Performance

Report

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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 26 March 2024 |
| Performance report date: | 23 May 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 Therese Solomon, 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.
* the provider’s response to the assessment team’s report received 16 April 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not 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)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being.
* Ensure staff consistently consider triggers for changed behaviours displayed by consumers, prior to administering chemical restraint medication.
* Ensure staff consistently review behaviour support plans to utilise strategies to effectively manage changing behaviours.

# 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. | Not Compliant |

Findings

Requirement 3(3)(a) was found Non-compliant following an Assessment Contact completed on 6 September to 8 September 2023, specifically related to deficits identified in management of restrictive practices, behaviour support, and pain management. The service implemented a plan for continuous improvement containing actions and initiatives in response to the non-compliance including staff education relating to falls, pain management and behaviour support plans, increased monitoring and identification of high-risk consumers, review of assessments to ensure information is current and correct, and the engagement of a nurse practitioner to complete and review the psychotropic self-assessment tool at the beginning of each month.

During the Assessment Contact conducted on 26 March 2024 the Assessment Team found the service did not consistently demonstrate consumers get safe, effective personal and clinical care, which is tailored to their needs and preferences and is best practice, specifically related to restrictive practices.

In relation to skin integrity, assessments are conducted initially and when consumer needs change. The service provides interventions to support skin integrity. Wound care is provided by clinical staff, and clinical staff were knowledgeable in wound management procedures and the escalation of wounds when required. Documented treatment plans were followed, and if a consumer has multiple wounds, each wound was documented on a separate chart and had an individualised treatment plan. Staff were knowledgeable about consumers skin integrity and wound care needs.

Consumers and/or representatives gave positive feedback about staff interaction and communication on consumer personal care. Consumers and/or representatives reported they achieved a positive resolution from the service in relation to concerns they raised regarding the delivery of personal care in the last six months. Staff demonstrated an understanding of consumer preferences, and care provided aligned with each consumer's care plan.

The service has policies and procedures to guide staff in the management of diabetes, weight loss and nutrition and hydration. Consumer files show consumers have individualised diabetes management plans to guide staff. Care and clinical staff caring for consumers understood the individual plans and were aware of their responsibilities relevant to their role.

Clinical and care staff showed an understanding of identifying unplanned weight loss and the response and escalation processes. Consumer files, records demonstrate the service is effectively monitoring the weight of consumers and identifying changes, escalating concerns, and implementing strategies to assist in the management of consumers’ nutrition and hydration.

Pain management is being managed effectively with regular pain assessment, monitoring and interventions including both pain medications and non-pharmacological interventions being used. Assessment tools for both verbal and non-verbal pain assessment are in use. Consumers are regularly reviewed by the clinical and care staff, medical officer, and physiotherapist to ensure effective pain management. Documentation shows staff are checking consumer’s pain, effectiveness of interventions and concerns are escalated for further review.

Consumers who are assessed as a high falls risk, or have had multiple falls, have current fall management plans with interventions including physiotherapy and medical officer reviews and individualised falls management strategies.

While all other areas of personal care and clinical care of consumers in the service have been safe, effective, best practice, tailored to their needs and optimises their health and well-being, the service did not demonstrate that behaviours and the use of chemical restraints are managed effectively. Identified triggers for consumers’ behaviours are not always considered, and when consumers exhibit changed behaviours, staff do not consistently use non-pharmacological strategies and do not follow the consumer’s behaviour support plan prior to the use of as required chemical restraint medication.

The Assessment Team identified recent occasions where consumers were administered as required chemical restraint medication in response to changed behaviour without evidence to show that the non-pharmacological strategies outlined in their behaviour support plans were being trialled first.

While the Assessment Team noted consumers and representatives expressed satisfaction with their care and services, deficiencies regarding behaviour management and the appropriate use of restrictive practices were identified.

The Approved Provider responded with additional documentation to evidence compliance with the Requirement. The Approved Provider also provided a plan for continuous improvement containing actions to address the non-compliance, including discussions held with electronic care management system provider to address identified deficiencies in documentation, provide effective documentation education and training to staff, provide training to staff on pain assessments, issue registered staff with the Approved Provider’s internal Code of Conduct, and review and update of consumer assessments and care-plans.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Assessment Contact report including following up with all consumers named in the report. This requirement requires that each consumer receives safe and effective care and services, that is best practice, tailored to their needs and optimises their health and well-being. The service has not demonstrated that all consumers receive safe and effective care and services, that is best practice, tailored to their needs and optimises their health and well-being in relation to restrictive practices, and the response submission acknowledged these examples. Therefore, it is my decision requirement 3(3)(a) is Non-compliant.

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)