

**Performance Report**

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| Name: | Homewood Gardens |
| Commission ID: | 0967 |
| Address: | 68 Regent St, Bexley, New South Wales, 2207 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 5 February 2025 |
| Service included in this assessment: | Provider: 911 Homewood Care Pty Limited  Service: 7616 Homewood Gardens |

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 Homewood Gardens (**the service**) has been prepared by Jodie Earnshaw, 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 site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* other information known to the Commission.

# 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 said staff knew them well, they felt valued, staff treated them with dignity and respect, and the consumers cultural needs and preferences were met. Care plan documentation reflected important aspects of a consumers’ identity, including their personal history, cultural backgrounds and preferences. Staff provided examples of ways they ensure consumers are treated with dignity and respect, demonstrated a good understanding of consumers’ identity and cultural needs and preferences, and provided practical examples of how they provided care and services which enabled consumers to maintain their identity.

Overall, consumers were satisfied care and services provided were in line with their cultural needs and preferences. Care plans reflected consumers cultural preferences including religious beliefs, which guided staff in providing culturally safe care and services. Documentation showed a range of information is provided to consumers in a culturally appropriate way to enable understanding and consumer engagement. Observations of the Assessment Team showed management and staff engaging with consumers and expressing interest in their cultural backgrounds and preferences.

Consumers and representatives advised staff support them to maintain their independence and make choices in relation to how they would like care and services provided, and expressed they are able to make connections within the service and maintain important relationships.

Consumers said they are supported to continue to take risks to enable them to live the best life they can including participating in external activities and eating meals of their choice. Documentation showed, risks are assessed, strategies to mitigate risks are implemented and documented in care plans to guide staff practice.

Consumers and representatives provided feedback they receive current, accurate and timely information in a variety of ways, which enables them to make informed choices. Documentation showed a wide range of information is provided to consumers on matters relating to complaints and feedback processes, infection related risks, the range of services available, and incidents. Observations of the Assessment Team showed a range of information is displayed in various areas across the service for consumers to access.

Overall consumers said their privacy is respected by staff, and they considered their personal information is kept confidential. Staff provided practical examples of the ways they protected consumers privacy including during the delivery of personal care, and ensured they kept consumer records confidential. Observations of the Assessment Team showed staff providing care and services in a way to protect consumers’ privacy and confidentiality.

For the reasons outlined above, I find this Standard is compliant.

# 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

Positive feedback was provided by consumers and representatives about the assessment and planning process, including risks related to consumer care were assessed, and safe and effective clinical care is provided to consumers them. Documentation reviewed showed a range of information is considered to identify risks to consumers wellbeing, clinical assessments using validated assessment tools are completed to identify risks, and consumer care plans showed individualised care and services are documented to guide staff in providing safe and effective care and services.

Consumers and representatives said they were satisfied with the assessment, planning process, and considered it addressed consumers’ current needs, goals and preferences, including advanced care and end of life planning. Documentation reviewed including care plans and consumer records showed consumers’ current needs, goals and preferences are clearly documented to guide staff in providing appropriate care and services. Staff demonstrated they knew consumers well and demonstrated an understanding of the assessment and planning process, including advanced care and end of life planning.

Consumers and representatives provided feedback they are partners in the assessment and planning process, staff regularly communicate with them, and they feel engaged. Care plans and consumer records showed specialists and allied health professionals involved in the care of consumers are included in the assessment and planning process. Staff demonstrated an understanding of the assessment and planning process and provided examples of how they partner with consumers and representatives and other health providers.

Positive feedback was provided by consumers’ about how the service communicates with them regarding the outcomes of assessments, and said the care plan is readily available to them. Documentation showed the outcome of assessments related to consumer choice, clinical risk, and specialised nursing care, are clearly documented in care plans to inform care and service delivery. Observations of the Assessment Team showed consumers’ care plans are readily available to relevant staff responsible for providing care and services. Staff described how the outcomes of assessment and planning are communicated to consumers in a variety of ways.

Feedback from consumers and representatives demonstrated they are satisfied care and services are appropriately reviewed when consumer needs change. Documentation reviewed showed staff completed assessments and updated consumers’ care plans following, a change in circumstances, hospitalisation, and adverse events and incidents. Staff provided feedback about the circumstances which would prompt a review of care and services which aligned with the service policy, care plan documentation and consumer feedback.

For the reasons outlined above, I find this Standard is compliant.

# 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

Documentation including the service policies and procedures and consumers assessment and care planning documentation, showed consumers receive safe and effective personal and clinical care, which is best practice and tailored to their needs.

Staff demonstrated awareness of consumers experiencing high impact high prevalence risks and described strategies they implemented to mitigate risks to consumers wellbeing. Documentation reviewed showed risks to consumers wellbeing were identified and strategies to mitigate risks to consumers’ wellbeing were documented in care plans to guide staff in providing safe clinical care.

Consumer representatives said they were consulted about the needs, goals and preferences of consumers, as they neared end of life, and expressed consumers’ comfort and dignity is maximised. Documentation reviewed showed policies and procedures guide staff in ensuring consumers needs, goals and preferences are supported, and their comfort and dignity is maximised during end of life. Consumer care records showed the involvement of a range of health professionals including the palliative health care team, to maximise comfort and dignity, in line with consumers/representative wishes.

Consumers and representatives provided feedback they were well cared for, and staff supported them following a decline in their condition. Consumer care records showed staff identify and respond to a deterioration in consumers’ mental health, cognitive or physical function, in a timely and effective manner.

Documentation showed referrals are made to a range of specialists, and mental health and allied health professionals, and completed in a timely manner. Management and staff provided feedback about the circumstances in which referrals are made, and how they communicate with consumers and their representatives about referrals.

Documentation showed the service has policies and procedures to guide staff practice in preventing and minimising infection related risks to consumers. Staff were able to demonstrate an awareness of antimicrobial stewardship and infection prevention and control. Observations of the Assessment Team showed the service has appropriate personal protective equipment available and are implementing screening protocols to minimise infection related risks.

For the reasons outlined above, I find this Standard is compliant.

# 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 provided positive feedback they received appropriate supports for daily living which meet their needs, goals and preferences and optimised their wellbeing. Documentation showed consumers were satisfied with the effectiveness of the services and supports for daily living and were supported to provide their feedback in relation to these. Staff were knowledgeable about the consumers in their care and the supports for daily living they required to ensure their needs, goals and preferences are met and their wellbeing is optimised.

Consumers and representatives said staff know them well and described various ways in which services and supports provided, promote their emotional, psychological and spiritual wellbeing, including access to religious and psychological services. Staff demonstrated an understanding of consumers in their care, and steps they take to provide emotional support when needed, Documentation reviewed showed consumers are referred to emotional wellbeing programs, when needed.

Consumers confirmed they are supported to participate in social activities they enjoy, within the service and in the wider community, and they are able to maintain relationships of choice with their friends and relatives. Documentation showed staff identify and record information about activities consumers enjoy and relationships of importance to them. Staff demonstrated they knew consumers preferred social activities and people of importance to them.

Consumers and representatives confirmed staff and other providers involved in their care are kept informed about their needs and preferences. Documentation reviewed showed staff are capturing, documenting, and communicating information about consumers’ condition, needs, and preferences.

Consumers said staff have completed timely and appropriate referrals including to their preferred provider. Staff explained the referral process for various individuals, organisations, and providers of care, and provided examples of consumers referred for supports for daily living including lifestyle services, spiritual support, and emotional support.

Overall, consumers provided positive feedback regarding the quality and variety of meals provided and said staff support them to exercise choice and provide feedback regarding meal preferences, which is appropriately actioned. Documentation showed staff seek consumer feedback about the menu and action suggestions for changes to the menu. Staff provided examples where they had engaged with consumers to ensure they enjoyed meals of their choice.

Consumers and representatives confirmed they have access to a range of equipment which was suitable for their needs. Staff confirmed they ensure the equipment is safe, in good working order and clean for use.

For the reasons outlined above, I find this Standard is compliant.

# 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 confirmed the service environment is welcoming, they feel a sense of belonging and can easily navigate throughout the service. Observations of the Assessment Team showed several communal areas available for consumers to socialise and dine, and consumers are supported to personalise their rooms.

Consumers said their rooms are comfortable, all areas of the service are kept clean and well maintained, and they can move freely indoors and outdoors. Observations of the Assessment Team showed consumers’ rooms and communal areas were clean and well maintained, areas of the service were renovated and refurbished, and doors to external areas remain unlocked to enable ease of access.

Consumers confirmed the furniture, fixtures and fittings are safe, clean, and suitable for their needs. Staff described preventative and reactive maintenance processes in place to ensure maintenance is conducted in a timely manner. Documentation showed maintenance schedules are in place and maintenance requests are actioned in a timely manner. Observations of the Assessment Team showed consumers using a variety of equipment which is in safe working condition.

For the reasons outlined above, I find this Standard is compliant.

# 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 said they are encouraged and supported to provide their feedback and felt comfortable to raise concerns with staff and management. Staff advised they had received training on feedback and complaints processes and described ways they support consumers to provide feedback. Documentation showed the service has policies and procedures which guide staff in supporting and encouraging consumers to provide feedback and managing complaints.

Consumers and representatives confirmed staff provide them with information about how to access advocates, language services, and other methods for raising and resolving complaints. Staff described how they assist consumers to access advocacy and interpreting services to enable consumers to provide feedback and make complaints. Documentation reviewed including the consumer handbook, shows the service provides consumers with information on external complaints bodies and the translating and interpreting services available to them.

Consumers and representatives said they are satisfied with the management of complaints and confirmed the service uses an open disclosure process when adverse incidents occur. Staff demonstrated an understanding of open disclosure principles and advised they had received training. Documentation reviewed including complaints, the complaints register, and policies and procedures, showed the service follows a complaint resolution process and takes appropriate action to resolve complaints in a timely manner.

Management described the mechanisms and processes in place for monitoring complaints, analysing trends, and provided examples of improvements made to the quality of care to consumers. Staff said they are encouraged to provide their views on how to improve the quality of care and services.

For the reasons outlined above, I find this Standard 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 |
| 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 confirmed staff are meeting their needs and said they are satisfied there are sufficient staff available. Management described the system they use to ensure there are sufficient staff to provide quality care and services, and documentation reviewed showed staff are attending to consumers in a timely manner, and staff are replaced when there are absences.

Consumers and representatives said staff are consistently kind and caring and respectful when providing care and services. Management and staff said they are trained in relation to providing dignified, respectful care, and supporting consumer choice and independence. Staff provided practical examples of providing kind, respectful care and services. Observations of the Assessment Team showed staff consistently interacting with consumers in a kind and respectful manner.

Consumers and representatives advised they felt safe, and said they are confident staff know how to provide safe and effective care and services. Staff confirmed they attend regular training to improve their knowledge and to enable them to effectively perform their roles. Documentation showed there are systems in place to ensure staff are competent, possess the qualifications and knowledge required to effectively perform their roles, and there are processes in place to ensure gaps in staff competency are addressed.

Consumers and representatives confirmed they are satisfied with the skills and knowledge of staff and are confident staff are delivering safe and effective care and services. Staff said they provided training to enable them to undertake their roles effectively. Documentation confirmed an effective recruitment process is in place including checking of police clearances, appropriate registrations and reference checks, and training records show staff complete ongoing training.

Documentation showed the service has an annual planning and review process which includes meetings with management and staff to identify strengths and limitations, and improvements required to improve performance.

For the reasons outlined above, I find this Standard is compliant.

# 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 expressed confidence the service is well run; they are satisfied with the care and services they receive and are supported to participate in the evaluation of care and services. Management demonstrated ways in which they support engagement with consumers to improve care and services, and the service environment. Documentation reviewed confirmed consumer feedback is considered and used to improve care and service delivery, and a consumer advisory committee is in place to enable consumer engagement.

Consumers and representatives expressed feeling safe and said they lived in an inclusive environment with access to quality care and services. Management and staff were able to describe the reporting structures and information sharing processes which demonstrated the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. Documentation reviewed confirmed clinical incident data, feedback and complaints, human resource matters, audit results, and surveys, is provided to the governing body to enable them to satisfy themselves about the quality of care and services provided.

Documentation showed there are various communication and information sharing mechanisms in place to ensure consumers are informed about aspects of care and service delivery, including feedback mechanisms and meetings. Staff advised they have the information they need to deliver the appropriate care and services to consumers and information and is shared with them via email, newsletters, meeting schedules and the electronic care management system.

Management described how continuous improvement opportunities are identified including through internal audits. Documentation reviewed showed the service has a continuous improvement plan which records areas identified for service improvement and actions to be taken.

Management described financial governance mechanisms in place and how the service’s workforce is governed to ensures the workforce is sufficient and skilled to provide safe and quality care and services. Documentation reviewed showed position descriptions and duties statements are in place to guide staff work performance and feedback and complaints are resolved in accordance with policies and procedures with an open disclosure process applied.

Consumers and representatives said they felt supported to live the best life they can and expressed their satisfaction with the way staff responded to incidents. Staff interviewed were able to describe their roles and responsibilities in incident management. Documentation showed a clinical governance committee is in place which is responsible for reviewing high impact high prevalence risks associated with the care of consumers, analysing and trending clinical indicators, and reporting incidents under the Serious Incident Response Scheme.

An effective clinical governance framework inclusive of antimicrobial stewardship, minimising the use of restraint and open disclosure is demonstrated. The clinical governance framework includes effective reporting and monitoring systems, policies, procedures, and processes. The application of open disclosure principles is evident through the review of incident and complaint data.

For the reasons outlined above, I find this Standard is compliant.

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)