Whiddon Mudgee Pioneer

Performance Report

44-46 Court Street
MUDGEE NSW 2850
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**Commission ID:** 2453

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

**Assessment Contact - Site date:** 3 February 2021 to 4 February 2021

**Date of Performance Report:** 1 April 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 10 March 2021.

# STANDARD 2 NON-COMPLIANTOngoing 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.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed that they are involved in care planning.

While assessments and care plans have been updated and are completed, they do not always identify and address the specific risks to consumers health and well-being.

The Assessment Team found a gap in staff knowledge of the processes for assessment and planning and monitoring of clinical care delivery due to the resignation of a staff member who until recently undertook this role.

The Quality Standard is assessed as Non-compliant as one 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 care plans reviewed did not consistently evidence comprehensive assessment and planning that considered risks, and informed safe and effective care and services. Assessment and planning did not address effective wound management for a consumer who entered the service with wounds, or to manage a consumer’s risk of choking and use of psychotropic medication. Recent management resignation has led to a gap in staff knowledge of the processes for assessment and planning and monitoring of clinical care delivery. The Assessment Team found that consumer assessment and planning is not always easily accessible to inform safe and effective care and services due to the current transition to a new electronic care planning system.

The Approved Provider’s response identifies that the service has appointed a new clinical management position to assist in embedding care assessment, care plans and incident management systems across the service. While improvements are being undertaken these are still being embedded.

I find this requirement is Non-Compliant.

### Requirement 2(3)(b) 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 reviewed care documents which generally demonstrated assessment and planning identified and addressed consumer’s needs, goals and preferences. The service demonstrated improvements in care planning for consumers on end of life trajectories. Care documents for a consumer who recently passed away included advanced care planning and end of life planning, including end of life wishes. The service provided evidence that advanced care planning is included and discussed with consumers and representatives during the admission process.

I find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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.

The Assessment Team found overall most of the sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers interviewed confirmed that they get the care they need, and they have access to a doctor or other health professionals such as the physiotherapist when they need it.

The Assessment Team reviewed clinical documentation and identified gaps in the review of psychotropic medication use and wound management. The service was unable to demonstrate the effective management of high impact or high prevalent risks associated with the care of some consumers

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 some consumers did not consistently receive clinical care that was best practice, tailored to their needs, and optimises their health and well-being. The service has demonstrated improvements in the management of continence, pain, behaviours and skin care. However, the service did not demonstrate they are actively reviewing the use of psychotropic medication for a consumer. Care documentation reviewed and feedback from a consumer demonstrated the service’s wound management is not always best practice and tailored to the consumer’s needs, and staff are not always following the organisation’s wound management policy.

The Approved Provider in their response acknowledges improvements are still in progress. The Approved Provider has provided ongoing education to staff to support and develop their knowledge in provision of personal and clinical care.

I find this requirement is Non-Compliant.

### 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 the service did not demonstrate the effective management of high impact or high prevalent risks associated with the care of some consumers. The risk of falls was not managed effectively for one consumer and mobility recommendations from the physiotherapist were not followed by staff following a fall. The risk of choking was not managed effectively for one consumer including review and referral to assist in managing the risk. Monitoring of consumers weights is occurring however the service did not demonstrate they identified, reviewed or made changes as a result of ongoing weight loss for one consumer.

The Approved Provider acknowledges in their response improvements are still in progress. Review of consumer assessments are ongoing and care delivery is being monitored to by the clinical management team. At the time of the site visit these improvements were still ongoing.

I find this requirement is Non-Compliant.

# STANDARD 7 NON-COMPLIANTHuman 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.

Overall, sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers interviewed provided positive feedback regarding staff being kind and caring. They gave several examples where staff had sat and talked with them and had gone out of their way to help. Consumers said they felt staff were knowledgeable about their care needs and felt safe when staff had used equipment to assist them as they were being re-assured by the staff throughout the process.

However, staff interviewed identified examples of where staff shortages led to consumers not always getting safe and quality care and services. Analysis of staff rosters and allocation sheets indicates that the service continues to experience shortages of staff.

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 while consumers and representatives provided positive feedback regarding the sufficiency of staff at the service, care and nursing staff advised that there is not enough staff to attend to consumers personal preferences and care. Staff provided examples of not being able to shower consumers every day and not being able to effectively monitor consumers who are at risk of choking. The service’s allocation sheets reviewed by the Assessment Team demonstrated a significant number of unfilled shifts.

In their response, the Approved Provider identified that the service is adding an additional registered nurse shift and are continuing staff recruitment processes. The approved provider organisation is continuing to support the service and the service’s staff. These improvements were still in progress at the time of the site visit.

I find this requirement is Non-Compliant.

# 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:

* Care documents evidence assessment and planning that considers risks to the consumer’s health and well-being, and informs safe and effective care and services.
* The service has effective processes and policies to guide consumer assessment and planning, and staff are aware of these processes and policies.

### 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:

* All consumers get safe and effective personal care and clinical care that is best practice, tailored to their needs, and optimises their health and wellbeing.
* Chemical restraint of consumers is reviewed regularly with the intent to reduce or minimise the use if appropriate.
* Consumer wound management is best practice and in line with the organisation’s wound management policy.

### 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:

* The high impact or high prevalent risks associated with the care of each consumer are identified and managed effectively.
* The service manages consumers risk of falls effectively and interventions to manage the risk of falls are adhered to.
* The service refers consumers for review to health professionals to assist in managing identified risk, where appropriate.

### 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:

* The staffing at the service enables the delivery and management of safe and quality care and services.
* The service has effective processes in place to manage staff leave without compromising quality consumer care and services.