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) – non-site |
| Activity date: | on 7 August 2024 |
| Performance report date: | 10 September 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 Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) –site report conducted on 11 April 2024 which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the assessment team’s report for the Assessment contact (performance assessment) –site report conducted on 4 June 2024 which 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 request for information made under s 67 of the Aged Care Quality and Safety Commission Rules 2018 which was received on 5 August 2024
* the additional emailed correspondence received from the provider on 8 August 2024
* the provider’s response to the Assessment contact (performance assessment) – non-site report received on 16 August 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |

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)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

Requirement 3(3)(a) was Not Compliant following an Assessment Contact conducted on 11 April 2024. At the request of the approved provider, information obtained during Assessment Contacts conducted on 11 April 2024 and 4 June 2024 and a request for additional information sent on 25 July 2024 were used to reassess this Requirement.

Appropriate consents were evidenced for restrictive practices and behaviour support plans were in place for consumers with changed behaviours. The psychotropic register evidenced medication reviews were completed and reductions in chemical restraint use for consumers was demonstrated. Staff were consistent in their consideration of other contributing factors for changed behaviours including pain.

Pain management reviews were completed which ensured consumer pain management plans were in place and updated alerts for pain assessments were included in the electronic care management system. An internal audit process undertaken recently evidenced improvements in pain assessment, planning, interventions and consumer outcome evaluations were sustained.

Falls management and prevention strategies included occupational therapist review and incorporated an holistic review of consumer pain, continence, changed behaviours, footwear and equipment. Staff training has occurred and revised incident management tools for post-fall management have been implemented.

Consumer needs and preferences for personal care were reviewed and improvements were identified by consumers and consumer representatives in personal care provision. Care conferencing and assessments were completed and consumer care needs were communicated to staff. Additional education and training on care provision according to consumer need and preferences was undertaken. Clinical staff oversight of complex nursing care ensured correct equipment management when required and increased education and handover discussions ensured effective diabetes management and blood glucose monitoring in accordance with medical officer directives.

Weight loss management included dietician interventions and associated food and fluid monitoring and charting. Staff escalation procedures for weight loss monitoring and dietary changes were implemented following dietician reviews. Actions for continuous improvement identified staff education on weight management responsibilities and ongoing meal monitoring.

Wound consultants were engaged when required and the plan for continuous improvement included ongoing education for staff on wound management, documentation, classification and dressing selection. Wound management audits demonstrated high compliance levels and consumer skin integrity improvements were evidenced overall, with reductions in skin tears and pressure injuries.

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