Performance

Report

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| Name of service: | Whiddon Moree NH |
| Service address: | 1 Victoria Terrace MOREE NSW 2400 |
| Commission ID: | 2647 |
| 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 NH (**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

Consumers and representatives confirmed they were involved in the care planning process. Staff demonstrated a shared understanding of consumers’ preferences and described individual consumers’ needs and the strategies implemented to support them.

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.

Consumers and representatives advised the service regularly communicated with them about changes to their care and services. The service had a range of policies and procedures to guide the regular review of 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

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following an Assessment Contact conducted from 18 to 19 January 2023, which indicated the service had deficits in their systems and processes for appropriate planning and assessment, and inaccuracies in consumers’ care planning documentation. Evidence in the Site Audit report dated 3 to 8 May 2023 showed the service had implemented improvement actions to address the non-compliance. A comprehensive action plan was developed for the service, and improvement actions had since been implemented, including additional staff training and a review of the electronic care management system. The action plan was provided to the Assessment Team during the Site Audit and included an overview of progress and outcomes for each item. Overall, the action plan and evidence compiled during the Site Audit supported a finding of compliant for Requirement 3(3)(a).

The service had systems and processes to ensure consumers received safe and effective personal and clinical care, including clinical audits and whole service audits, and training was available to support best practice. Staff had access to these applications and systems in accordance with their designated role.

Consumers confirmed high impact or high prevalence risks, such as falls, pressure injuries, weight loss and infection were effectively assessed, explained and managed. Staff recognised high prevalence and high impact risks and were able to specify mitigation strategies which were in place.

The service had rostered registered nurses available, and a local palliative care team to support the service as required. Care planning documentation evidenced that advanced health care directives were in place for consumers where appropriate.

The service demonstrated deterioration or change in a consumer’s health, cognitive function or capacity was recognised and responded to in a timely manner. Consumers advised staff knew them well, and would pick up a change or deterioration in their condition and respond appropriately.

The Assessment Team noted the service requested consent from consumers prior to the release or sharing of information. Staff reported 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.

Care planning documentation demonstrated collaboration with medical officers, allied health professionals and other providers of care and services. The service had access to a wide range of allied health and specialist services to support the needs of consumers.

The workforce demonstrated an understanding of precautions to prevent and control infection and minimising the use of antibiotics. The service had a staff and consumer vaccination program, and records were maintained for Influenza and COVID-19 vaccinations.

# 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.

Consumers said they felt connected and engaged in meaningful activities that were satisfying to them and acknowledged they could participate in spiritual and religious activities. 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 demonstrated the organisation designed services and supports with consumer input to reflect the changing needs, goals, 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.

Consumers indicated that when required, they were referred to other individuals, organisations and providers of care and services in a timely manner. The Assessment Team noted the service had effective systems in place to document and communicate information within the organisation, and with others where responsibility was shared.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers said the service provided meals which were varied and of suitable quality and quantity. Staff demonstrated an understanding of the process to report any changes to a consumer’s appetite or eating habits. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care and services. The Assessment Team observed equipment was clean, safe, and suitable for use.

# 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 environment was comfortable, and they were able to personalise their rooms with their own belongings and memorabilia. The Assessment Team observed the service environment was welcoming and optimised the consumer’s sense of belonging, independence, interaction, and function.

The Assessment Team observed the service environment was safe, clean, comfortable and well maintained and allowed consumers to move freely both indoors and outdoors. Consumers said they enjoyed the comforts of the service, including the gardens and outdoor areas.

The service was found non-compliant in Standard 5 in relation to Requirement 5(3)(c) following an Assessment Contact conducted from 18 to 19 January 2023, which indicated consumers’ rooms and communal areas did not appear to be clean or well maintained, and various items of furniture needed cleaning, restoration, or replacement. Evidence in the site audit report dated 3 to 8 May 2023 demonstrated the service had implemented improvements to address the non-compliance. A comprehensive action plan was developed for the service, and improvement actions have since been implemented, including an updated cleaning and maintenance schedule, and new and repaired furnishings. Consumers and representatives were satisfied the furniture and equipment was safe, clean, and well maintained. The Assessment Team observed furnishings and equipment were clean, undamaged, and fit for their intended purpose. The outside of the building was in good repair and there were no hazards identified in the environment. Overall, the action plan and evidence compiled during the Site Audit supported a finding of compliant for Requirement 5(3)(c).

# 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.

Consumers and representatives confirmed they had been provided with information regarding advocacy, language services and alternative ways to raise and resolve complaints. Management provided an overview of advocacy and specialist services made available to consumers, including translation services when required.

Consumers reported management were approachable and responsive to any concerns they had and took appropriate actions in response to complaints or feedback. A review of the complaints and compliments register evidenced that complaints were documented, actioned and followed up with consumers and representatives to their satisfaction.

Management demonstrated all feedback and complaints were reviewed and used to improve the quality of care and services. Complaints were analysed and used to inform the service’s continuous improvement framework.

# 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.

The service was found non-compliant in Standard 7 in relation to Requirement 7(3)(c) following an Assessment Contact conducted from 18 to 19 January 2023, which indicated there were deficits in staff knowledge and skills to provide some aspects of clinical care. Evidence in the Site Audit report dated 3 to 8 May 2023 demonstrated the service had implemented improvements to address the non-compliance. A comprehensive action plan was developed for the service, and improvement actions had since been implemented, including additional staff training on various aspects of clinical care and the scheduling of regular toolbox meetings to ensure staff continue to be knowledgeable and competent to provide care. All staff were observed to deliver care competently and were able to define the scope of their role. Overall, the action plan and evidence compiled during the Site Audit supported a finding of compliant for Requirement 7(3)(c).

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.

Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals that included discussions of their performance and areas for improvement. The service had a range of documented policies and procedures which guided the management of the workforce, recruitment of staff and review of staff performance.

# 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.

The service’s 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. The service utilised data from internal audits, clinical indicator reports, incidents, feedback and Commission visits to drive improvements and innovations within the service.

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)