Performance

Report

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| Name of service: | Westmont Homestead |
| Service address: | 265 Baranduda Boulevard BARANDUDA VIC 3691 |
| Commission ID: | 3155 |
| Approved provider: | Westmont Aged Care Services Limited |
| Activity type: | Site Audit |
| Activity date: | 13 February 2023 to 15 February 2023 |
| Performance report date: | 2 April 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 Westmont Homestead (**the service**) has been prepared by M Frost, 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; 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 in relation to the service.

# 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

Consumers and their representatives said staff are kind, friendly, respectful and helpful to consumers, and consumers’ culture and diversity are valued. Staff were observed treating consumers with dignity and respect, and were aware of consumers’ individual choices and preferences. Care documentation reflected what is important to consumers to maintain their identity and dignity.

Consumers and their representatives said care and services are tailored to consumers’ needs and culture. Staff described consumers’ cultures and how they support consumers’ individual cultural preferences, in line with care documents.

Consumers gave examples of how they are supported to make decisions, maintain independence and continue relationships. Care plans reflect consumers’ choices regarding their daily living.

Consumers described how the service supports them to take risks and undertake activities they enjoy. Staff described how they support consumers to take risks, aligned with the service’s policies. Risk assessments are completed and documented.

Consumers and their representatives said information is provided to support consumers to make choices, in a manner that is suitable for their needs. Lifestyle calendars, newsletters, and notice boards were observed, and staff communicate with consumers individually according to their needs.

Consumers confirmed staff knock before entering rooms and close the door when delivering care or discussing personal information. Staff were observed following the service’s privacy procedures and maintaining confidentiality. Consumers’ electronic care records are stored securely and computers and the nurses’ station are locked when unattended.

# 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

Care documents showed assessment and planning occurs, risks are identified and strategies to manage risks are included. Staff described how they follow the care planning documents to deliver safe care.

Consumers and their representatives confirmed the service identifies consumers’ needs, goals and preferences. Care documents were individualised and reflected consumers’ preferences. Advance care and end of life planning is included.

Consumers and their representatives said they are involved in regular discussions regarding care planning, and the outcomes of care planning are communicated. Care documents showed involvement of other providers, including directives from medical officers and allied health professionals.

Care plan reviews occur at scheduled 4 monthly intervals, and additional reviews occur as needed when consumers’ condition changes or incidents occur. Care plans showed reviews are documented and changes are communicated to consumers and their representatives.

# 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

Consumers said they receive care that is tailored and meets their needs and preferences. Care documents showed staff follow strategies and clinical policies to deliver individualised and safe care. Care documents for consumers subject to restrictive practices show that requirements are followed and regular review occurs.

Staff described how they manage high impact and high prevalence risks such as falls, weight management and wounds, consistent with strategies in consumers’ care documents.

Care documents showed consumers receiving end of life care had their preferences adhered to and their dignity was maintained. Staff described how they deliver end of life care, consistent with the service’s procedures.

Care documents showed deterioration or changes in consumers’ health and condition are identified and responded to promptly, and representatives are informed. Comprehensive staff handovers occur, progress notes are updated and clinical charts are completed. Clinical and care staff described how changes are communicated and escalated, within and outside the service.

Consumers and their representatives said timely and appropriate referrals occur, and consumers have access to external supports they need. Care plans reflected referrals to other services and organisations.

The service has policies and procedures to guide staff regarding infection control, with additional staff training on these occurring during the Site Audit to address lapses in staff compliance. Staff described how they minimise the need for antibiotics.

# 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

Consumers and their representatives said consumers receive services and supports that meet their needs, goals and preferences. Staff knew what was important to consumers and what they like to do, and described how they adapt activities to support consumers’ ability. The service holds celebrations for birthdays and cultural events.

Consumers and their representatives said consumers’ emotional and psychological needs are met. Consumers described how their spiritual needs are supported, and the service delivers church services. Staff said they provide one-on-one support. Care plans reflected consumers’ preferences for attending religious services and celebrations.

Consumers described how they are supported to participate in the community and maintain relationships within and outside the service. Staff said they evaluate and tailor activities to meet consumers’ interests. Consumers were observed participating in activities, enjoying time with friends and family and leaving the service for outings.

Consumers and their representatives said information about consumers’ needs and preferences is effectively communicated between staff. Staff said they are informed of consumers’ needs via handover and care documentation, and were familiar with consumers’ daily living needs.

Lifestyle staff said external providers are used to supplement the lifestyle program and support consumers with special interests, such as pet therapy and music. Consumers and their representatives confirmed referrals occur.

Consumers said the quality, quantity and temperature of meals was to their liking. Staff were knowledgeable about consumers’ preferences and dietary requirements, and were observed to be supporting consumers to choose and consume meals.

Consumers and their representatives said they have equipment to support their needs and it is regularly maintained. Staff said sufficient equipment is available. Equipment was observed to be generally clean, with the service implementing a cleaning schedule to improve cleanliness.

# 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

The service environment comprises of 2 buildings, including a secure living environment, which were observed to be welcoming and homely. The service has indoor and outdoor areas for consumers to spend time. Consumers are supported to decorate and personalise their rooms. Staff were observed welcoming and engaging with consumers and representatives, and consumers were observed socialising and enjoying outdoor areas.

Consumers said they could navigate the service environment freely and they felt comfortable. Staff described how they assist consumers to mobilise. Floorplans and signage are displayed. Overall the service environment was clean and well-maintained. Staff were observed completing cleaning duties.

Furniture, fittings and equipment were observed to be safe, maintained and suitable. Staff described how maintenance is scheduled, and reactive maintenance occurs. Some cleanliness concerns and deficits in recording maintenance requests were addressed during the Site Audit.

# 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

Consumers and their representatives confirmed they are comfortable raising concerns and feedback with staff and management. Staff described how they support consumers to provide feedback and complaints. The service conducts surveys and holds meetings where consumers can give feedback. Information about internal and external feedback and complaints mechanisms was observed throughout the service, and secure lodgement boxes for feedback forms were available.

Consumers and their representatives were aware of external complaints and advocacy services. Posters and leaflets for relevant services were displayed in English and other languages. Staff described how they would support consumers to access language and advocacy services as needed.

Consumers and their representatives described how action was taken in relation to feedback and complaints, and an apology was given. Staff receive training in open disclosure and described how they apply it when things go wrong.

Feedback and complaints are recorded on a register, reviewed and monitored to identify trends. The service’s records reflect actions are taken in response to improve care and services, such as building garden beds and purchasing equipment.

# 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

Consumers and their representatives considered there were sufficient staff available to meet care needs. Call bell records reflected consumers are attended to promptly. The service has processes to support workforce planning, including to recruit staff and fill vacant shifts. Although staff considered they are sometimes short staffed, no major impact to the quality of care and services occurred.

Consumers and their representatives said staff treat consumers with kindness and dignity. Staff were observed assisting and supporting consumers in a kind and jovial manner.

The services has processes to ensure staff are competent and suitably qualified. Staff have position descriptions. Qualifications, registrations and credentials are monitored and updated before expiry.

Staff complete induction and ongoing training, and said they can access additional training as needed. Training completion is monitored via an online system, and records showed most staff have completed required training, with schedules in place for the remaining staff.

Staff performance is regularly assessed, monitored and reviewed in line with the service’s procedures. Staff described the performance appraisal process and records showed staff complete their performance reviews in a timely manner.

# 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

Consumers and their representatives confirmed they are engaged in development and evaluation of care and services, including through providing feedback and attending regular meetings. Some consumers are nominated as advocates to attend committee meetings. Staff described changes made in response to consumer feedback.

The service’s governing body meets monthly to monitor the service’s performance, using feedback, incident reports, internal audit results and complaints. Board meeting minutes reflected the governing body promotes safe and quality care.

The service has effective governance systems, with suitable processes for information management, workforce and financial governance. Continuous improvement is applied, and feedback and complaints are managed. Regulatory compliance occurs through regular communication with staff regarding legislative change.

The service has risk management systems that incorporate high impact and high prevalence risks, responding to abuse and neglect and incident management. Staff described how they report incidents, monitor for abuse and neglect and support consumers to live their best lives.

The service has a clinical governance framework to promote antimicrobial stewardship, minimise the use of restrictive practices and apply open disclosure. Staff were familiar with the service’s policies and described how they apply them in practice.

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