Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | The Whiddon Group - Glenfield - Arthur Webb |
| Service address: | 81 Belmont Road GLENFIELD NSW 2167 |
| Commission ID: | 0242 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 22 November 2022 |

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 - Arthur Webb (**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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider did not submit a response to the assessment team’s report.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 6 of 6 specific requirements have been assessed as Compliant.

The service demonstrated effective systems regarding recognising, respecting and valuing consumer’s individuality, identity, culture and diversity. Overall, sampled consumers/representatives consider consumers are treated with dignity and respect, encouraged to maintain their identity and supported to make informed decisions about care and services and gave several examples of how this is occurs. Staff were observed treating consumers with dignity and respect, demonstrating an understanding of consumers’ individual choice/preferences and gave examples of how they ensure privacy and dignity is maintained in care provision. Care planning documentation reflects consumers needs and preferences.

Sampled consumers consider staff respect their culture, values and diversity, expressing satisfaction of how culture influences care delivery, participating in activities, spiritual needs and meal choice. Staff demonstrated knowledge of consumer’s life journey and the impact of this on their individual needs; care planning documentation reflects consumers’ cultural needs and preferences.

The service demonstrated how consumers are supported to exercise choice and maintain independence through decision making. Consumers expressed satisfaction they are supported to choose who is involved in their care, how to communicate their decisions, make connections with others and maintain relationships of choice.

Consumers and representatives consider consumers are supported to take risks and live their best life; noting discussions occurred to ensure their knowledge of risk benefits and possible harm. Staff described individual consumers choice and support to ensure their involvement in strategies/solutions in risk minimisation.

Effective systems to provide consumers with current information and ensure confidentiality is evident. Sampled consumers/representatives consider they receive up to date information about activities, meals, and other events and expressed satisfaction information is provided to make informed choices. Posters/flyers of upcoming activities were on display. Documented information relating to feedback/complaints, continuous improvement, activities and changes to the service is regularly provided to consumers.

Consumers expressed confidence information is kept in a confidential manner and staff described mechanisms utilised to maintain consumer’s privacy in care provision. Staff were observed respecting consumers’ personal space/privacy, including password protection when accessing electronic documentation. Organisational policy and procedures guide staff in relation to this Quality Standard.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

The service’s care planning system contains assessments (including risk-based assessments) linked to care planning documentation to guide care provision. Overall, sampled consumers and representatives expressed satisfaction of involvement in assessment and care planning, including advance care planning and end of life choices. Management and staff described assessment and care planning processes and how consumers and/or their nominated representative are involved. Consumer/representatives consider they are involved when incidents occur and/or consumers’ needs change and staff explain care needs/outcomes and risks relating to individual choice.

Documentation detailed assessment and care planning relevant to individual consumer needs, including risk assessments and directives for risk mitigation to inform delivery of safe/effective care and services. Identified strategies were known to staff and observed in place.

The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and/or their representatives and care plans are readily available. Overall, the service demonstrates a partnership approach with consumers and/or representatives and other health care providers in assessment and care planning. Most consumers and representatives consider they are included and informed in the outcomes of assessment and care and services planning, they have access to care plan documentation and medical officers, specialists and other health professionals are included in this process. Staff demonstrate knowledge of their responsibilities and documentation reflects involvement by consumers, representatives, medical officers, specialists and other allied health professionals. An electronic documentation system generates care plans; copies of which were observed in consumer rooms and readily available to consumers and representatives.

Clinical staff described initial and ongoing assessment and planning and regular review processes, including when consumers’ circumstances change, following an incident or decline in health and end of life planning. However, the assessment noted some care planning goals/preferences are generic and not consistently tailored to consumers individual needs. Comprehensive review of care and services is conducted for effectiveness when circumstances change, or incidents occur impacting on consumer needs, goals or preferences of consumers. Documentation guides clinical staff in the process of review and organisational policy and procedures are available to guide staff in relation to this Quality Standard.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

Sampled consumers and representatives expressed satisfaction consumers receive required clinical care. Consumers and representatives consider management and staff provide regular communication with updates. Representatives expressed confidence end of life care maximising consumers comfort, dignity and respect would occur, and staff gave an example of palliative care provided. Consumers and representatives expressed positive feedback in relation to deterioration and responsiveness and consumers have access to medical practitioners and other professionals and specialists as required. Consumers and representatives consider consumers’ needs and preferences are effectively communicated to those involved in care delivery.

Documentation indicates responsiveness to changes in consumers’ health and well-being with identification, monitoring and appropriate care, when changes occur. Consumer care documentation demonstrated effective systems to identify, monitor and manage complex care needs such as pain management, unplanned weight loss, falls management, catheter management and restrictive practices if required. Care and services documentation for consumers receiving end of life care demonstrated guidance pathways to ensure appropriate care provision including maximising comfort and maintaining dignity. Representatives provided positive feedback and staff demonstrated knowledge of managing care for consumers nearing end of life including practical methods to ensure comfort is maximised.

Staff and management described the high impact and high prevalence risks for consumers, including falls, medication management, weight loss and behaviours and risks associated with diagnoses or decline. A high-risk register contains relevant information regarding high impact/high prevalence risks, for example falls risks, anticoagulant and cytotoxic medications. Staff described knowledge of management processes including escalating concerns when consumers experience a change in condition, including general practitioner review.

The service demonstrated information about consumer’s condition, needs and preferences is documented and communicated with those where responsibility for care is shared. Care and service documentation evidenced effective communication/transfer of information. Consumers/representatives expressed positive feedback regarding communication of consumer’s needs and observation of staff discussions demonstrated effective processes. An electronic handover system transfers comprehensive consumer information between staff.

A suite of policies/procedures guides staff relating to infection control management and antimicrobial stewardship; including links to external organisations and best practice guidance. While staff describe strategies to minimise infection and demonstrated understanding of antimicrobial stewardship, some were observed not consistently wearing personal protective equipment; however, the management team immediately addressed this deficit. Documentation detailed appropriate intervention for infection prevention and/or management. Consumers and representatives provided positive feedback regarding management of infections.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

Consumers and representatives consider consumers are supported to engage in activities of interest, within the service and the wider community. They are satisfied lifestyle activity programs meet consumers’ needs/preferences, and other individuals/external organisations are engaged to support consumers. They are supported to pursue individual interests, maintain personal/social relationships, remain in contact with those of importance, providing examples of how the service supports independence, well-being and quality of life.

Consumers consider their emotional, social, spiritual and psychological needs are appropriately met by staff and external sources. Consumers expressed positive feedback relating to meals and staff having knowledge of their individual dietary needs. Consumers were observed engaged in meal service and participating in individual and group programs with others (including staff).

Documentation detailed consumer’s needs and preferences are effectively communicated with all who provide services/supports, and timely/appropriate referrals are made to other providers of care and services. Documentation includes spiritual, emotional and psychological, dietary preferences/needs; life history/cultural/personal choice of lifestyle interests.

Staff demonstrated knowledge of consumer’s needs, activities of choice and how consumers have input into the lifestyle program. Staff gave examples of supports to promote emotional, spiritual and psychological wellbeing, contact with those of importance; and how consumers are supported to attend activities with external provider/volunteer involvement. Programs are available for consumers who prefer individual activities rather than group programs and for those living with visual deficits.

The service demonstrated equipment is safe, suitable, clean, and well maintained and staff described the process for pro-active and reactive maintenance programs. Consumers and representatives expressed satisfaction with the suitability and cleanliness of equipment provided.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 3 of 3 specific requirements have been assessed as Compliant.

Overall, sampled consumers and representatives consider the environment to be safe, clean and well-maintained, with several indoor/outdoor private and communal areas accessible to engage with others. They consider the environment to be welcoming/home-like, easy to navigate, expressed enjoyment of garden areas and satisfaction of resources and equipment. Consumers were observed accessing multiple areas, including outside gardening/recreational areas and independently moving between internal/outdoor areas. They expressed satisfaction furniture, fittings and equipment are safe, clean, well maintained and meet their needs.

The assessment team observed a safe living environment, several indoor and shaded outdoor communal areas and signage to support wayfinding.

Management described dining room renovations resulted in a more homelife environment enabling consumers to observe cooking processes; and consumers were observed interacting with the chef and kitchen staff during meal service. Staff explained the systems for cleaning and preventative/reactionary maintenance of furniture, fittings, and equipment. The assessment team observed most furniture, fittings and equipment appeared safe, clean, well maintained and suitable for consumer use. Monitoring activities ensure ongoing satisfaction with cleaning and maintenance processes.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 4 of 4 specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider they are supported to give feedback/complaints, and a timely response received. Consumers expressed confidence they could safely provide feedback and familiarity with methods of doing so, including external organisations and advocacy/language support available. Consumers consider they are supported to participate in meetings, advised of other feedback forums and gave examples of responses received when communicating feedback. Consumers/representatives expressed satisfaction feedback is used to improve services and gave examples of recent outcomes.

The service demonstrate action taken in response to complaints, including an open disclosure process when things go wrong. Documentation detailed recording of complaints including actions and follow-up processes. Information relating to advocacy, language services and external processes is provided to consumers/representatives and on display throughout the service. Staff gave examples of how they respond when approached by consumers/representatives, including escalating issues to management and gave examples of external processes/resources such as language/interpreter services. Some staff described the processes of open disclosure and complaints management, including consulting with management if need be.

Management and staff provided examples of recent improvements resulting from consumer feedback and demonstrated significant reduction in nocturnal behaviours and sleeplessness resulting from implementing a 24hour menu. Monitoring processes ensure feedback is actioned in a timely manner, trends identified, and follow-up communication generally occurs to ensure ongoing satisfaction.

Organisational policy/procedural documentation guide staff relating to this Quality Standard.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Sampled consumers consider they receive care and services from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind and respectful when providing care, understand their needs, they feel safe when being assisted and consider staff have skills to meet their needs. They commented on staff busyness, however noted minimal impact on response times and care delivery.

Staff were observed responding to consumers requests for assistance in a timely manner, offering privacy when delivering care, actively interacting with consumers during meal delivery those consumers living with impaired cognitive ability. Staff made reference to consumers in a respectful manner and interactions were observed to be kind, calm and respectful. Staff consider while they are busy there are enough numbers of staff to deliver care and services and generally a process for replacement of unplanned leave. Staff said they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. Staff gave examples of mandatory training and additional training provided and general knowledge of the performance review process.

Systems and processes ensure recruitment, appropriate qualifications and staff competency to deliver safe, effective quality care and services. Management demonstrated the process for ensuring workforce sufficiency, requirements for qualifications specific to each role and knowledge to effectively perform required duties. Orientation, initial and ongoing training are provided in relation to processes/expectations, consumer cohort, core competencies and capabilities required for differing roles. Management provided examples of how staff competency, training needs and professional registrations are monitored for currency/suitability to the role. Clinical staff demonstrated the process for monitoring staff practices and/or requesting additional education/training when needs are identified.

There are systems for regular assessment, monitoring and review of staff performance and rectification processes when/if deficits are identified. Consumers are involved in the process of staff performance and encouraged to provide feedback. Education and training records demonstrate training topics provided to staff and the process for monitoring attendance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Several mechanisms support consumers and representatives to provide feedback and engagement in improvement processes. Most sampled consumers/representatives consider the organisation is well run, they are encouraged to partner in improvement of care/services and management and staff are responsive to feedback. Management team demonstrated methods of engaging consumers/representatives in the development of delivery of care and services and consumer’s involvement in recent improvement activities was evident.

Documentation detailed input from consumers/representatives, responsiveness of management and board involvement in implementing continuous improvement processes. The organisations governing body and clinical governance framework is effective in aspects of continuous improvement, information management finance, feedback and complaints, workforce governance and regulatory compliance.

The service demonstrated how the organisation’s governing body promotes a safe, inclusive culture and delivery of quality care and services. Monitoring systems include auditing processes, policy/procedures to guide staff in consistent application of expectations and meeting forums reporting to the Board. Board member and CEO involvement was evident including systems, such as review of quality performance data, clinical indicators, consumer comments/complaints and incidents to monitor and ensure compliance with Quality Standards. Consumers expressed satisfaction including noting the availability, communication and engagement of the CEO.

The management team advised of overarching organisational systems in relation to management of high impact/high prevalence risks and staff generally demonstrated knowledge of consumer risks and associated care needs. Staff demonstrate knowledge relation to reporting and managing incidents; analysis of incident data is undertaken to identify underlying causes and/or deficits in knowledge to enable a suitable response. Risks are reported, escalated and reviewed by service level management team and the organisation’s executive management team plus Board members.

The management team provided examples of implementation and evaluation of the clinical framework, including their accountabilities and responsibilities. The service demonstrated appropriate systems, processes and outcomes. Policies, procedure and workflow directives guide staff in organisational expectations. Staff demonstrate knowledge of the complaint/continuous improvement, regulatory responsibilities, minimising restraint use and actions to minimise transfer of infection. The organisation’s clinical governance framework includes policies and practices that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had been provided with education regarding the policies and were able to provide examples of their relevance to their work.

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)