



Aged Care Quality and Safety Commission

Final Assessment report

Category 6

Renewal of registration audit



Westmont Aged Care Services Limited

Residential care home	Westmont Homestead
Residential care home ID	ARCH-02871
Audit dates	23/02/2026-20/03/2026
Assessment report date	20/04/2026

Acknowledgement of Country

The Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders past, present and emerging, and extend that respect to all Aboriginal and Torres Strait Islander peoples



Artwork by Chern'ee Sutton
proud Kalkadoon woman



1. Scope and approach

This audit was conducted as part of the Aged Care Quality and Safety Commission (Commission) audit methodology process. The scope of this audit was limited to the following Aged Care Quality Standards (Quality Standards):

- Quality Standard 1: The Individual
- Quality Standard 2: The Organisation
- Quality Standard 3: The Care and Services
- Quality Standard 4: The Environment
- Quality Standard 5: Clinical Care
- Quality Standard 6: Food and Nutrition
- Quality Standard 7: The Residential Community

The following information has been considered in preparing this final assessment report:

- the documents and records you submitted
- interviews with your management, governing body members and senior management, workers (employees, agency, subcontractors), and others
- observations of the residential care home environment and delivery of care and services as appropriate
- interviews with older people or their supporters
- information we have about you as an organisation or person and your residential care homes
- provider response to the preliminary assessment report received on 1 April 2026
- review of other materials as relevant.

This final assessment report is split into 2 sections:



- **executive summary:** this provides an overview of the auditee and audit, as well as findings at a Quality Standards level
- **detailed findings:** this provides the findings of the audit at an Outcome level, including evidence to support any non-conformance with the Quality Standards.

The findings in this report have been rated using the following rating scale:

Rating	Description
Conformance	The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and deliver person-centred quality care.
Minor non-conformance	<p>The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard, but some gaps are identified.</p> <p>Identified gaps are not systemic and do not present high risk. In this context:</p> <ul style="list-style-type: none"> • not systemic means the gap only affects a minor part of the whole system or process (relevant to the Outcome/Quality Standard) • do not present high risk means the gap does not present significant risks or immediate consequences to the health, safety and wellbeing of older people or workers.
Major non-conformance	<p>The provider has not demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and is likely to present significant risks to older people and workers.</p> <p>The provider needs to carry out significant actions to conform with an Outcome/Quality Standard and/or the identified risks posed to older people is high.</p>
Out of scope/ not applicable	The Quality Standard/Outcome is out of scope for the audit or not applicable to the provider due to the nature of services provided.



2. Executive summary

Westmont Aged Care Services operates a single Residential Aged Care Home as well as a Community Aged Care service. They operate in the regional Victorian town of Baranduda just outside the regional hub of Wodonga. The Residential Aged Care Home, Westmont Homestead and Cottages is a 134 bed service and is currently expanding capacity their memory support unit.

As part of this audit, the audit team conducted various evidence gathering activities to assess the provider's conformance with the Quality Standards. Evidence gathered included several interviews from provider and residential care home interviews.

- Number of governing body representatives interviewed: 3
- Number of senior management representatives interviewed: 8

Number of interviews conducted with the residential care home:

- Management: 6
- Workers: 7
- Older people: 8
- Supporters: 1

Experience of older person

Overall, older people are satisfied with the care and services provided by the service and its aged care workers. Older people stated they feel safe and included at the service and they find the service clean, tidy, and easy to access. Older people said they enjoy the meals and the dining experience. Older people expressed an ability to provide feedback or make complaints and that they can see the improvements that comes from these.



Experience of aged care worker

Aged care workers stated they felt supported at work, listened to, and have sufficient resources to deliver care and services. Aged care workers said they are supported in their roles and have sufficient training provided and equipment to perform their roles.



Audit ratings

Quality Standard	Audit rating
Quality Standard 1: The Individual	Conformance
Quality Standard 2: The Organisation	Conformance
Quality Standard 3: Care and Services	Major non-conformance
Quality Standard 4: The Environment	Conformance
Quality Standard 5: Clinical Care	Minor non-conformance
Quality Standard 6: Food and Nutrition	Conformance
Quality Standard 7: The Residential Community	Conformance

Overall, based on the evidence considered, the audit found that Westmont Aged Care can establish, implement, monitor and continuously improve governance arrangements, systems and processes for delivering safe and quality care. However, some gaps were identified in the provider's systems and processes. These gaps have been analysed and do not represent a breakdown in wider governance processes and are a result of a lack of specificity in policies and processes to support effective implementation and monitoring.

Across the Quality Standards audited, 34 Outcomes were rated as conformance. The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and deliver person-centred quality care.

Across the Quality Standards audited, 1 Outcome was rated as minor non-conformance. The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard, but some gaps are identified.



Identified gaps are not systemic and do not present high risk. In this context not systemic means the gap only affects a minor part of the whole system or process (relevant to the Outcome/Quality Standard) and the gap does not present significant risks or immediate consequences to the health, safety and wellbeing of older people or workers.

Across the Quality Standards audited, 1 Outcome was rated as major non-conformance. The provider has not demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and is likely to present significant risks to older people and workers.

The provider needs to carry out significant actions to conform with an Outcome/Quality Standard and/or the identified risks posed to older people is high.

Provider response and Assistant Director Audit assessment

The provider's response was received on 1 April 2026. The provider responded to each of the non-conformances identified in the preliminary assessment report. The provider did not dispute any of the 3 findings of non-conformance presented in the preliminary assessment report. The provider responded to each of the non-conformances and their response communicated several remediation actions which have been undertaken. In addition to their written response, the provider supplied supporting evidence to substantiate their response and continuous improvement actions.

This assessment report has been finalised incorporating the provider's response to the preliminary assessment report.

The Assistant Director Audit's assessment of the provider's response led to the Assistant Director Audit to re-rate Outcome 5.3: Safe and quality use of medicines from minor non-conformance to conformance.

The Assistant Director Audit's assessment of the provider's response confirmed the ratings of major non-conformance for Outcome 3.1: Assessment and planning and minor non-conformance for Outcome 5.5: Safety of clinical care services.