Performance

Report

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| Name of service: | Homewood Residential Aged Care |
| Service address: | 8 Young Road HALLAM VIC 3803 |
| Commission ID: | 3395 |
| Approved provider: | Bridgeast Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 21 April 2023 |
| Performance report date: | 05 June 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 Residential Aged Care (**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 Site Audit. 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 and intelligence held by the Commission in relation to the service.**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 consumers’ identity, culture, and diversity were valued, and consumers were treated with dignity and respect. Staff were familiar with consumers’ personal circumstances, life experiences and culturally diverse backgrounds, and this was consistent with care documentation. The service’s cultural diversity folder included names of staff who spoke in the preferred language of some consumers.

Consumers said they received care and services tailored to their needs and culture. Staff explained how consumers’ culture and preferences influenced how care and services were delivered, including activities culturally important to consumers. Care documentation included information on consumers’ backgrounds and cultures.

Consumers and representatives considered consumers were supported to exercise choice and independence, decide who was involved in their care, and maintain relationships. Staff described how consumers were supported to maintain relationships, such as regular communication with their families.

Consumers said they were supported to take risks, enabling them to live their best lives. The service undertook risk assessments for consumers who wished to take risks. Care documentation evidenced that the service supported consumers in making informed choices about their care and any accompanying risks.

Consumers were provided timely information that was accurate, easy to understand and enabled them to exercise choice. One consumers spoke of staff reminding consumers of any activities to ensure they have the choice to attend. Staff described how they facilitated consumer choices and varied communication methods to suit consumers’ needs. The daily activities and menus were available via specific channels on each consumer’s television, and brochures and pamphlets were displayed throughout the service.

Consumers' privacy was respected, and their personal information was kept confidential. Staff described how they promote consumers' privacy, such as knocking on doors before entering and closing the door while providing personal care, and the password protection of computers that securely store consumers' confidential information. The service had policies and procedures to guide staff in ensuring the confidentiality and privacy of consumers.

# 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 are involved in assessment and planning processes and expressed satisfaction with how the service manages consumer risks. Staff described the services assessment and care planning processes, including initial and ongoing assessments and 4-monthly care planning reviews in consultation with the consumer and representatives. Care documentation evidenced the completion of risk assessments using validated tools and implementing strategies to mitigate the assessed risks.

Consumers and representatives said they are consulted about the needs, goals and preferences of the consumers' care. They confirmed the service had discussions about advance care and end-of-life planning with them. Staff demonstrated an understanding of the individual needs and preferences of consumers. Clinical staff described how they approached end-of-life and advance care planning conversations with consumers during the admission process, at case conferences, and as needs change. Care documentation evidenced consumers' needs, goals, and preferences and advanced care planning. Staff had access to care documentation via the service's electronic care documentation system.

Consumers and representatives are involved in the assessment and planning process through care conferences and verbal updates from staff. Staff confirmed these processes and provided examples of the involvement of other health professionals, such as the medical officer, in consumer assessments and care planning. Care documentation evidenced involvement and input from the consumer, representatives, medical officer and a range of health professionals and services.

Care documentation evidenced information relevant to the consumer's individualised care and regular communication with the consumer and/or representatives about the outcomes of assessment and care planning, including when there have been changes in consumer health and/or well-being. Consumers and representatives confirmed receiving verbal updates and regular communications with nursing staff and expressed confidence in requesting a copy of the consumers' care plan. The service had an established process for consumers and representatives when requesting a copy of the consumer care plan, which included review and approval by the organisation's.

The service demonstrated processes to ensure that consumers and representatives are informed when consumers' care changes and incidents occur. Care documentation evidence the regular review of consumers' care and services, including when circumstances change or incidents occur. Staff confirmed that care plans are reviewed 4-monthly or when consumers' health or care needs change and described how incidents might trigger a reassessment or review of consumer needs.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 receive safe and effective personal or clinical care, which is best practice, tailored to their needs and optimises their health and well-being. Consumers and representatives provided positive feedback that consumers' personal and clinical care needs were met, and they were happy with the care provided. Staff described consumers' needs, preferences, and, most important personal and clinical care requirements and how they were delivered in line with their care plans. Care documentation evidenced that care is safe, effective and individualised to each consumer. The service demonstrated improvements in relation to consumers subject to restrictive practices, as evidenced in the plan for continuous improvement in December 2022. Regarding chemically restrictive practices, management acknowledged improvements continue to ensure consistent documentation of consent for psychotropic medications, which are considered restrictive practices. The service had undertaken a full review of all consumers who were prescribed psychotropic medication; at the time of the Site Audit, management stated they had 4 remaining consumers to review, and this was completed during the Site Audit, including consent and authorisations, and evidence of discussion with consumers and representatives.

The service demonstrated the effective management of consumers' high-impact or high-prevalence risks. Consumers and representatives expressed satisfaction with the management of consumers' risks. One consumer spoke of confidence in staff knowing how to manage his oxygen therapy, including changing oxygen tubing. Staff described individual consumer risks and related management strategies, aligning with care documentation. Staff are guided by the 'Resident Risk Management' Policy and Procedure.

Care documentation showed that consumers nearing end-of-life had their dignity preserved and care provided in accordance with their needs and preferences. End-of-life care plans outline consumers' needs, goals and preferences. Staff provided practical examples of maximising consumers' comfort and preserving their dignity.

Consumers and representatives expressed satisfaction with care delivery, including recognising deterioration or changes in consumers' condition. Staff described signs and symptoms of deterioration or change in a consumer's condition, such as recognising pain, poor appetite, weight loss, bowel movement, changed behaviours and mobility changes. Care documentation confirmed that the service recognised and responded to changes in a consumer's health, capacity and function.

Consumers and representatives were satisfied consumers' needs and preferences were effectively communicated between staff, and consumers received the care they needed. Staff described how information relating to consumers' conditions, needs and preferences is communicated and shared, such as documented in the electronic care management system and at shift handovers. Care documentation provided adequate information to support effective information sharing about consumers' conditions, preferences, and care needs.

Consumers and representatives said referrals were timely, and staff provided examples of referrals to individuals and other organisations and providers of care. Care documentation confirmed the referral to and input of others in consumers' care and services.

The service demonstrated the minimisation of infection-related risks through standard and transmission-based precautions and practices that reflect appropriate antibiotic prescribing. The service had documented policies and procedures to guide staff in minimising infection-related risks, including an outbreak management plan. The service had an appointed infection prevention and control lead. Staff's knowledge demonstrated an understanding of key infection control practices. Consumers and representatives confirmed that staff perform standard and transmission-based precautions to prevent and control infection. Observations showed that staff wore personal protective equipment and practised hand hygiene regularly.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 said they felt supported to engage in activities of interest, including participating in activities as part of the service's lifestyle program and/or spending time on independent activities of choice. Staff explained what was important to consumers and what they liked to do, aligning with information in their care plans. For example, one consumer enjoys leading the knitters' group, visiting consumers in the knitting group, and spending time with them in their rooms. Observations showed consumers engaging in various groups and independent activities, including hand massages, music time, one-on-one reminiscence, and storytelling.

Consumers said they were supported in their spiritual, emotional, and psychological well-being. Staff provided examples of supporting consumers' emotional and psychological well-being in line with care documentation, including information on emotional support strategies. Observations showed staff spending one-on-one time with consumers in their rooms and groups as part of the service's daily social and emotional support activity.

Consumers and representatives said they were supported to participate in activities within and outside the service, maintain relationships of choice and do things of interest. Staff identified specific consumers who engaged in activities outside the service, including local services clubs. Care documentation reflected consumers' continued involvement in their community and how they maintained personal and social relationships.

Consumers and representatives said information was communicated within the service and with others where care responsibilities were shared. Staff described how consumers changing care needs and conditions were communicated through handover and the service's electronic care management system. Care documentation reflected consumers' needs and preferences for daily living activities.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers confirmed that referrals were made in a timely manner, and they could access other organisations as needed. Care documentation evidenced lifestyle strategies implemented following referrals to specialist services and that consumers are supported by various external services such as a visiting therapy dog service and the community visitor program.

Overall, consumers said meals were mostly of good quantity and quality. Mixed feedback was provided regarding the variety and quality of meals offered, and one consumer was dissatisfied with the consistency of meals offered. Hospitality staff and management were aware of the feedback provided. They advised that the service had introduced quality measures to ensure the consistency of the meals, and menu items will be modified, including introducing Hungarian food as a permanent part of their menu based on consumer suggestions and the background of consumers at the service. Staff discuss consumers' dietary requirements in the daily handover, and all changes are updated in the electronic care documentation system. Staff said consumers can request an alternative meal if they do not like any of the choices offered.

Consumers and representatives said equipment is safe, suitable, clean, and well maintained for consumers' use, and this was confirmed on observation. Staff said equipment is regularly maintained and cleaned and were able to describe processes for identifying equipment requiring maintenance. Service documentation, including scheduled preventative and reactive maintenance, was current and up to date.

# 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 spoke of 'feeling at home' at the service and confirmed that the service environment was open, welcoming and easy to navigate. Consumers said they were supported to personalise their rooms. Observations showed consumers moving freely between their rooms and communal areas of the service for activities, and the service environment was well-lit, with wide hallways and handrails to support consumers' mobility.

Consumers and representatives said the service environment was clean, well-maintained, and comfortable and confirmed that consumers could move freely indoors and to the outdoor courtyard. Consumers had access to the service's outdoor areas by providing the key code. The service established maintenance and cleaning processes, and staff confirmed that maintenance concerns were promptly resolved. Observations showed consumers moving freely indoors and outdoors.

Consumers and representatives confirmed that the service and equipment are kept clean and safe for use by consumers. Management described the schedules for routine, preventative, and corrective maintenance. Service documentation confirmed that these were up to date. Observations showed that electrical equipment was tested and tagged, and the fire equipment had been recently inspected.

# 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 were encouraged to provide feedback, and said they were comfortable raising any concerns with management or staff and felt safe doing this. Staff and management described their role in supporting consumers/representatives to provide feedback. Staff said they would assist consumers in raising a complaint by offering or filling in a complaint form. Staff also said they are encouraged to provide feedback to management, either through feedback forms or verbally to the service manager. Management described various opportunities available to consumers and representatives to provide comments, suggestions and raise concerns, including surveys, emails, consumer meetings, and feedback forms. The service has a feedback policy and procedure to guide staff.

Consumers and representatives said they knew they could raise concerns externally, but they felt most comfortable raising any issues with management and staff directly. Observations showed posters and brochures available regarding complaints, language and advocacy services.

Consumers and representatives said management promptly addressed and resolved their concerns after making a complaint or when an incident occurred and confirmed the service provided an apology when things go wrong. Staff described the underlying principles of open disclosure, including implementing actions to prevent the recurrence of the incident or complaint. The service had an open disclosure policy to guide staff, and a review of the complaints register evidenced that complaints were followed up within 7 days as per the service's policy.

Consumers and representatives stated they believed feedback and complaints had been used to improve the care and services. Service documentation, including meeting minutes and the plan for continuous improvement, confirmed that feedback provided by consumers and representatives had been actioned. For example, consumers' feedback on the service's bus being too small to take out all consumers led to purchasing of a new 16-seater bus to support the transport of 2 consumers in wheelchairs. Staff described how feedback and complaints have resulted in service improvements. The service demonstrated that consumer feedback is trended, analysed, and used to improve the quality of 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 there was an adequate mix and quantity of staff to meet the needs of consumers. Staff confirmed that they had the resources to provide care to consumers and worked together to meet consumer needs. A review of call bell reports evidenced that response times are within 3 minutes. The workforce was planned to meet the needs of consumers and deliver quality care and services, and the service had systems and processes in place to ensure sufficient staff were rostered across all shifts.

Consumers and representatives considered staff engaged with consumers respectfully, kindly, and caring, and this was confirmed through observations of staff engaging with consumers throughout the Site Audit. Staff are supported to deliver care in accordance with the organisation's Code of Conduct and organisational values.

Consumers and representatives expressed confidence in the staff's ability and felt that they have the appropriate skills and knowledge to deliver the duties of their role. Staff described the qualifications, knowledge, and experience needed to perform their duties and said the service offers opportunities to support their ongoing development. Management described how new staff are supported and the process to ensure staff are suitable and competent when recruiting. Staff are required to complete mandatory training, and they stated that the training, including orientation to the service, was excellent and assisted them in undertaking their role. Position descriptions specify each role's core competencies and capabilities.

The service maintains records of performance appraisals and demonstrates regular assessment, monitoring and review of the performance of each staff member. Staff confirmed completing their performance appraisal and receiving regular feedback from their direct line report. Management described how the service monitors staff performance through direct observations of staff by the Registered Nurse, such as observations of safe manual handling, infection prevention and control practices, how care is delivered, and any other work tasks where an individual staff member might require support. A documentation review identified that performance appraisals are scheduled and conducted annually for Registered Nurses, and care staff are monitored and reviewed by management and Registered Nurses ongoing.

# 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 felt the service was well run and confirmed they could provide feedback through consumer meetings, feedback forms and directly to staff. A review of consumer meeting minutes showed that consumers actively provided feedback on what mattered to them, including activities, food, and staff performance. Management described and provided examples of changes in the service that had been made in response to consumer feedback.

Consumers expressed feeling safe in the service and said the environment was inclusive. The organisation ensures accountability for delivering safe, inclusive, and quality care through Board meetings, clinical quality, and risk meetings held every three months and attended by a Board representative who is a medical officer. Key performance indicators are presented at these meetings, and the quality and risk committee dashboard provides a year-to-date summary of infection prevention and control, workforce absenteeism, clinical health indicators, incidents, safety, management system external audits, and strategic risks.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, incident and risk management system, plan for continuous improvement, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers. Staff demonstrated knowledge of these and described their practical application to their work. Risks are reported, escalated, reviewed, and analysed at a service and organisational level and communicated through organisational meetings. A review of the service’s Serious Incident Response Scheme notifications identified that all incidents had been reported in line with legislative requirements.

The organisation had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. Service management and staff understood and described their accountabilities and responsibilities under the clinical governance framework.

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)