Performance

Report

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| Name of service: | The Whiddon Group - River Gum Lodge |
| Service address: | 29 Darling Street BOURKE NSW 2840 |
| Commission ID: | 0364 |
| 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: | 15 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 Frank Whiddon Masonic Homes of New South Wales (**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, dated 31 January 2023 to 2 February 2023; 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 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 said they are treated with dignity and respect. Staff said they are trained in cultural diversity and care planning documents reflected consumers’ identity, culture, and personal preferences.

Consumers said their identity, culture and diversity is valued. Staff were aware of consumers from different cultures and could explain how care and services were tailored to ensure their culture was valued. The Assessment Team reviewed care planning documents that supported the cultural needs of consumers.

Consumers said the service supports them to make decisions affecting their health and well-being. Staff were familiar with individual consumer choices. Care planning documents included consumer choices and nominated decision makers.

Consumers said the service supports their choices to engage in activities involving risk. Staff could describe how the service has supported consumers to make informed choices that involve risk. The Assessment Team observed risk assessments were in care planning documents.

Consumers said they receive information which is easy to understand. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. Staff described the different ways information is communicated by the service. The Assessment Team observed noticeboards and brochure stands located around the service with up to date information.

Consumers said the service protects their privacy and confidentiality. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The service has policies and procedures in place to ensure consumer privacy is protected.

# 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 said they are involved in the care planning process. Staff could describe how they continually assess consumers and implement strategies in care plans to deliver safe and effective care. Care planning documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives described how they are given the opportunity to discuss current care needs, goals, and preferences. Staff described how they approach conversations with consumers and their representatives about end of life (EOL) care and advance care planning and this information was included in care planning documents.

Consumers and representatives described how they have input and are involved in assessments and planning of care. Care planning documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they are included in 3 monthly reviews of their care plan. Staff demonstrated an understanding of assessment and planning. The service uses an electronic care management system (ECMS) and there was evidence of consumers and representatives being kept involved in care plan reviews and assessments.

Consumers and representatives said care and services are reviewed regularly. Care planning documents identified evidence of review on both a regular basis and when circumstances change in line with the service’s policies and procedures.

# 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 said consumers receive individualised care that meets their needs and preferences. Staff demonstrated they were familiar with the personal and clinical needs of consumers and described how they deliver care safely. Care planning documents evidenced care that is safe, effective, and tailored to each consumer.

Consumers and representatives said they were satisfied that the service provides safe and appropriate care. Staff could provide examples of how they address high impact or high prevalence risks to consumers. Care planning documents had appropriate strategies in place to address high impact or high prevalence risks to consumers.

Consumers and representatives confirmed they had discussed end of life planning with the service during admission and on an annual basis. Staff described how the service provides a holistic assessment to support the comfort and dignity of consumers nearing EOL. Sampled care plans detailed advance care planning information, including EOL preferences.

Consumers and representatives expressed satisfaction with the service’s recognition of deterioration or changes in a consumer’s condition. Staff could describe how they identify signs of deterioration and escalate if required. The service has a policy for identifying and responding to deterioration which supports staff practice.

Consumers and representatives described how staff know the consumers and their care needs. Staff could describe various ways in which information is communicated between relevant personnel. Care planning documents included input from MO and allied health professionals.

Consumers said they have been referred to appropriate providers, organisations, or individuals to meet their care needs. Staff described how collaboration with allied health professionals provides holistic, best practice care and services. Care documents included referrals to various health professionals.

Consumers and representatives said the service kept them up to date and informed about COVID-19. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics in line with the organisation’s policy. The Assessment Team observed hand hygiene and mask stations located across the service.

# 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 they were supported to engage in activities of interest to them. Staff could explain how services and supports are individualised for consumers. Care planning documents included assessment and planning which captured consumers’ interests to promote their well-being and quality of life.

Consumers described services and supports available to promote emotional, spiritual, and psychological well-being. Staff were able to describe how they support the emotional and psychological well-being of consumers. Care planning documents recorded consumers’ individual emotional support strategies and how these are implemented.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified activities of interest to consumers.

Consumers and representatives said their preferences for services and supports are communicated amongst staff and others responsible for their care. Staff described how they effectively communicate consumer care and other needs at handovers. The service utilises an ECMS which is accessible by staff.

Consumers said they have access to other organisations, support services, and providers of other care and services. Staff could describe how they work with other individuals, organisations, and providers of other care and services. Care planning documents identified referrals to other organisations and services.

Consumers said meals provided are a sensible serving size and of suitable quality. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said they feel safe when they are using equipment at the service. Staff demonstrated an awareness of how to report any maintenance issues with equipment. The Assessment Team observed equipment to be 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

Consumers said they felt comfortable living in the service and were able to personalise their rooms with their belongings. The Assessment Team observed consumers sitting in various common areas of the service and participating in activities.

Consumers described how the service keeps their rooms clean and tidy. Staff were observed cleaning consumer rooms and communal areas and referring to a cleaning schedule. Consumers said they enjoy and feel comfortable being able to move freely about both indoor and outdoor environments.

Consumers and representatives were satisfied that furniture and equipment was safe, clean, and well maintained. Furnishings were clean, undamaged, and fit for the intended purpose. The Assessment Team reviewed up to date preventative and reactive maintenance schedules.

# 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 said they felt encouraged to raise complaints and provide feedback. Staff demonstrated an awareness of feedback and complaints processes. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they were aware of making a complaint through various avenues, such as advocacy services and external complaints mechanisms. The Assessment Team observed various written materials around the service which had information about external complaints mechanisms, advocacy services, and translation services.

Consumers and representatives said the service responds to their complaints promptly. Staff demonstrated an understanding of open disclosure processes and complaint management processes. Review of the feedback register demonstrated the service takes appropriate and timely action in response to complaints.

Feedback from consumers and representatives was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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 said felt comfortable approaching staff directly if they need anything. Staff were satisfied with the staffing coverage at the service. A review of a recent roster demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services. The Assessment Team observed care delivery was calm, professional, and planned.

Consumers said staff are kind, caring, and respectful. Staff could provide practical examples of how they treat consumers in a kind and respectful way. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers said staff were skilled and able to deliver the care they require. Staff said they have the necessary skills to perform their role and are supported by senior staff. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff know what they are doing and are well trained. Staff said they received training in Quality Standards and additional training if requested. The Assessment Team reviewed mandatory staff training records which demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

The service has a staff performance framework which identifies appraisals are conducted annually. Review of personnel files confirmed appraisals were up to date. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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 and representatives said they provide ongoing input into how their care and services are delivered. Management advised that all feedback or suggestions made by the consumers and representatives are included in the service’s PCI. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. The governing body reviews audits and other data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints

Staff were able to describe how incidents are analysed and used to identify improvement actions at the service. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service maintains an incident register and has an appointed Investigation Manager to oversee the reporting of abuse, neglect and serious incidents falling within the Serious Incident Response Scheme (SIRS).

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)