Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | The Whiddon Group - Grafton |
| Service address: | 125 Crown Street GRAFTON NSW 2460 |
| Commission ID: | 2686 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 9 March 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 - Grafton (**the service**) has been prepared by D. McDonald, 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

# 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

Consumers and representatives said consumers were treated with dignity and respect with their identity and culture valued. Care documentation identified the individual cultural and diversity needs of each consumer. Staff were observed greeting and interacting with consumers in a dignified and respectful manner.

Consumers said they were encouraged to speak about their identity and interests. Staff demonstrated a sound understanding of the consumer's individual preferences. Assessment processes gathered information about a consumer’s life history, needs, preferences, culture, spirituality, and sexuality.

Consumers said they were supported to make decisions influencing care delivery. Staff were observed to ask consumers their choice during the day and were familiar with consumer preferences. Consumers who were married were observed to share a room together.

Consumers said they were supported to take risks and were involved in discussions about assessment and planning. Staff demonstrated awareness of consumer choice and effective support strategies. Policies and procedures offered guidance on risk-taking and supporting consumers to live their best life.

Consumers said they were provided with clear and easy to understand information. Care documentation was written in plain language. Activity programs were observed on noticeboards to support consumer choice.

Consumers said staff respected their privacy and maintained the confidentiality of their information. Care documentation included consent and consumer preferences regarding privacy. The privacy policy outlined how the service maintained and respected the privacy of consumers' personal and health information.

# 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

Consumers and representatives said they partnered in the care planning processes and received the care and services they needed. Staff described the care assessment and planning process, and how it informed the delivery of care and services. Care documentation reflected risk assessment supporting risk-taking in line with consumers’ wishes.

Care documentation identified and addressed the consumer’s current needs, goals, and preferences, including advance care and end-of-life planning, if the consumer wished. Consumers and representatives said staff regularly involved them in the assessment and planning of care. Staff said discussion about advance care planning commenced on entry and they ensured any changes were updated in the records.

Care documentation evidenced the involvement of a range of service providers including medical officers and physiotherapists. Consumers said they were involved in their care planning and review at all stages. Staff described how they communicated the needs and preferences of consumers and ensured care plans were current.

Care documentation evidenced consultation with the consumer and their chosen decision makers. Staff said they communicate the outcomes of assessments to consumers and representatives. Representatives said they were offered copies of the care plan.

Consumers and representatives said consumer's care and services were reviewed regularly including when incidents impacted care needs. Care planning documents were updated at least every 3 months or when care needs changed. Policies, procedures, and staff training ensured incidents were reported accurately, leading to care reviews when circumstances changed.

# 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

Consumers and representatives said consumer care was personalised and tailored to their needs and preferences. Staff demonstrated knowledge of the individualised personal and clinical needs of consumers. Care documentation reflected safe, effective, care tailored to the specific needs and preferences of the consumer through consultation, collaboration, and review.

Consumers and representatives said consumers’ high-impact or high-prevalence risks were effectively managed. Staff said they monitor consumers at high risk through the initial and ongoing assessment of consumer care needs and preferences. Care documentation contained effective identification of risk, and strategies to manage these, such as fall risk assessments.

Consumers and representatives confirmed staff had spoken to them about advance care planning and end-of-life preferences. Care documentation detailed advance care planning information, including choices and end-of-life preferences. Documented policies and procedures relating to end-of-life care evidenced a focus on maximising comfort and preserving dignity.

Consumers and representatives confirmed the staff recognised and responded to deterioration or changes in consumers’ condition promptly. Staff provided recent examples demonstrating they had recognised and responded to deterioration promptly. Care documentation evidenced how the deterioration in a consumer’s health, capacity, or function was identified and addressed.

Consumers and representatives said, and observations confirmed, changes to consumers’ conditions or needs were effectively communicated between staff. Staff described how changes in consumers’ care and services were communicated, including through handovers and diaries.

Consumers and representatives offered positive feedback about the referral processes. Staff described the process for referring consumers to health professionals and allied health services. Care documentation included input from other providers of care, such as physiotherapists, speech pathologists, and dieticians.

Consumers and representatives said the service managed COVID-19 precautions and infection control practices effectively. Staff demonstrated knowledge of minimising the need for antibiotics. Infection control supplies were observed throughout the service and staff were adhering to infection control practices.

# 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

Consumers said services and supports for daily living meet their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Assessments and care documentation provided information about the support consumers require to do the things they want to do.

Consumers said they felt connected and engaged in meaningful activities and the service supported and promoted their well-being. Staff described how they support the emotional and psychological well-being of consumers. An orientation process emotionally support consumers to adjust to their new living arrangements.

Consumers said they 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. Care documentation and consumer meeting minutes evidenced how the service designed services and supports to reflect the consumer’s changing needs, goals, and preferences.

Consumers said the service coordinates their services and supports well and they benefit from different services working together and sharing information about them. Staff described how the organisation communicates consumers’ conditions, needs, goals, and preferences as they related to their roles, duties, and responsibilities. Care documentation evidenced communication from multiple sources to support safe and effective care.

Staff describe how consumers were referred to other service providers and gave examples, such as volunteers and clergy. Consumers said the service had referred them to external providers to support their needs. The service had a documented policy on referral and partnership, including guidelines for staff on the referral process.

Consumers were happy with the meals and advised if consumers did not like a meal, they were offered another option of their choice. The dining service was observed to be a calm experience for consumers, the meals offered were presentable, varying in serving sizes. Staff demonstrated knowledge of consumers’ nutrition and hydration needs, preferences, and how to support consumers’ independence.

Consumers and representatives reported having access to equipment, including mobility aids, and equipment for leisure and lifestyle activities. Staff said they have access to equipment when they need it and could describe how equipment is kept safe, clean, and well-maintained. Equipment was observed to be safe and clean and well-maintained.

# 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

Consumers said they find the service welcoming and they could personalise their rooms, including bringing in the furniture and possessions of choice. The environment was observed to be welcoming with plenty of individual spaces for consumers to gather outside their rooms with family, friends, or other consumers.

Consumers said repairs were completed promptly and their rooms were clean. Cleaning schedules were in place for each wing and communal area, with guidelines for staff on processes, frequencies of detailed cleans, and touch point cleaning. Staff explained how maintenance requests, hazards, and cleaning requests were made.

Consumers and representatives said the furniture and equipment was safe, clean, well-maintained, and suitable for their use. Staff described the process for logging a maintenance request and the process followed when a job or request was logged and completed. Furniture and equipment were observed to be clean and well-maintained.

# 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

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints. Staff described the avenues available for consumers or representatives if they wanted to provide feedback or make a complaint. The service had processes and systems in place for consumers, representatives, visitors, and staff to provide feedback or make a complaint.

Consumers and representatives said although they are aware of other avenues for raising a complaint, such as the Commission, they raised concerns directly with management. Staff described strategies to assist consumers who had cognitive impairments and difficulty communicating. Written materials, such as the consumer handbook, and feedback forms provided information regarding internal feedback and complaints processes.

Consumers and representatives said the service addressed their complaints promptly. Staff demonstrated an understanding of open disclosure and complaint management processes. Policies and procedures guided staff through the complaints management and open disclosure process.

Feedback from consumers and representatives was used to improve the quality of care and services. Incident registers and the plan for continuous improvement demonstrated complaints, feedback, and suggestions were documented and changes at the service were communicated with consumers.

# 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

Consumers and representatives indicated there were enough staff to meet their needs. Staff said they worked as a team during busy periods. Rostering documentation identified registered staff were continuously allocated, staff were readily visible and were observed attending to calls for assistance promptly.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner. Staff demonstrated personal knowledge and understanding of consumers, including their needs and preferences. Policies and procedures emphasised the importance of a person-centred approach to the planning and delivery of care and services.

Consumers and representatives said they were confident staff had the knowledge and skills to perform their roles. Management described assessing staff competencies through self-assessment, observation, and feedback. Documentation evidenced how the organisation monitored criminal history, professional registration, and annual vaccination records.

Most consumers and representatives said staff were well-trained and equipped to provide care. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Documented processes and systems ensured new staff to the service were recruited, trained, equipped, and supported in their role, and mandatory training was well tracked.

Staff demonstrated awareness of their roles and responsibilities. A suite of policies and procedures guided the management of the workforce, monitoring of staff performance, and the performance management of staff when issues were identified in performance.

# 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

Consumers and representatives said they were engaged in the development, delivery, and evaluation of care and services. Management described ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service. Consumer meeting minutes reflected positive consumer engagement in the development, delivery, and evaluation of care and services, as well as feedback and complaints.

Management provided examples of changes driven by the governing body over the past 12 months as a result of consumer feedback, experience, and incidents. The governing body uses the information from consolidated reports to identify the service’s compliance with the Standards, to initiate improvement actions to enhance performance and to monitor care and service delivery.

Management described the services’ effective electronic care management system, continuous improvement framework, established financial governance arrangements, and processes for workforce governance, feedback, and complaints. Staff said they can readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles.

The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. An incident register was maintained and management confirmed they analysed incidents to improve care and services. Policies described how high impact or high prevalence risks associated with the care of consumers, including abuse and neglect of consumers was identified and responded to, and how consumers were supported to live the best lives.

The service’s clinical governance framework promoted antimicrobial stewardship, minimisation of the use of restraint, and open disclosure. Staff demonstrated an awareness of antimicrobial stewardship, minimisation of the use of restrictive practices, and open disclosure. Management advised they received automatic notifications of all incidents and ensured correct process was followed.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)