a consumer’s home.

The Quality Audit report provides evidence of care and services that are culturally safe, and examples presented demonstrate systems and process to support identification of what is culturally significant to individual consumer and the delivery of care and services which align with consumers’ cultural preferences and practices. …

Consumers and representatives described ways the service supports consumers to make decisions about their care and services and involve the people the consumer wishes in decision making. Staff provided examples of ways they offer choice during service delivery or support consumers to maintain relationships and connections.

The Quality Audit reports provides evidence of how the service supports consumers to take risks, to do things that are meaningful and live the life they chose. Management described how consumer’s chosen activities are identified and how the service engages allied health professionals in risk assessment and management strategies. Staff and consumers described discussions about risk and informed decision making to support the consumer to take risks and live the life the chose. The service has a policy relevant to consumer’s right to choices involving risk.

Consumers and representatives were satisfied they received current and accurate information from the service which enables them to exercise choice and understand their monthly statements and budgets. Management described the changes to monthly statements in response to consumer feedback to make the information easier to understand, and described other ways consumers are supported to receive information such as via phone or at home visits. The Assessment Team viewed written information provided to consumers which provided clear and relevant information.

Consumers and representatives were satisfied that consumer information is kept confidential, and their privacy is respected. Staff described how they understand what is respectful to individual consumers when providing care in their home, and how they ensure consumer information is kept confidential.

I have considered the evidence in the Quality Audit report, as summarised above, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f), and Standard 1, to be Compliant.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Quality Audit report presents evidence of assessment and care planning which considers risks to consumer wellbeing and plans strategies to manage those risks. Referral information, written, phone, and home-based assessments are used to identify risks to individual consumers and inform care planning.

Consumers and representatives were satisfied with the assessment and care planning process and provided feedback that it supports them to receive care which meets their current needs. Care documentation provided relevant information about consumer regular services, needs, goals and preferences and evidence of advance care planning. Staff described approaching discussions with consumers about advance care planning and the Assessment Team viewed information to support consumers in planning in the consumer admission information pack.

Consumers and representatives described being involved in assessment and care planning and the Quality Aduit report presents an example from a consumer describing regular discussions about care and being able to make changes when required. Management and staff described how they involve other providers of care such as medical practitioners, allied health or specialists in partnership with the consumer.

Consumers and representatives described understanding the information in their care plan and said they had received a written copy. Care plans clearly document consumer’s assessment outcomes, support needs and planned services and strategies. The service has a policy related to assessment and care planning which supports consumer access to a written copy of their care plan.

Consumer, representative and staff interview feedback, and care file documentation evidence in the Quality Audit report demonstrates assessment and care planning is regularly reviewed for effectiveness and in response to changes in the consumer’s condition. Staff and management described the schedule of reviews or how they would escalate concerns when a consumer’s care and services are not effective.

I have considered the evidence in the Quality Audit report, as summarised above, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e), and Standard 2, to be Compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumers and representatives provided positive feedback about the personal and clinical care consumers receive and described it as safe and effective. An example from a consumer in the Quality Audit report describes how the clinical and personal care the consumer receives is tailored to them and supports wellbeing. Management described how they monitor the quality of clinical care provided by contracted external service providers.

Clinical care documentation demonstrated that high-impact or high-prevalence risks to consumer wellbeing are managed with effective strategies implemented. The service recognises social isolation and falls as high-impact, high-prevalence risks for consumers and engages clinical and allied health providers to provide assessment, recommendations and implement programs to manage these risks.

The service provides care and support to consumers which supports their goals and preferences, and at end-of-life coordinates with the consumer and their medical, palliative care, social and other supports to maximise comfort and dignity.

Consumers and representatives were satisfied changes in consumer condition are recognised and responded to promptly. Examples in the Quality Audit report describe deterioration in respiratory function, alertness, skin condition or consumer’s mood being recognised and responded to in a timely manner. Staff described actions they take when deterioration or changes are identified, and how they seek further assistance for the consumer.

Consumers and representatives were satisfied information about their needs, goals and preferences is communicated between staff who share their care. Care documentation included information about the consumer’s condition, needs and preferences.

The Quality Audit report includes feedback from consumers about a range of referrals made to other providers of care and services such as medical and allied health professionals. Staff demonstrated knowledge of referrals made to support consumers’ wellbeing.

Staff and management interviews described precautions taken to prevent infection and promote appropriate antibiotic use and reduce risk of antibiotic resistance. Staff provided practical examples of how they minimise infection related risks including hand hygiene and use of Personal Protective Equipment (PPE). Consumers and representative were satisfied the practices observed in care delivery and provided feedback which aligned with staff interviews.

I have considered the evidence in the Quality Audit report, as summarised above, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d) 3(3)(e), 3(3)(f) and 3(3)(g), and Standard 3, to be Compliant.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers explained the services they receive meet their needs and optimise their health and quality of life. Staff demonstrated an understanding of consumer needs and preferences and described tailored approaches to consumer care. A review of care planning documentation reflected information regarding consumer service needs and lifestyles.

Staff demonstrated an awareness of potential signs of low mood, described strategies for responding, and promptly report any deterioration in a consumer’s mood to management. Consumers confirmed services they receive contribute positively to their psychological wellbeing.

While some consumers indicated self-sufficiency in forming and maintaining relationships and participating in the community, others highlighted the valuable services they receive in these areas. Specifically, they expressed enjoyment of the regular group transport to local services and assistance with nearby shopping provided by staff.

Staff reported receiving sufficient information to provide the required care through the service’s online mobile telephone application, and text messages notifying them of with any changes. They can also contact the office for any additional information needed regarding consumer services or care. Consumers explained staff know their needs and preferences. Documentation reviewed demonstrated relevant information regarding consumers is shared with nominated representatives involved in their care, and with other organisations and individuals providing services.

While no consumers were identified as currently accessing social or recreational activities via referral from the service, management described a range of services they utilise when necessary, including Dementia Australia, Men’s Sheds, the Older Persons Advocacy Network (OPAN), the Senior Rights Service, as well as services for the administration of validated assessment tools.

While the service does not provide meals directly, consumers were satisfied with the meals purchased from an external provider partially funded through individual HCP’s.

Staff described the cleaning process of equipment and how they address maintenance issues. Management described allied health assessments and the approval of equipment purchases. This was supported by consumer accounts which reflected their satisfaction with equipment purchased through their HCP’s, along with recommendations from allied health professionals. Documentation provided by the service evidenced current registration and regular maintenance of vehicles used to transport consumers.

I have considered the evidence in the Quality Audit report, as summarised above, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d) 4(3)(e), 4(3)(f) and 4(3)(g), and Standard 4, to be Compliant.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

Care and services are delivered in the consumer’s home. Standard 5 is Not Applicable.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumers and representatives said they would feel safe raising concerns and understood how to provide feedback. Staff described how they would support consumers to make complaints by encouraging them to contact the service. Management gave examples of ways consumers and others can provide feedback and make complaints. These avenues include direct communication with staff, or using the designated feedback form, accessible within the consumer handbook featured in the welcome pack.

Information about advocacy services is supplied to consumers in the consumer handbook within the welcome pack. Consumers described being familiar with advocacy services and various methods for making complaints, staff demonstrated their knowledge of complaints and advocacy services.

Consumers were satisfied with the management of complaints within the service. An example presented in the Quality Audit report demonstrates the service takes appropriate actions and apologises in response to a consumer’s complaint. Staff described how they would support resolution of a consumer complaint or escalate it to a coordinator or management as necessary. The service has a feedback and complaints policy which an open disclosure process.

Identified consumer issues and improvements occur through discussions with coordinators and managers. Management described how feedback information is captured, reported to the governing body and utilised to identify trends and inform continuous improvement opportunities.

I have considered the evidence in the Quality Audit report, as summarised above, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c), and 6(3)(d), and Standard 6, to be Compliant.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Management described the service’s mix of permanent full-time, part-time, and casual staff, as well as internal and contracted staff employment. Management described processes to plan and deploy the workforce including the management of unplanned staff leave. Consumers provided positive feedback to the Assessment Team regarding the reliability of services.

Consumers and representatives described staff as kind, caring and respectful. Staff provided examples of how they demonstrate kindness, and respect by getting to know a consumer and their interests, being polite and being mindful of consumer home environments. The service utilises position descriptions to outline staff service expectations and has a Code of Conduct policy which staff are introduced to during induction.

Consumers and representatives were satisfied staff are competent and skilled in their roles. The organisation has training processes to ensure the workforce is competent and has the necessary qualifications and knowledge. The service monitors staff training, qualifications, and professional registrations of staff and delivers training to maintain the necessary skills and knowledge of the workforce.

Consumers and representatives expressed confidence staff deliver quality care and services. Staff described the supports and training available relevant to their role or level of experience. Management described how workforce training needs are identified and how onboarding staff are supported in their development. Documentation including training participation records demonstrated delivery of training topics which support the outcomes required by the Quality Standards including handling, cultural awareness, infection prevention and abuse, and Serious Incident Response Scheme (SIRS).

The service demonstrated regular monitoring and review of workforce performance. Management and staff described engaging in performance reviews through regular meetings, self-assessment, feedback, and formal performance reviews. Incident data, feedback and regular supervision is used to monitor performance of the workforce.

I have considered the evidence in the Quality Audit report, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d), and 7(3)(e), and Standard 7, to be Compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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 service supports consumer engagement through surveys, regular staff and consumer contact and reviews and feedback process. The development of a consumer advisory board is in progress.

The service has policies and procedures to support staff to provide a safe and inclusive culture for consumers. Staff reported receiving training on inclusion and diversity. The service demonstrated how the governing body is informed and accountable through effective communication of clinical, risk and incident, and other information to the governing body.

The service has organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Information management systems support secure access for authorised staff. Opportunities for continuous improvement are identified through a range of information and examples of improvement actions are presented in the Quality Audit report. Workforce governance systems provide clear position descriptions and responsibilities and support a competent workforce. The organisation maintains up to date information on regulatory requirements through information from government departments, peak organisations, and service industry advisory groups. The service has an effective feedback and complaints process.

The organisation has a risk management framework including an incident management system, procedures and management plan, staff training and policies which support management of high-impact, high-prevalence risk, the prevention of abuse and neglect of consumers, consumers to live the best life they can, and the prevention of incidents.

The service has a Clinical Governance framework which includes policies on minimising the use of restrictive practices and open disclosure. Staff demonstrated awareness of relevant policies and regular supervision is used to monitor performance of the workforce.

I have considered the evidence in the Quality Audit report, as summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d), and 8(3)(e), and Standard 8, to be 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)