Performance

Report

**1800 951 822**

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| Name: | Homestead Estate Residential Aged Care |
| Commission ID: | 3594 |
| Address: | 2-18 Homestead Avenue, WALLINGTON, Victoria, 3221 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 27 June 2024 |
| Performance report date: | 30 July 2024 |
| Service included in this assessment: | Provider: 478 The Leaper Corporation Pty Ltd  Service: 2340 Homestead Estate Residential Aged Care |

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 Homestead Estate Residential Aged Care (**the service**) has been prepared by Jeorgia Cayabyab, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers interviewed said they are happy with the care that they receive and confirmed qualified staff undertake effective management of the clinical risks associated to their care. Staff identified risks associated with individual consumer care including changed behaviour, swallowing issues, falls, pressure injuries and other specialised nursing needs and described mitigating strategies they use to minimise risks. Care documentation review and staff interview evidenced effective management, multidisciplinary review, and incident investigation was undertaken for consumers identified with high impact high prevalence risks. The service demonstrated systems, policies, and processes are in place to monitor key clinical risks and indicators and guide staff in managing high impact and high prevalence risks associated with the care of individual consumer.

Based on the evidence, as summarised above, I find Requirement 3(3)(b) is Compliant.

# 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

Consumers and representatives provided positive feedback with the level of staffing at the service, confirmed their needs are met in a timely manner, and said staff are effectively managing consumers with changed behaviours and requiring mobility assistance. Staff described their knowledge of consumers’ individualised needs and confirmed the service’s staffing levels enable them to provide care to consumers in line with their needs and complete their tasks within reasonable timeframe. The service demonstrated systems in place to monitor consumers’ care needs to determine sufficiency of staff to deliver safe and effective care to consumers. A review of the 4 weeks service roster prior to the site visit evidenced strategies implemented to fill shifts for planned and unplanned leave including extension of staff hours, staff from other roles providing support, and utilising affiliated services within the area.

In relation to the workforce responsibilities (including the 24/7 RN requirement and mandatory care minutes), the roster and interviews with consumers, management, and staff demonstrated there are RNs rostered on site and on duty 24/7. A suite of policies and procedures are available to guide staff including in regard to on-call and clinical escalations, and staff’s understanding of these were confirmed on interview. Management described alternative clinical arrangement in place including access to virtual emergency services, ambulance services, medical officer from the medical centre located within the service, geriatricians through telehealth, and other internal and contracted allied health services.

In relation to meeting the mandatory care minutes requirements, interviews with management and review of service documentation identified the service is currently not meeting its mandatory care minutes targets. However, the service described strategies to ensure risks to consumers is mitigated and safe and effective care is provided through their alternative model of care which provides timely access to medical officers, and other allied health professionals employed by the service including those contracted by the service. Management described the process of monitoring its care minutes requirement including undertaking regular roster review and their ongoing recruitment effort to ensure sufficiency of staffing at the service.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and staff interviewed in relation to sufficiency of staffing, staff knowledge of the consumers’ care needs, and escalation processes, and the actions implemented by the service to ensure safe and effective care is provided to consumers.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 organisation has established a clinical governance framework, policies and procedures including on antimicrobial stewardship, minimising use of restraint, open disclosure, and high impact high prevalence risks with documented reporting mechanism which is effectively implemented and demonstrated by the service. The organisation’s clinical governance framework outlines the commitment and accountability of the organisation to ensure ongoing improvement of quality care and services. Risks and incidents are reported and reviewed by management at the service level and are escalated to the organisation’s executive management including the board. Management described their clinical governance roles and responsibilities, clinical and quality meetings, and the review and monitoring of obligations to maintain safe and quality care. Management and clinical staff demonstrated their understanding and described strategies they implement to ensure high impact high prevalence risks is managed, and antimicrobial stewardship, minimising use of restraint, and open disclosure is practiced at the service.

In relation to workforce responsibilities, I have considered information contained in the assessment contact report under this and Requirements 3(3)(b) and 7(3)(a) which evidenced the service had an effective clinical governance framework, suite of policies and procedures, on call arrangements, and ongoing education and training to guide staff including in relation to clinical escalations.

Based on the evidence, as summarised above, I find Requirement 8(3)(e) is Compliant.

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