Performance

Report

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| Name of service: | Performance report date: |
| Whiddon Mudgee Pioneer | 21 September 2022 |
| Commission ID: | Activity type: |
| 2453 | Site audit |
| Approved provider: | Activity date: |
| The Frank Whiddon Masonic Homes of New South Wales | 9 August 2022 to 11 August 2022 |

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 Mudgee Pioneer (**the service**) has been considered by Ms D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | Compliant |
| 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 they were treated with dignity and respect. Staff were observed treating consumers with respect and demonstrated an understanding of the consumers’ preferences. Care planning documentation reflected consumers unique histories and what was important to them.

Consumers described how staff respected their cultures and spiritual beliefs. Staff described consumers cultural, religious, and personal preferences. An organisational pamphlet on diversity and inclusivity, described staff responsibilities relating to identity, culture, diversity and cultural safety.

Consumers and representatives felt they were involved in and supported to make decisions about their care and were encouraged to make and maintain connections and relationships. Staff explained how care planning and reviews ensured the consumers were supported to exercise choice and independence. Documentation reviewed demonstrated the identification of needs and preferences including the recognition of significant relationships.

Consumers felt supported to take risks, including accessing the local community independently, to enable them to live their best life. Staff said assessments were undertaken on admission, based on a consumer’s identified goals, and described supporting consumers to achieve their goals. The service had a documented commitment to the promotion and maintenance of dignity, self-esteem, and freedom of choice, supporting consumers to make choices about their care, and personal and social life, including where choices involved personal risk.

Consumers stated information provided was current, accurate and timely, and was clear, easy to understand and enabled them to exercise choice. The Assessment Team observed communication updates including activity calendars, information and memos on the notice boards throughout the service. Staff described how they communicated information to consumers in a timely manner and ensured any questions were responded to promptly.

Consumers said staff respected their privacy, advising staff knock on the door and seek permission to enter the room and allow them privacy when entertaining visitors. Staff were observed being respectful to the consumers and knocking on doors before entering consumers rooms and said they receive training about privacy, dignity and confidentiality. A privacy policy was available, outlining how the service maintained and respected the privacy of personal and health information for the consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 believed their care was well planned and met their care needs and representatives advised they were involved in assessments. Care planning documents reviewed demonstrated the service undertook assessment and planning which was effective and included the consideration of risks to the consumer’s safety, health and well-being. On admission validated tools were used to assess the individual consumers risks. Staff demonstrated sound knowledge of the care planning systems and processes and provided information about consumers which was consistent with care planning documentation.

Consumers said care plans identified their goals and preferences including clinical and personal/dental care, nutrition preferences, lifestyle choices and end of life care. Care planning documents confirmed all consumers had an advance care directive, and these were reviewed as part of the care plan review process. A ‘Consumer of the Day’ program compliments scheduled care plan reviews every 3 months, to ensure consumer needs were being assessed regularly.

Consumers advised, and staff confirmed, consumers were actively involved in the assessment, planning and review of their care and services and describes how it helped them meet their needs and goals. Care planning documentation demonstrated integrated and coordinated assessment and planning involving all relevant organisations, including medical officers, other specialist practitioners and services. Policy and procedures identified how assessments occurred upon admission to the service, or following incidents such as falls, wounds, hospital admissions, unplanned weight loss, and for assessment of pain.

Consumers and representatives said staff talk to them about their care plan and discuss its effectiveness. Case conferences were held with consumers, representatives and external providers, and were recorded in care documentation. Consumers and representatives were provided with a copy of their care plans which provided information in a language which was appropriate for consumers to understand. Care planning documentation evidenced outcomes of assessment and care planning were communicated to consumers in a timely and appropriate way.

Consumers said when an incident occurred or their condition changed, staff communicated with them and sought their input to update the care and services plan to ensure safe and effective care and services were being delivered. Staff described the care plan review process which occurred every 3 months or more frequently as required. The service had policies and procedures to guide care and care plans and included automated review mechanisms and a suite of assessments and charting tools.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 had documented policies, procedures and systems to support safe and effective delivery of care according to consumers’ needs, goals and preferences. Staff described, and documentation confirmed, how the organisation supported a collaborative approach, where care needs were communicated amongst those providing care, and delivered personal and clinical care which was best practice.

Consumers said risks to their well-being, such as falls and infection were assessed, explained, and managed to reduce risk. Staff described care provided to address risks, such as skin care provided to prevent pressure areas. Clinical reporting data demonstrated the organisation delivered care in line with best practice, monitored and reported on performance and used results to inform continuous improvement.

Consumers and representatives said for end of life, their wishes were documented; and staff knew what was needed. Care planning documentation identified consumers personal choices and preferences, and reflected the changes in care needs, goals and preferences which consumers desired at end of life. Staff were equipped to provide end of life care, with access to registered nurses and a palliative care service available to provide support.

Consumers felt staff knew them and would recognise a change in their condition, would listen to any concerns, responding with appropriate actions if required. Care planning documentation, clinical protocols, and observations during the site audit demonstrated how deterioration was recognised and responded to quickly. The service collected and analysed data such as infections, falls, and unexpected transfer to hospital to improve care delivery.

Consumer representatives said care coordination was appropriate and information was communicated well. Staff reported the various ways changes in consumers care and services were communicated, including hand over at each shift, reading care plans and progress notes, reports, and clinical meetings. Staff and others who share the care of consumers had access to information and clinical systems according to their role.

Consumers stated the service had referred them to the appropriate services such as dieticians, podiatrists’ audiologists and physiotherapists, to meet their care needs. Care planning documentation evidenced how the organisation collaborated with other individuals or providers to support the diverse needs of consumers. Staff provided an overview of clinical protocols and the services to which consumers were referred, including providing examples of individual consumers and the information was consistent with care plans.

Consumers said the service was clean and they were confident in the organisation’s ability to manage an infectious outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for 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 | | Compliant |
| 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 they felt supported to engage in activities, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Staff discussed individual consumer’s likes and dislikes, their interests and history, and how they incorporated the information into the lifestyle program. Consumers were observed engaging in a variety of group and independent activities, interacting with each other, staff, family members and visitors.

Consumers stated the service supported their emotional, spiritual and psychological well-being. Staff described signs of emotional distress such as withdrawing from normal activities, and how, they attempt to address the issue through identified strategies. Staff confirmed it was through this process consumers were referred to appropriate counselling services, and amendments were made to lifestyle care plans. Staff were observed to interact with consumers 1:1 on occasions, when consumers appeared upset and/or confused

Consumers stated they were supported to participate in their community within and outside the organisation’s service environment, and maintain social and personal relationships. Staff advised how consumers were consulted in groups and individually to decide on the activities they would like. Consumers were observed moving freely about the building and grounds engaging in conversation with each other and staff, leaving for, and returning from, trips outside the service with family or friends.

Consumers felt staff and other persons delivering their care and services were aware of their needs and preferences. Care planning and lifestyle documentation contained adequate information to support effective and safe care, services and supports for daily living. Staff advised assessments and recommendations from allied health services such as physiotherapists were documented in the electronic care management system.

Care planning documentation evidenced timely referrals to other organisations and providers of services such as specialist medical officers and hairdresser. Consumers said they were advised of when visiting therapists would be attending the service. Staff described how they work with the representatives, entertainers and use volunteers to help supplement the lifestyle activities offered within the service, such as external pastoral support services.

Consumers gave mostly positive feedback about the quality and quantity of food at the service and noted their dietary requirements were catered for. Consumers who offered mixed feedback confirmed the service was working with them to improve their dining experience. Staff explained the specific dietary needs and preferences of consumers. Care planning documentation reflected dietary needs and preferences of each consumer and aligned with the feedback provided to the assessment team.

Equipment was observed to be safe, suitable, clean and well maintained and ongoing monitoring ensured equipment was fit for purpose. Equipment such as wheelchairs and walkers were accessible, looked to be safe and clean, well maintained, and sufficient to meet consumer needs. Consumers provided positive feedback about the equipment provided by the service and stated if anything broke, the maintenance team were quick to repair it and the place was always clean and tidy.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives said they felt at home, and had a sense of belonging and independence. Consumers rooms were observed to be decorated with personal belongings and communal areas displayed artworks created by consumers and staff. Staff described the features of the service designed to support the functioning and independence of consumers living with cognitive and physical impairment including individualised signage for consumer’s rooms, wide corridors with handrails, recognisable toilet bowls and lids.

Consumers were observed mobilising through all areas of the service and stated the service was always clean and tidy. Cleaning staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch points areas, and referring to daily and weekly cleaning schedules. The Maintenance Officer described the processes to ensure the service environment was safe and well-maintained. Staff described the scheduled preventative maintenance program, and how reactive maintenance was informed by reports made by staff and consumers and representatives.

Staff described how shared equipment was cleaned and maintained and said faulty equipment, was tagged as ‘unsafe for use’ and a maintenance request form was completed. Consumers and representatives said equipment and furniture was safe, comfortable, well-maintained, and suitable for their needs. Equipment, such as mobility aids and hoists, were observed to be clean, and stored safely. Call bells and mobility aids were observed to be within reach of consumers and staff were observed to attend to call bells in a timely manner.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 felt encouraged, safe and supported to provide feedback and make complaints. Staff described the ways to provide feedback or make a complaint, including consumer meetings, and the process they follow should an issue be raised with them directly. The Service had documented processes and systems in place for consumers, representatives, visitors and staff to provide feedback or make a complaint.

Consumers and representatives said they were aware they could raise a complaint through the Commission or an advocate, but they were comfortable raising concerns with the service in the first instance. Staff acknowledged the advocacy services available and were able to describe how they would assist consumers with cognitive impairments and difficulty communicating. Written materials, such as the consumer handbook, feedback forms, brochures and posters were displayed throughout the service, all of which provide information regarding internal feedback and complaints processes, and contact information for external advocacy services.

Consumers and representatives said concerns were promptly addresses and resolved, stating staff and management provided an apology upon receiving a complaint or when things went wrong. Staff described the process they followed when feedback or a complaint was received and confirmed complaints were investigated using an open disclosure process. The service had policies and procedures to guide staff though the complaints management and open disclosure process.

Consumers and representatives described changes implemented as a result of feedback and complaints, and said they were confident their feedback was used to improve the quality of care and services. Management demonstrated how incident registers and the plan of continuous improvement captured feedback, complaints and incidents, which were recorded, actioned, resolved, and used to inform continuous improvement. Management explained, how complaints and feedback was discussed at relevant meetings, and actions taken by the service were evaluated with consumer input sought at this time.

# Standard 7

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| Human resources | | Compliant |
| 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 and representatives offered positive feedback about the response to requests for assistance and the quality of care provided. Staff were observed throughout the service, attending to calls for assistance promptly and were friendly, kind and respectful in their interactions with consumers and representatives. The service had identified the need for additional staff and a plan for continuous improvement was introduced to recruit extra staff.

Staff demonstrated personal knowledge and understanding of the consumers, including their needs and preferences. The organisation had a suite of documented policies and procedures emphasising a person-centred approach to the planning and delivery of care and services.

Consumers and representatives said staff performed their duties effectively, and where confident staff were trained appropriately and skilled to meet care needs. Online mandatory training modules and competencies for all staff were tracked and monitored by the service.

Staff described the training, support, professional development, and supervision they received during orientation and ongoing. Management described how the analysis of incidents, clinical indicators and consumer/representative feedback and complaints identified staff training needs. The service had processes and systems in place to ensure new staff were recruited, trained, equipped, and supported in their role and mandatory training was well tracked.

Staff performance was monitored through observations, competencies, such as hand hygiene and medication, through analysis of internal audits and clinical data, and feedback. The organisation had a suite of documented policies and procedures which guided workforce management, the selection and recruitment of staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when required.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and representatives stated they were confident the service was run well, and they were happy with their level of engagement in the development, delivery and evaluation of care and services. Management and staff were able to describe the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service, such as through focus groups. Review of monthly consumer meeting minutes reflected positive consumer engagement and coverage of the development, delivery and evaluation of care and services, as well as feedback and complaints.

The organisation had implemented systems and processes to monitor the performance of the service and to ensure the governing body was accountable for the delivery of safe, inclusive and quality care and services. Management provided examples of changes driven by the governing body as a result of consumer feedback, including a review of the service layout to accommodate couples. The governing body uses the information from consolidated reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The Service had an effective organisation wide governance system in place which guides information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. The organisation utilised online systems such as an electronic care management system, staff portal and risk management system to allow the Board, executive team, management, and staff to have live access to information. Management was responsible for managing the annual budget for the service, and additional expenditure in excess of the annual budget were referred to the executive leadership team.

The service had an effective risk management system in place to identify and manage risks to the safety and wellbeing of consumers. Management was able to describe how incidents were analysed, used to identify risks to consumers and inform improvement actions. The organisation used an electronic system to collect and report incident management data and use benchmarking to streamline the organisation as well as service compliance and best practice.

The organisation’s clinical governance framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process through accessible policies, procedures and guidelines. Management received automatic notifications of all incidents and ensured correct process was followed. Staff demonstrated an understanding of the requirements around using restrictive practices, including the need to obtain consent, trialling alternative interventions prior to using any form of restraint and monitoring restraint when in use. They also shared an understanding of the underlying principles of open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)