

**Performance Report**

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**Name of service: Service address:**

**Commission ID: Approved provider: Activity type: Activity date:**

**Performance report date:**

The Whiddon Group - Glenfield

81 Belmont Road GLENFIELD NSW 2167

2135

The Frank Whiddon Masonic Homes of New South Wales Assessment Contact - Site

6 September 2023 to 8 September 2023

25 October 2023

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 Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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 - 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 team’s report received 3 October 2023.

# Assessment summary

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| **Standard 2 Ongoing assessment and planning with consumers** | **Not applicable as not all requirements have been assessed** |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 3(3)(a)

* Each consumer gets safe and effective personal care and clinical care that is: best practice; and is tailored to their needs; and optimises their health and well-being, particularly in the areas of pain management and the use of restrictive practices.

# 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 |

**Findings**

Consumers and representatives interviewed said they are satisfied care is planned well and meets the needs of consumers. The organisation has a process for initial and ongoing assessment and planning for the needs, goals and preferences of consumers which includes the assessment of risks to the health and well-being of consumers. Staff were able to describe the risks for consumers and how managed. For consumers sampled, the assessments and care plans reviewed included information about risks to consumer health and well-being to inform safe and effective care and services.

The Approved Provider did not provide a response to this section of the Assessment Team’s report.

Based on the findings of the Assessment Team I find Requirement 2(3)(a) Compliant.

# 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. | Non-compliant |

**Findings**

Overall consumers and their representatives interviewed confirmed they are satisfied that consumers are receiving safe and effective personal and clinical care. However, the Assessment Team identified deficiencies in the management of pain, behaviours, the use of psychotropic medication, and the use of restrictive practices.

A review of the care and services documentation for one consumer requiring pain management showed it was not being appropriately delivered. Detailed pain assessments were not always undertaken when required. Pain assessments conducted did not adequately record or describe the area or site where pain was being experienced making it difficult to assess the cause of the pain. Furthermore, there was evidence of insufficient monitoring of the effectiveness of medication provided as this information was either not recorded every time or the assessment of same performed much later than desirable. On several occasions the analgesic medication given has been noted to have a minimal affect but there was no evidence of review and ongoing assessment of the consumer. Neither was their evidence of consideration of referral to the consumer’s General Practitioner or another service/professional for pain management despite the frequency that ‘as required’ (prn) medication was being given and that it was not always effective. Furthermore, the consumer has complex health needs and an assessment had not been considered or conducted to look at the relationship between the consumer’s pain and their behaviour. Entries in the consumer’s behaviour chart completed by care staff were harsh and unsupportive and did not align with providing the consumer with safe and effective care that met their needs.

In their response to the Assessment Team’s report the Approved Provider disagreed with the Assessment Teams findings regarding how the consumer’s pain management was being managed but acknowledged the harsh comments made by staff in the consumer’s documentation stating there was ‘room for improvement’. The Approved Provider stated there has been ‘multiple meetings with the Allied Health Team regarding the consumer’s medications and behaviours’ but provided no further details to support this claim.

From the information provided in the Assessment Teams’ report and the Approved Provider’s response to that report, the service has multiple electronic systems for recording information about the use of psychotropic medications. There is also a paper based psychotropic drug register. This has led to discrepancies in the information held in the various places. In their response, the Approved Provider stated they are implementing a new system to manage this issue. This is strongly encouraged. Information reviewed by the Assessment team suggested that the service does not have easily accessible information to monitor psychotropic medication being prescribed and the diagnosis. The Assessment Team found 76% of all consumers are receiving psychotropic medication. A review of information held for consumers receiving psychotropic medication demonstrated some medication authorisations did not include a

supporting diagnosis for the use of psychotropic medication and consideration had not been given as to whether these medications were being used as a chemical restraint. For example, the use of benzodiazepine for the treatment of anxiety. Anxiety is not a diagnosis but is a symptom of a disease or disorder.

With regard to restrictive practices, whilst on site, the Assessment Team were informed by staff that they were physically restraining a consumer during personal hygiene. This form of restraint had not been consented to by the consumer or their representative and was not documented in their behaviour support plan. The Assessment Team informed Management immediately of their concerns and were told they would investigate. In their response to the Assessment Team’s report the Approved Provider stating that they had conducted an internal investigation. This investigation entailed searching the consumer’s care documentation to reveal if this practice was being recorded by staff. Having established that this information was not being recorded in the consumer’s care documentation by staff the Approved Provider concluded that this practice was not occurring. No other evidence was provided by the Approved Provider to support this conclusion. I am of the view that the investigation conducted by the Approved Provider is most inadequate for managing the potential use of restrictive practice. Neither does it support the consumer’s right to safe and effective personal care that is best practice and optimises their health and well-being.

Having considered the information before me, I find Requirement 3(3)(a) Non-Compliant.