Performance

Report

**1800 951 822**

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| Name: | The Whiddon Group - Largs |
| Commission ID: | 0335 |
| Address: | 64 Dunmore Road, LARGS, New South Wales, 2320 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 October 2023 |
| Performance report date: | 15 November 2023 |
| Service included in this assessment: | Provider: 769 The Frank Whiddon Masonic Homes of New South Wales  Service: 351 The Whiddon Group - Largs |

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 - Largs (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the 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 provider’s response to the assessment team’s report received 1 November 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 6** Feedback and complaints | Not Compliant |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 6 (3)(d) – implement effective systems to ensure all feedback and complaints are reviewed/utilised to improve quality of care and services.

# 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 |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previous the service was found non-compliant as they did not demonstrate an effective method to ensure consumers receive care tailored to their needs particularly relating to pain/falls/wound/continence/medication and incident management, nutritional needs, and unplanned weight loss. Responsive actions include employment of a new director of care and other key clinical positions, plus review of consumers in relation to clinical needs as mentioned above, provision of staff education/training, environmental auditing, review of incident reporting processes, best practice guidelines and policy documentation disseminated to staff plus re-establishment of effective communication processes to ensure transfer of consumer’s needs.

Sampled consumers/representatives consider consumers receive safe, effective personal/clinical care, stating most staff tailored care and services according to consumers individual needs. Interviewed staff demonstrate knowledge of consumers specific needs and were observed providing care in a respectful manner. Via interview with consumers/representatives/staff and review of documentation relating to 10 consumers individual needs, the assessment team note the service demonstrates safe and effective management of pain/falls/wound/continence/medication/incidents/nutritional needs, and unplanned weight loss. Examples include monitoring and reassessment post incident, implementation of risk mitigation strategies, minimisation of restrictive practices, improved wound healing due to specialist input; prompt transfer to hospital, timely identification/actions in relation to pain, referral to allied health practitioners for unplanned weight loss and reduced mobility. Document review demonstrates effective clinical communication to ensure positive outcomes.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found non-compliant.

Previous the service was found non-compliant as they did not demonstrate an effective method to ensure complaint resolution to complainant’s satisfaction nor use feedback/complaints to improve care and services. Responsive actions include a refocus/realignment of processes with organisational policy (including support/guidance from organisational team member), benchmarking of local/organisational complaints against sector performance, appointment of new director of care responsible for complaints management, provision of staff education in relation to complaints management.

The assessment team bought forward evidence the service does not demonstrate effective systems to ensure all feedback and complaints are reviewed/utilised to improve quality of care and services. While the service self-identified a need to improve complaints management, representative feedback relating to recent complaints are not captured within complaints management systems nor satisfactorily resolved. Three representatives expressed dissatisfaction complaints relating to multiple areas (medication management, room cleanliness, lack of hygiene care, manual handling, lack of timely communication) have not been responded to in a timely manner nor resolution attained. Several representatives expressed dissatisfaction with laundry services/loss of clothing. Document review details this issue has been identified as an area requiring improvement, lack of effective communication between the service, staff and consumers, issues have not been addressed/improved. Management acknowledged outstanding issues and committed to ensuring rectification. The assessment team bought forward evidence of ineffectiveness of previous staff training is ensuring staff report/escalate consumer/representatives’ issues of concern. Management commenced an action plan to address outstanding/ongoing issues.

In their response, the approved provider acknowledges required improvements citing a new management team dedicated to address issues and a commitment to addressing issues of concerns, communicating with current complainants to ensure satisfactory resolution, and implementing a system to ensure timely responsiveness to new issues. An action plan supports this commitment. I find requirement 6 (3)(d) is not-compliant.

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)