Performance

Report

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| Name of service: | The Whiddon Group - Laurieton |
| Service address: | 57 Peach Grove LAURIETON NSW 2443 |
| Commission ID: | 0282 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 15 June 2023 |
| Performance report date: | 20 July 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 - Laurieton (**the service**) has been prepared by G. Hope-Simpson, 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
* other information and intelligence held by the Aged Care Quality and Safety 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 and representatives said their cultures were valued by staff and they received care that was dignified and met their cultural requirements and preferences. Staff explained how the assessment process captured consumers’ culture, religion, language, life stories and values and confirmed they accessed care planning documentation to ensure shared understanding of the consumers and their preferences. Observations showed kind and positive interactions with consumers. Care planning documentation detailed consumers’ cultural and religious requirements and there was a diversity and inclusion policy in place. The service celebrated days of cultural significance to the consumer cohort.

Consumers said they were supported to maintain relationships and make decisions about risk-taking, the delivery of care and services and who should be involved in their care. Staff described collaboration with consumers to maintain relationships that are important to them and outlined how consumers were supported to make well-informed risk-taking decisions. Care planning documentation included nominated contact information for representatives and enduring powers of attorney (EPOA). Care plans also contained risk assessments and risk mitigation strategies to support consumers who wanted to take risks. A dignity of risk policy was in place.

Consumers and representatives were satisfied with how information was provided to them, confirming it was clear, easily understood and conveyed in a timely enough manner to support decision making. Staff interviews, document review and observations confirmed the service provided accessible information in a range of ways, including through weekly and monthly calendars, daily menus, newsletters, meetings, posters and brochures.

Consumers and representatives were satisfied consumers’ privacy was well respected and their personal information was kept confidential. Staff described keeping computers locked and using passwords to access consumers’ personal information. Observations showed staff knocking on bedroom doors and waiting for a response before entering, and closing doors when providing care. Staff had received privacy training and were guided by a privacy policy in their daily practice.

# 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 reported they were satisfied with assessment and planning processes at the service and were consulted in relation to their care needs, goals and preferences. Staff described initial and ongoing assessments, and care planning documentation confirmed a range of assessments used to identify and quantify risks. Mitigation measures and interventions to address falls, pressure injuries and diabetes risks were documented as were consumers’ current needs, goals and preferences, including those in relation to end-of-life care. Staff were familiar with risk mitigation measures for sampled consumers and explained how end of life and advanced care planning conversations were approached.

Consumers and representatives confirmed participating in care conferences, said they were informed of assessment outcomes and involved in assessment and planning. They confirmed partnership between themselves, the service and other practitioners involved in care. Staff described how collaboration was achieved, including through the use of the Adult Social Outcomes Toolkit to structure planning conversations with consumers/ representatives. Care plans documented consultation, and input from Medical Officers (MOs), allied health professionals and clinical staff.

Care plans demonstrated review of care and services following incidents and changes in consumer condition. Staff outlined the service policy to complete scheduled care reviews every 3 months and how incidents triggered reassessment 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 |
| 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 were positive about the care and services they received, confirming their needs were met. Care planning documentation for the sampled consumers reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers. Staff and management could describe consumers’ individual needs, preferences, their most significant personal and clinical care and how these were delivered. Restrictive practices were used in line with legal requirements, with required assessments, consent, prior use of alternative measures and evidence of regular review in place. A sampled consumer with complex care had their needs assessed, documented and met. The service had policies and procedures in place to guide staff in delivering best practice care.

Consumers and representatives were confident in how the service manages consumers’ high impact or high prevalence risks. Staff and management were able to identify and describe risks and related management for individual consumers. Care planning documentation for the sampled consumers mostly identified high impact/high prevalence risks had been identified and effectively managed by the service, including in relation to falls, pain, diabetes and pressure injury risks. The Assessment Team observed the use of risk mitigation measures, including pressure reliving devices, sensors, hip protectors as well as crash mats.

Consumers/representatives said they had completed Advanced Care Directives with their end-of-life preferences included; review of consumer files confirmed this. Staff and management described the way care delivery changed for consumers nearing end of life and the ways consumers’ comfort was maximised and dignity preserved through regular repositioning, pain management, eye and mouth care, emotional and spiritual support. Documentation review indicated that palliating consumers at the service had their assessed needs and goals met during the end-of-life period.

Care planning documentation demonstrated, and consumers confirmed, that the service recognised and responded effectively to signs of deterioration and change. Management described the clinical assessment process used to identify deterioration and staff explained the process for identifying and reporting changes and deterioration, demonstrating shared understanding of common signs of deterioration.

The service had effective means of communicating information about consumers’ condition, needs and preferences amongst members of the care team. Staff confirmed they used the electronic care management system (ECMS) to access care planning information and progress notes; they also gained and shared information via handovers. Care files showed information was shared with MOs, allied health professionals and representatives. Consumers and representatives said that the service effectively communicated their information between staff.

Consumers reported that a range of external professionals and services were involved in their care, including MOs, physiotherapists, dietitians, speech pathologists, geriatricians, podiatrists, and behaviour specialist services. Care planning documentation, including progress notes, evidenced a referral process and timely referrals to other health care providers as needed. Staff understood the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

Consumers and representatives confirmed staff used measures to prevent and control the spread of infections, and observations during the site audit confirmed staff employed standard and transmission-based precautions, including hand hygiene. There were screening processes for visitors, contractors and staff, including a rapid antigen testing requirement for entry to the service. Policies and procedures concerning antimicrobial stewardship, infection control and outbreak management were in place, and care plans indicated staff were guided by these policies in practice. The service had appointed an infection prevention and control lead.

# 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/representatives said they were happy with the lifestyle program and the supports they received to for their daily living, emotional and spiritual needs. Lifestyle staff said the service supported them with equipment and training to deliver a wide ranging activity program, including art, music, gardening, a pizza oven, bird aviaries, pet therapy and bus outings. Staff confirmed the service facilitated church services, counselling and one to one room visits. Lifestyle assessments were completed on admission and the service’s ‘relationship-based care’ program provided for consumers to choose a preferred community-based activity every 6 months. The Assessment Team observed consumers participating in activities, including daily group exercises, sing-alongs, bingo, word games and board games.

Consumers considered they were supported to participate in the community inside and outside the service, to do things that interested them and have relationships they wanted. Connection to the community was promoted through a regular carpet bowls tournament with another aged care service, volunteer visits, attendance at community groups and clubs and by fostering links with a local school. Staff described how consumers were encouraged to participate in activities they liked, to promote connections within the service.

Consumers’ condition and needs were well understood by staff, and consumers themselves reported that staff providing daily living support understood their needs. Care planning documentation reflected current consumer condition and support requirements.

Consumers’ care planning documentation confirmed the service collaborates with other providers to support the diverse needs of consumers. Lifestyle staff had strong understanding of external services that were available to support consumers, and outlined regular volunteer visits and an external counselling services as examples of these.

Consumers were happy with the meals provided, particularly the variety and quantity of food available. Documents showed consumer dietary requirements and preferences were captured, and observations showed food was being prepared and served in line with requirements. The service had a 6-week cycle menu, approved by a dietician and informed by consumer feedback that was gathered informally and through food focus group meetings. Care staff discussed dietary requirements at handover daily and updates were made to the ECMS, which alerted kitchen staff to changes in requirements.

Consumers/representatives interviewed said the equipment was safe, suitable, clean, and well-maintained. The Assessment Team observed equipment such as walking aids and wheelchairs, and the equipment used in lifestyle activities were clean and well-maintained. Scheduled preventative and reactive maintenance was up to date. Maintenance staff confirmed a bi-monthly routine check of all mobility aides, as well as regular checks, cleans and service of lifters, wheelchairs and trolleys, for example.

# 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

Observations showed a welcoming, quiet and well-maintained service environment with sufficient lighting. Consumer rooms were personalised and consumers moved freely about different areas of the service, to socialise and relax. Consumers reported that they liked the service environment which was described as homely.

Consumers and representatives said they were satisfied with the cleanliness and maintenance of the service, and confirmed consumers had access to both indoor and outdoor areas. Consumers said they could move about unobstructed. Staff understood how to report maintenance issues and the internal and external parts off the service were observed to be well-kept and maintained. Laundry and kitchen cleaning schedules were up to date and gardens were maintained.

Furniture, fittings and equipment were found to be safe, maintained, clean and fit for purpose. Consumers were satisfied with suitability and cleanliness of furniture and fittings and reported maintenance requests were attended to quickly. Care staff explained that shared equipment is cleaned and checked between users. The service had a full time, on site maintenance officer and staff confirmed they attended to maintenance requests in a timely manner.

# 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

The service encouraged both consumers and representatives to provide feedback and make complaints. They were supported to do so through monthly ‘resident and relative’ meetings, food focus meetings, consumer surveys and lifestyle meetings. A locked complaints and suggestion box, and feedback forms were observed in reception. Consumers and representatives reported they felt encouraged to provide feedback and make complaints, reporting management to be accessible and prompt in taking action. Policies and procedures were in place to structure the complaints and feedback handling process.

Consumers and representatives said they had not had the need to access advocates or language services but were aware of external advocacy services available to them. Staff outlined yearly information sessions provided by well-known advocacy services and information about these services was displayed in the service. A pre-planned annual information session delivered by an advocacy service was delivered during the site audit and information about internal and external complaints processes was included in consumer admission packs.

Consumers said management and staff were prompt to respond when things went wrong, and resolution processes were ‘open and supportive.’ Staff had shared understanding of open disclosure principles and process. Documentation review showed appropriate responses to recent incidents, with use of open disclosure to the representative. The service had a low rate of complaints.

Consumers and representatives believed that the service reviewed feedback and complaints to ensure improvements to overall quality of care and services. Documentation review showed all complaints and feedback were documented in the organisation’s electronic quality auditing system, which also constituted the continuous improvement log. This was reviewed and analysed by regional and executive managers to ensure improvement to care and services could be implemented across the organisation.

# 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/representatives said there were enough staff, and staffing was stable with low turnover. Representatives reported the consistent staffing had been beneficial to consumers as they settled into the service. Management reported staff were rostered where they were best suited and not rotated. Staff confirmed there were enough personnel and they appreciated not being rotated so they could get to know consumers over time. Management reported the service did not use agency staff and offered shifts internally to fill vacancies. Rosters and call bell reports reflected sufficient mix and number of staff, to deliver safe care.

Consumers and representatives gave positive feedback about staff who they said were kind, caring and respectful of their diversity. Staff were familiar with consumers’ needs, preferences and values and reported having a lot of training on dignity and respect. The Assessment Team sighted robust organisational policies, procedures and training and staff were observed interacting with consumers in a kind and caring manner.

Consumer and representative interviews reflected a workforce that was competent and possessed the knowledge and qualifications necessary to their roles. Recruitment processes ensured staff understood the expectations of their roles and had relevant competencies, qualifications and training. Position descriptions were used. Review showed professional registers for allied health contractors and RNs were up to date. Staff said they were supported with face-to-face training and had access to extensive online training for both clinical and non-clinical skills. Training reports confirmed 100% of staff were up to date with mandatory training and competencies.

Consumers and representatives said they could provide feedback about staff but said they did not need to as staff were ‘amazing’. Staff confirmed they have 6 and 12 monthly performance reviews which they found very useful. Management tracked training completion. Clinical management also monitored performance through daily review progress notes and other clinical data.

# 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

Interviewed consumers said they were treated as partners and engaged in the design and delivery of care and services through care planning reviews, feedback and complaints, ‘resident and relatives’ meetings, consumer surveys and audits. Clinical staff confirmed they encouraged consumers’ participation and feedback. Regional and service management described the recent organisation wide strategic plan engagement session held at every service, to inform the update of the organisation’s strategic plan. The session was attended by 19 consumers and 2 representatives at the service.

The organisation’s governing body promoted and was accountable for delivering a culture of safe, inclusive and quality care and services. Consumers considered the service demonstrated accountability. Management described how the governing body-maintained accountability for the service’s performance, through clinical indicator monitoring, robust reporting, auditing and frequent meetings involving executive and regional levels of management as well as various sub-committees. The governance body structure, operating procedures, sub-committees and policies and procedures further demonstrated ultimate accountability and clinical governance rests with the governing body.

The service had effective organisation-wide governance systems relating to information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints.

There were effective governance and risk management systems and practices in place to manage high-impact/high-prevalence risks associated with the care of consumers such as pressure injuries, wounds, clinical deterioration and falls. Systems and processes were in place to identify and respond to abuse and neglect, staff and board members had mandatory training on SIRS and the service had clear policies and procedures for identifying abuse and neglect of consumers. Consumers were supported to exercise choice and dignity of risk was respected, in line the organisational policies. An effective incident management system was in place, that captured risks for consumers, and which demonstrated prompt reporting of incidents.

Practice at the service was governed by a robust clinical governance framework which included policies and procedures on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff provided examples that demonstrated understanding of these policies and the relevance of them to their work.

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)