Performance

Report

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| Name of service: | The Whiddon Group - Temora |
| Service address: | 180 Kitchener Road TEMORA NSW 2666 |
| Commission ID: | 2795 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 16 May 2023 to 19 May 2023 |
| Performance report date: | 12 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 - Temora (**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 said they were always treated with dignity and respect, with their individual identities, cultures, and diversity valued. Care plans includes lifestyle assessments, interventions, and strategies to ensure the care provided considered the consumer's background and diversity. Staff outlined how the service’s assessment process identified consumers’ cultural needs and diverse identities and provided examples of how they promoted dignity and respect in care delivery.

Consumers said they were supported to make their own choices about care, who should be involved in their care, relationships they wanted to maintain and risks they wanted to take. Sampled care plans contained evidence of consultation with consumers and representatives, as well as evidence of consumer preferences and choices about daily living. Risk assessments had been completed, and care planning documentation showed consumers were supported to make informed choices about risks they wanted to take, with risk mitigation strategies documented.

Consumers and representatives confirmed they received timely and accurate information to inform choices, including through emails to their representatives. Observations showed information displayed throughout the service, in the form of calendars, menus, a newsletter, brochures and posters in multiple language. Care plans were provided in summary format and a consumer and representative meeting was held monthly, with meeting minutes readily available afterwards.

Interviewed consumers confirmed staff respected their privacy, including knocking first and awaiting permission to enter their rooms, for example. The service had a suite of policies and processes relating to privacy and dignity, and observations during the site audit showed staff were guided by these in practice. The electronic care management system (ECMS) was password protected and physical files were kept in a secure location. Handovers were conducted in a private location.

# 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 confirmed they were actively partnered with the service in the assessment, planning and review of their care and service. Care planning documentation showed the service had comprehensive assessment and planning processes, guided by policies and procedures, to identify consumers’ clinical and personal care needs and preferences. End of life conversations were had with consumers and their representatives and documented in advanced care directives or statement of choices documents.Validated assessment and planning tools were used, and the service collaborated with appropriately qualified medical and allied health practitioners to manage risks and inform care plans. Clinical and care staff understood individual consumers’ needs, preferences and risks, including strategies used to mitigate risks, and they collaborated with consumers, representatives and others in the assessment, planning and review processes.

The outcomes of assessment and planning were documented in consumers’ care plans and consumers confirmed they were offered copies of these plans. Planning documentation showed consumers agreed to the contents of their care plans and staff confirmed they had ready access to these, to support them in their roles. Consumers confirmed they were involved in care plan reviews 3 monthly and confirmed that when things changed or incidents occurred, staff sought their input to update care plans. Staff outlined how, and care plans demonstrated that, reviews occurred following changes in condition, preference or incidents, in line with service policy.

# 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 satisfied care met consumers’ needs and optimised their wellbeing and health. They said that the service effectively managed consumers’ risks. Staff understood sampled consumers’ personal care and clinical care needs, with those needs effectively documented in care plans. Staff knew how high impact, high prevalence risks were managed, through use of specialist equipment, validated risk assessment tools and by following tailored mitigation strategies outlined in care plans.

Documentation review showed that restrictive practices were used in line with legal requirements and were supported by assessments, alternatives were trialled, behaviour support plans were in place and consents had been obtained. Skin integrity risk assessments were used to develop tailored management plans for consumers’ skin care and pain assessments were conducted using validated assessment tools, to inform individual pain management strategies. Management plans were followed by staff. Unplanned weight changes were managed through support of a dietician and speech pathologist, regular weigh-in, an all hours menu with options for all texture levels, use of supplements and a routine referral procedure when outside parameter weight changes were identified.

Consumers were confident that when they needed end of life care, the organisation would support them to be pain free and to have their social, cultural and religious preferences met. Care and service plans assessed needs were being met for a sampled consumer receiving end of life care. Staff could explain how the focus of care shifted at end of life, with increased emphasis on comfort and dignity. The service collaborated with a palliative care team at the adjoining hospital.

Consumers were confident staff would recognise and respond to changes and deterioration in a timely manner and staff identified signs of deterioration and change, as well as how they would respond to such. Care staff spoke favourably of clinical staff, saying they responded when care staff escalated changes in condition to them. Charting was used effectively to monitor consumers and the Assessment Team identified several examples of consumer change and deterioration that were effectively responded to by staff.

Care plans contained the personal and clinical care information needed to support all members of the care team to provide safe and effective care. Consumers felt the organisation coordinated their personal and clinical care well and said that they did not need to repeat instructions to staff, resulting in care that was consistent. Staff described how changes in consumers’ care and services are communicated across the team. Consumer care and service plans show evidence of updates, reviews and communication alerts; clinical handover sheets contained current and accurate information relating to consumer care.

Care plans documented timely and appropriate referrals to a range of providers, organisations or individuals to meet consumers’ changing personal and clinical care needs. The service had established relationships and referrals pathways with multiple agencies, practitioners and allied health professionals.

Consumers at the service said they were assessed daily for symptoms of COVID-19 and other respiratory conditions and they were satisfied with the service’s management of COVID-19, and overall infection control practices. An effective Outbreak Management Plan was in place, visitors, staff and contractors were screened on entry to the service. The service had appointed an Infection Prevention and Control (IPC) lead and there were policies on infection control practices, and antimicrobial stewardship. Observations showed PPE used appropriately.

# 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 said they received the services and supports for daily living they needed and preferred. They reported feeling connected and engaged in meaningful activities and said they could observe their sacred, cultural, and religious practices, celebrate important days and receive support for their spiritual, emotional, and psychological wellbeing. Lifestyle assessments clearly documented consumers’ needs and preferences, likes and dislikes, preferred activities and cultural backgrounds.

The service’s lifestyle calendar contained a wide range of activities and activities held during the stie audit were observed to be well-attended and enjoyed by consumers. Activities promoted independence and wellbeing, and included, for example arts and crafts, entertainers, bowling, bingo, bus trips, religious services, music, morning and afternoon teas. Consumers were encouraged to take up roles in the service, and a consumer support officer was in place, to support newly admitted consumers and those at risk of social isolation.

Consumers said they were satisfied the service supported their independence and assisted them to do things they enjoy, socialise and be active participants in the community both inside and outside the service. Observations showed consumers socialising inside the service and staff outlined ways the service supported consumers to access the community. Care plans detailed the supports consumers required to complete activities of choice in daily living. Staff outlined how information about consumers lifestyle and care needs were communicated across the service, and with external providers involved in care. Internally, daily living requirements were communicated through dietary requirement folders, verbally to clinical and kitchen staff, through communication books, verbal and documented handovers and via care plans and progress notes.

Consumers confirmed they were referred to external providers and individuals when needed, such as the in-house hairdresser or podiatrist. Care plans reflected the involvement of a wide range of organisations and individuals, to support the daily living and lifestyle needs of consumers. For example, exercise physiologists, volunteers, libraries and religious ministers were arranged as needed. Staff understood referral processes and reviewed external providers periodically, to ensure services remained safe and effective.

Consumers unanimously reported enjoying the meals at the service, which they said were varied, of high quality and always served at the correct temperature. Consumers confirmed alternative choices were available and said the service accommodated their dietary needs and preferences. Processes were in place to gather consumer feedback on the menu and consumers appeared relaxed and to enjoy the mealtimes observed during the site audit. Menus were displayed in large print, in dining areas and staff confirmed they carried out monthly consultations with consumers to inform menu design.

Equipment used for activities for daily living was observed to be safe, suitable, clean, and well maintained. Consumers reported feeling safe when using the service’s equipment and confirmed maintenance staff quickly attended to any maintenance requests. Lifestyle staff said they had enough equipment to support the lifestyle program and that it was well-maintained. Staff understood how to make a maintenance request, while maintenance staff outlined the preventative and reactive programs in place at the service. Review of maintenance schedules show planned maintenance of service-owned equipment to be up to date.

# 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 was observed to be clean, well-lit, welcoming, calm and friendly, with ample communal and private spaces for consumers to socialise in. Layout of the service was easily understood; wayfinding signage was in large print and corridors were railed, to support consumer mobility. Consumer rooms were personalised, and rooms had personal refrigerators. Consumers reported feeling comfortable and as though they belonged at the service.

Consumers said the service clean, safe and well-maintained. All wings of the service received regular cleaning throughout the week and consumer rooms had a full clean weekly. Indoor and outdoor spaces were observed to be tidy, clean and free of hazards. Consumers moved freely throughout the service, including between indoor and outdoor areas. Cleaning staff identified various cleaning processes, including specialised cleaning procedures for infectious consumers, or those receiving cytotoxic treatment. An Emergency Management Plan was displayed in all common areas.

Consumers were observed using a range of equipment, including walking frames, wheelchairs, and comfort chairs. All observed furniture, fittings and equipment were clean and in good condition. Staff said they have access to sufficient, well-maintained equipment and furniture to provide consumer care. Maintenance for equipment was up to date, and staff outlined the process for cleaning and maintenance of consumer and service furniture, fittings and equipment.

# 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 representatives said they knew how to make internal and external complaints and were encouraged and supported to do so. They reported that they had no cause to complain but would feel comfortable to speak directly to management if so. Staff also confirmed they were encouraged to provide feedback and explained how the supported consumers with communication barriers, to raise a complaint or provide feedback. The service displayed information about complaints processes, advocacy and language services, as well as the Commission, throughout the service. Observation showed feedback collection boxes in the service dining area.

Interviewed consumers and representatives confirmed that when they had raised concerns in the past, management resolved the issues promptly, and provided apologies when this was warranted. Staff had shared understanding of open disclosure, the complaints process and how complaints should be escalated for investigation and follow-up. Review of the complaints register showed open disclosure was used in practice. Management demonstrated complaints from all sources were entered into the complaints register and informed the service’s Plan for Continuous Improvement (PCI). Consumers said that complaints they had made resulted in service level improvements.

# 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 and representatives were satisfied that consumers were attended to in a timely manner and provided with safe and effective care. Staff felt the service was committed to recruitment of more staff and said they felt well supported by management. Call bell response times were monitored by an external agency and reports showed the service had an average response time of 2.6 minute, across this and a co-located service. Documentation review showed an allocated RN on each shift, rostered shifts were filled and staff were replaced when there were vacancies. Management used a planned approach to ensure sufficient mix and number of staff were deployed at the service.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner, and that they are gentle when providing care. Staff knew individual consumers and understood their needs, preferences and characteristics. Observations confirmed appropriate, kind and respectful interactions between staff and consumers, while care plans reflected consumers’ story, needs and preferences. The organisation had a code of conduct for staff and management monitored to ensure workforce interactions were in line with that code.

Consumers and representatives confirmed staff were well-trained, properly skilled and competent to meet their needs. The organisation had established processes in place to ensure staff with relevant qualifications, knowledge and probity checks were recruited, and staff files confirmed staff had the qualifications outlined in position descriptions. Management described the organisation’s training program and processes for identifying staff training needs. Staff said they received training during their orientation and induction and regularly through the year, which was confirmed through training records. Annual performance appraisals were conducted and documentation showed these were completed to schedule on a yearly basis. Consumers and representatives reported no performance concerns about staff.

# 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 were engaged in the design, development and evaluation of care and services, through consumer and representative meetings, surveys and face-to-face conversations. Documentation review, including review of meeting minutes corroborated this feedback. Management outlined further opportunities for consumers and representatives to influence service delivery through the admission process, during care consultations, during audits and through feedback and complaints.

The organisation’s governing body (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. Board members had a range of professional backgrounds and it maintained visibility of the service’s performance through the regular clinical indicator reporting processes, allowing them to monitor care and service delivery and initiate improvement actions were necessary. The governing body also relied on data from internal audits, Serious Incident Reporting Scheme (SIRS) data, incident and near miss data, as well as consumer feedback. Management described a robust organisational structure that governed the delivery of quality care and services across the organisation.

Documentation review, staff, management and consumer interviews demonstrated effective organisation wide governance systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service had policies and procedures in place outlining processes for each governance system, which were found to guide staff practice.

The service had documented risk management policies, procedures and systems implemented to monitor and assess high impact or high-prevalence risks associated with care of consumers, including identifying and responding to the abuse and neglect of consumers and dignity of risk. Risks were reported, escalated, and reviewed by management at the service level and the organisation’s executive management, and governing body, using an incident management system. Staff had been trained on and understood risk management processes, including how risks were identified and mitigated. They had shared understanding of what constituted elder abuse and neglect, as well the SIRS and how to support consumers to make informed risk-taking decisions.

The organisation’s documented clinical governance framework had been implemented at the service and management and staff applied the principles of the framework in practice. The framework consisted of policies, procedures and systems to support antimicrobial stewardship, open disclosure and minimising the use of restrictive practices. Staff demonstrated good understanding of the concepts and practices associated with responsible antibiotic use, minimising restraint and open disclosure.

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)