Performance

Report

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| Name of service: | Westhaven Nursing Home |
| Service address: | McDowall Street ROMA QLD 4455 |
| Commission ID: | 5439 |
| Approved provider: | Queensland Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 July 2023 |
| Performance report date: | 31 July 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 Westhaven Nursing Home (**the service**) has been prepared by K. Reed, 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
* the provider’s response to the assessment team’s report received 27 July 2023
* 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 | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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 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 |

Findings

Consumers and representatives were satisfied consumers were treated with dignity and respect. Staff were observed treating consumers with dignity and were able to describe methods they used to respect consumers’ identity, culture, and diversity. Consumer care planning documentation included what was important to consumers to maintain their identity. The organisation had policies which outlined consumers’ right to respect and dignity.

Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and were able to describe how they provided respectful care by asking for consent before providing care, knocking before entering consumers’ room, and respecting consumers’ preferences for certain staff to assist them.

The organisation had a suite of policies that outlined the expectations and responsibilities of staff in relation to their kind, respectful and dignified treatment of consumers.

# 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

Consumers and representatives provided positive feedback about the care provided at the service for consumers. There were no consumers requiring chronic wound care or pressure area management at the service at the time of the Assessment contact. Review of care planning documentation demonstrated effective care delivery including management of pain and challenging behaviours. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery.

Where restrictive practices were used, the service demonstrated appropriate assessments, authorisation, behaviour support plans and monitoring practices in place. The psychotropic register maintained by the service identified diagnosis, medications prescribed and consumers who had their medications reduced or ceased. All restrictive practice authorisations including chemical and environmental restrictive practices had been reviewed by the Medical officer and representative in line with legislative requirements. Staff were able to identify triggers for consumers’ behaviours and where to find behaviour support plans and management strategies.

Care documentation for consumers noted those with chronic pain had regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff used assessment tools depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies were included in care plans, and when pain relief medication was used, it was reviewed for effectiveness

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was constructed on ground level with four accommodation wings located to connect central courtyards providing a light and airy atmosphere in consumer rooms and common areas. Access was via the main entry and reception area with a swipe card required to exit the service. There was no memory support unit at the service and all consumers had access to all indoor and outdoor common areas within the service. Six consumers had a swipe card to exit the main entry doors following risk assessments and reception staff and the nurses station were located near the entry door to assist other consumers in exiting the service.

One accommodation wing was currently closed in preparation for renovations. Construction was not underway at the time of the assessment visit. This wing was located at the rear of the service and this building and associated access was observed to be closed off with linked metal construction barrier fencing. The fencing was secured to railings to restrict consumer access to that area during the construction period.

The service had a large common room at the centre of the service with courtyard gardens and large glass doors on two sides providing a light and airy space for consumers to dine together and participate in group activities. A swipe card was required for the glass doors in the central common area to access the adjacent courtyards and there was always staff located in that area to open the doors for consumers if they wish to go into the courtyard via those doors.

There were also several smaller fully accessible indoor communal spaces at the end of each wing with comfortable seating for consumers to relax individually or with family and friends. Push button doors in these areas provided access to outdoor pathways and covered communal areas with a range of seating and two barbeque areas.

A maintenance officer undertook reactive maintenance at the service in conjunction with Roma Hospital and explained the process for consumers and staff to report maintenance issues via a maintenance log located at reception. Staff explained the process for recording maintenance issues in the maintenance log at reception which were then uploaded to electronic system by reception staff.

Fire blankets were not observed to be in the location of the smoking and Barbeque areas. During the assessment visit management provided the Assessment Team with an email order for four new fire blankets to be installed adjacent to the Barbeque and smoking areas.

# 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 |

Findings

The number of staff allocated ensured the service could respond promptly to the care needs and preferences of consumers. Registered nurses were rostered 24 hours a day, seven days a week and care staff were observed promptly responding to requests for assistance from consumers. Consumers and representatives confirmed staff were available when needed and attend to consumers’ needs in a timely manner.

When unplanned leave occurs it was covered by extending shifts or utilising the current pool of casual staff which included four nursing staff. The service had access to two graduate nurses for a period of four to five months each year in conjunction with Roma Hospital to provide additional support. There was a current three-month recruitment campaign through an external agency to recruit a permanent Nurse unit manager and develop a pool of staff to cover the renovated section when it reopens.

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)