Performance

Report

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| Name of service: | Homewood Gardens |
| Service address: | 68 Regent St Bexley NSW 2207 |
| Commission ID: | 0967 |
| Approved provider: | Homewood Care Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 May 2023 |
| Performance report date: | 3 July 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 Homewood Gardens (**the service**) has been prepared by T Solomon, 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 24 May 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(b)

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

Requirement 2(3)(e)

* Ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents occur.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their individual needs and optimises their health and well-being.
* Ensure appropriate clinical care is provided to each consumer, especially related to consumers with pressure injuries, restrictive practices and pain.
* Ensure staff have a comprehensive understanding of restrictive practices and how to support consumers identified utilising restrictive practices, especially related to behaviour support plans and how to ensure the plans are individualised for each consumer.

Requirement 3(3)(b)

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls and the use of psychotropic medications.

Requirement 8(3)(d)

* Ensure effective risk management systems and practices, including management of high impact or high prevalence risks, preventing, and managing incidents, including the use of an incident management system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Non-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. | Non-compliant |

Findings

Consumers and/or representatives provided positive feedback in relation to the assessment and planning processes. However, a review of documentation and interviews with staff demonstrated deficiencies in relation to the assessment and planning processes, specifically related to the prevention of pressure injuries, pain management, falls prevention, behaviours of concern, assessment related to use of psychotropic medications and use of restrictive practices.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(b) is found Non-compliant.

Consumers provided positive feedback about care and services, however a review of documentation and interviews with staff demonstrated deficiencies in relation to care plans not including all relevant information about the consumer’s care needs, care plans not being individualised, and care plans not being reflective of the consumer’s current care needs.

The Assessment Team identified the service has systems in place that currently are not effective in ensuring that staff have the necessary skills and knowledge, particularly in relation to minimising the use of psychotropic medication, managing challenging behaviours, restrictive practices, and care planning processes.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(e) is found Non-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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

The Assessment Team identified through a review of documentation and interviews with staff deficiencies in relation to pain management, restrictive practices, and that whilst wound care and treatment is safe and effective, measures to aid healing and prevent further injury are not always implemented.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Non-compliant.

The Assessment Team identified through a review of documentation and interviews with staff that effective measures are not always undertaken to manage high impact or high prevalence risks, including in relation to effective falls management, use of as needed orders for psychotropic medications and management of risks related to unplanned weight loss.

The Assessment Team found that while some investigation is recorded on incident reports they do not always reflect thorough investigation of contributing factors to incidents. While the service evidenced processes for clinical oversight and monitoring these have not always been effective, specifically in relation to the identification and actions related to pressure injuries.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(b) is found Non-compliant.

# 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement 5(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers felt able to move freely around the service if they wished to do so. There are handrails in corridors to assist consumers to mobilise safely around the building, and consumers are able to access the lift to move between floors when needed. The Assessment team observed the building to be clean and well maintained.

The service has a planned program of preventative maintenance for equipment at the service. This includes service agreements with a range of contractors to undertake routine servicing of equipment such as dishwashers and beds. Folders are in place for staff to log any requests for maintenance action. Compliance with the preventative and reactive maintenance program is checked on a regular basis with the maintenance officer to ensure that items are being attended to promptly. The maintenance officer advised that some items may require special parts for repairs and that he keeps track of these items.

Staff are aware of the procedure to follow in the event of equipment breakdown or identification of any hazards. This included logging maintenance items in the relevant folder, immediately informing the registered nurse and maintenance officer if a hazard has been identified and making sure a note was placed on the equipment to alert other staff not to use the item.

Requirement 5(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

A program of monthly audits is being undertaken to ensure the furniture and equipment are being cleaned and well maintained. A checklist has been developed to record the cleaning of the storage rooms and equipment to make sure these areas are being cleaned and well maintained.

Consumers and/or representatives advised they felt the service was kept clean and well maintained. Consumers advised they would let the maintenance officer know if they had any maintenance matters, and if it was urgent consumers stated they would let care staff know.

# Standard 8

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| Organisational governance | |  |
| 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. | Non-compliant |

Findings

The Assessment Team identified deficiencies under Standard 2 and Standard 3, related to high impact/high prevalence risks associated with the care of consumers, and that these were not being effectively managed.

The service does not have an effective audit system in place which would enable management to identify when issues were occurring and implement corrective strategies. Some incidents related to the pressure area care have not been considered as possible matters to be referred to the Serious Incident Response Scheme. The services’ incident management system is not capturing all relevant data, for example, some injuries occurring as a result of an incident such as a fall are not being captured.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) is found Non-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)