Performance

Report

**1800 951 822**

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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: | Assessment Contact - Site |
| Activity date: | 15 August 2023 |
| Performance report date: | 7 September 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 N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 5 September 2023.

# Assessment summary

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| Standard 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers confirmed they were satisfied with the cleanliness of the service and how it is maintained. Consumers also confirmed the service environment is safe, homely, and comfortable and that they can move around freely to access all areas of the service. Cleaning staff are onsite 7 days per week and consumers described a daily room clean including wiping surfaces, removing rubbish, vacuuming, and cleaning consumers’ bathrooms. The Assessment Team noted that the maintenance system which consists of preventative and reactive maintenance to ensure equipment is safe, clean, and well-maintained. There were no outstanding maintenance requests at the time of review and all previous requests were noted to be addressed within a timely manner. The Assessment Team observed the service environment to be clean with uncluttered corridors and common areas as well as consumers using indoor and outdoor areas.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives confirmed that management address and resolve issues when they raise concerns or make a complaint. The Assessment Team noted some consumers were not satisfied that appropriate action was taken in response to concerns raised however a review of the relevant complaint’s documentation demonstrated reasonable strategies and outcomes were in place. Most staff were familiar with the term open disclosure and explained how they apologise to a consumer when incidents happen, or when something goes wrong. All staff confirmed they refer concerns directly to clinical staff and seek advice as indicated and management explained how staff are guided by policies on open disclosure and complaints management. Management confirm they continue to trend, analyse, and action feedback and complaints to improve their services. The Assessment Team noted that while there had been responses to recent complaints and concerns there was not always evidence available to support resolution of historical complaints, this was noted, with a plan to review and respond to complaints greater than 4 weeks old.

# 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 |

Findings

The Assessment Team recommended this requirement was non-compliant as most consumers indicated staffing levels were inadequate and that this impacted their care or wellbeing. After consideration to the additional information submitted by the Approved Provider as well as updates to the Plan for Continuous Improvement (PCI) I have come to a different view.

The Assessment Teams noted concerns from consumers and representatives regarding lengthy call bell wait times and staff feedback related to staffing shortages. Service management outlined strategies used to fill vacant shifts however a review of rosters from 2 recent weeks demonstrated some unfilled clinical and care shifts. The Assessment Team noted reports from consumers that they are unable to spend time outside due to the lack of access to staff to assist with mobility needs, episodes of incontinence due to extended call bell wait times, lack of access to showers and pressure to attend to hygiene in bed and having to retire early to bed and delayed access to requested medication. Management confirmed there would be a review of call bell wait times with investigation and analysis of wait times greater than 10 minutes.

The Approved Provider submitted a response (the response) which provided additional context and evidence of further investigations, recruiting, current staffing allocations and roster planning as well as work orders to address inconsistencies associated with call bell response times. The response provided detailed information regarding feedback received related to specific concerns of staff shortages and the impact to consumer care. The response also provides clarification around previous call bell reports provided to the Assessment Team and associated investigations into overall average wait times. There was further evidence that call bell wait times are a standing agenda item on the Resident Meeting agenda as well as updates and maintenance which has been carried out to the annunciator system. The response also indicates the implementation of intentional rounding to assist with consumer engagement and ensure timely management of requests and reduce the use of call bell requests for incidental assistance.

Without diminishing consumer concerns regarding their care experience, the response submitted by the Approved Provider demonstrates that there are adequate strategies in place to ensure there is ongoing monitoring and consideration to workforce planning and staff allocations. In ensuring this area remains a continuous improvement priority, the actions included in updates to the PCI should be monitored and evaluated to ensure improvements are sustained in practice.

As a result, and with consideration to the available information I find this requirement compliant.

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