Performance

Report

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| Name of service: | Whiddon Moree |
| Service address: | 1 Victoria Terrace MOREE NSW 2400 |
| Commission ID: | 0118 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 3 May 2023 to 8 May 2023 |
| Performance report date: | 11 June 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 Moree (**the service**) has been prepared by A. Douglas, 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 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 advised they were treated with dignity and respect and felt accepted and valued. The service’s training records, policies and procedures evidenced staff were supported to deliver inclusive, consumer-centred care.

Consumers indicated staff understood their needs and preferences, and they felt comfortable and safe within the service. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

The Assessment Team observed staff asking consumers about their preferences and assisting them to engage in their preferred activities. Consumers reported they were supported to make their own decisions and maintain relationships of choice.

Staff described how the organisation took reasonable care to avoid risks without limiting the ability of consumers to take responsibility for their own decisions and choices. The service had documented policies and procedures to guide the workforce on the management of risk for consumers.

Consumers and representatives advised they received the service’s activity calendar, newsletters, and meeting minutes on a monthly basis. Consumers and representatives also confirmed they received other information that was accurate, timely and presented in a manner they could understand. Staff described the ways in which information was communicated to consumers and representatives in an accessible way that was easy to understand.

Consumers and representatives expressed satisfaction with the privacy and confidentiality processes at the service. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# 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

The service used validated assessment and planning tools and included input from qualified practitioners to manage specific and common risks to develop safe and effective care plans. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks.

Consumers stated the service supported them and provided opportunities to discuss their needs, goals, and preferences, including advance care planning. Staff utilised the care planning process to ensure that assessment and planning addressed the consumer’s current needs.

The service carried out ongoing assessments and care planning with consumers, their representatives, and others that consumers chose to be involved in their care. Care planning documentation evidenced individualised care plans that were frequently updated to ensure they continued to meet consumers’ needs and preferences.

Consumers advised members of the workforce regularly communicated with them and provided updates that assisted them to understand the various aspects of their care. Care planning documentation demonstrated that consumers were involved in care planning and case conferences, and changes were communicated to consumers and their representatives.

The service had a range of policies and procedures to guide the regular review of care and services. Consumers advised care plans were reviewed every 3 months, and the service regularly communicated with them regarding updates to their care and services.

# 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 were confident they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place to direct the delivery of personal and clinical care.

Consumers were satisfied with the service’s management of high impact or high prevalence risks. The service demonstrated high impact or high prevalence risks were effectively managed through regular clinical data monitoring and reporting processes which was used to inform continuous improvement measures.

Care planning documentation identified consumers' end of life needs, goals and preferences were documented and an advance care plan was in place. Staff reported they had adequate equipment to provide end of life care for consumers.

Consumers said staff recognised changes in their condition or deterioration and responded appropriately. Care planning documentation identified deterioration or changes in consumers’ health was recognised and responded to in a timely manner.

Staff said information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via the shift handover process. Consumers said their care needs and preferences were effectively communicated between their representatives and staff.

Care planning documentation demonstrated timely referrals to medical officers, allied health professionals and other providers of care and services. Consumers were satisfied with referral process and confirmed they had access to the required health care supports.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship, infection control management and the management of a COVID-19 outbreak. Consumers consistently stated the service was clean and were confident in the service’s ability to manage an infectious outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed they were provided with appropriate services and supports for daily living that met consumers’ needs and preferences. Staff could describe how they supported consumers to maintain a good quality of life in alignment with their preferences. Care documents included information about consumers’ lifestyle interests, preferences, and goals.

Staff outlined how they supported the emotional, psychological, and spiritual well-being of consumers and could provide examples of cultural awareness in their everyday practice. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team observed a variety of group and individual activities occurring throughout the service.

Staff described how accurate, up to date and relevant information was shared with others as consumers moved between care settings. Consumers advised the service effectively coordinated their services and supports.

Care planning documentation identified the involvement of other organisations and providers of care and services. Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers indicated the provided meals were varied and of suitable quality and quantity. Staff demonstrated a shared understanding of consumers’ nutrition and hydration needs and preferences. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

The Assessment Team observed equipment was safe, suitable, clean and well maintained. The service had suitable arrangements in place for purchasing, servicing, maintaining, renewing, and replacing equipment.

# 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 indicated the service environment was comfortable, and they were able to personalise their rooms with their own belongings and memorabilia. The Assessment Team noted there was clear signage throughout the service to assist consumers and representatives to navigate the service.

Consumers and representatives reported the service was clean and maintenance issues were promptly actioned. The Assessment Team reviewed the maintenance log which demonstrated issues were identified and resolved in a timely manner.

Consumers said furniture, fittings and equipment was safe, clean, well maintained, and suitable for use. The service had a preventative and reactive maintenance program which ensured the service environment was safe and well maintained.

# 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 were aware of avenues for raising a complaint. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

The Assessment Team observed information regarding advocacy and language services displayed throughout the service. Staff described how they assisted cognitively impaired consumers to raise a complaint or provide feedback.

Consumers said management were responsive to any concerns they had and took appropriate action in response to complaints or feedback. Staff had received education on the management of complaints and described the process they would follow when a complaint or feedback was received.

The service demonstrated there were systems in place to record and trend complaints, feedback, compliments and suggestions. Management advised all feedback and complaints were reviewed and linked to the service’s continuous improvement plan to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said there were enough staff, call bells were answered promptly, and staff provided them with the care they required. Staff confirmed they were satisfied with staffing levels and had the adequate time to complete their duties.

Consumers and representatives felt staff were kind and respectful when delivering care. Staff demonstrated they were familiar with each consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers expressed confidence in the ability of staff to perform their duties. The Assessment Team reviewed documentation which demonstrated recruitment processes were rigorous to ensure the service had the right mix and ratio of staff. Staff advised they had the necessary skills to perform their roles and were supported by senior staff.

Management provided evidence of the service’s training plan which outlined the extensive training completed by staff to ensure they were equipped to perform their role. Staff described the training, professional development and supervision they received during orientation and on an ongoing basis.

The service evidenced processes were in place to regularly assess, monitor and review the performance of staff at the service. The Assessment Team reviewed documentation which identified performance appraisals and competency assessments were scheduled and conducted on an annual basis.

# 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 they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s continuous improvement plan. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management demonstrated that the service’s governing body promoted a culture of safe and inclusive care. Governance committees utilised information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery.

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

The service had policies and procedures in place which guided staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, and managing and preventing incidents.

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

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)