Performance

Report

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| Name: | Homewood Nursing Home |
| Commission ID: | 2549 |
| Address: | 64 Iliffe Street, BEXLEY, New South Wales, 2207 |
| Activity type: | Site Audit |
| Activity date: | 15 November 2023 to 17 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 911 Homewood Care Pty Limited  Service: 922 Homewood Nursing Home |

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 Nursing Home (**the service**) has been prepared by P. Wallner, 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.
* other information held by 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said management and staff treated consumers with dignity and respect. Staff explained how they respected and valued consumers’ identities, cultural backgrounds and encouraged their diversity. For example, staff used consumers’ preferred names and were aware of topics consumers did and did not like to discuss. Care planning documents reflected consumers’ background, identity, cultural and social preferences, along with strategies to guide staff in the provision of dignified care. Staff were observed treating consumers with dignity and respect, using their preferred names and speaking to them in their preferred language.

Consumers and representatives said staff knew their cultural backgrounds and were respectful of them. Management and staff had an in-depth understanding of consumers’ identities, backgrounds and values, which were in line with care planning documents. Staff understood consumers’ cultural needs and preferences and explained how they respected those preferences when providing care. Care planning documents recorded information about consumers’ cultural needs and preferences.

Consumers and representatives said consumers were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff understood how to support consumers’ decisions about their care, including who should be involved. Care planning documents confirmed consumers’ made choices about their care delivery, who else was involved in their care, and how their important relationships were supported. Numerous consumers were observed receiving visitors and engaging in social activities.

Consumers and representatives said consumers were supported to understand potential harms when deciding on taking risks. Staff explained the support available to consumers who chose to engage in activities with an element of risk. Care planning documents showed risks were identified through risk assessments and consumers were provided with information to make informed decisions about their care and services. The service had a risk management policy to guide staff in supporting consumer choice.

Consumers and representatives said they received information that was current, accurate, timely and communicated in a way that was easy to understand. Staff described ways in which information was provided to consumers in an easy and accessible way. Care planning documents showed consumers’ preferred communication methods. Consumers were observed to receive printed information, daily verbal reminders, email correspondence and verbal advice during meetings.

Consumers said their privacy was respected and they were confident their personal information was kept confidential. Staff described ways in which they protected consumers’ privacy and maintained the confidentiality of consumer information. Consumers’ personal information was kept confidential in a password-protected electronic care management system. The service had a privacy and confidentiality policy to guide staff practice. Staff were observed respecting consumers’ privacy, such as knocking on bedroom doors and conducting handover meetings in private.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were actively involved in developing consumers’ care plans which were based on their needs, goals and preferences, and potential risks to their health and well-being. Clinical staff described the initial and ongoing assessment and care planning processes, as well as risk mitigation strategies to ensure the delivery of safe and effective care and services. Care planning documents showed comprehensive assessment and care planning which considered risks and involved consumers and representatives in the process.

Consumers and representatives confirmed assessment and care planning addressed consumers’ current needs, goals and preferences, and their advance care and end-of-life wishes. Staff described the current needs and preferences of consumers, which aligned with consumers’ feedback and their care planning documentation. Management and clinical staff confirmed an advance care directive was discussed during the admission process, recorded in the electronic care management system, and reviewed quarterly, or when there was a change in consumers’ condition.

Consumers and representatives confirmed assessment and planning was based on an ongoing partnership between them, staff and external service providers. Consumers and representatives said they were contacted regularly and informed when circumstances changed, and care delivery was affected. Clinical staff confirmed they informed consumers and representatives when consumers’ needs changed and sought their consent before making a referral to external providers. Care planning documents confirmed the involvement of consumers, representatives, medical officers and allied health professionals in the assessment and planning of consumers’ care.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them clearly and they were always offered a copy of the care plan. Clinical staff confirmed consumers’ care and services were constantly reviewed in partnership with consumers, representatives, medical and allied health professionals. Care planning documents showed the outcomes of assessment and planning were shared with consumers and representatives and copies of care plans were offered.

Consumers and representatives confirmed care and services were regularly reviewed for effectiveness and when circumstances changed. Clinical staff explained how care and services were regularly reviewed and reviewed when there was an incident or deterioration in condition. Care planning documents showed care and services were regularly reviewed for effectiveness, when circumstances changed and when incidents impacted on the needs, goals or preferences of the consumer.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the personal and clinical care provided was safe, right for them, and met their needs and preferences. Staff described how they delivered individualised personal and clinical care in line with consumers’ documented care plans. Care documents confirmed staff were delivering individualised personal and clinical care consistent with best practice. The service had a suite of documented policies and procedures to guide staff in delivering personal and clinical care in line with best practice guidelines. Consumers were observed to be appropriately dressed, well-groomed and pain free.

Consumer and representatives said high-impact or high-prevalence risks were effectively managed by the service. Management and staff explained the high-impact and high-prevalence risks at the service and the strategies in place to manage these risks. The service’s high risk register detailed the risks to specific consumers and the risk management plan in place.

Consumers and representatives confirmed consumers’ end of life needs, goals, and preferences were identified and addressed. Staff described how the end of life care provided to consumers met their needs and preferences and preserved their dignity and comfort. Care documentation confirmed staff involved consumers and representatives in palliative care planning and delivery, and consumers nearing end of life were kept comfortable.

Consumers and representatives said deterioration or change in consumers’ condition was identified and responded to in a timely manner. Staff described the escalation process to clinical staff if they noticed a deterioration in consumers’ condition. Written policies and procedures were accessible to all staff to guide them in promptly identifying and managing a change in consumers’ condition.

Consumers and representatives said care delivery was consistent and current information was communicated effectively between staff, and others involved in providing care. Staff confirmed adequate information to support the delivery of safe and effective care was accessible to them, and other health professionals involved in providing care. Care planning documents confirmed up to date information was discussed with consumers and representatives, medical officers, allied health professionals. Staff were observed being informed about changes in individual consumers care needs at shift handovers.

Consumers and representatives were satisfied they had access to their doctor and that referrals to other health care supports were timely and appropriate. Staff described the process for referring consumers to their medical officers and other health care professionals and how this informed the care and services provided. Referral documents confirmed timely referrals to dietitians, speech therapists and medical officers.

Consumers and representatives were satisfied with the service’s infection prevention and control measures. Staff confirmed they had received training in infection prevention and control strategies, including for COVID-19. Management and staff demonstrated an understanding of infection prevention and control and minimising the use of antibiotics. The service had documented policies and procedures to guide staff practice in relation to antimicrobial stewardship, infection prevention and outbreak management.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living improved their independence, health, well-being, and quality of life. Staff explained how consumers needs and preferences for daily living were identified and documented in their care plans, to assist them to optimise their independence, health, well-being and quality of life. Care planning documents recorded strategies to deliver services and supports for daily living that met the diverse needs and preferences of consumers.

Consumers said the service supported them to maintain important social, emotional, and religious connections and promoted their psychological wellbeing. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs, and staff described how they supported consumers’ emotional and psychological well-being. For example, consumers were observed attending a religious service.

Consumers and representatives said they were supported to participate in their community, within and outside the service, have social and personal relationships, and do things of interest. Consumers with various mobility and sensory deficits were observed being supported to participate in group activities in line with the documented preferences. Care planning documents identified the people important to individual consumers and their activities of interest.

Consumers and representatives confirmed staff communicated information about their current condition, needs and preferences effectively. Staff explained how they could access the service’s electronic care management system and stayed informed about consumers’ changing needs and preferences.

Consumers and representatives confirmed they were supported by other individuals and organisations providing care and services. Staff explained how they referred consumers to other individuals and organisations providing daily living supports to meet the changing needs of consumers. Care documents identified timely engagement with other organisations and services.

Consumers and representatives said they were satisfied with the variety, quality, and quantity of the meals provided. Staff knew consumers’ dietary needs and preferences and explained how they accommodated these needs. Management said consumers had input into the menu and they could request an alternative meal if they did not like any of the choices offered. Staff were observed assisting consumers with their meals, when needed, and engaging with them positively during meal service. Consumers’ care documents accurately reflected consumers dietary needs and preferences.

Consumers said the equipment provided was suitable for their use, safe, and well maintained. Staff advised they completed regular checks of lifestyle equipment to ensure it was safe and suitable for use. Equipment around the service was observed to be clean, safe, and suitable for use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, comfortable and they felt at home. Consumers said they could decorate their rooms with personal belongings, furniture and photographs. The service was spacious, well lit, easy to navigate, and a comfortable temperature. Management and staff described how the common areas, courtyards, patios and gardens supported consumers to socialise and relax. Consumers were observed participating in activities and socialising in different areas of the service.

Consumer and representatives said the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Common areas were observed to be neat and clean, and staff were cleaning the service in accordance with documented schedules. Consumers were observed moving freely throughout the service and utilising different areas. Cleaning and maintenance records showed the service was regularly cleaned and maintained according to the schedules.

Consumers said the furniture, fittings and equipment were safe, clean and well maintained. Staff said equipment was cleaned after every use with disinfectant wipes and maintained according proactive and reactive maintenance registers. Maintenance records showed the reactive and preventative maintenance was up to date. The furniture, fittings and equipment around the service was observed to be in good repair and suitable for use by consumers.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said the service encouraged them to provide feedback and make complaints. Management and staff described various ways they supported consumers to provide feedback or make complaints including through feedback forms, speaking directly with staff or management, or raising issues at ‘resident and relatives’ meetings. The service had documented policies and procedures to guide staff in managing feedback and complaints.

Consumers and representatives were aware of alternative ways to raise complaints such as contacting the Commission, via family members, or seeking help from advocacy services. Staff demonstrated proficiency in the internal and external complaint methods and described how they supported consumers who needed help filing a complaint. Management discussed how consumers were made aware of the interpreter and advocacy services available. The consumer handbook and communal areas around the service had information regarding interpreter and advocacy services.

Consumers and representatives said the service actively addressed and resolved their concerns in a timely manner and provided an apology when things went wrong. Staff described the principles of open disclosure and how they applied them. Management described how they took appropriate and timely action in response to complaints, using open disclosure. Training records, the feedback register, and the complaints policy demonstrated complaints were effectively resolved using open disclosure.

Consumers and representatives were confident their feedback and complaints were used to make improvements to the care and services provided. Management and staff explained how feedback and complaints were reviewed and incorporated into the continuous improvement plan to enhance the quality of care and services provided. The feedback and complaints register indicated a commitment to regularly evaluating the organisation's performance in managing complaints and identifying areas for continuous improvement.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed there were enough staff, and they got the care and support they required, in a timely manner. Staff confirmed there were enough staff and the number and mix of staff was sufficient to meet the needs of consumers. Management described how the workforce was planned and the master roster ensured there was enough staff to provide safe, quality care that met the needs of consumers.

Consumers said staff were kind, caring manner and respectful of each consumer's identity, culture and diversity. Staff members were observed using consumers’ preferred names and treating consumers kindly. Staff could describe consumers’ needs and preferences and were observed to be attentive and respectful in their interactions with consumers.

Consumers and representatives said staff were competent and had the qualifications and knowledge to provide the care and support needed. Records showed the workforce was competent, with all staff recruited possessing the necessary knowledge and qualifications to perform the duties set out in the position descriptions. Management explained how they ensured all staff members had the necessary qualifications, registrations, visas and police checks for their roles.

Consumers and representatives confirmed staff had the appropriate skills and training and could not identify any areas where staff needed additional training. Management described the thorough process for recruiting, training, equipping, and supporting staff. Staff members said they received initial orientation and ongoing training support.

Consumers said they were encouraged to provide feedback about staff performance. Management described how they regularly monitored, reviewed and assessed the performance of their workforce. Management conducted formal performance reviews during probation and annually. In addition to the annual performance appraisal staff received supervisory feedback after any incidents, observations, complaints, or compliments.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives described how they were involved and engaged with the development and evaluation of their care and services through feedback processes, various meetings and care reviews. Management detailed how they supported consumers to provide feedback and be involved in making decisions about how the service delivers their care and services.

Consumers expressed feeling included and safe in the service environment. The service is a family-owned business with the Board meeting bi-monthly to set clear expectations and issue policies that emphasise the importance of safety, inclusivity, and quality in all aspects of care provision. The Board actively monitors and evaluates the organisation's performance against the Quality Standards and seeks continuous improvement opportunities that support the delivery of safe, inclusive, and high-quality care.

The organisation demonstrated effective documented governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The management team closely monitored routine performance reports related to incident management, workforce requirements, and complaints. The Board actively oversighted the governance arrangements to ensure they were effective and to satisfy itself the Quality Standards were met.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service demonstrated a clinical governance framework that ensured the service had effective clinical governance systems underpinning safe and effective quality care. The clinical governance systems included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Staff demonstrated how these policies and procedures were applied in the delivery of care and services on a daily basis.

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)