Performance

Report

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| Name: | The Whiddon Group - Casino |
| Commission ID: | 2722 |
| Address: | 11 Gitana Street, CASINO, New South Wales, 2470 |
| Activity type: | Site Audit |
| Activity date: | 23 January 2024 to 25 January 2024 |
| Performance report date: | 5 March 2024 |
| Service included in this assessment: | Provider: 769 The Frank Whiddon Masonic Homes of New South Wales  Service: 1079 The Whiddon Group - Casino |

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 The Whiddon Group - Casino (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* other information 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives confirmed their identity, culture, and diversity was respected, and staff treated them with dignity and respect, and made them feel valued. Staff knew consumers’ background and described ways they respected consumers’ culture and identity. Care planning documents detailed what was important to consumers to maintain their identity, culture and diversity. The service had written policies and training to guide staff in relation to dignity and respect, including a diversity policy.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural backgrounds and provided culturally safe care. Staff and management described having a profound understanding of each consumer’s identity, background, and culture, and ensuring their care was consistent with their culture and identity.

Consumers and representatives said they were supported make their own decisions about their care and services, choose who else was involved in their care, and make connections and maintain relationships, including intimate relationships. Care plans confirmed consumers’ choices regarding their care and services were respected, and they were supported to maintain important relationships, either inside or outside the service.

Consumers and representatives said the service supported consumers in choices involving risks to enable them to live the best life they could. Consumers and representatives said the service supported them to make informed decisions and give consent to risk management strategies. Staff were aware of consumers who took risks and supported their right to make independent informed choices to enhance their well-being. Care planning documentation demonstrated risks were identified and discussed with consumers and representatives using appropriate risk assessment and risk management methods.

Consumers and representatives said they received up to date information about care and services, activities, meals, ‘resident’ meetings and other events happening at the service. Staff described how they supported consumers to exercise informed choices by providing clear and current information in a form they could understand. Care documentation reflected consumers' preferred methods of communication, and clear and easy to understand information was available around the service.

Consumers and representatives said staff respected consumers’ privacy such as by knocking before entering their rooms and closing doors to deliver care. Staff said computers were password protected and shut down when not in use. Records were kept in locked nurses’ stations when staff were not in attendance. The service had documented protocols in place to protect consumers’ privacy and keep their personal information confidential.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were actively involved in developing consumers’ care plans to meet their preferences, goals, and needs, including addressing any risks to their health and well-being. Clinical staff described the comprehensive assessment and care planning processes which assessed risks to consumers’ health and well-being. Care planning documents showed effective assessment and care planning processes informed the delivery of safe and effective care and services. Written policies, procedures and tools guided staff in the assessment and care planning process.

Consumers and representatives said the assessment and care planning process captured consumers’ current needs, goals and preferences, and advance care and end-of-life plans. Staff and management demonstrated an understanding of consumers’ individual needs and preferences and described how they approached end of life and advance care planning conversations.

Consumers and representatives confirmed they were partners in the initial and ongoing assessment and planning of consumers’ care and services. Management and staff explained how they partnered with consumers, representatives and others, such as medical officers and allied health professionals, in the assessment and care planning process. Consumers' care planning documents reflected the involvement of consumers, representatives and others health service providers in the assessment and care planning process.

Consumers and representatives confirmed the service effectively communicated the outcomes of assessments, kept their care plans well documented and always offered them an updated copy. Clinical staff confirmed care and services were updated in consultation with consumers, representatives and other health professionals, and copies of care plans were provided, if the consumer wished.

Consumers and representatives said they were involved in the review of consumers’ care plans with staff, medical officers, and allied health professionals on both a regular basis and if there was a change in condition or an incident occurred. Staff and management said care plans were reviewed 3-monthly, or when there was a deterioration or care needs changed. Care planning documents showed reviews for effectiveness regularly, and review when circumstances changed, or when incidents occurred.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care, which met their needs and optimised their health and well-being. Staff knew consumers' needs and preferences for personal and clinical care, which were consistent with their documented care plans. Clinical documentation reflected best practice individualised care which met consumers' needs and preferences. The service had policies, procedures, and tools in place to guide staff in the delivery of safe and effective personal and clinical care.

Consumers and representatives felt high impact and high prevalence risks to consumers’ health and well-being were effectively managed by the service. Management and clinical staff outlined how they effectively managed the high-impact or high-prevalence risks associated with each consumer's care needs, such as falls, psychotropic medications, and specialised care needs. The service had written policies and procedures to guide staff in the identification and management of risks.

Consumers and representatives confirmed consumers’ current needs, goals, and preferences, and their end of life wishes, had been discussed with them. Staff understood consumers’ needs, goals and preferences, including their advance care and end of life instructions. Care planning documents demonstrated consumers and their chosen family members ensured the needs, goals and preferences of consumers were captured. Management and staff described how care delivery changed for consumers’ nearing end of life to maximise their dignity and comfort. The service had documented policies and procedures in relation to palliative and end of life care to guide staff practice.

Consumers and representatives said the service recognised and responded appropriately to deterioration or changes in consumers’ condition promptly. Management and staff confirmed policies, procedures and training guided them to recognise and respond to deterioration or change in consumers’ condition. Care planning documents demonstrated deterioration or change in consumers’ condition was recognised and responded to in a timely manner.

Consumers and representatives were satisfied with how the service communicated and documented information about consumers’ condition. Management and staff explained how they used shift handovers, progress notes, meetings and care plans, to record and communicate current information about consumer's condition, needs and preferences.

Consumers and representatives said the service had effective processes in place for the timely referral of consumers to appropriate other providers of health care services. Management and care plans confirmed the service had suitable referral processes in place to access other services, such as speech pathologists, podiatrists, optometrists, dentists, and behaviour management specialists.

Consumers and representatives said staff took appropriate measures to prevent and control infection, and they were happy with the service’s management of COVID-19. Staff demonstrated an understanding of infection prevention and control measures and steps they could take to minimise the need for antibiotics. The service had 2 infection prevention and control leads and had written policies and procedures to guide staff in the areas of antimicrobial stewardship and infection prevention and control.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective services and supports for daily living that met their needs, goals and preferences. Staff knew what was important to specific consumers and what support they needed to maintain their independence and quality of life. Care planning documents recorded what was important to consumers, and the supports needed to optimise their quality of life, health, well-being, and independence.

Consumers and representatives said the service supported their emotional, spiritual and psychological needs. Staff described how they supported consumers’ emotional, spiritual and psychological needs, such as by providing satisfying activities, religious services and spending one-on-one time with them. Care planning documents contained information about consumers’ emotional, spiritual and psychological well-being and how staff could best support them. Staff were observed sitting and talking with consumers in a friendly and supportive manner.

Consumers and representatives said they were supported to maintain important relationships, do things of interest and participate in their community. Staff described how they supported consumers to participate in activities and events they wished to both inside and outside the service and make and maintain social relationships. Care planning documents detailed each consumers’ lifestyle needs and interests and identified the people important to them.

Consumers and representatives said current information about consumers’ needs and preferences for daily living was effectively communicated between staff and others involved in providing support. Staff said they received daily updates on consumers’ needs through shift handovers, accessing the electronic care management system and staff briefings. Care plans recorded consumers’ current condition, and their lifestyle needs and preferences.

Consumers and representatives confirmed the service provided timely and appropriate referrals to external providers of services and supports for daily living. Staff said the lifestyle assessment for each consumer identifies other providers of services and supports that the consumer could access.

Consumers and representatives expressed satisfaction with the variety, quality, quantity and temperature of meals provided. Consumers said they could ask for an alternative meal from the 24-hour dining menu, if they preferred. Staff knew individual consumer’s dietary needs and preferences, and this was consistent with their documented care plans. The menu was displayed on the dining room notice boards and staff were observed assisting consumers with their meals and offering choices.

Consumers and representatives said the equipment provided was safe, clean and they knew how to report maintenance issues. Maintenance staff described how maintenance requests were logged, prioritised and signed off when completed. Maintenance logs showed reactive and preventative maintenance was up to date with no outstanding items. Equipment appeared to be safe, suitable, clean, and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives felt comfortable and at home in the service. Consumers said they could personalise their rooms and navigate easily through the service which featured wide, well-lit corridors, handrails and clear signage. Management and staff explained how they made consumers and visitors feel welcome and described features of the service that optimised consumers’ independence, interaction and function.

Consumers and representatives said the service was kept clean, well-maintained, and they could move freely around the service, both inside and outside. Cleaning and maintenance staff explained the documented schedules they worked to, which were all up to date. Staff described the process for documenting and reporting maintenance issues. Consumers and visitors were observed moving freely throughout the service and enjoying different inside and outside areas.

Consumers and representatives said the furniture, fittings and equipment was suitable, safe, clean and clean well-maintained. Management and staff explained how the furniture, fittings and equipment were assessed for suitability and kept clean and serviced. The reactive maintenance log was up to date. The furniture, fittings and equipment were observed to be safe, clean and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said the service encouraged them to provide feedback and make complaints. Management and staff explained various ways they supported consumers and representatives to provide feedback and make complaints, such as completing feedback forms, speaking to staff and management, or raising issues at resident meetings. The service’s complaints policy and procedures and other documentation demonstrated how the service encouraged feedback and addressed complaints appropriately.

Consumers and representatives were aware of alternative ways to raise a complaint, such as contacting the Commission, or seeking help through staff, family members or external advocacy services. Management and staff were aware of internal and external complaint avenues and language and advocacy services, and described how they supported consumers to access these services. The resident handbook and communal areas had information for consumers regarding making complaints, interpreter and advocacy services.

Consumers and representatives praised the effective and timely way staff and management responded to complaints and incidents, including providing an apology. Management and staff provided an outline of the procedures for responding to complaints, which was consistent with procedural documentation. Staff confirmed they received training on handling complaints and were well-versed in use of open disclosure. The complaints and feedback register showed complaints had been followed up in a timely manner using open disclosure.

Consumers and representatives were confident the service used feedback and complaints to make improvements to the service. Management and staff explained how feedback and complaints were investigated and used to inform continuous improvements to the care and services provided. The complaints and feedback register indicated the organisation's performance in managing complaints was regularly evaluated and potential areas for continuous improvement were identified.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said although staff were busy, they received the care and services they required in an unrushed and timely manner. Staff said there was enough staff, and they could deliver the necessary care in a timely manner. Management explained the workforce planning arrangements and how the number and mix of rostered staff was working well and met the regulatory requirements for nursing and care minutes. Rosters confirmed all vacant shifts were filled by a mix of service and agency staff. Call bell wait times were within the service’s acceptable timeframe with over 90% answered within 8 minutes and call bells over 12 minutes investigated by management.

Consumers and representatives said staff were kind, respectful and caring when providing care. Staff knew consumers personally and understood their background, identity, needs and preferences. Staff were observed treating consumers and representatives with kindness and respect. The service had written policies, procedures and training to guide staff in supporting consumers’ identity, culture and diversity.

Consumers and representatives said staff were capable and had the knowledge to provide the care and support they required. Management described how they ensured all staff had the required knowledge, qualifications, registrations and security checks for their roles. Staff said they received orientation and were well trained and supported by management. Position descriptions and duty lists set out the responsibilities and duties for each role.

Consumers and representatives considered staff had the appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training, completing core competencies, and said they felt comfortable requesting additional training to enhance their performance. Records confirmed mandatory training was completed within the required timeframes.

Consumer and representatives expressed satisfaction with the quality and performance of staff. Management described how they continuously monitored and assessed the performance of staff through team meetings, feedback processes, observations, and consumer feedback Management and staff described the formal performance review process and gave examples of reviews completed. Staff confirmed participating in annual performance reviews while some staff said they were still to complete their 2023 appraisal.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives considered the service to be well run and they had multiple opportunities to inform the design, delivery, and evaluation of care and services. Management explained how consumers and representatives were encouraged to provide feedback and participate in meetings, and their input resulted in changes at the service.

Consumers and representatives said the service provided a safe and inclusive environment providing quality care and services. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. The leadership team and Board ensured the systems and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks and incidents were identified, managed and reported on regularly.

The service’s clinical governance framework included policies promoting antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and staff were aware of the clinical governance framework and said they were supported by a range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices and open disclosure.

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)