Whiddon Mudgee Pioneer

Performance Report

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**Commission ID:** 2453

**Provider name:** The Frank Whiddon Masonic Homes of New South Wales

**Assessment Contact - Site date:** 19 August 2020

**Date of Performance Report:** 25 September 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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 Contact - Site report received 16 September 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers interviewed considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Interviews with care staff, lifestyle staff and management identified staff know consumers’ needs and preferences regarding their dignity and privacy.

The one specific requirement that was assessed is assessed as Compliant. The Assessment Team did not assess all six requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

The Assessment Team found that consumer feedback, staff interviews, review of documentation and observations support that consumers privacy is respected and personal information is kept confidential. Most consumers interviewed felt they were treated with dignity and respect. Staff members advised that information such as care plans and progress notes are stored securely on the computer system and each staff member has their own password. Shift handovers are used to inform staff about any changes, and these are conducted in office areas to maintain security of the information. Staff interactions with consumers were observed throughout the performance assessment and was were noted to be respectful. Information relating to consumers was observed to be retained with lockable office areas and not on public display.

I am of the view that the approved provider complies with this requirement as they have demonstrated that consumers privacy is respected and personal information is kept confidential.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers sampled said that they feel like partners in the ongoing assessment and planning of their care and services.

For example

* Feedback about whether consumers or their representatives are informed of the outcomes of assessment and planning and have ready access to the care plan is mixed. Most consumers/representatives did not know what a care plan was however, consumers and or representatives interviewed articulated that they were kept informed of care and needs identified. Minutes of meetings indicate that the offer of a copy of the care plan should be offered to the consumer and or representative.
* Care plans are in place and care consultations occur however the currency of the care plan is not always evident, and assessments are not always completed to reflect the consumers changing care needs.

Management and staff described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being. However, review of documentation shows this process is not identifying and leading to the development of effective care and service plans. When risks emerge, including in relation to the risk associated with pain management and deterioration in wounds, this is not routinely escalated, investigated, re-assessed and appropriate action is not taken to prevent reoccurrence and further deterioration. This includes further meaningful review of the care and services plan.

The Assessment Team did not assess all the requirements in this Quality Standard.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non- compliant

*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.*

The Assessment Team found that the service has a range of policies and procedures to guide staff practice however, they are not consistently followed by staff. Consumers all have care plans however, they do not always address specific risks to consumer’s health and well-being. The service does not always demonstrate effective care planning in relation to falls, skin integrity, behaviour management and pain management. Of the sampled consumers most articulated their involvement in “what they wanted to do” though they may not have been able to identify the concept of what a care plan was.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. They report that they have included the deficits in standard 2 in their transition plan from one electronic case management system to another, which is to occur in early October. All consumers will have new clinical assessments and care plans. This will be supervised by the Quality team and a team of clinicians. Until then they will have the care plans updated in the current electronic case management system if any changed care needs arise. They did not dispute the finding of the team concerning this requirement.

I am of the view that the provider does not comply with this requirement as they have not demonstrated evidence of comprehensive assessment and planning that considers risk to the consumer’s health and well-being.

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment Team found that the service demonstrated that sampled consumers have their preferences in relation to advanced care planning and end of life wishes documented. However, in relation to other current care needs, these are not always identified or addressed. Care staff interviewed were all able to describe what is important to consumers in their care. They were able to describe when consumers wished to have showers, which consumers liked to be up early in the mornings and which consumers preferred meals in their room. They were also able to describe their individual privacy preferences. The care manager and the registered nurses were able to discuss their approach to having discussions with consumers about advance care planning and end of life care.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team and confirmed the deficits identified by the team. They report that they have included the deficits in standard 2 in their transition plan from one electronic case management system to another, which is to occur in early October. All consumers will have new clinical assessments and care plans. This will be supervised by the Quality team and a team of clinicians. Until then they will have the care plans updated in the current electronic case management system if any changed care needs arise. They did not dispute the finding of the team concerning this requirement.

I am of the view that while some assessment and planning address some areas associated with consumer’s needs, the approved provider does comply with this requirement as they do not demonstrate that assessment and planning address all of the consumers current needs goals and preferences.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

### To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Of consumers randomly sampled, all confirmed they get the care they need always or most of the time. Consumers reported feeling safe and confident they are receiving quality care.

For example:

* Consumers confirmed that they were happy with the care they received in relation to their daily needs with one consumer representative saying that the staff were very attentive and caring.
* One consumer representative stated that they feel very informed as to what is happening with their relative.

The service was not able to demonstrate that there had been improvements in the management of pain and wound management policy and procedures around the identification, photography and description of wounds.

The Assessment Team reviewed the clinical documentation relating to wound management and pain management during palliation. The service was unable to demonstrate effective management of consumers pain or those with a high prevalence risk of developing a pressure injury, or that their deterioration was always promptly identified or responded to in a timely manner.

The Assessment Team did not assess all the requirements in this Quality Standard.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found that consumer interviews, progress notes, care plans and other clinical documentation reviewed reflect that care delivered was in a respectful manner however, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. Deterioration or changes in condition have not always been identified and escalated for review for all consumers. Appropriate referrals to specialist services have not occurred within a timely manner.

The team also found that chemical restraint is managed appropriately at the service. However, with regards to pain management and wound/pressure area care management the service was not able to demonstrate strategies to address the concerns highlighted during the Site Audit on 29 October 2020 to 31 October 2019. Specifically, the service failed to identify the development of a pressure injury within the service and ongoing assessment of skin integrity, and that pain management during palliation did not address the ongoing needs of the consumer.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. While they provided additional information about one sampled consumer which was contrary to the observations made by the Assessment Team concerning skin integrity review, they did not provide information to confirm that all consumers sampled with skin integrity risks were appropriately managed at the time of the assessment, nor that pain management during palliation was appropriately managed. They also did not dispute the overall finding for this Requirement. They provided their plan for continuous improvement which records actions taken and planned following the assessment contact.

While the approved provider has undertaken improvements since the assessment contact and has more actions to complete to address the issues identified by the Assessment Team, I am of the view that the approved provider did not comply with this requirement at the time of the assessment, as it does not demonstrate that consumers get safe and effective personal and clinical care.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment team found that for sampled consumers high impact or high prevalence risks associated with their care such as the management of skin integrity have not been effectively managed. While staff interviewed were generally able to articulate and identify high prevalence risks to the consumers, the oversight of these were not always evident and the service’s documented guidance for staff was not always followed. This was apparent for risks associated with nutrition and hydration and bowel management. The team were of the view that risks associated with challenging behaviours, diabetes management and medication management are appropriately managed.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. They provided their plan for continuous improvement which records actions taken and planned to follow the assessment contact, to address the issues identified. They did not provide information about the sampled consumers which disputed the findings of the Assessment Team. I am satisfied that the information that the approved provider supplied shows they are monitoring risks associated with nutrition and hydration however I am not persuaded that it demonstrates that appropriate actions are taken in all cases where significant weight loss occurs. No contrary information to that of the team was provided about staff practices associated with bowel management not being consistent with their documented guidance for staff.

On balance and considering all information before me I am satisfied that while the approved provider appropriately manages some high impact and high prevalence risks associated with the care of consumers they do not comply with this requirement as they do not demonstrate that they effectively manage all high impact or high prevalence risk associated with the care of each consumer.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

Consumers confirmed they are supported to participate in their community within and outside the organisation’s service environment and can maintain social and personal relationships and to do things of interest to them. This included being able to undertake solo activities when they wished to do so.

The one specific requirement that was assessed has been assessed as Compliant. The Assessment Team did not assess all seven requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(c) Compliant

*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.*

The Assessment Team found that sampled consumers confirmed they are supported to participate in their community within and outside the service, to have social and personal relationships and to do things of interest to them. There is an activities program with a variety of programs to support consumers leisure interests and social needs. Visitors can visit the service. Risk assessments have been conducted on consumers going out on social visits, visits by the volunteer and attending the hairdresser to ensure the activities can continue and be undertaken safely. A review of care plans noted that specific information regarding consumers wishes was included in the care plan. The director care services advised consumers are being encouraged where possible to maintain links with the community. The diversional therapist advised that they undertake an interview with new consumers to discuss their interests in activities. This information is incorporated into the consumer’s care plan. The Assessment Team undertook a review of some of the completed survey forms and noted feedback was generally positive. The Assessment Team observed consumers involved in activities including group activities during the performance assessment.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that within the limits regarding the management of infection prevention, in relation to COVID-19, the service supports individuals participate in their community within the service and to go out of the service as they choose and enable some consumers to maintain links with community organisations such as disability services.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Management described how complaints are being now being documented, trended and analysed to improve care and services provided. Improvements have been made regarding complaints’ oversight and responsibilities since the change in ownership of the service effective from 1 July 2020.

The one specific requirement that was assessed is assessed as Compliant. The Assessment Team did not assess all four requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found that consumer feedback, interviews with management and review of feedback and complaints documentation show that action has been taken with the introduction of the new organisation’s management systems to facilitate the identification of trends occurring via complaints and act to resolve these issues. Consumers interviewed on this topic advised they did not have any concerns. Several consumers indicated that issues could also be discussed at the resident meetings. The director care services advised that with the change in ownership (effective 1 July 2020), the service is now using Whiddon management systems. Data regarding complaints, comments and compliments are now being entered into an electronic system. This system allocates issues under specific topics to assist with the analysis and identification of any specific trends which may be occurring. This enables information to be monitored by senior management as well as at a local or regional level. The director care services advised all incidents and complaints are reviewed by the risk and compliance team as well as the quality and compliance team. A monthly report is referred to the regional manager. Data on trends is also referred to the board for review. The director care services advised they have reviewed previous complaints raised by consumers and family members. Action has been taken and matters closed out.

I am of the view that the approved provider is compliant with this requirement as they review complaints and identify areas where care and services can be improved.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Consumers and representatives interviewed felt confident that staff are skilled enough to meet their care needs saying staff are good at their jobs and they provide appropriate care and services.

Some consumers and representatives interviewed said they believe there is not enough staff to provide adequate care as when a consumer requires two staff members to assist, it leaves others without assistance. One representative advised her mother soiled herself whilst waiting for staff to attend.

The service has a staff performance framework in place to assess, monitor and review the performance of staff members and are currently in transition. The service has halted the process of appraisals until the transition process is finalised at the end of 2020.

The Assessment Team did not assess all the requirements in this Quality Standard.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Assessment Team found that a review of records and feedback from consumers and representatives regarding consumer wait times for assistance, medication and toileting indicated that there may be insufficient number of staff to meet consumers’ needs. Review of rosters identified shift vacancies for care and registered staff. Some representatives interviewed said they believe there is not enough staff to provide adequate care. For example, when a consumer requires two staff members to assist, it leaves others without assistance. A review of the call bell report for 9 – 15 August 2020 indicates a potential lack of staffing. Staff, however, did not raise concerns regarding a lack of staff. One staff member advised there was ongoing recruitment and new staff have started, other staff interviewed said at times, there were too many staff on duty.

In their response the approved provider submitted information to address the issues raised by the Assessment Team. The approved provider acknowledged that there have been challenges with the roster. They opine that the difficult operating environment in a regional community compounded by COVID-19 precautions, restrictions and guidelines have impacted the roster. They described a consumer satisfaction survey which was completed in July 2020 which shows a high percentage of consumers who are satisfied when asked the question “do you get the care you need”. While a sampled consumer mentioned in the team’s report described lengthy delays for assistance, she also responded in the approved providers survey as highly satisfied. The service has previously identified staffing numbers as an area for improvement and have implemented an action plan to continue to address this requirement. They did not provide any information to support that this item has been closed out.

I am of the view that while the approved provider has made improvements in staffing levels since the site audit they still do not comply with this requirement as they do not demonstrate that they have a workforce with sufficient number who are deployed to enable the delivery and management of safe and quality care and services.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found that sampled consumers and representatives felt staff know what they are doing. Management advised they are assured only suitably skilled and competent members of staff are delivering care and services right from recruitment. They verify qualifications and onboarding is undertaken. The education program is transitioning to the Whiddon online suite of topics and onboarding processes. To ensure staff are competent and capable in their role, management observe staff and seek feedback from families, consumers and staff. The service also conducts on the spot competencies and toolbox talks when required. The requirements of the role are discussed with staff at interview and upon offer are provided position descriptions which they sign before commencement therefore starting with a complete understanding of their role. Management advised they manage the tracking of the competencies to ensure these are completed in a timely manner, and registrations for health practitioners are also regularly reviewed.

I am of the view that the approved provider complies with this requirement as they demonstrate that they provide a competency framework and asses staff competency and ensure that they have qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found that the service has a staff performance framework in place to assess, monitor and review the performance of staff members. However, they are currently in transition and have halted the process of appraisals until the transition is finalised at the end of 2020. Observations of staff practice and feedback from consumers and staff provide regular information on staff performance, and records demonstrate where issues occur, they are addressed.

I am of the view that the approved provider complies with this requirement as they demonstrate that they undertake regular assessment, monitoring and review of the performance of each member of the workforce.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

The approved provider must demonstrate that:

* policies and procedures to guide staff practice are consistently followed by staff;
* consumers all have care plans that consistently address specific risks to consumer’s health and well-being and
* effective care planning occurs in relation to falls, skin integrity, and pain management.

### 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.*

The approved provider must demonstrate that:

* care plans show consideration of consumers current needs for all aspects of personal and clinical care, not only end of life planning.

### 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.*

The approved provider must demonstrate that:

* staff practices are consistent with documented guidance for staff in the areas of skin integrity management, pain management and falls management.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The approved provider must demonstrate that:

* there is adequate oversight of the high impact high prevalence risks at the service; and
* appropriate actions are taken when pressure areas are identified, and significant unplanned weight loss occurs; and
* the service’s documented guidance for staff about bowel management is always followed.

### 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.*

The approved provider must demonstrate that:

* staffing levels increase to the point where consumers are not waiting for unacceptable periods of time to receive car and services;
* call bell response times evidence an acceptable wait time for care and services; and
* the roster demonstrates no vacant shifts