Performance

Report

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| Name: | The Whiddon Group - Kelso |
| Commission ID: | 0269 |
| Address: | 15 Ilumba Way, KELSO, New South Wales, 2795 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 January 2024 |
| Performance report date: | 4 March 2024 |
| Service included in this assessment: | Provider: 769 The Frank Whiddon Masonic Homes of New South Wales  Service: 285 The Whiddon Group - Kelso |

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 - Kelso (**the service**) has been prepared by Katrina Platt, 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 Performance Report dated 24 January 2023 for the Site Audit conducted from 1 November 2022 to 8 December 2022.

# Assessment summary

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

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

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Consumers and consumer representatives discussed being regularly consulted about assessment and care planning, and were offered copies of their care plans. Comprehensive care plans were constructed from entry and were reviewed every 3 months, and when consumer care needs and preferences changed. Care assessment and planning reflected consumer engagement in risk planning and management, which included mobility risks, medication risks and health deterioration. Staff described risks associated with individual consumers and appropriate risk management strategies associated which included consumer independence, medication administration and consumer deterioration.

# 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)(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 consumer representatives were satisfied with the care provided, which they considered was safe and right for them. Care documentation evidenced care and services which were individually tailored for consumers and specific to their needs and preferences. Consumers with acute and complex pain were managed effectively, with appropriate pain assessments and monitoring completed. Clinical staff discussed pain assessments and medication management and escalation of pain occurrences to medical officers as required. Care staff were familiar with non-verbal pain cues, escalation procedures to clinical staff and non-pharmacological pain relief such as heat packs, ice packs, repositioning and massage.

Falls prevention and management included comprehensive post-fall assessments and hospital transfers when required. Physiotherapy support and assessments were provided for consumers with mobility changes and increased falls risks, with group exercises, individual mobility and strengthening programs and staff education delivered when required. Care staff described generalised falls reduction strategies implemented for consumers and clinical staff were knowledgeable about post falls management.

Restrictive practices were safe and effective and were managed in accordance with legislative requirements. Care documentation reviewed confirmed appropriate behaviour support plans were in place which identified behaviour types, behaviour triggers and non-restrictive strategies used prior to chemical restraint being administered. Staff interviewed were familiar with individual consumer behaviours, potential behaviour triggers and when escalation for further management was required.

Consumers and consumer representatives provided positive feedback about infection management and infection control practices. Care documentation reflected pathology intervention prior to antibiotic commencement and prompt treatment for consumers. Staff demonstrated sound knowledge of infection minimisation practices and the appropriate use of antibiotics, and were observed using appropriate hand hygiene during care delivery to consumers. Infections management included trend monitoring and continuous improvement actions like toolbox talks on correct hygiene practices during personal care provision.

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)