Performance

Report

**1800 951 822**

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| Name of service: | Westgate Aged Care Facility |
| Service address: | 4 William Street NEWPORT VIC 3015 |
| Commission ID: | 4330 |
| Approved provider: | Pannavila Enterprises Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 April 2023 |
| Performance report date: | 6 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 Westgate Aged Care Facility (**the service**) has been prepared by N Wapling, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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 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 |

Findings

The service was found non-compliant with this requirement following a site audit conducted from 29 March 2022 to 31 March 2022. The service did not demonstrate:

* consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being, particularly in the management of pain and medications.

The service has implemented a number of actions in response to the non-compliance identified at the Site Audit from 29 March 2022 to 31 March 2022, which have been effective. For example:

The service demonstrated tailored care and that best practice principles are implemented in relation to pain management, medication management, wound management and skin integrity, and restrictive practices. Consumers and representatives are satisfied with how staff respond to the management of consumer’s individualised care needs, and with when consultation and discussions occur. Staff demonstrated an understanding of consumer’s care needs and provided examples of wound management and skin integrity, behaviour management and personal needs in relation to restrictive practices, pain management and medication management. Management confirmed medical and other specialist practitioners are consulted in relation to wound management and chemical restrictive practices, and medication administration documentation is reviewed regularly by a Registered Nurse. This was consistent with care planning, assessment and monitoring documentation demonstrating regular reviews are undertaken and risks are considered. Restrictive practices documentation was in line with legislative requirements. The Assessment Team observed staff education training records in relation to clinical and personal care.

Based on available evidence, I am satisfied the service has in place effective supports to ensure each consumer receives safe and effective personal and clinical care in relation to pain management, medication management, wound management and skin integrity and restrictive practices. I find Requirement 3(3)(a) Compliant.

# 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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The service was found non-compliant with this requirement following a site audit conducted from 29 March 2022 to 31 March 2022. The service did not demonstrate:

* adequate staffing to provide care and services to meet the needs of consumers, particularly in its response to call bell activity
* workforce members have satisfactory qualifications and knowledge to perform their roles effectively.

The service has implemented a number of actions in response to the non-compliance identified at the Site Audit from 29 March 2022 to 31 March 2022, which have been effective. For example:

The service demonstrated the workforce is planned to, and the numbers and mix of workforce members enable the delivery and management of safe and quality care and services. Most consumers and representatives are satisfied staffing levels enable staff to respond to care needs in a timely manner and staff know what they are doing. Staff confirmed they are able to provide adequate and timely care to consumers, and they have received education in relation to responding to call bells in a timely manner. Management described the strategies to address workforce planning. These included an evaluation of staffing levels, a review of consumer’s needs, clinical data, engagement with consumers and staff, and call bell audit reports addressing the response times when a delayed response was noticed. The Assessment Team reviewed staff rosters and observed there were no vacancies. Call bell data, and correspondence between management and staff to address improvements in response times demonstrated a decrease in the average response times compared to the previous 12 months.

The service demonstrated that the workforce is competent, and members of the workforce have qualifications and knowledge to perform their roles effectively. Consumers are satisfied staff are experienced and understand consumer’s needs. Staff described qualifications, and the required mandatory competencies completed when commencing employment and annually. Management described how they determine staff competencies, capabilities and qualifications, and documentation confirmed the service is monitoring and managing these staff.

Based on the available evidence, I am satisfied the service has in place effective practices to enable appropriate staffing levels to attend to consumer’s care needs, and the workforce has the qualifications and knowledge, and is competent to perform their roles. I find Requirements 7(3)(a) and 7(3)(c) are Compliant.

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