Performance

Report

**1800 951 822**

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| Name: | The Whiddon Group - Glenfield |
| Commission ID: | 2135 |
| Address: | 81 Belmont Road, GLENFIELD, New South Wales, 2167 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 August 2024 |
| Performance report date: | 18 September 2024 |
| Service included in this assessment: | Provider: 769 The Frank Whiddon Masonic Homes of New South Wales  Service: 669 The Whiddon Group - Glenfield |

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 - Glenfield (**the service**) has been prepared by G Cherry, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* Performance Report dated 25 October 2023
* Notice of Direction to revise Plan for Continuous Improvement dated 30 October 2023
* Performance Report dated 23 May 2024

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |

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.

# Other relevant matters:

The Whiddon Group, Glenfield (the service) is located in southwest Sydney, New South Wales and is part of the Whiddon Group, a not-for-profit provider of aged care services, community services and retirement villages in New South Wales and Queensland.

# 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 |

Findings

A decision of non-compliance made on 23 May 2024 followed an assessment contact on 26 March 2024, related to restrictive practice use, behaviour support plan (BSP) directives not being followed by staff, and non-pharmaceutical interventions being trialled prior to administration of psychotropic medication. At an assessment contact on 20 August 2024 the provider supplied a current/ongoing plan for continuous improvement (PCI), detailing improvement strategies and progress to address the identified non-compliance including provision of staff education regarding management of changed behaviours/BSPs, pain assessment/management, review of psychotropic medication to ensure correct information/authorisations, upgrade of electronic care management system (ECMS) to improve visibility/documentation of information/strategies in BSPs, and regular monitoring/audits conducted by management to ensure staff adherence/compliance.

The service demonstrates consumers receive safe, effective personal and clinical care, in relation to minimising use of psychotropic medications, restrictive practices, pain management, falls prevention/management, skin/wound care and complex care delivery. Interviewed consumers/representatives’ express satisfaction with care, examples include complex care, pain and falls management, knowledge of psychotropic medication, plus referral to specialists when required. Representatives’ express satisfaction of notification when concerns, changes or incidents occur. Personal care monitoring records are maintained. Consumers requiring specialised nursing care (catheter and stoma care) have documents to provide information/guidance to staff relating to management and equipment maintenance/replacement. Review of documents demonstrate monitoring and maintenance as per recommendations/care directives, plus photographic evidence. Review of documents and care provision relating to restrictive practice and BSPs align with individual directives and principles of best practice. Review of 5 files detail restrictive practice authorisations are regularly reviewed for currency/accuracy and demonstrate use of non-pharmacological intervention prior to use of psychotropic medication. Behaviour triggers are recorded to monitor frequency, identify trends, and assess effectiveness of strategies. BSP’s document triggers of behaviours/individual strategies as recommended by Dementia Support Australia (DSA) and/or geriatrician. Monitoring charts for behaviour, pain and vital observations are completed when changed behaviour occurs and used to inform effectiveness of care. Interviewed care staff advise receipt of dementia training/behaviour management plus strategies for consumers displaying resistance to care, and/or demonstrating confused/changed behaviour. Staff demonstrate awareness of individualised strategies and gave examples of positive consumer outcomes. The assessment team reviewed evidence of regular assessment regarding pain, including prior to wound dressings being attended. Pain is noted as a potential trigger for changed behaviour and interventions include non-pharmaceutical strategies such as pressure reliving equipment, repositioning, massage, prior to administration of medication. Policies/procedures guide staff practice regarding falls risk assessments, prevention and post incident management/monitoring. Consumers experiencing falls are reviewed by medical officers and physiotherapist where necessary. Post fall observations are attended as directives and prevention strategies are reviewed by Management and physiotherapist to ensure effectiveness. Incident documents detail appropriate assessment/management, plus escalation including hospital transfer when required. Care and registered staff describe processes regarding falls prevention/management.

Risk assessments identify risk of pressure injury/reduced skin integrity. Interventions to address/reduce risk are recorded and staff described methods of supporting consumers’ skin integrity. A review of documents demonstrates wound recording consistent/aligned to organisational requirements. Wound photograph is regularly conducted, use of a measuring device to determine progress and individual wounds separately documented via a wound management plan. Registered nurses attend wound care including pain monitoring during and post care. Staff demonstrate individually tailored best practice care, plus referrals to wound nurse practitioner and/or specialist as required. The assessment team reviewed care plan documents for 5 consumers regarding pressure injury/wound care, detailing timely progression/healing and positive outcomes.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)