Performance

Report

**1800 951 822**

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| Name of service: | The Whiddon Group - Kyogle |
| Service address: | 207-253 Summerland Way KYOGLE NSW 2474 |
| Commission ID: | 0097 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 16 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 - Kyogle (**the service**) has been prepared by T Wurf, 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 team’s report received on 3 November 2022
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**):
  + Exceptional circumstances determination to continue accreditation dated 24 January 2022 and 11 July 2022.

# 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 and their representatives said staff treat consumers with dignity and respect, and understood their background and individual preferences. They said staff support consumers to take risks. Consumers and representatives said information provided to them is timely, clearly communicated, easy to understand and enables them to exercise choice. Consumers said the service respects their privacy and they are confident their personal information is kept confidential.

Consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers are supported to communicate their decisions, make connections with others and maintain relationships of choice.

Care documentation identified consumers’ personal backgrounds and highlighted what was important to consumers to maintain their identity. Documentation also identified consumers’ representatives, family and friends, and those involved in the consumer’s decision-making. Individual risk assessments had been completed for consumers who choose to undertake risks, including in relation to smoking, food, mobility, and where restrictive practices are in place.

The Assessment Team observed care staff positively interacting with consumers, and knocking on consumers’ doors prior to entry and closing doors before providing care. Lifestyle staff were observed chatting, supporting and encouraging consumer involvement during group activities and providing one on one support to those consumers who chose to stay in their rooms. The Assessment Team also observed information displayed around the service including in relation to daily menu options and lifestyle activities.

Staff described how they ensure private and confidential consumer information is password protected in the service’s electronic care management system.

# 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 service’s assessment and planning processes and said they are involved in the assessment, planning and review of consumers’ care and services. They were aware they can access care plan information if they wish and consumers said staff speak with them about their care and services.

Staff understood the needs and preferences of individual consumers and said registered staff are available. Staff advised they have access to consumers’ care plan information through the electronic care management system and handover records. They reported that consumers are referred to medical officers, allied health professionals or medical specialists as required. Care managers described how the clinical team, medical officers and allied health professionals are engaged in assessment, planning and reviewing care and services. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review.

Care planning documentation was individualised and reflected consumers’ needs, goals and preferences. Documentation evidenced the involvement of other health professionals in assessment and care planning processes, such as medical officers, dementia specialists, physiotherapists, dietitians, podiatrists and speech pathologists. Risks to individual consumers’ health and well-being are identified, documented, managed and monitored. Risks included falls, weight loss, diabetes, pressure injuries, complex behaviours and infections. Strategies to manage these risks were documented and understood by staff. Assessments and care plans were reviewed regularly and in response to incidents and changes in consumers’ condition.

Care managers advised that end of life care planning is discussed with consumers and representatives on entry to the service and during regular care plan reviews. Consumers’ end of life care wishes and preferences are documented in the electronic care management system.

The organisation has policies and procedures available to guide staff in assessment and care planning. The service monitors clinical incidents, including pressure injuries, medication incidents, behaviours and falls.

The Assessment Team observed care planning documents and handover records are readily available to staff delivering care.

# 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 their representatives were satisfied consumers receive the care and support they require, delivered in a safe and effective manner. They said staff are responsive to their needs and were satisfied that their needs and preferences are effectively communicated between staff.

Staff described consumers’ individual care and service needs, including consumers who are at a high risk of falling, consumers who have recent unplanned weight loss and consumers with changing behaviours that require additional support. Staff were satisfied they have access to the information they need, including in progress notes and shift handover.

The Assessment Team found that care documentation reflected the delivery of personal and clinical care in accordance with consumers’ assessed needs, goals and preferences. Care planning documentation reflected the management of high-impact, high prevalence risks to consumers, such as falls, infections, weight loss and changed behaviours.

The service demonstrated identification, assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. For example:

* Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated.
* Behaviour support plans are in place for sampled consumers who are subject to restrictive practices and or changed behaviours.
* Wounds are consistently attended to in accordance with the consumers’ wound management plans and pressure area care is completed as prescribed. Care plans are reviewed.
* Consumers with chronic pain have regular pain assessments and pharmacological and non-pharmacological strategies are used and reviewed for effectiveness.

Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing end of life. Clinical procedures are available to guide staff practice. Relevant documentation was available for a consumer receiving palliative care at the service for end of life care to guide staff in providing care aligned with the consumer’s needs and preferences. The consumer’s representative was satisfied with the care and said the consumer was comfortable.

Care planning documents evidenced referrals to other organisations and providers of care including allied health professionals, medical officers and Dementia Services Australia.

Registered staff monitor consumers daily for signs and symptoms of infection and deterioration. Care planning documents reflected the identification of, and response to, deterioration or changes in condition. The workforce described the ways they recognise, report and respond to deterioration or change in a consumer’s condition, including arranging medical officer review of hospital transfer if appropriate.

The service has policies, procedures and an outbreak management plan to guide staff in antimicrobial stewardship, infection control and outbreak management. The service has an influenza and COVID-19 vaccination program for staff and consumers and has appointed an Infection prevention and control lead (IPC). Staff provided examples of practices to prevent and control infections.

The service analyses incidents related to falls, weight loss, behaviours, medication incidents and pressure injuries every month and provides information to staff and organisational management on individual consumers, with actions for implementation.

The service has a suite of policies and procedures relevant to this Quality Standard and a range of validated assessments, tools, pathways and charts available for use in the electronic care management system which guides staff practice.

# 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 and representatives said staff assist consumers to be as independent as possible and to participate in activities of interest. Some consumers spoke about church services available to them to support their spiritual needs. Consumers provided examples of the activities they enjoy both within and outside the service; including church services, local gym, group activities and assisting staff with tasks such as folding napkins and wiping down tables. Consumers described the emotional, spiritual and psychological support they receive.

Staff described the diverse interests of the consumer. Staff provided examples of spiritual and psychological support provided to consumers, including spending one-on-one time with them or arranging local counsellors or telehealth to provide support where required. Staff described processes utilised by the service to share information about consumers with those involved in their care.

Consumer care documentation reflected the spiritual and psychological needs. Care and lifestyle documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Documentation identified consumers’ personal background, religious denomination, likes and dislikes, physical limitations, activities of interest, people who are important to them, and their preference for participating in solo or group lifestyle activities. Referrals to other individuals, organisations or providers are made when required.

Consumers provided positive feedback about the variety, quality and quantity of meals and generally said they enjoy the food. They said their preferences and dietary needs are accommodated. Consumers are offered a range of meal options. Kitchen staff identified various forms where consumer feedback and input into the menu is sought, including in consumer meetings, individual interactions with the chef and via the consumer-driven “foodies group”. Improvements have been made to meals as a result of consumer feedback. Staff were aware of the dietary requirements for each consumer.

Equipment was available to support service delivery, with consumers reporting that it was safe and that they know how to report concerns or issues. The service has processes for purchasing, servicing and replacing equipment. The Assessment Team observed equipment to be suitable, clean and well-maintained.

# 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 is welcoming. The service has a hairdressing salon, a self-serve coffee machine, several quiet and spacious areas where consumers can retreat to and is furnished with comfortable chairs. Bookshelves are filled with books and consumers’ rooms have views of the gardens or surrounding farming landscapes. The service has several outdoor garden areas (that were observed to be professionally landscaped and maintained) and a large activities room which converts into a cinema. Consumers have personalised rooms decorated with furnishings and personal items which reflect their individual tastes and styles. The service provides indoor and outdoor spaces for consumers to meet and engage in activities or socialise

The service has kitchenette serveries which are used by the catering team to heat and then plate meals in front of consumers sitting at their tables. The Assessment Team observed the lunchtime meal service and observed its homely feel.

The service was observed to be well-maintained and clean. Cleaning and maintenance are scheduled and monitored daily by the team leaders. Each consumer’s room is cleaned daily. Maintenance staff described the services processes for identifying, reporting and actioning maintenance issues to ensure equipment used by consumers is safe, clean and maintained. Maintenance issues raised by consumers/representatives or staff were responded to in a timely manner.

However, the Site Audit Report identified the service did not provide a safe environment for consumers who choose to smoke cigarettes. The service’s designated smoking area was not an all-weather area, receptacles for cigarette disposal were unkept and contained rubbish, there was no emergency alert system available to consumers, and while a fire blanket was available it had not been tagged and tested. The service identified two consumers who choose to smoke. One of these consumers was observed by the Assessment Team smoking in a non-designated smoking area of the service with cigarette butts in a tin outside their room. The consumer said they rarely used the designated smoking area, especially during poor weather as it was difficult to access.

During the site audit and in response to feedback provided by the Assessment Team immediately implemented the following:

* The maintenance team cleaned the smoking area and removed all rubbish.
* A new fire blanket and fire extinguisher were purchased with the expected date of implementation to be 13 October 2022.
* Management met with the two consumers who choose to smoke and discussed their responsibilities in using the designated smoking area and the use of fire prevention equipment.
* Both consumers were provided with an emergency call button to be worn around their necks when using the designated smoking area.
* Staff were advised via internal memorandum about the changes implemented.

The approved provider’s response to the site audit report provided evidence of the immediate and responsive action taken during the site visit (as listed above) and additional information about actions taken post-site visit that demonstrated issues related to the service’s smoking area have been resolved. Changes made and strategies to support those consumers who smoke to do so safely were communicated to staff.

The response also identified there are now two separate smoking areas at the service and both are undercover and installed with new equipment, and the consumers who smoke continue to wear their pendants and smoke in designated areas. The service has a process to monitor the ongoing sustainability of these actions via monthly fire safety audits.

Additionally, the construction of another all-weather, purpose-built smoking area is expected to be completed by February 2023.

I have considered the site audit report and noted that no smoking-related incidents were identified. I also considered the service’s immediate action taken during the site audit and subsequent actions put in place to remedy the issues with the service’s smoking area. I am satisfied that there are no outstanding issues in relation to this matter and the service has demonstrated consumers are supported to safely access a designated smoking area. Therefore, it is my decision that, overall, requirement 5(3)(b) is 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 their representatives said they feel encouraged, safe and supported to provide feedback and make complaints, and described the various methods available for them to do so (including speaking to management or staff directly, during consumer/representative meetings, using feedback forms, or via email or phone). They were confident that the service would promptly address any concerns raised. Consumers/representatives demonstrated an awareness of the internal and external complaints avenues and how to access advocacy services.

Management and staff had a shared understanding of the service’s complaints management processes, including language and advocacy services available if required. Staff described ways they assist consumers with a cognitive impairment or communication challenge to provide feedback.

Management advised that feedback and complaints are captured in the information management system which generates relevant reports. Complaints are discussed at meetings and shift handover.

Complaints were actioned in a timely manner and open disclosure was used where appropriate. The service reviews feedback and complaints and uses these to inform quality improvement activities at the service. Consumers identified a recent improvement in meals at the service due to a change in the service’s chef and menu made as a result of consumer feedback and complaints.

The service has information about complaints displayed throughout the service and information is contained in the consumer handbook. The service has policies relating to feedback and complaint management and open disclosure.

# 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 reported there is sufficient staff available to meet their needs and staff are responsive to their requests for assistance. They said there are always staff around. Consumers considered they receive care and services from qualified staff who have the knowledge and skills to effectively perform their roles. They also described the staff as kind and caring.

Staff considered there was enough staff to deliver care and services in accordance with consumers’ needs and preferences and they have enough time to complete their allocated workload. Management described recruitment processes and roster strategies to replace staff on planned and unplanned leave.

The service has processes to ensure the workforce is competent and to monitor and review the performance of the workforce. Position descriptions are available for various roles that establish the required responsibilities, knowledge, skills and qualifications. Management described the service’s processes for monitoring criminal record checks, qualifications and mandatory training for staff.

The service has processes to recruit, train and support the workforce. Staff described the education, training and support they receive. Staff complete mandatory training on a range of topics and the service has a process to track the completion of training. Some care staff have undertaken medication administration competencies.

Staff performance is monitored through observations, analysis of clinical data, surveys, audits and consumer/representative feedback. Staff performance is monitored through an electronic program that prompts staff to complete a self-appraisal prior to the in-person meeting with their supervisor. Staff receive regular performance appraisals and feedback from supervisors on their performance, including areas for further development and training. A new online staff appraisal process commenced in August 2022 that prompts staff to complete a self-appraisal prior to the performance appraisal with their supervisor.

The Assessment Team observed staff responding to call bells and attending to consumers in a timely manner. Staff were also observed to be interacting with consumers in a kind and caring manner. Respectful language was used in care plans, meeting minutes and complaint documentation when describing consumers.

# 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

Consumers considered the service is well run and they are confident in providing feedback and suggestions to management. Management described various ways consumers are engaged including through consumer meetings, case conferences, feedback and complaints and surveys. The organisation communicates in various ways with consumers, representatives and staff about changes to policies, procedures and legislation.

The organisation has a documented governance framework and systems, processes and reporting mechanisms in place to monitor the performance of the service. There are various reporting channels to the Board on a range of matters. The Board regularly and reviews information relating to clinical indicators, risk and compliance, strategic matters and general operation of the service.

The organisation has effective governance systems in place relating to information systems, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The organisation has a risk management framework, clinical governance framework and relevant policies in place. Staff demonstrated knowledge of these and described their practical application to their work. The service has an established incident management system and practices and reports incidents where required under the Serious Incident Response Scheme. Clinical governance meetings occur bi-monthly and clinical data and trends across the organisation’s sites are reviewed and actioned.

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)