Performance

Report

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| Name of service: | Whiddon Beaudesert Star |
| Service address: | 14 Brooklands Drive BEAUDESERT QLD 4285 |
| Commission ID: | 5231 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 16 February 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 Whiddon Beaudesert Star (**the service**) has been prepared by Kathryn Spurrell, 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 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 so as 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 the service respected their cultural background and that it delivered care consistent with their cultural preferences. Staff knew which consumers were from diverse backgrounds and how to deliver care that aligned with their preferences. Staff adapted care to each consumer, to ensure care remained culturally safe and respectful.

Consumers said the service provided culturally safe care. Staff said the service respected consumers’ individual preferences, such as when consumers chose which events to celebrate, or which staff delivered their hygiene care. The service’s care planning methods were comprehensive, exploring consumers’ backgrounds and personally significant themes. Care plan documents reflected consumers’ unique preferences.

The service supported consumers to make decisions about their care, including who was involved in their care, how they communicated their decisions, and how and with whom they maintained relationships, including intimate relationships. Consumers said they chose when to received care, and that the service respected their choices. Care planning documents showed consumers’ individual choices about their care and lifestyles.

Consumers said staff respected their choices to take risks and live their best lives. Staff members cited examples of when the service supported consumers to take risks, including how consumers responded to specialist advice concerning their care, or when consumers chose to smoke cigarettes, among other examples. Care planning documents showed that staff completed risk assessments and discussed these with consumers and their representatives. Staff documented consumers’ risk-taking preferences in their care plans.

The service provided clear, timely information to consumers, enabling them to make informed decisions. Consumers said the service kept them updated on any changes to their care through multiple channels, including through newsletters, emails, resident meetings, and daily conversations. Staff said they make effortful attempts to keep consumers informed, to help them make decisions about their care.

Consumers said the service respected their privacy and dignity and that it kept their information confidential. The service had policies and procedures to protect consumers’ privacy. For example, staff knocked on consumers’ doors and sought permission to enter, and closed doors during personal 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

Consumers said the service partners with them as part of the care planning process. Staff demonstrated how the care planning process informs care and services. Care planning documents showed the service involved specialists and allied health professionals in the assessment process. The service had policies and procedures that supported consumers’ choices and right to take risks.

Care planning documents showed consumers’ current needs, goals, and preferences, including advance care planning and end-of-life (EOL) planning, if the consumer wished. Consumers said staff involved them in assessment and planning through regular conversations either in person, by telephone, or through care conferences. Clinical management regularly engaged consumers through discussions, care plan reviews, and staff observations.

The service partnered with consumers to assess, plan and review care. Care planning documents showed the service involved a range of external providers in consumers’ care, including physiotherapists, behaviour specialists, mental health services, dietitians, wound specialists, general practitioners, speech pathologists, a palliative care team, a geriatrician, audiologists, and optometrists. Consumers said they were involved in planning and reviewing their care at all stages, as were their chosen family members. Clinical and care staff ensured consumers’ care reflected their needs and were up to date.

Consumers said the service notifies them when circumstances change, or when incidents occur such as falls, pressure injuries, or those connected with challenging behaviours. The service used an electronic care management system that consolidated assessments, daily charting, progress notes, and care plans, to give a holistic view of consumers’ care. Staff communicated the outcomes of assessments to consumers verbally and by providing copies of documents as appropriate.

Consumers said the service reviewed their care regularly, including when incidents impacted on their care needs. Staff updated care planning documents at least every three months, or when a consumer’s care needs changed. Documents showed the service submitted Serious Incident Response Scheme (SIRS) incidents within required timeframes. The service reviewed clinical incidents once per day and again once per month to identify potential care improvements. The service maintained policies, procedures, and training to ensure its staff identified and reported incidents accurately.

# 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 said they were satisfied with the service’s care. They said the service tailored care to their needs and optimised their health and well-being. Staff understood consumers’ unique personal and clinical needs and care planning documents showed the service’s care was safe, effective and tailored to each consumer. The service had policies and procedures covering wound management, restraint practices, falls prevention, skin integrity measures, pressure injury prevention, and other aspects of care.

Consumers said the service managed high-impact and high-prevalence risks effectively. This included risks related to falls, pressure injuries, hydration, nutrition, medication, hearing loss, challenging behaviours, restrictive practices, and others. Staff monitored residents at high-risk during clinical meetings. Care planning documents showed the service employed effective risk strategies including strategies to identify, assess, and manage risks. The service used tools such as the Falls Risk Assessment Tool, Braden Risk Assessment, care plans, and progress notes to assist its risk management.

The service identified the needs, goals, and preferences of consumers nearing end-of-life by assessing them and communicating with them about their care plan. Consumers said staff had spoken to them about advance care planning and their end-of-life preferences. Care plans showed advance-care planning information, including end-of-life directions. The service had end-of-life care policies that maximised consumers’ comfort and preserved their dignity.

Consumers said the service responded to their changing care needs promptly. Care planning documents, progress notes, and charts showed the service had accurately identified and responded to deterioration in consumers’ health, capacity, and function.

Consumers were satisfied with how the service staff communicated with each other their care preferences. This included communicating with other providers as appropriate. Staff communicated changes through verbal handover processes, meetings, care plans, and communication diaries. Care staff knew consumers’ current preferences, such as their diet preferences, and knew where to access the most current information about consumers preferences. Information about dietary preferences, dietary requirements, and modified diets were current and easy to access.

The service had processes to ensure it made prompt, appropriate referrals to external providers. Staff knew these processes and consumers’ care documents showed they engaged a range of providers. These included physiotherapists, occupational therapists, podiatrists, speech pathologists, dieticians and others.

The service had policies to guide its infection control practices. Staff received training on infection control, including in donning and doffing protective equipment, outbreak management processes, and handwashing. The service had a vaccination program for consumers and staff and 100% of staff had received their COVID-19 booster. To minimise COVID-19 and influenza transmission, the service required those entering the facility to wear masks and produce evidence of a negative rapid antigen test. Consumers said they were satisfied with the service’s infection control and COVID-19 management practises. The service had an infection prevention and control lead who oversaw infection control and ensured it maintained preventative strategies. The service also analysed consumer infection data and used this to inform improvements in its infection protocols.

# 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 the service supported them to optimise their independence, health, well-being, and quality of life and were supported to continue doing things that interested them. Service staff documented consumers’ needs and preferences in their care plans and staff knew how to assist consumers to stay healthy, while enabling them to be self-sufficient. Care documents showed the service was attentive to consumers’ unique needs when designing strategies and supports for daily living.

Consumers said they felt connected and engaged in meaningful, satisfying activities. They said the service supported their spiritual, emotional and psychological well-being by helping them celebrate their cultural and religious practices. Staff were culturally aware as part of their day-to-day practice, which included providing meaningful services that recognised consumers’ diversity.

The service supported consumers to maintain their personal relationships and participate in the activities they chose. Staff worked with other organisations, advocates, community members and groups to facilitate consumers’ social activities. This included facilitating activities within the service, such as bowls, and activities outside the service, such as community outings. Consumer care plans and meeting minutes showed the service engaged consumers when designing lifestyle supports, to ensure it met consumers’ changing needs, goals and preferences.

Consumers said the service sought their consent to share their information with other providers, such as when consumers moved between care settings. The service had an effective system to manage information and consumer care, and care plans showed evidence of updates, reviews and communication alerts connected with other providers. Consumers’ care plans showed the service had a network of other providers it could refer consumers to. Staff knew which providers consumers should be referred to and how to make the relevant referrals. Staff regularly reviewed the service’s referral network to ensure the providers offered quality care.

Consumers said the service offered suitable meals, snacks and drinks, which they could access at any time of day. The consumer dining experience was comfortable, and consumers received assistance that maintained their dignity. Staff cooked food fresh for each meal service, incorporating dieticians’ and speech therapists’ nutritional advice. The service engaged consumers to develop its menu. The meals were well-presented and of good quality.

Consumers said the service’s equipment met their needs and they felt safe using it. The service assessed consumers before they used equipment, and consumers knew how to report any equipment concerns they had. The service trained its staff to safely use the equipment, and staff knew they were responsible for maintaining and cleaning equipment. The service had suitable arrangements for buying new equipment, and for using, maintaining and storing its equipment in line with manufacturers’ instructions. The service cleaned and maintained its equipment on pre-determined schedules.

# 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 personalised their rooms with their own photographs, memorabilia and furniture. Staff made the service feel like home for consumers, and they supported consumers’ independence. The service had consumer-friendly fittings and fixtures, adequate signage, and a range of indoor and outdoor areas, such as loungerooms and gardens. Consumers said the service conducted repairs quickly as needed.

The service had reactive and proactive cleaning and maintenance schedules, and it was up to date with these schedules. It had an audit process to ensure staff cleaned and maintained the service according to schedules. Consumers said the service was safe and clean and that they could move about freely.

The service had a range of furniture and equipment, which consumers said was well-maintained and clean. Staff said they could access the equipment easily. The service maintained its furniture and equipment under a scheduled maintenance plan that involved specialist contractors.

# 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 consumers and staff to make complaints and provide feedback. Consumers said they were comfortable raising concerns with staff or management. The service had complaints information in communal areas and in service publications, detailing the internal and external complaints systems available. Consumers could make a complaint to the service using feedback forms or by speaking with staff either privately or during formal meetings.

Consumers said staff would escalate their complaint if it was not resolved to the consumers’ satisfaction. They said they were aware of the various channels for raising complaints, such as through the Aged Care Quality and Safety Commission or advocacy services. Staff knew how to assist consumers to raise a complaint, including which advocacy and translation services consumers could access if desired. The service made documents available in other languages as needed.

Consumers said that, when they made a complaint, management responded promptly and sought to resolve their concerns. Staff had been trained in managing complaints and knew the service’s complaints and feedback processes, including how to escalate complaints. Staff and management were trained in open disclosure principles.

The service had systems to record and analyse complaints and feedback data, and it used this data to improve its care. The service had a Continuous Improvement Plan, which showed evidence of recent improvements arising from consumer feedback and complaints.

# 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

The service had a system to calculate the number and mix of staff it needed to meet consumers’ care needs. This involved developing a fortnightly roster, which scheduled shifts for registered nurses, enrolled nurses, nurse-assistants, personal care workers, hospitality staff, laundry staff and cleaning staff. Specialist staff also delivered scheduled care to consumers, including medical officers, a chiropractor, a physiotherapist and physiotherapy aides. The service additionally sourced allied health professionals as needed, including a speech pathologist, occupational therapist, dietitian and a dementia specialist. To address unplanned leave, the service offered shifts to internal staff before engaging external agency staff.

Consumers said staff were kind, caring and respectful and that they took the time to interact with consumers as they delivered care. Care planning documents showed consumers’ stories, needs and preferences, suggesting the service was attentive to consumers’ unique personal identities. The service’s recruitment process ensured it recruited and trained staff in line with its values, and that its staff understood the service’s diversity and inclusion policy.

Consumers said staff were competent and knew what they were doing. Consumers were satisfied with their care. The service maintained an up-to-date register of staff qualifications, which it reviewed and updated regularly. The service had various policies to ensure its workforce had the qualifications to perform their roles effectively. These included its Human Resources, Training, Performance Planning and Review policies, and others.

The service had systems to ensure its staff could deliver quality care. It recruited staff using a formal recruitment process that included interviews, referees and qualification checks. The service provided ongoing training and development to staff and monitored staff participation rates. Staff said they received formal training during induction and regularly throughout the year, and informal training during handover meetings. The service’s Human Resources and Training policies supported its recruitment process.

The service had processes to regularly assess, monitor and review staff performance. Management conducted staff performance reviews annually, and the process involved identifying areas for development.

# 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 said the service regularly engaged them about how it delivers care and services. It did this using various methods, including through regular care plan reviews, Resident and Relative meetings, targeted group meetings, surveys and face-to-face discussions. The service recorded consumer input into its continuous improvement plan for review, investigation and action and escalated feedback from consumer surveys to management staff for review.

The service used information from its reporting processes to monitor its compliance with the Quality Standards. It also used this information to initiate improvement actions and monitor care delivery. The various reports the service uses for this process include its clinical indicator reports, Serious Incident Reports Scheme reports, data from incidents or near misses, consumer and staff feedback. The service also engaged an external advisory group to guide and advise it on how to effectively govern the service.

The service had effective organisation-wide governance systems, including for information management, continuous improvement, financial governance, workforce management, legislative compliance, and feedback and complaints. The service had a digital system and an incident register that informed its improvement activities. Its electronic care management system and call bell management system enabled its Board, management, and staff to access information about its performance indicators. The service’s management team referred expenditure above projections to the service’s Board for approval.

The service had appropriate risk management systems and practices, including a Risk Management Framework, which underpinned its approach to managing, monitoring, reporting and reviewing risk. Management analysed incidents and data to identify risks to consumers and inform improvement actions.

The service had a clinical governance framework that guided its clinical practice. This included guidance on antimicrobial stewardship and minimising restraint, among other aspects of clinical care. The service maintained clinical governance resources on its intranet, to enable staff to access essential guidance quickly. Review of progress notes, complaints, incident reports and serious incident reporting scheme reports showed the service used open disclosure processes.

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)