Performance

Report

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| Name: | Homewood Gardens |
| Commission ID: | 0967 |
| Address: | 68 Regent St, Bexley, New South Wales, 2207 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 January 2024 to 4 January 2024 |
| Performance report date: | 24 January 2024 |
| 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 G-M. Cain, 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.
* the provider’s response to the assessment team’s report received 22 January 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Compliant |
| **Standard 3** Personal care and clinical care | **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 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. | 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

The performance report dated 06 March 2023 found the service non-compliant in Requirement 2(3)(b) and Requirement 2(3)(e), with deficiencies related to the assessment and planning processes identifying the current needs of consumers, nor were services reviewed on a regular basis, when circumstances change, or when incidents impact on consumer’s needs and preferences. Deficiencies were evidenced 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.

In relation to Requirement 2(3)(b)

The Assessment Contact report discloses that this requirement was assessed by a review of consumer assessment and care planning documentation and service documentation including the plan for continuous improvement. Overall, consumer assessment and care planning identified the needs, goals and preferences of consumers, for example behaviour support plans for named consumers included information about the consumers’ changed behaviours and individualised strategies to guide staff in care and service delivery. Advanced care directives were also evidence in consumer care documentation. However, assessments for some consumers relating to pain and bowel management had not been completed and I have considered this under my decision for Requirement 3(3)(a).

The service demonstrated actions to improve its performance under this Requirement, for example Registered staff education on assessment and care planning, education for all staff on pain identification and monitoring, weekly reporting by clinical management on consumer assessment and care planning completion and the auditing of care documentation to ensure the effectiveness and sustainability of improvements. It is my decision, Requirement 2(3)(b) is Compliant.

In relation to Requirement 2(3)(e)

Overall, the service demonstrated communication with consumers and representatives when consumers’ circumstances changed, or incidents occurred. One consumer representative spoke of being regularly updated in relation to the consumer’s condition. Care management described the assessment and planning processes in place to review consumers’ care and services for effectiveness on a 3 monthly basis, or at other times as required, with the process including providing a copy of the consumer care plan to consumers/representatives to seek their input. Overall, care planning documents contained information about consumers’ needs, have been reviewed when their circumstances have changed and/or incidents have occurred impacting on their needs. The service demonstrated actions to improve its performance under this Requirement, including education of Registered Nurses, implementation of resident of the day and a care plan review schedule, and education of staff in restrictive practices and psychotropic medication including elements that need to be included in the assessment and care planning process. It is my decision, Requirement 2(3)(e) 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 |

Findings

The performance report dated 06 March 2023 found the service non-compliant in Requirement 3(3)(a) and Requirement 3(3)(b), with deficiencies related to pain management, restrictive practices, and some elements of wound care not always implemented; and the inconsistent management of 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.

In relation to Requirement 3(3)(a)

Overall, consumers and representatives provided positive feedback about consumers' personal and clinical care, and consumers' care documentation reflected information to guide staff in clinical and personal care delivery. However, the Assessment Contact report contained information that clinical care relating to pain management, behaviour support, psychotropic medication and chemical restrictive practices was not consistent with best practice, and post falls and bowel management was not individualised or effective. I have considered this information alongside the Approved Providers response, and I have come to a different decision. I have decided that Requirement 3(3)(a) is Compliant. The Approved Provider's response evidenced:

* Consumers’ pain is assessment, monitoring, charting and evaluation for the named consumer was evidenced in care documentation.
* For consumer’s who present with changed behaviours, the service has identified opportunities for further training for the workforce including in relation to identify triggers for changed behaviours. This was evidenced in the service’s plan for continuous improvement, and in October 2023, 17 staff have completed a 3-day course with an external dementia specialist.
* In relation to chemical restrictive practices, the response submission included progress notes which evidenced that prior to the administration of psychotropic medication. Staff implement non-pharmacological strategies and undertake assessments including pain when a consumer presents with changed behaviours.
* In relation to bowel management, the response submission evidence individualised assessment of consumers and progress notes and monitoring charts demonstrated ongoing monitoring and management. There is a lack of evidence in the Assessment Contact report that identified impact to the 2 named consumers who had not opened their bowels. The organisation’s clinical care policies guide staff in bowel management, including the management of constipation, and the response submission evidenced this process was followed by staff for the named consumers.

In coming to my decision for this Requirement, I acknowledge the Approved Providers identification of opportunities for improvement, including in the consumer care documentation. This Requirement requires that each consumer gets safe and effective personal care and/or clinical care that is best practice tailored to their needs and optimises their health and wellbeing. Following a review of the information contained in the Assessment Contact Report alongside the Approved provider's response, I have decided that Requirement 3(3)(a) is Compliant.

In relation to Requirement 3(3)(b)

Overall, the service demonstrated they have effective processes in place to manage high-impact and high-prevalence risks associated with the care of each consumer. The service utilises a risk register which documents high risks for consumers which is managed by clinical management and discussed at weekly senior clinical care staff meetings. Evidence of the effectiveness of these processes was evidenced in the Assessment Contact report for consumers with high risk of pressure injuries and consumers prescribed psychotropic medications which the service had identified as a chemical restrictive practice. The service demonstrated actions to improve its performance under this Requirement, including education of staff in pain management, the review of consumer incidents and investigations by clinical management to identify contributing factors and implement minimisation strategies, and implementation of auditing processes to evaluate the effectiveness of these strategies. It is my decision, Requirement 3(3)(b) is Compliant.

# 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. | Compliant |

Findings

The performance report dated 06 March 2023 found the service non-compliant in Requirement 8(3)(d), with deficiencies related to ineffective processes evidence in incident management, including some incidents not being identified and reported including under the Serious Incident Response Scheme; and processes for assessment and the monitoring and the management of high impact and high prevalence risks.

The organisation’s risk management framework demonstrated effective systems and practices were in place to manage high-impact, high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Reports provided to the governing body included information about high-impact and high-prevalence risks associated with the care of consumers and Serious Incident Response Scheme incidents and are a standing agenda item at the meetings. Review of service documentation and interviews with the Chief Executive Officer evidence that there is ongoing identification, assessment, management and monitoring of risks relating to the 4 sub-requirements. It is my decision, Requirement 8(3)(d) is Compliant.

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