Performance

Report

**1800 951 822**

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| Name: | Gill Waminda Aged Care Plus Centre |
| Commission ID: | 0076 |
| Address: | 4 Mary Street, GOULBURN, New South Wales, 2580 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 June 2024 |
| Performance report date: | 9 July 2024 |
| Service included in this assessment: | Provider: 943 The Salvation Army (NSW) Property Trust  Service: 92 Gill Waminda Aged Care Plus Centre |

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 Gill Waminda Aged Care Plus Centre (**the service**) has been prepared by V Plummer, 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 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 and others.
* the provider’s response to the assessment team’s report was received 3 July 2024. While a response was received from the Approved provider on 3 July 2024, evidence provided in the response did not relate to the requirements assessed during the assessment contact conducted on 4 June 2024, therefore has not been considered in this decision.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** **Human resources** | **Not applicable as not all requirements have been assessed** |
| **Standard 8** **Organisational governance** | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumer and representatives provided positive feedback in relation to the clinical care the consumer receives from the service and said known risks of consumers were managed effectively.

Staff described the individual consumers’ risks and strategies in place to manage and minimise those risks and demonstrated their awareness of consumer’s individual care requirements.

Care documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, wound care and pressure injuries, diabetes, catheter and behaviour support and restrictive practice.

Interviews with management and review of service documentation, including incident management records, clinical chartings, assessment and care planning, demonstrated effective management of high-impact and high-prevalence consumer risks including the use of the organisational high activity risk register and tracker which identifies consumers who have clinical care risks and is utilised to mitigate identified clinical risks.

I have considered the information within the assessment contact team report, and I have placed weight on the information provided, including the positive feedback from consumers, staff knowledge in managing consumers’ risks, and documentation review reflecting effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) is Compliant.

# 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 |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services and said there were enough staff on duty who are knowledgeable in providing consumers’ individualised care and clinical needs.

Staff described their understanding of consumers’ individualised needs and confirmed the regular education and training they receive to ensure they are qualified and competent including training on clinical tasks and on the escalation process. A suite of other allied health professionals are engaged at the service in addition to the medication competent care staff.

In relation to the workforce responsibilities (including the 24 hours a day, 7 days a week (24/7) Registered nurse (RN) requirement and mandatory care minutes), there are RNs rostered on-site and on duty 24/7. A review of the service’s roster, interviews with staff and management identified the service has implemented strategies to increase the targeted mandatory care minutes, including the administration team managing the replacement of staff during business hours and replacing staff on planned and unplanned leave and maintaining a established casual workforce and utilising labour hire contractors and extension of working hours to ensure staff availability.

The service is utilising a mix of registered staff and care staff across 24/7, and has engaged a registered training organisation to provide student placements with the option of permanent employment. The organisation has also implemented succession planning with staff moving into senior positions. A wellbeing program has been implemented for staff to encourage their continued employment.

Call bell responses times are monitored by management on a monthly basis to determine if there are any extended calls with the site based clinical governance and operational compliance teams analysing and reporting actions to be implemented if the response times are outside the organisational response times. This report is then provided at staff meetings.

I have considered the information within the assessment contact report, and I have placed weight on the information within the report, including the positive feedback from consumers and representatives interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure, which provides guidance to staff and the service to ensure the delivery of quality care to consumers. The service maintains and monitors a restrictive practice register. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

The clinical governance system covered a range of clinical topics including behaviour support, diabetes and incident management, nutrition, hydration and unplanned weight loss, specialised clinical care needs and palliative care. The service demonstrated a high activity risk register which identifies consumers who have clinical care risks. The risk register includes a risk tracker which the service utilises to mitigate consumers with identified clinical risks. The clinical governance process includes clinical observations and a process for recognising deterioration for consumers and the escalation process for staff to follow.

The service has a procedure on the management and calculation of care minutes, which includes reviewing the direct care for specific roles, including RNs and care staff, and advisers on the inclusion of a portion of the managers hours in care delivery. The procedure also provides guidance on which tasks form care.

In relation to workforce responsibilities, the service provides staff training and monitors staff competencies, including medication competency. I have considered information contained in the assessment contact report under this and other assessed Requirements which evidenced the service had a suite of policies and procedures to guide staff including and in regard to clinical escalations.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high impact and high prevalence consumer risks, a competent and qualified workforce, and ongoing continuous improvement actions.

It is my decision Requirement 8(3)(e) is Compliant.

1. The preparation of the performance report is in accordance with section s 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)