Performance

Report

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| Name: | Westhaven Nursing Home |
| Commission ID: | 5439 |
| Address: | Parker Street, ROMA, Queensland, 4455 |
| Activity type: | Site Audit |
| Activity date: | 28 February 2024 to 1 March 2024 |
| Performance report date: | 2 April 2024 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3730 Westhaven 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 Westhaven Nursing Home (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider sent an email on 22 March 2024 acknowledging and accepting the findings within the Site Audit report.

# 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 staff valued and respected consumers, some describing the relationship as friendship. Staff described how they ensured consumers were treated with dignity and respect. Care planning documentation consistently used respectful language and included information on consumer backgrounds.

Staff described how culturally safe care and services were provided for consumers. Consumers and representatives said staff knew and understood consumer backgrounds and cultural needs. Policies and procedures, including the Cultural and linguistic diversity policy and health literacy procedure, informed staff on the provision of culturally safe care.

Consumers said they were encouraged to make choices about care and services, and staff respected decisions. Staff outlined how they supported consumers maintain relationships of importance, and consumers were observed spending time with visitors and other consumers.

Care planning documentation outlined consumer’s risks of choice, including management strategies. Management explained how risks were identified and assessed, involving other professionals for assessment if required, and a dignity of risk plan formed. Care planning documentation identified benefits and risks associated with consumer’s activities of choice, and the dignity of risk form was signed by the consumer demonstrating consultation.

Consumers said they received sufficient information relating to activities and meals to make informed choices. Staff described how they adapted communication style to meet consumer needs. Menus and activities calendars were displayed in the dining area, and consumer meetings were used to keep consumers informed.

Policies and procedures informed staff of the need to keep personal and sensitive information private. Consumers said staff respected privacy, and staff said they always knocked on consumer doors before entering and pulled curtains whilst providing care. Computers containing consumer information were observed to be secured when not in use.

# 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.

Staff explained assessment and planning process to identify risks, inform care needs, and develop a care and services plan. Care planning documentation recognised risks and included risk minimisation strategies. Guidelines informed use of validated clinical assessment tools accessible in electronic and printed form.

Consumers outlined goals and preferences in line with their care planning documentation, and said staff offer opportunity to discuss advance care planning and end-of-life wishes. Staff demonstrated familiarity with consumer goals, needs, and preferences, and outlined how they approached and revisited discussions about end-of-life care. Information about consumer advance care directives was included within written handover reports, and all consumers had advance care directives or a statement of choice recorded.

Consumers and representatives described their involvement in assessment and planning processes and were aware of other providers involved. Staff explained consultation undertaken on entry and within each review to identify changes to preferences or needs. Care planning documentation reflected involvement of consumers, representatives, Allied health providers and other health professionals.

Staff explained the ongoing communication with consumers and representatives to inform care or changes. Consumers said they were informed of the content of the care and services plans, and a copy was kept in their room, with authorised representatives confirming they were also sent a copy. Staff were observed accessing care and services plans through the electronic care management system.

Care planning documentation demonstrated regular review, including following incident. Consumers and representatives confirmed ongoing evaluation and review of care and services. Staff explained review processes to ensure care strategies continued to effectively meet consumer needs and preferences.

# 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.

Management explained best practice care was ensured through education, training, communication of consumer needs, and guidance within policies and procedures. Care planning documentation detailed personalised strategies to ensure delivery of safe and effective care, and staff demonstrated understanding of consumer needs and how these were met.

Consumers and representatives said risks were understood and effectively managed. Staff were able to describe high impact and high prevalence risks for consumers and mitigating strategies. Monitoring processes were used to identify emerging risks or demonstrate effectiveness of strategies.

Staff outlined how end-of-life care focused on comfort and dignity, supporting family visits, with engagement of palliative care specialists and Medical officers to assist with pain management and care planning. The palliative care policy outlines staff responsibilities in assessment and addressing consumer needs, including cultural, spiritual, and religious beliefs.

Consumers and representatives said changes in consumer condition were recognised and responded to appropriately. Staff explained assessment and monitoring processes undertaken following deterioration, with escalation for review if required. Management advised they reviewed progress notes daily to identify changes to consumer condition. Policies and procedures guided staff in identification and management of decline or deterioration of consumer health.

Consumers said staff were familiar with their care needs and preferences. Staff explained methods for sharing information, such as handover processes, electronic messages, and reviewing care and service plans. Care planning documentation included communication from other health providers, including Allied health staff and Medical officers.

Staff explained referral processes for other providers of care, and these were made in consultation with the consumer and/or representative. Care planning documentation demonstrated timely referral to appropriate providers. The electronic system provided guidance to staff on referral management.

Consumers and representatives were familiar with actions to prevent and control infection, such as staff washing hands and wearing personal protective equipment. Clinical staff explained processes to ensure appropriate use of antibiotics, including working with Medical officers to ensure appropriate pathology testing before prescribing. Policies, procedures, and the outbreak management plan provided staff guidance on prevention and management of infections.

# 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 described how services and supports optimised independence and improved quality of life, and staff explained how they tailored activities to enable participation regardless of consumer needs. Care planning documentation outlined needs, goals, and preferences.

Staff said they know consumers well and would notice and spend additional time with consumers who seemed lonely or low. Care planning documentation included consumers’ emotional and spiritual needs, along with strategies to support low mood. Consumers said staff cared about them and knew how to support them when feeling down.

Consumers said they were supported to maintain interests and relationships and participate in the community. Care planning documentation detailed consumer preferences, hobbies, and significant relationships. Staff explained how they supported consumers to maintain relationships of importance and foster new friendships and were aware of how to support interests.

Staff explained how they shared information about changes for consumers. Consumers and representatives said staff were familiar with consumer needs and preferences without need of repeat.

Staff explained referral processes for services such as volunteers and pastoral care. Care planning documentation demonstrated referrals were timely and appropriate to consumer needs. Consumers described the involvement of external providers to meet their emotional needs and support interests.

Consumers and representatives gave positive feedback about the taste, temperature, and amount of provided food. Management explained processes to ensure the quality of meals, and staff demonstrated awareness of consumer dietary needs and preferences in line with care planning documentation.

Equipment was observed to be clean and well maintained. Staff explained sufficiency of equipment suitable for consumer care needs and demonstrated awareness of cleaning and maintenance processes, including reporting when repairs were required. Consumers said staff checked and wiped down equipment each day before 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 said they felt at home, describing positive features of the environment including ease of navigation. Management described the features of the environment to aid independence, including handrails, wide halls and paths, with staff explaining how they encouraged consumers to use common areas. Consumer rooms were observed to be personalised, with furniture orientated to suit consumer preferences.

Consumers described the service environment as clean and well maintained, and consumers were observed mobilising freely through indoor and outdoor areas. Staff explained environmental cleaning and maintenance processes, and management outlined environment monitoring processes including through feedback, hazard reports, and maintenance logs.

Staff described how they ensured furniture and equipment were safe to use, clean, and well-maintained, with documentation demonstrating regular maintenance schedules were adhered to. Consumers said furniture was comfortable and clean, and they felt safe when equipment was used during care. Management explained the preventative maintenance schedule included inspections and review of equipment, with alerts and notifications sent to remind of equipment service dates.

# 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 said they felt comfortable raising concerns or providing suggestions. Meeting minutes reflected suggestions or complaints were invited and welcomed. Feedback forms and a suggestion box were readily available, and policies reflected processes which encouraged feedback and complaints.

Consumers voiced awareness of external complaint support services, including advocates, but stated they did not feel there was a need for use. Management said they could access language services if required. The consumer handbook included information on feedback and complaint processes, including for external complaint organisations and advocates, and information on available services was displayed in the reception area.

Consumers and representatives said complaints were responded to appropriately and in a timely manner. Staff outlined actions taken in response to complaints reflective of an open disclosure process. The Feedback register included record of complaints with actions, responses, and evaluation of outcomes.

Information within the Feedback register and meeting minutes reflected improvements made in response to feedback and complaints. Management explained opportunities for continuous improvement were identified through feedback and complaints, with actions captured within a Continuous improvement plan.

# 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, representatives, and staff said there were enough staff to meet consumer needs, with staff describing recent improvements. Management explained processes to ensure sufficient staffing to delivery quality care and services, with ongoing efforts to recruit staff to increase numbers. Documentation confirmed the workforce was planned, meeting legislative requirements for Registered nurse on each shift, and unplanned leave was able to be covered.

Staff described how they ensured consumers were treated with dignity and respect, supporting choices and decisions, with consumers confirming interactions with staff were friendly and recognised them as individuals.

Management explained how they consider staff competency and capability during recruitment processes with onboarding programs including supervision and ongoing monitoring. Documentation demonstrated staff had appropriate checks, skills and qualifications to perform duties outlined in position descriptions.

Staff described training undertaken relevant to their roles and could explain responsibilities relating to mandatory incident reporting through the Serious Incident Report Scheme, and application of restrictive practices. Management explained the mandatory training program and said extra training is available if required. Training records demonstrated staff were provided suitable training to equip them to perform their role.

Workforce performance was formally monitored through scheduled annual performance appraisals. Management explained actions taken to support staff underperformance or following error. Staff were familiar with the appraisal process, including self-reflection and discussion with management to determine performance goals.

# 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 outlined how they were engaged through consumer and consumer advisory meetings. Management said they actively sought input through feedback and encouraging open discussions within case conferences.

Management described how monthly reporting was submitted to the Board relating to workforce, occupancy, aged care reforms, incidents, and clinical information. The Board demonstrates accountability through responsive feedback, with the Chair visiting each service to monitor. The organisation’s Clinical governance framework further outlined responsibilities and accountabilities along with systems in place to ensure provision of safe and quality care and services.

Governance systems included processes to guide, assess, monitor, and improve the experience of consumers through information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Financial governance includes establishment of budgets, and processes to seek changes to budget or expenditure.

Management explained how risk management systems ensured current and emerging risks were identified, understood, mitigated, and monitored. Staff demonstrated understanding of their responsibilities to identify and respond to elder abuse or neglect and reporting incidents. Incidents were reviewed for trends and reported to the Board and discussed within staff meetings and used to inform improvements. Procedures enabled consumers to live their best lives, including through taking risks if preferred.

The Clinical governance framework was informed by policies, procedures, and service practices. Staff said they received training on key topics, including antimicrobial stewardship, and restrictive practices.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)