Westhaven Aged Care Facility

Performance Report

McDowall Street
ROMA QLD 4455
Phone number: 07 4624 2600

**Commission ID:** 5439

**Provider name:** Queensland Health

**Site Audit date:** 6 April 2021 to 8 April 2021

**Date of Performance Report:** 20 May 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 about the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives confirmed consumers are treated with respect and their personal privacy is respected by staff. They described staff as kind and consumers said staff are aware of their individual background including culture, personal values and preferences. Consumers said they are provided with information which supports them to make choices about how they live their lives including meal choices and participating in activities of interest.

Consumers and representatives described how the service encourages them to exercise choice and independence over how their care and services are delivered. Consumers provided examples of how they are supported to take risks to enable them to live the best life they can, such as preferences to mobilise independently.

Staff demonstrated respect towards consumers and an understanding of individual consumers and what was important to them. They support consumers to maintain relationships of importance both inside and outside of the service, including the service supporting consumers to make video calls to enable consumers to stay in contact with people important to them.

Care documentation included information specific to the individual consumers including culture, relationships of importance, personal preferences and activities of interest. For example, the Assessment Team observed differing national flags displayed around a communal area of the service and various cultural artwork displayed.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives said that they are involved in care planning of the consumer’s care and services. Consumers and representatives confirmed the consumers goals, needs and preferences are included in consumer assessments including when the consumer’s circumstances changed or when an incident impacted on the needs, goals or preferences of the consumer. Consumers and representatives said they had expressed their end of life wishes, and some consumers and representatives said they had completed Statement of Choices.

Consumers and representatives said the service involved other health professionals and specialist services in the assessment process as needed. They confirmed staff provided information about the consumers’ assessed care needs, including a copy of the consumer’s care plan.

Registered staff described processes for assessment of consumers’ needs and preferences, including consumer assessment on entry to the service and ongoing assessments. Management said they approach end of life conversations with consumers on entry to the service, and if there is a change in consumers condition. Staff confirmed the outcomes of assessments are documented in consumer care plans and these are discussed with consumers and representatives as part of care planning.

Care planning documentation reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being such as risk for falling, pain and diabetes management. Care plans were readily available to all staff, including visiting health professionals.

The service had policies and procedures to guide staff in their practice. Clinical assessment tools and consumer care plans were available on the service’s computerised system.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

### Consumers and representatives confirmed that consumers receive personal and clinical care that is right for them, meets their individual needs and preferences. Consumers and representatives said that the consumers were referred to their Medical officer or other health professional to meet their changing personal and clinical care needs and said they were satisfied the referral occurred promptly. Consumers and representatives expressed confidence that when the consumers needed end of life care, the service would support the consumer to be as free as possible from pain and to have the people of importance with them.

### Staff demonstrated knowledge of consumers’ personal and clinical needs and provided examples of individualised strategies for managing high-impact and high-prevalence risk, such as skin integrity, falls and behaviours. Registered staff are on site 24 hours per day to support staff and monitor consumer care delivery.

### Care planning documentation reflected referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

### The Assessment Team reviewed care documentation for consumers prescribed psychotropic medication for the purpose of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers with physical restraints such as environmental or the use of bed rails had authorised consents for the restraints.

### The service has policies, procedures and guidelines to support the delivery of care provided including end of life care, advanced care planning and recognising and responding to consumer deterioration. The service monitored care delivery through the analysis of clinical incident data including incidents of high impact and high prevalence risks for consumers such as falls, medication incidents and pressure injuries. The service’s Infection Prevention Control lead said they monitor staff practice including the appropriate use of Personal Protective Equipment.

### The service has implemented policies and procedures to guide staff in minimisation of infection related risks. Staff confirmed they have received training in COVID-19, infection control principles and anti-microbial stewardship. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

### The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives said consumers are supported by the service to do the things they want to do and that are important for their health and well-being. They confirmed that they are supported by the service to maintain social and emotional connections with those that are important to them.

Most consumers provided positive feedback in relation to food and confirmed that it was of adequate quantity, quality and variety. Consumers said the service accommodated individual needs and preferences including a choice between a hot meal, salad or sandwiches.

Management said the service had a four week menu which is reviewed by the Dietitian to ensure the menu offered meets the needs for individual consumers.

Care planning documentation included information about consumers hobbies, interests and individual wishes and preferences. The representative for one named consumer said due to poor vision the service provided the consumer audiobooks to listen to. Consumers confirmed that they were happy with the lifestyle program at the service including activities offered on weekends.

Staff said they have access to equipment used to provide and support lifestyle services and equipment to assist consumers and confirmed equipment is well mainted at the service.

A review of maintenance documentation demonstrated the service conducted regular planned maintenance of equipment.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said that they feel at home, safe and comfortable and expressed satisfaction that the service environment was clean and well maintained. Consumers and representatives said visitors are welcomed and confirmed consumers decorate their rooms in line with their own preference including with personal furniture.

Management confirmed the service has processes for planned and unplanned maintenance. They said planned maintenance at the service is coordinated via a monthly maintenance planner; unplanned maintenance is recorded by staff in the maintenance book and then logged by the in the electronic maintenance management system by administration staff. Management advised maintenance requests are assessed by priority and if required contract staff are utilised to conduct maintenance works.

Staff described the process for identification of hazards, including ensuring safety of consumers and escalating and issues to Management.

Management advised cleaning services are provided at the service seven days per week; and cleaning staff confirmed they have a schedule for cleaning including high touch points across the service.

The service environment was observed to be welcoming, including a staff member always available to greet visitors on arrival. Consumers rooms were observed to be decorated with personal items such as photographs and paintings. Communal areas included outdoor gardens and seating areas, and other quiet sitting areas within the service. The reception area had signage to guide consumers and visitors to various areas of the service, signage was also provided in Braille to assist consumers with visual impairment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives said they feel comfortable to make complaints and felt supported and safe to do so. Most consumers said that appropriate action is taken in response to their concerns. Consumers and representatives said they feel comfortable raising concerns, and described how feedback is provided at the service. For example, through verbal communication with the Director of Nursing, at meetings and via other groups such as external complaints agencies.

Staff described how they would assist the consumer to make a complaint, including offering to document feedback on behalf of consumers. Staff demonstrated an understanding of open disclosure including acknowledging when something went wrong and offering an apology.

The service was guided by an open disclosure policy that outlines the differences between open disclosure and clinical disclosure, including the service’s process for ensuring open timely communication with consumers, acknowledgement of adverse events, expression of regret for any harm, recognition of expectations, staff support, risk management, governance and confidentiality.

Management said the service had implemented additional staff training and updating of policies in response to the implementation of the Serious Incident Response Scheme.

The service demonstrated that consumer complaints and feedback is captured through various ways, including feedback forms, food focus groups and consumer meetings.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers confirmed that staff were kind, caring and respectful. They were confident staff were adequately trained and were competent and skilled in their roles.

Consumers said they were satisfied with the number of staff and the availability of clinical and care staff to meet their care and service needs. Consumers said when they used their call bell most staff respond promptly.

Staff interviewed reported they generally had enough time to provide consumers with the assistance and care to meet their individual needs and preferences without rushing.

Staff confirmed they have completed mandatory training and competency assessments in a range of areas including infection control, personal protective equipment and handwashing, manual handling and fire training.

Management described how they determine whether staff are competent and capable in their role, which includes orientation on commencement of employment, mandatory training programs, performance reviews and management observations of staff.

The service’s position descriptions specify the core competencies and capabilities for each role at the service. The service provides a post graduate program for newly qualified Registered nurses which included three monthly rotation through the service and co-located acute hospital.

The organisation has a performance framework supported by policies to guide in human resource management.

Staff were observed assisting consumers in a way which was respectful and did not rush consumers through the process.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Most consumers considered that the organisations is run well and expressed confidence that consumer’s care and services are managed well. Consumers and representatives said the service asks for their opinion about the delivery of care and services. Consumers and representatives expressed satisfaction that the service actions changes in response to consumer feedback

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The organisation had implemented systems to monitor the performance of the service, including providing regular reports to the governing body and board. Monitoring systems include a range of databases and reports for incident management, compulsory reporting, feedback and complaints, quality audits, satisfaction surveys, hazards and workplace safety. The governing body met regularly to review and consider this information.

The organisation had implemented effective organisation wide governance systems, effective risk management systems and processes and a clinical governance framework. Organisational policies guide staff practice including in relation to antimicrobial stewardship, restraint minimisation, dignity of risk and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.