Performance

Report

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| Name of service: | The Whiddon Group Temora - Greenstone |
| Service address: | 119 Gloucester Street TEMORA NSW 2666 |
| Commission ID: | 0166 |
| 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 - Greenstone (**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 confirmed they were treated were with dignity and respect by staff, who they said supported their spiritual, cultural and social needs. Staff understood consumers’ diverse cultural needs and preferences and confirmed they receive training in privacy, dignity, and diversity, which supported them to deliver culturally competent care. Care and lifestyle plans reflected consumers’ life stories and identities, and the care and service needs and preferences which arose from them. Observations confirmed staff delivered care with dignity and respect.

Consumers confirmed they were supported to take risks, make choices about care and relationships and said they were involved in planning their care. Staff outlined practical strategies used to support consumers to exercise choice and make informed risk-taking decisions. Care plans evidenced consultation and showed consumers were supported to understand risks they wanted to take.

Consumers said the service communicated well and provided them with the information they needed to make timely and informed choices about care and services. Staff described a range of communication methods used to ensure information was received in a way that was clear and understandable, including consumer meetings, direct conversation, noticeboards, calendars and menus. Consumers were satisfied staff respected their privacy and confidentiality. The service had protocols in place to protect consumer privacy and observations confirmed staff were respectful of privacy in provision of care.

# 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

Sampled care planning documentation identified and addressed consumers’ current needs, goals, and preferences, including advance care planning and end of life (EOL) planning. Consumer files showed the service used validated assessment and planning tools and obtained input from qualified professionals to manage common and high impact risks and develop safe and effective care plans. Staff interviewed demonstrated knowledge of consumers’ preferences and could describe individual consumers’ assessed needs and the strategies implemented to support them.

Consumers reported being involved in their care planning along with representatives where appropriate. They said the service offered them a copy of care plans. Care planning documentation reflected partnership with consumers and others, documenting regular care conferences and the input of a range of external professionals, including physiotherapists, dietitians, medical officers and others. Reviewed care plans documented the outcomes of assessment and planning. Staff explained how they collaborate with specialists and allied health professionals to deliver care and outlined how they partner with consumers and representatives through planned and unplanned care reviews and ongoing conversation.

The service had policies and procedures to guide care planning and review, ensuring care plans were reviewed at least 3 monthly, and through monthly Resident of the Day reviews. Staff outlined charting and assessment completed during routine reviews.

# 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

The Assessment Team talked to consumers, representatives, staff and management and reviewed care planning documentation, policies, procedures, education records and clinical information folders to assess personal and clinical care and the service’s management of high impact, high prevalence risks.

The Assessment Team found risks were effectively managed and the service provided safe and effective personal and clinical care that was tailored and optimised consumer health and wellbeing. The service had a policy to minimise the use of restrictive practices and documentation reviewed demonstrated they collaborated with a range of external professionals to achieve this. Care staff understood their role in preventive skin care and how wounds were managed. Pressure reducing devices were used for those at high risk of developing pressure injuries. Care plans confirmed effective wound and weight management, as well as tailored pain assessment and management, including non-pharmacological strategies. Consumers were satisfied with the personal and clinical care they received and reported their pain and risks were well-managed.

Interviewed consumers and representatives said end of life needs were assessed and documented and were confident they would be met. Reviewed care plans confirmed the service completed assessments to determine the end-of-life needs, goals and preferences and details of advanced care plans and end of life choices and preferences were documented.

Consumers and representatives were satisfied the service responded to change and deterioration and communicated information well between themselves. Care staff reported clinical staff were responsive when they escalated changes in consumers’ condition. Care plans, progress notes and charting demonstrated staff recognised and responded to consumer change in condition and deterioration, such as through increased monitoring and checks of consumers, by amending care plans with the most up to date directives and by communicating changes within the care team. Clinical handover sheets, verbal handovers, clinical information sheets, daily team meeting notes and the Electronic Care Management System (ECMS) effectively documented consumer needs and preferences, and changes in consumer condition.

Consumers and representatives confirmed the service made referrals to external medical and allied health professionals, to support consumer care. Staff understood referral processes and care plans included recommendations made by a range of professionals, including podiatrists, dieticians, geriatricians, physiotherapists, audiologists and others. The service had good access to specialists located in the public hospital located next door to the service.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices The service had screening on entry to the service, appropriate policies and procedures to guide infection control practices and staff received infection control training. A vaccination program was in place, for consumers and staff. The service had an appointed Infection Prevention and Control Lead, and an antimicrobial stewardship program was in place, to ensure best practice antibiotic use occurred.

# 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 were happy with the services and supports for lifestyle and daily living, and confirmed the supports and activities supported their quality of life and met their needs, goals and preferences. Sampled care plans recorded consumers’ preferences and staff explained how lifestyle activities were evaluated to ensure they met consumer needs and preferences.

Care plans documented strategies to support consumers’ emotional, spiritual and psychological needs and consumers reported they enjoyed ready access to lifestyle staff when needed. In-house religious and spiritual services from 4 different religions were offered, along with one-to-one visits from religious personnel. Staff confirmed they relied on lifestyle assessments to support consumer well-being and escalated changes in consumer wellbeing to lifestyle staff as needed.

Consumers said they felt supported to maintain their personal relationships and to spend time in the service and wider communities, doing things that interest them. Staff described regular outings and the ways the service encourages consumers to connect with people outside the service. The lifestyle calendar was developed by consumers at their monthly meetings, and included exercise, music activities, morning and afternoon teas, church services, arts, crafts, bingo and room visits.

Consumers said service staff understood their lifestyle and daily living preferences. Staff explained how information about lifestyle needs and preferences was communicated across the team, including through handovers, the ECMS, dietary information lists, communication books and progress notes. External providers and individuals provided regular care and services to consumers. For example, a hairdresser, physiotherapists, entertainers and musicians visited the service and care planning and other documentation showed referrals were made to other community groups, such as churches, volunteers and the local library.

Consumers told the Assessment Team that the meals were very good and served in sufficient quantity. Consumers had input to the menu development and attended regular food focus meetings; a dietician also contributed to meal development. Review of the menu showed good variety of meals and staff were familiar with consumers’ dietary requirements, likes and dislikes. Mealtimes were observed, with meals of suitable quality and size being served and staff attending to consumers in line with documented care plan needs.

Consumers were happy with equipment provided to them, stating they had what they needed to support their independence and felt safe using that equipment. Staff said management supported requests for equipment and understood how to issue maintenance requests. Observations showed equipment being used for intended purposes and maintenance requests were 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

Consumers said the service felt homely and reported they had been supported to personalise their rooms. The service was observed to be well lit with natural light, welcoming, with several quiet spaces available indoors and out and an easy-to-understand layout with directional and other signage, to support wayfinding. Staff were welcoming of visitors and greeted consumers in passing as they moved about the service.

Consumers reported the service was very well cleaned and maintained. Observations showed indoor and outdoor areas were clean, free from obstructions and with clear walkways. Consumers were observed moving in, out and throughout the service, and made good use of pleasant, gardened areas to socialise with their guests. Planned and reactive maintenance programs were in place.

Consumers were satisfied with cleaning and maintenance of the furniture, fittings and equipment, which were observed to be clean, maintained and fit for purpose. Staff understood the cleaning process for shared equipment and review of maintenance and cleaning documentation showed these were regularly attended to. There were no outstanding maintenance requests at the time of site audit.

# 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 knew how to make complaints and provide feedback using internal or external complaints mechanisms, including advocates and the Commission if necessary. Staff understood internal and external complaints processes and mechanisms, and how to support consumers with communication barriers to raise complaints or provide feedback. The service informed consumers about internal and external complaint avenues, via information displays, brochures, feedback forms, consumer meetings and through direct conversations. Observations confirmed suggestion and feedback boxes located in dining rooms, and review of ‘Resident and Representative Meeting’ minutes showed the meetings were used as a forum for raising concerns.

Consumers and representatives confirmed the service promptly resolved concerns when complaints were made, and said they received apologies from management when things had gone wrong. Staff understood how to escalate complaints and they had shared understanding of the principles of open disclosure. Documentation review showed current complaints handling practice at the service aligned with the service’s ‘Feedback, complaints and open disclosure’ policy and there were effective systems in place to record and trend complaints and feedback, which was used to inform the service’s Plan for Continuous Improvement (PCI). The Assessment Team identified examples of consumer complaints that resulted in service level improvements, documented on the service’s PCI.

# 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

Sampled consumers said there were enough staff at the service to meet their needs, and those who made use of call bells were satisfied with staff response times. Roster review for the 3 weeks preceding the site audit showed an RN allocated to all shifts, no unfilled shifts and staff absent through unplanned leave were replaced. An external organisation was retained to monitor call bell response times and management monitored call bell reports on a regular basis, alongside clinical indicator reports, to ensure sufficient number and mix of staff to meet consumer needs. Call bell data from May 2023 demonstrated a 2.6-minute average call bell response time.

Consumers said, and observations confirmed, staff interactions with consumers were kind, caring and respectful. Staff interviews showed good familiarity with consumers, their character and their individual preferences, and staff knowledge reflected information in care planning documentation. The service has a code of conduct for staff, and management outlined how the workforce was monitored to ensure interactions were kind, caring and in line with code of conduct requirements.

Consumers were satisfied staff were sufficiently trained, qualified and competent to meet their care needs. There were documented policies and procedures in place outlining required qualifications and knowledge for each position, with position descriptions in place. Personnel files confirmed staff have relevant qualifications and training to perform their outlined duties. Recruitment processes were in place to ensure appropriately qualified and skilled staff were recruited, and ongoing training and development was provided, with staff training completion monitored by management. Staff confirmed they received formal training on commencement and ongoing throughout the year, as well as receiving informal training through huddles, meetings and from peers. An annual training calendar was in place, with annual mandatory training on a range of topics linked to the Quality Standards. Staff performance was formally reviewed annually through appraisals, which were up to date.

# 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 involved in the development, delivery and evaluation of care and services and were supported in this through ‘Resident and Representative’ meetings, regular surveys and direct conversations, including care conferences. Documentation review confirmed meetings were an effective forum for consumer participation.

The service’s governing body was comprised of people with clinical governance, health and financial governance backgrounds. The governing body satisfied itself the service complied with the Quality Standards through a regular clinical indicator reporting process allowing them to monitor care and service delivery and initiate improvement actions where necessary, to enhance performance. The governing body also relied on data from internal audits, Serious Incident Reporting Scheme data, incident and near miss data and 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 process 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 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)