Performance

Report

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| Name of service: | Holmwood Aged Care |
| Service address: | 17 -23 Lalors Road HEALESVILLE VIC 3777 |
| Commission ID: | 4539 |
| Approved provider: | Bonnie Bridge Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 20 January 2023 |

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 Holmwood Aged Care (**the service**) has been prepared by D. McDonald, 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 Site Audit; the Site 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 16 January 2023.

# Assessment summary

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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 5** Organisation’s service environment | **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 | |  |
| 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

Consumers said they were treated with dignity and respect, with staff aware of their needs, respecting their values, identity, and cultural background. Staff described how they respected the consumers, for example, using their preferred names, speaking to them politely and respecting their privacy and personal space. Care plans included interventions and strategies for staff to provide care in a dignified and respectful manner which considered the consumer's background and diversity.

Consumers confirmed the service recognised and respected their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds, their specific cultural needs, wishes and preferences. Care planning documentation confirmed the consumer’s cultural needs were identified, and staff had taken initiatives to fulfill them.

Consumers said they were supported to choose who they wished to involve in their care, how they liked their care to be delivered and they were supported to maintain connections with others and intimate relationships. Staff described details of how consumers wished to have their care delivered, had awareness of who consumers wanted to have involved in their care and who they chose to maintain relationships with. Consumer files detailed those who consumers wanted to have relationships with and be involved in their care and decision making.

Consumers said the service supported them to live their best lives including taking risks. Staff demonstrated knowledge and awareness of consumers who took risks; and described how they were support provided to make the choices to maintain independence and well-being. Care planning documentation demonstrated risks were assessed, consumers were provided with information to make informed decisions, and risk mitigation processes were in place.

Consumers confirmed they received information through regular newsletters and consumer meetings. Staff described the various ways up to date information is provided to consumers and representatives, including about changes to the consumer’s care or services. The menu and activity schedule were displayed on noticeboards to enable consumers to make choices.

Consumers expressed their privacy was respected, and personal information was kept confidential. Staff provided practical examples how they respected consumers privacy such as attending to clinical handovers in private spaces, keeping consumers files and documentation confidential and knocking on consumers doors and gaining consent prior to entering. The service had policies on privacy and confidentiality’ in place to protect the consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 identify 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

Consumers provided positive feedback regarding the care they received, and confirmed risks were identified and managed to promote independence and safe care. Care planning documentation identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and responsive behaviours. Admission processes guided staff in the assessment of consumers on entry to the service.

Consumers said they had been provided opportunity to discuss their care needs, goals, and preferences, including advance care planning and end-of-life care. Staff described what was important to consumers in terms of how their care was delivered. Care documentation contained advance care directives and identified consumers’ wishes and preferences regarding end-of-life care.

Consumers and representatives said assessments and planning were based on partnership with them and included others they chose to have involved in their care. Staff described the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care planning reviews identified how consumers and their representatives were consulted in assessments and care planning and included input from other multidisciplinary team members, such as medical practitioners, physiotherapists, dieticians, and podiatry services.

Consumers said the staff discussed their care plans with them regularly and had offered them a copy of the care plan. Staff explained the process of accessing care plan documents on the electronic system and said they communicated outcomes of assessments by talking to consumers and allowing time for them to ask questions. Guidance flowcharts for the care evaluation process were available to staff.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred such as falls, development of pressure injuries or medication incidents. Staff demonstrated familiarity with reporting and recording incidents in the electronic system, updating care plans and reporting incidents. Staff were guided by policies and procedures for recording and reporting incidents, scheduled review of care plans 3 monthly, and updates when circumstances changed, such as changes in health or when incidents occurred.

# Standard 3

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| Personal care and clinical care | |  |
| 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

Consumers said care delivered was tailored to their needs and optimised their health and well-being. Care planning documentation reflected individualised care, which was safe, effective, and tailored to the specific needs and preferences of the consumers. Policies and procedures supported the delivery of care provided, such as wound management, restrictive practices, falls prevention, skin integrity, and pressure injury prevention.

Consumers reported high impact or high prevalence risks were effectively managed. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools, care plans and progress notes for consumers. Policies and procedures guided staff in the management of risks, including falls and wound management.

Consumers and representatives confirmed staff had spoken to them about advance care planning and end-of-life preferences. Staff said they attended to mouth care, skin care, pain management and involved families during care. Care planning documents detailed advance care planning information, including choices and end-of-life preferences.

Consumers provided positive feedback about the delivery of care, including the recognition of deterioration or changes in condition. Staff provided recent examples of when deterioration and a change in a consumer’s condition was recognised and responded to, for example, early detection of coronavirus. Care planning documents, progress notes and charting demonstrated deterioration in consumer’s health, capacity, and function, was recognised and responded to.

Consumers made positive comments regarding the delivery of care, including communication of changes to consumers’ condition. Staff described how changes in consumers care and services were communicated through verbal handover, meetings, accessing care plans, accessing the daily consumer task reports or messages through electronic notifications. Documentation, such as progress notes and care plans, identified adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives gave positive feedback about the referral processes. Staff described the process for referring consumers to health professionals and allied health services. Care planning documentation reflected input from other services such as medical practitioners, podiatry services, physiotherapists, geriatricians, and dieticians.

Consumers and representatives offered positive feedback about the management of COVID-19 precautions and infection control practices. Staff said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment, and outbreak management processes. Policies to guide infection control practices were in place, including antimicrobial stewardship, infection control guidelines and handwashing.

# Standard 4

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

Findings

Consumers said the service provided supports which allowed them to pursue activities of interest to them and promoted their independence. Staff explained how they partnered with consumers and their representatives to conduct assessments which collected the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural, or spiritual needs and traditions. Consumers, including those residing in the memory support unit, were observed engaged in a variety of solo and group activities including exercise classes, prayer service and singing groups.

Consumers reported their emotional, spiritual, and psychological needs were supported, and they stayed in touch with family and friends for comfort and emotional support. Staff advised consumer’s emotional, social, and psychological needs were supported in ways including facilitating connections with people important to them through technology, lifestyle staff support, church, and religious services.

Consumers indicated they were supported to participate within and outside the service, stay connected with people who were important to them and do things of interest to them. Staff described how they supported consumers to participate in the community and engage in activities of interest to them. Care planning documentation reflected information provided by consumers, representatives, and staff regarding their involvement in their community and maintaining personal and social relationships.

Consumers said their condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff said they were alerted to any changes to a consumer's needs through verbal and documented handover process, information was available in the electronic system and communications book, consumer’s dietary folders and care plans. Care planning documentation for consumers reflected adequate information to support safe and effective care as it related to services and supports for daily living.

Consumers said they were supported by other organisations, support services and providers of other care and services. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilised these services. Care planning documentation illustrated how staff assisted consumers to access services and ensured they were prepared and ready for them at appointed times.

Consumers offered positive feedback about the variety and quantity of food provided and said there were plenty of choices for each meal and they were able to request different meals if they did not like what was on the menu. Staff said the menu was changed seasonally and consumer food focus groups were held monthly to gain feedback and suggestions from consumers. Care planning documentation and dietary profiles accurately reflected consumers' dietary needs, likes, dislikes and allergies.

Consumers had access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Staff said they had access to equipment when they needed it and described how equipment was kept safe, clean, and well maintained. Consumers gave examples of how prompt maintenance and cleaning was conducted.

# Standard 5

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| Organisation’s service environment | |  |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer. | Compliant |

Findings

Consumers reported the service to be welcoming and easy to navigate. Staff described aspects of the service environment which made consumers feel welcome and optimised their independence, interactions, and function. The service was observed as modern, clean, and well-maintained with a spacious courtyard and garden beds, seating, and shaded areas for the consumers. Clear signage was visible throughout the service.

Consumers gave positive feedback about the cleanliness, maintenance of the service and confirmed they could move freely about the service. A reactive maintenance schedule reflected how staff, consumers and representatives could report any maintenance issues they had. Documentation illustrated there were no outstanding reactive maintenance issues, and all preventative maintenance was completed in line with the schedule.

Consumers confirmed the service and equipment were clean and safe for use. Furniture in communal areas observed to be clean and in good condition and enjoyed by consumers, and consumers were observed sitting in the lounge, and outdoor areas. Records showed all scheduled maintenance had been completed including fire equipment inspections, thermostatic mixing valve checks and tagging and testing of electrical equipment.

# Standard 6

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| Feedback and complaints | |  |
| 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

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and make complaints. Staff described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they followed when a consumer or representative raised an issue with them directly. Processes and systems were in place for consumers, representatives, visitors, and staff to provide feedback or make a complaint, and these were included in the continuous improvement process.

Consumers stated they were aware of the complaints and escalation process, if required, and advised they were comfortable raising concerns with staff. Staff showed understanding of advocacy services available to consumers and described how they assisted consumers who had cognitive impairment and communication difficulties. Policies and processes were in place for engaging advocacy services and use of interpreter services for consumers.

Consumers said management addressed and resolved their concerns/complaints, including providing an apology upon the making of the complaint or when things went wrong. Staff described the process followed when receiving feedback or a complaint and confirmed all complaints were escalated for investigation and follow-up. Policies and procedures guided staff through the complaints management and open disclosure process.

Consumers described changes implemented as a result of feedback and complaints, and said they were confident complaints and feedback were used to improve the quality of care and services. Staff described the process of review of the service’s complaints, and incident registers. The Plan of Continuous Improvement register reflected feedback, complaints and incidents were recorded, actioned, resolved, and used to inform continuous improvement.

# Standard 7

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| Human resources | |  |
| 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

Processes were in place enabling assessment, planning and coordination of care and services to meet the needs of the consumers. A roster was developed and published every fortnight based on the needs of the consumer. The roster contained a mix of staff including registered nurses, enrolled nurses, personal carers, and domestic services staff. Staff confirmed resources were available such as registered nurses and other specialist staff, to enable them to provide care and services to consumers.

Consumers said staff treated them with respect, understood their individual preferences and choices on how they liked to be interacted with including using their preferred names. Staff were observed to be respectful and kind through all their interactions with consumers and each other. A staff handbook contained information about the code of conduct and scheduled training contained planned activities on appropriate workforce interactions with consumers.

Consumers said staff were well trained and met their needs in a friendly and helpful manner. An up-to-date register of staff qualifications and continuous professional development education completed was maintained and reviewed regularly. Staff were observed to go about their work duties confidently and efficiently; manual handling practices were observed to be well managed and in alignment with policies and procedures.

Consumers and representatives said staff knew what they were doing, and they were well trained. Staff were recruited using a formal recruitment process including interviews, referee checks and qualification checks. Management described the organisation’s training program and relevant processes for identifying staff training needs and how this informed the training schedule. Staff said they received training in Quality Standards as part of the orientation provided by the service and they received informal training on the job and during handover meetings.

Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which included discussions of their performance and areas where they wanted to develop their skills and knowledge. Staff said policies and process documents and duty statements directed them in their roles and responsibilities and these documents were used to guide their appraisals. Documentation outlined the service’s staff performance framework including annual performance appraisals and mandatory education.

# Standard 8

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| Organisational governance | |  |
| 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

Consumers said they provided ongoing input into how their care and services were delivered and confirmed the service had sought their input in a variety of ways such as resident meetings, regular surveys, and face to face discussions. Management advised all feedback or suggestions made by the consumers and representatives were included in the service’s improvement register for investigation and actioning. Minutes of resident meetings evidenced consumer input and evaluation of services, such as the hospitality services and the activity program.

The organisations Board used a variety of reports to ensure the promotion of a culture of safe and inclusive care. Management described the various reports fed up to the Board included clinical data, complaints feedback, training, and incidents. Board reports and staff meeting minutes confirmed quality and clinical data was included in reporting.

Documentation and staff descriptions demonstrated effective systems in place which guided information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management explained the organisation’s electronic management system as well as their incident register which drove improvement activities. The organisation used online systems such as an electronic care management system or the call bell management system, to allow the Board, management, and staff to have live access to information capturing performance indicators. The management team were responsible for managing the annual budget for the service; additional expenditure more than the annual budget was referred to the Board for approval.

Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions. A risk management framework, including policies described how high impact or high prevalence risks associated with the care of consumers were managed, the abuse and neglect of consumers was identified and responded to; and how incidents were managed and prevented. An electronic clinical management system was used to collect and report incident data. The monthly staff and Board meetings were used to share information on performance and to improve service compliance and to promote best practice.

The service provided organisational policies relating to antimicrobial stewardship, the minimisation of restricted practice and open disclosure. Staff advised policies were included as part of their mandatory training and repeated throughout the year as required. Staff advised they had received training about the Quality Standards, infection control, medication administration, management of urinary tract infections and dementia. Staff understood the principles of antimicrobial stewardship, and the need to minimise the use of antibiotics.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)