Performance

Report

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| Name: | Homestead Estate Residential Aged Care |
| Commission ID: | 3594 |
| Address: | 2-18 Homestead Avenue, WALLINGTON, Victoria, 3221 |
| Activity type: | Site Audit |
| Activity date: | 20 February 2024 to 22 February 2024 |
| Performance report date: | 13 March 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 Danielle Utting, 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 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 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 and representatives described how staff treat them and make them feel respected and valued as an individual. Staff interviewed spoke of consumers respectfully and understood their individual choices and preferences. Care planning documentation detailed information about consumer backgrounds and preferences and were consistent with information received from consumer and staff interviews. The service has a diversity and inclusion policy to guide staff practice.

Consumers and representatives were satisfied with the way consumers are respected culturally. Staff demonstrated how culturally safe care is provided to the consumers at an individual level and have access to language cue cards to aide communication. Care planning documentation contained information about activities of cultural importance for consumers and ways staff could support them to engage in these activities.

Consumers and representatives said the service supported the consumers to exercise choice and decision-making about how care and services are delivered. Consumers explained how the service supports them to keep connected with their families. Staff described how they support consumer decision-making by ensuring all consumers can exercise choice and encourage independence. Care planning documentation reflected consumer choice and preferences. Staff were observed by the Assessment Team to be assisting consumers in maintaining relationships with their friends and families.

Consumers and representatives said their choices and preferences relating to risks are respected, such as individual meals and menu selection for consumers who may have a restricted or modified diet. Staff described ways they minimise risk for consumers and tailor solutions to help consumers live the life they choose. Management said there are processes in place to support consumer independence and documentation reviewed showed consumers are supported to take risks. The service has a choice and decision making policy to guide practice.

Consumers and representatives are satisfied that they receive accurate and timely information from the service. Consumers spoke of having copies of the activity schedule and that staff remind them daily of activities that are on. Staff described how they communicate with consumers in a way that is easy for them to understand, and processes are in place to communicate with consumers who are living with cognitive impairment or who have communication difficulties.

Consumers and representatives expressed satisfaction their privacy is respected, including respecting that their room is a private space and knocking on the door before entering. Staff provided examples of the ways they ensure consumer privacy is maintained during care and safeguard consumer information confidentiality. The Assessment Team observed privacy and confidentiality being maintained by staff.

# 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 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

Consumers and representatives said staff plan care that is safe and meets the consumer health and well-being needs. Staff described the assessment and care planning process. Care planning documentation reviewed evidenced that risks were identified and planned to ensure safe and effective care. Consumers preferences for the management of risks were also documented.

Consumers and representatives said care plans reflected consumers current needs and their preferences for end-of-life care. Care plans are reviewed regularly and when there are changes to consumer care by clinical and allied health staff. Clinical staff explained that when a consumer is transferred to hospital the advance care directive is shared, facilitating the delivery of end of life care in line with the consumers preferences. The review of consumer care documentation reflected staff have assessed and planned care to meet consumer current needs and preferences including for end-of-life care.

Consumers and representatives said they participate in the care planning process. Clinical staff described how they collaborate with consumers, representatives and other providers of care and services to plan consumer care. Consumers and representatives participate in an annual care conference with clinical staff and the general practitioner. Care planning documentation reviewed included information from other organisations and service providers, such as medical specialists, dieticians, and physiotherapists.

Consumers and representatives said they are satisfied with how the service communicates with them and had received a copy of the consumer’s care and services plan. Clinical and allied health staff explained how they inform consumers and representatives about consumers care needs through formal case conferences, care plan review and whenever the consumer experiences an incident or change in condition. Staff demonstrated knowledge of consumers care needs and preferences consistent with information recorded in care planning documentation.

Consumers and representatives were satisfied the service reviews care and services regularly and following changes in a consumer’s condition. Staff described how they review consumer care needs every 4 months and when there has been a change in consumer condition or after an incident such as a fall. Care planning documentation demonstrated clinical staff review assessments and care plans in line with the service’s assessment and care planning protocols or when requested by a consumer or representative.

# 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 and representatives were satisfied with the personal and clinical care they receive and that it is tailored to individual needs and preferences. Staff had knowledge of consumers individual assessed care needs that aligned with care planning documentation. The service demonstrated that consumers subject to chemical restrictive practices have are assessed, have informed consents completed, and are monitored and reviewed. Management and staff described best practice in how they deliver care that is safe and tailored to meet individual consumers’ needs.

Consumers and representatives said the service provides safe care. Management described the high-impact and high-prevalence risks and staff explained how they manage risks in relation to falls, weight loss and changed behaviours. Care planning documentation demonstrated risks associated with the care of the consumer are identified, assessed, managed, and monitored with associated care strategies documented to guide staff practice.

Clinical staff demonstrated how they would recognise when a consumer was nearing end-of-life and provide care to maximise comfort and maintain dignity. Care documentation reviewed showed that when a consumer is nearing end of life staff complete a formal palliative care assessment with family and the general practitioner to implement holistic palliative care.

Consumers and representatives were satisfied with the services response to changes in consumer health status. Care planning documentation demonstrated deterioration or changes in a consumer’s health and wellbeing was managed appropriately. Staff described how they identify, action, and communicate deterioration or changes in a consumer’s condition. There are guidelines to support the identification and management of clinical deterioration.

Management and clinical staff explained the creation of workflow tasks in the electronic care system and how this supports the delivery of care. Care staff explained how the clinical handover sheet and the shift handover provides current information to support effective care for each consumer. Care planning documentation included reports from external services such as medical specialists and diagnostic services. The service demonstrated consent is obtained from consumers to share their personal and health information.

Consumers and representatives were satisfied with referrals made on their behalf to general practitioners, allied health, and other specialist health care providers. Management and staff described how they update assessment and care plans following specialist review. Care planning documentation evidenced timely and appropriate referrals to providers of other services when consumers experienced changes.

Consumers and representatives said they are confident the service takes appropriate actions to minimise infection related risks. Staff demonstrated knowledge of how to prevent, recognise, and minimise the spread of infection as well as work processes to promote antimicrobial stewardship. The service has an Infection Prevention & Control (IPC) lead staff member and an outbreak management plan for respiratory and gastrointestinal infections.

# 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 and representatives said they are satisfied with the support from staff to enable them to be as independent as they can. Consumers said they enjoyed the variety of offered such as the virtual reality room, entertainers, bus trips and one-on-one time. Care planning documentation detailed the consumers life story, what is important to them and their goals. Lifestyle staff explained how they use information about consumers preferences, feedback, and program evaluation to create the monthly activities and events program. The Assessment Team observed lifestyle staff visiting consumers in their rooms for one-to-one support and leading a one-to-one gardening activity.

Consumers and representatives said that consumers’ emotional, spiritual, and psychological well-being is supported. Staff described how they respond if they notice changes in a consumer’s well-being or mood. Care planning documentation included information about consumers emotional, spiritual, and psychological needs. External services are accessed to support consumers’ well-being, for example providing professional access to counselling though Better Place Australia.

Consumers are satisfied the service provides adequate support for consumers to maintain relationships, participate in the community and do things of interest to them. The service demonstrated the ways they support consumers to maintain relationships and connections within and outside the service. Staff had knowledge of the relationships of importance to consumers. The service demonstrated ways they are keeping consumers connected with the community such as, facilitating participation in a local men’s shed, visits to church and to the local pool for hydrotherapy.

Consumers and representatives expressed satisfaction their needs and preferences are communicated effectively within the service and with other services. Systems are in place to facilitate communication, such as the scheduled tasks being communicated and monitored shift to shift. Staff explained how the communication systems enable them to work as a coordinated team and ensure care is completed as planned. Documentation review evidenced communication from external and allied health professionals, such as physio therapist, speech therapist and social worker.

Consumers and representatives expressed satisfaction with referrals to other organisations when needed. Staff outlined processes to engage with other organisations and providers, such as dementia specialists, NDIS, religious faiths, and community clubs.

Most consumers said the meals provided were of good quality with a variety of options available. The service has a dietitian approved seasonal menu accommodating consumers cultural preferences. Staff described how they check consumers’ dietary restrictions and the process to deliver meals to consumers in their rooms. The service had undertaken improvements to the dining experience with staff training, chef monitoring of dining rooms and changes to processes to ensure food served to consumers in their rooms, is an appropriate temperature.

Consumers expressed satisfaction with the equipment provided by the service, saying this was suitable for their needs and maintained well. Staff explained they are trained in how to correctly use equipment and cleaning between uses with sanitising wipes is 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 and representatives said the service is welcoming, easy to navigate and they are supported to personalise their rooms. Management and staff described how they ensure the service feels welcoming for consumers and their visitors, including encouraging consumers to personalise their rooms. The Assessment Team observed clear signage throughout the service and personalised doors to support wayfinding.

Consumers expressed satisfaction with the cleanliness of the service environment and said it is well maintained. Consumers said they move freely inside and outside the service with electronic doors to outside courtyards remaining open during the day. Staff described the cleaning regimes and management of hazards, and a review of online maintenance requests showed no outstanding issues posing a significant risk to consumers. The service environment was observed by the Assessment Team to be clean and well maintained.

Consumers and representatives said the furniture, fittings, and equipment are well maintained and clean. Staff confirmed they have access to cleaning equipment and discussed how they log faulty equipment in the electronic maintenance reporting system. Preventative maintenance schedules reviewed demonstrated all equipment tagging and testing and shared equipment servicing was up to date.

# 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 are encouraged and supported to provide feedback. They explained the ways they could give feedback such as verbally or completing a feedback form. Staff described how they support consumers or representatives to raise concerns or lodge a complaint. Management described how it supports consumers to provide feedback and how feedback drives continuous improvement.

The Assessment Team observed information about advocacy, external complaints, and interpreter services on display at the service. Consumers and representatives are informed about raising concerns, providing feedback, accessing interpreter or advocacy services, and completing feedback forms. Staff described how during admission and ongoing at consumer and representative meetings they provide consumers and representatives with information to support them in raising concerns or feedback.

Consumers and representatives were satisfied with the management of complaints and actions taken. Management and staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary. Staff described how they have completed education in relation to open disclosure.

Feedback and complaints documentation reviewed by the Assessment Team identified the service is responding appropriately to feedback consumers and representatives provide, with improvements occurring as a result. Management described how feedback and complaints are collected and reviewed to assist in improving care and services.

# 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

Consumers and representatives said they are happy with care they receive and are generally satisfied with staffing levels at the service. Staff said staffing levels are good and they have enough time to complete assigned tasks. The master roster and shift allocations evidenced an adequate number and skill mix of staff. A review of recent shift allocation by the Assessment Team showed low levels of unplanned leave, which was covered using regular and casual staff.

Consumers and representatives said that staff interact with consumers in a kind and caring manner. Staff demonstrated they knew consumers’ individual needs.

Consumers and representatives provided positive feedback regarding the skills and knowledge of staff employed at the service. Management explained how the recruitment process enables the service to identify, recruit and employ staff with the appropriate skills and knowledge. Documentation review demonstrated that staff have qualifications relevant to their role and are monitored for competency.

Staff were satisfied with the training available and explained that the training covers a range of topics such as restrictive practices and clinical care. Completion of mandatory training is monitored. Management explained how they use information from feedback received from consumers or representatives, performance appraisals, incident, and audit results to identify additional training topics.

The service demonstrated that the performance of staff is regularly assessed, monitored, and reviewed. Staff said they participate in regular performance appraisals and can discuss further training and development areas. New staff are reviewed at 6 months, and then annually and the service has a system in place to notify staff when their performance appraisals are due. The service has policies and procedures in relation to staff performance and disciplinary matters.

# 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 and representatives said they are satisfied with the ways they can support planning and service provision. Management said they use information from consumers/representatives’ meetings, surveys, and individual conversations to make improvements to how care and services are delivered. This is supported by a management account of how they created a piano bar area following consumer suggestions to have a place to sit and relax.

Consumers and representatives said they feel safe at the service and live in an inclusive environment. The quality and risk team reports consumer incidents, SIRS, hazards, clinical incidents, and audit results to the clinical governance committee and the Board. Consumers clinical data such as falls incidents are benchmarked against the national quality indicators. Policies, procedures, and work instructions are accessible to staff to guide practice and support them to deliver safe and quality care.

Staff confirmed they can readily access information through the electronic care system. Information is available through handovers, care plans and discussions with clinical management. The service demonstrated that policy changes or updates are communicated to staff, and staff can access policies on the intranet.

Management demonstrated how opportunities for improvement are identified through feedback, audits, incidents, general discussions, and meetings. Management described the financial delegation budget and how requests for expenses are approved. The service demonstrated that regulatory compliance was effectively managed and legislative changes or updates to policies and procedures were communicated to service management and staff.

The service demonstrated there is an effective incident management system and that staff are trained. Staff explained the reportable incident system and outlined their responsibilities based on their position.

The service demonstrated there is a risk framework in place that identifies, manages, and reports risks and implements actions to minimise risks. Incidents, including SIRS are reviewed by the management team. The Assessment Team review of documentation demonstrated compliance with the legislative requirements for reportable incidents. Policies and procedures, such as ‘resident lifestyle and risk taking’, provide guidance to staff in how to enable consumers to participate in activities which may involve a degree of risk.

The service demonstrated there is a clinical governance framework in place to monitor the systems to deliver safe and quality clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management discussed their clinical governance roles and responsibilities, clinical and quality meetings and the review and monitoring of obligations to maintain safe and quality care.

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