Performance

Report

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| Name: | Whiddon Beaudesert Star |
| Commission ID: | 5231 |
| Address: | 14 Brooklands Drive, BEAUDESERT, Queensland, 4285 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 February 2024 |
| Performance report date: | 14 March 2024 |
| Service included in this assessment: | Provider: 769 The Frank Whiddon Masonic Homes of New South Wales  Service: 3588 Whiddon Beaudesert Star |

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 Stewart Brumm, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 1 March 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | No compliance rating provided |
| **Standard 3** Personal care and clinical care | **No compliance rating provided** |
| **Standard 7** Human resources | **No compliance rating provided** |
| **Standard 8** Organisational governance | **No compliance rating provided** |

A detailed assessment is provided later in this report for each assessed requirement. As not all requirements were assessed no overall standard rating is provided.

# 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 |

Findings

The Assessment Team provided information that the Approved Provider was unable to demonstrate its processes for monitoring staff conduct are effective in ensuring consumers are consistently treated with dignity and respect. Whilst some consumers said that staff are kind and gentle and respectful of them, most consumers/representatives said that staff are rude and can be forceful when providing care, not allowing consumers to choose when or how their care is delivered.

The Approved Provider provided a response that included clarifying information as well as actions taken to remediate the risk to consumers and to increase monitoring. Supporting documentation was provided included and action plan, staff records, and correspondence. The Approved Provider acknowledged that feedback provided by consumers to the Assessment Team. Case conferences were held with the names consumers, providing the consumer an opportunity to further discuss concerns with management at the Service. In regard to one named consumer, the matter had been raised with the Approved Provider prior to the Assessment Contact and appropriate actions had already taken been taken with the staff involved.

A consumer satisfaction survey has been conducted with a 90% satisfaction score in relation to dignity and respect. Additional information on how to raise a complaint was provided to all consumers and representatives. All staff have been required to complete dignity and respect in aged care and serious incident response scheme education. Night staff specific meetings have been held to address the assessment team report information, additional night shift monitoring as also commenced.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the negative feedback provided by the consumers and representatives, and note the Approved Provider also acknowledge this feedback. In forming my view, I am satisfied in the actions taken by the Approved Provider to both address immediate consumer concerns and increased monitoring of staff. I also note the additional training staff are required to undertake.

I find this requirement compliant.

# 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 |

Findings

The Assessment Team provided information that some consumers interviewed said they were happy with the clinical and personal care they are receiving. However following review of documentation, interviews with management and clinical staff, deficiencies were found in the management of time sensitive medication, wound care, diabetic information management and consumer catheter care information management.

The Approved Provider provided a response that included clarifying information as well as supporting documentation for the actions taken in response to the Assessment Team report. The Approved Provider acknowledged the information in the Assessment Team report and commenced actions to both manage any immediate risks to consumers and strengthen overall systems and process.

The Approved Provider has undertaken audits for 100% of consumers with wounds, receiving time sensitive medication, requirement diabetic management, and catheters.

In relation to wound management, all wound care plans have been reviewed and amended as required. Ongoing increased monitoring of wounds has been implemented with the care coordinator now responsible for oversight of all wounds. Consultation has occurred with consumers with wounds (or their representative) to ensure consumers are aware of and comfortable with the treatment plans established. Staff have been required to undertaken wound management training.

In relation to diabetic management, the Approved Provider identified that staff were recording blood glucose level monitoring in two locations. Directions have been provided to staff to use the electronic care management systems as the only place to document diabetic monitoring. Staff have been required to complete training in diabetic management, and daily monitoring of staff adherence to diabetic management plans has been implemented.

In relation to time sensitive medications, the Approved Provider has lodged Serious Incident Response Scheme for consumers as required. Consultation with consumers has occurred to ensure the consumers preferences for time sensitive medication times is captured. Education has been provided to staff on time sensitive medications and ongoing monitoring with be occurring through reviewing reports from the electronic medication system.

In relation to catheter care, Staff are being provided documentation training to prevent incongruent and incomplete information being entered into progress notes and charts, staff practices are being monitored to ensure compliance with catheter management plans and required documentation.

In relation to behaviour management, a review of behaviour support plans has occurred for named consumers, with a review of all behaviour support plans commenced. Staff are being provided with training in behaviour management, and completion of associated documentation. Ongoing monitoring will occur with cross referencing behaviour charts and progress notes. The Approved Provider is also re-aligning staff at the Services to the “Whiddon Dementia framework”.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the information provided by Assessment Team, and note the Approved Provider also acknowledge this feedback. In forming my view, I am satisfied in the actions taken by the Approved Provider to both address immediate consumer concerns and increased monitoring of staff. I also note the additional training staff are required to undertake.

I find this requirement compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

The Assessment Team provided information that the service was unable to demonstrate that its processes to monitor staff conduct are effective in ensuring interactions with consumers are kind, caring and respectful. Staff are not consistently interacting with consumers in a kind, caring and respectful manner. Consumers said staff on the night shift are often rude to them and feel they cannot raise it for fear of retribution.

The Approved Provider provided a response that included clarifying information as well as supporting documentation. The Approved Provider acknowledges the feedback provided by consumers. The Whiddon code of conduct has been reissued to all staff. The leadership team are to role model the acceptable standards of behaviour. Code of conduct has been added as standing agenda item to the staff meetings and staff performance added as standing agenda item to consumer meetings. Staff are also encouraged to raise any concerns via established feedback mechanisms.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the negative feedback provided by the consumers and representatives, and note the Approved Provider also acknowledge this feedback. In forming my view, I have taken into consideration the actions by the Approved Provider as recorded under requirement 1(3)(a), as well actions reported being taken under this requirement. I am satisfied that the Approved Provider has taken immediate steps to remediate the deficits identified and has implemented additional monitoring to prevent reoccurrence.

I find this requirement compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Team provided information that whilst the service has a documented risk management system, including a clinical risk management process within their clinical governance framework which includes monitoring practices, the service could not demonstrate it is effective due to a lack of monitoring of staff practice and reporting. The service could not demonstrate effective assessment and risk management of consumes who have high impact and high prevalence risks. Not all consumers who rely on time sensitive medication are being consistently given their medications within required timeframes. Not all consumers who require daily monitoring of their blood glucose levels in relation to their diabetes are being monitored in line with their medical officer directives.

The Approved Provider provided a response that acknowledge there is room for improvement in relation to this requirement and gave a commitment to achieve this. The Approved Provider noted that they do have organisation governance systems for effective risk management and that the improvement actions outlined in their response and captured under the requirements in this report will bring this Service back in line with organisation expectations.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the information provided by the Assessment Team as well as the information in the Approved Provider response. I also note the actions taken to remediate deficits in systems and process by the Approved Provider. I am satisfied that the actions taken by the Approved Provider demonstrate effective risk management systems and practices.

I find this requirement compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)