Performance

Report

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| Name of service: | The Whiddon Group - Glenfield - Easton Park |
| Service address: | 81 Belmont Road GLENFIELD NSW 2167 |
| Commission ID: | 0243 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 12 April 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 - Easton Park (**the service**) has been prepared by Stewart Brumm, 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’s response to the Assessment Teams report received 29 March 2023
* other information and intelligence 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

Consumers were treated with dignity and respect. Staff demonstrated knowledge of consumers’ backgrounds and preferences which was consistent with consumer goals and well-being needs. Consumer care documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. Staff spoke in a manner that demonstrated respect and knowledge of consumers and their individual circumstances.

Consumers expressed satisfaction that the Approved Provider meets consumers’ cultural needs. Staff could describe how they supported consumers to maintain their culture and what is important to them. Care documentation included information related to the consumers’ country of birth, cultural observations and spiritual needs. Staff demonstrated knowledge of the varied cultural needs of consumers and could describe individualised approaches for consumers with cultural differences.

Consumers were supported to exercise choice and maintain their independence by making decisions according to their individual preferences. Consumers were supported to make decisions about the way their care and services were delivered and who they would like involved in decision making of their care and services.

Consumers were supported to take risks which enabled them to live their best lives or the live they chose. Staff had knowledge of the risks taken by consumers and supported the consumer’s wishes to continue to live the life they choose. Dignity of risk forms were completed and signed by consumers who chose to undertake risks such as smoking. The Approved Provider had policies and procedures in place to guide and support staff in relation to consumers who choose to take risks.

Consumers were provided with information that was current, accurate and timely and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers confirmed information was provided to enable them to make informed decisions about their provided care and services including meals and lifestyle activities.

Consumers confirmed consumers’ privacy is respected and personal information is kept confidential. Staff described ways they respect consumers’ privacy and maintained consumers’ personal information confidentiality. Staff respected consumers’ privacy by knocking before entering consumers’ rooms and closing doors and curtains when providing care. The Approved Provider is guided by consumer privacy policies and procedures.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all six Requirements Compliant.

# 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

Consumers and representatives were satisfied with the assessment and care planning process. Staff discussed the assessment and care planning process. Care planning documents detailed individual consumer risks and were tailored to individual needs. The Approved Provider had policies and procedures available to guide staff practice in the assessment and care planning process.

Consumer care documentation demonstrated, and interviews with consumers and representatives confirmed, consumers’ current needs, goals and preferences were documented, including advance care planning if the consumer or representative wished. Staff advised there was a discussion about a consumer’s end of life wishes when entering the service, at care plan reviews or as required.

Consumers and representatives described how they had input and were involved in assessments and planning of care. Staff confirmed assessment and care planning was completed in partnership with consumers and representatives. Care documents evidenced the involvement from a range of services, including medical officers and allied health professionals.

Consumers and representatives confirmed staff discussed consumers’ care needs and the information in consumers’ care plans. Staff had access to care plans for consumers through the electronic care management system and information shared at clinical handovers. Review of consumer files demonstrated the outcomes of assessment and planning were documented. Care planning documentation and handover records were observed to be readily available to staff delivering care. Staff advised, and consumer and representative interviews confirmed, consumer care plans are available for consumers and their representatives.

Care plans evidenced they were scheduled to be reviewed by Registered staff three monthly or when circumstances changed. Consumers and representatives confirmed staff discuss consumers’ care needs or changes with them. Staff advised care plan reviews were scheduled through a three monthly review process with alerts notifying staff when reviews are required on the electronic care system. Review of consumers’ care documentation evidenced care plans had undergone reviews in line with the service’s process following a change in circumstances and care needs.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements 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. | 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

Consumers and representatives expressed satisfaction with the personal and clinical care provided by the service. Staff demonstrated they were familiar with the personal and clinical needs of consumers and described how they deliver care safely. Care documents evidenced care was safe, effective, and tailored to each consumer.

High impact and high prevalence risks to consumers were managed effectively via clinical review and high risk management plans which included other health professionals when required. Staff described the main risks to the consumers and the risk mitigation strategies in place. Care documentation evidenced risk mitigation strategies were implemented as required and reviewed.

Consumer representatives were satisfied in the service’s approach to care and services for consumer’s approaching end of life. Management said advanced care planning is discussed when consumers enter the service and during the care review process. Staff demonstrated an understanding of processes to support consumers approaching end of life.

Changes in consumers’ health and well-being were recognised and responded to in a timely way. Care documentation for consumers identified staff recognised, reported and responded to changes in consumers’ condition. Clinical staff advised actions taken included referral to the Medical officer and transfer to hospital if necessary. Care staff advised they would notify senior clinical staff if they had concerns about a consumer’s condition.

Consumers and representatives are satisfied the consumers’ needs and preferences are effectively communicated between staff. Staff said consumers’ care needs are documented in progress notes and care plans and are discussed at handover each shift. Staff could describe the ways they recognise and respond to a change in the consumers’ condition. Review of care documentation evidenced responses when there was a change in consumers condition or when deterioration was identified.

The Approved Provider demonstrated referrals to other healthcare providers or organisations were made in a timely manner and were appropriate. Review of care documentation identified other health professionals, such as physiotherapists and speech pathologists, had assessed consumers and provided directives to assist staff in providing care and services for referred consumers. Staff could describe how changes in a consumer’s health or wellbeing would prompt referral to a relevant health professional and outcomes would inform cares and services provided.

The Approved Provider has policies and procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. There is an appointed infection prevention and control lead and a vaccination program for staff and consumers that includes seasonal influenza and COVID-19. Staff provided examples of practices to prevent infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# 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

Consumers were supported to engage in activities of interest to them, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Staff had sound knowledge of consumers’ preferences, needs and goals including likes and dislikes of activities. Consumers were observed participating in a range of activities including exercise-based programs.

Consumers and representatives confirmed the service provided emotional, spiritual and psychological support to consumers when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. Staff advised religious services are conducted at the service to support consumers’ spiritually and emotionally.

Consumers were supported by the service to participate in their community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated with others responsible for care. Staff demonstrated knowledge of how information is communicated with other providers of care and how the change in condition, needs and preferences for each consumer is kept current. Review of care documentation evidenced adequate information to support safe and effective care related to services and supports for daily living.

Consumers said they are supported with appropriate referrals to outside organisations, such as a hairdresser. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and supports they needed and enjoyed.

Consumers and representatives confirmed the meals were satisfying, varied and of suitable quality and quantity. Alternative cultural meal options were available to Indian consumers. Staff demonstrated knowledge of consumers dietary preferences, allergies and assessed needs which were evidenced in the consumer’s care plan.

Consumers were provided with equipment that was clean and well maintained. There were processes in place for preventative and corrective maintenance. A review of preventative and reactive maintenance schedules evidenced equipment was regularly serviced and checked over by maintenance staff. The Assessment Team observed equipment to be clean and suitable for consumers’ needs.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# 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

The service was welcoming, and easy to navigate with a homelike feel. Consumers could freely access internal and external areas. Consumers could personalise and decorate their rooms to reflect individual tastes and styles.

The service’s external and internal environments were observed to be safe, comfortable and well maintained. Consumers and representatives said the service was clean and well maintained. The external area garden areas were observed to be accessible and suitable for consumers with mobility devices.

The equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers and their guests. Staff had processes in place to promptly attend to identified maintenance issues or hazards when required. Maintenance staff were able to describe the maintenance process and advised issues were responded to in a timely manner.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all three Requirements Compliant.

# 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

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available for them to do so, including speaking to management or staff directly and electronic surveys. Staff demonstrated sound knowledge in relation to feedback, and complaints and described ways in which they support consumers to do so.

Consumers and representatives demonstrated an awareness of the internal and external avenues available for them to raise complaints and the service provided examples of advocacy and language services. Consumers and representatives were aware of making complaints to the Aged Care Quality and Safety Commission and accessing advocacy services. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers.

Appropriate and timely action was taken in response to feedback and complaints, and an open disclosure process was applied when things went wrong. Consumers and representative said management addresses feedback and complaints and attempt to resolve any concerns in a timely manner. Staff demonstrated a shared understanding of the escalation process of informing management if advised of a complaint by a consumer or representative.

Consumers felt feedback and complaints were reviewed and used to improve the quality of care and services. The Approved Provider had processes, and a commitment to consider the potential for quality improvement when managing all feedback, including complaints. Management and staff provided examples of how service improvements had been made in response to feedback. Consumer meeting minutes and the plan for continuous improvement demonstrated complaints, feedback and suggestions were documented and changes at the service were communicated with consumers.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all four Requirements Compliant.

# 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

Consumers and representatives expressed satisfaction that staff attended to consumers’ care needs in a timely manner, and consumers indicated they did not have to wait long for their call bell to be answered. There were processes to ensure the workforce was planned and the number and skills mix enabled the delivery of quality care and services.

Consumers and representatives spoke about the kindness and caring attitude of the staff who cared for them. Staff respected all consumers’ identity, culture and diversity. Staff were aware of consumer preferences for staff interaction. Management said they use consumer and representative feedback surveys to monitor staff behaviour and ensure interactions with consumers meet organisational expectations.

Feedback from consumers and representatives identified they felt the workforce was competent and staff had the knowledge to deliver care and services which met the needs and preferences of consumers. Staff competencies were monitored on an ongoing and annual basis and were determined depending on the staff member’s role. The orientation and onboarding process for new staff included buddy shifts with experienced staff in their role, mandatory training, systems orientation and core competency assessments.

Consumers are satisfied that staff are confident and trained appropriately. Staff said they receive adequate training and support to perform their duties. Staff training records demonstrated the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

The Approved Provider had a staff performance framework which identified appraisals were conducted annually. Staff performance was assessed and monitored in various ways, including through ongoing supervision, consumer and representative surveys and feedback, audits and staff feedback. Staff probationary appraisals occurred at one month, six months and annually thereafter.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

# 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

The Approved Provider demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service incorporated consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. Consumers were encouraged to engage in the development, delivery and evaluation of care services through meetings and feedback.

The Approved Provider provided a response to the Assessment Team report and clarified the structure and nature of consumer involvement with the Board. This involves an annual meeting between the Board and consumers to support the other avenues for consumers to provide input into the delivery of care and services. I am satisfied that this clarification demonstrates the consumers continue to be involved in providing input in relation to the delivery of care and services.

The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services. Management advised, and provided examples, of ways the governing body ensures it is accountable for the delivery of care and services across the organisation. The Board, senior executive and specialised committees review information including but not limited to clinical and incident data and trend analysis, operational and financial information, complaints trends and outcomes of internal audits and surveys. The organisation uses this information to ensure compliance with the Quality Standards.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective electronic care system, continuous improvement framework and Plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The organisation had a clinical governance framework and policy which directed the service on how to manage high impact and high prevalence risks, respond to abuse and neglect, support consumer choice and decision-making, and report and manage incidents. Review of consumers’ care documentation showed consumers were supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can. The process for incident reporting began with registered staff creating a report for review by management followed by action if required. Incident summaries were sent to upper management for escalation and addition to data sets. Staff had a shared understanding of dignity of risk. Staff provided examples of how they supported consumers to live the life they chose, including by supporting consumers to take risks and make informed decisions.

The Approved Provider provided a response to the Assessment Team report that provided clarifying information in relation to the management of incidents and reporting to the serious incident response scheme. The Approved Provider has reviewed the incidents discussed during the site audit and where required has submitted the incident to the serious incident response scheme. The Approved Provider provided an ongoing commitment to meeting this Standard and demonstrating effective management of incidents.

The service had a clinical governance framework in place to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated knowledge of antimicrobial stewardship, restrictive practices and open disclosure.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings. I also note the clarification of information by the Approved Provider in relation to this Standard.

This Standard is Compliant, as I have found all five Requirements Compliant.

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)