**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

caequality.gov.au

|  |  |
| --- | --- |
| Name: | Goodwin Aged Care Services Limited |
| Commission ID: | 200950 |
| Address: | 22 Marshall Street, FARRER, Australian Capital Territory, 2607 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 31 March 2025 |
| Performance report date: | 12 May 2025 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 968 Goodwin Aged Care Services Limited  
Service: 23562 Goodwin Home Care Packages  
Service: 17204 Goodwin Outreach (CACPS)  
Service: 17254 Goodwin Outreach (EACH Dementia)  
Service: 17255 Goodwin Outreach (EACH

# This performance report

This performance report has been prepared by K Jarvie, 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 services it operates, 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, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 11 April 2025.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not Applicable As Not Fully Assessed |
| **Standard 8** Organisational governance | **Not Applicable As Not Fully Assessed** |

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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | HCP |
| 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 |

Findings

A Quality Audit was conducted between 13 and 15 August 2024, during which Requirement 1(3)(e) was found noncompliant for services HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH). During the Quality Audit, the Assessment Team found deficits in the timely, current and accurate supply of information to consumers and their representatives.

These issues resulted in a confusion for some consumers when receiving monthly statements, resulting in increased enquiries seeking clarification which was accompanied by system issues which impacted staff ability to resolve enquiries. Management acknowledged some of the difficulties and that there was current work being done to resolve software issues and that this would resolve the issues identified along with changed policy that would mean all information would be consistently sent out at agreed timeframes to all HCP consumers.

At the Assessment Contact on the 31March 2025, the Assessment Team found that in addition to taking steps to address issues identified at the Quality Audit of August 2024, the Provider had practiced open disclosure regarding the deficits. Staff interviewed who described the process following the audit activity were knowledgeable about the measures being implemented to fix the issues including planned software changes and the plan moving forward. Consumers described being satisfied with changes to process and the current level of information being supplied to them, which allows them to make informed decisions on their care and service delivery, scrutinise their monthly statements and plan ahead. The Assessment Team witnessed the new electronic system in action, including functionality that addresses the issues identified.

Based on the evidence obtained by the Assessment Team, I find the provider, in relation to services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH), compliant with requirement 1(3)(e) Consumer dignity and choice.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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 |

Findings

A Quality Audit was conducted on 13 and 15 August 2024, during which Requirement 1(3)(e) was found noncompliant for services HCP Services for HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH). During the Quality Audit, the Assessment Team found deficits in the Providers electronic information management system. The issues resulted in information being unavailable to some consumers, removing their ability to make timely and informed decisions about their care and services. This included consumers not being informed in some instances who would be attending to deliver their services (via a notification system) and rostering errors, the absence of monthly statements, incorrect calculations. It is noted that during the quality audit of August 2024, all other aspects of Requirement 8(3)(c) did not have deficits identified.

At the time of the Quality Audit, management acknowledged the information and issues identified and advised that plans were being put in place to transition to a new information management system that would resolve the issues.

At the Assessment Contact of 31 March 2025, the Assessment Team reviewed current processes relevant to previously identified deficits and found that the Provider has addressed the issues identified through remedial actions and manual tasks. Consumers and their representatives were satisfied with the information currently being supplied, and all actions taken by the provider to resolve any issues that become apparent. Staff advised that they have already attended training on the new information management system or have been sent detailed instructions. Management advised that additional one to one training is available to staff who need or request it. The new system was also noted by the Assessment Team to come with several additional benefits to consumers through new functionality, such as being able to request changes to their services by sending a message through the new information management interface.

The provider continues to meet its responsibilities with utilising continuous improvement processes to improve its services and care delivery. The board is compliant with all required reporting and financial governance accountability requirements. The workforce is being appropriately managed, and staff are being mentored and supervised to develop their skills and knowledge and there are levels of accountability associated with each role. Regulatory reform and associated compliance are monitored through engagement and collaboration with industry peak bodies, and Consumer Advisory Board and Quality Care Advisory Body are established and meeting as required. Feedback and complaints systems are functional and being utilised to improve care and services, including open disclosure, which was witnessed as being applied to the noncompliance identified in August 2024.

Based on the evidence obtained by the Assessment Team, I find the provider, in relation to services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH), compliant with requirement 8(3)(c) Organisational Governance.

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)