Performance

Report

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| Name of service: | Gill Waminda Aged Care Plus Centre |
| Service address: | 4 Mary Street GOULBURN NSW 2580 |
| Commission ID: | 0076 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 21 December 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 Gill Waminda Aged Care Plus Centre (**the service**) has been prepared by Denise McDonald, 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.
* the provider’s response to the assessment team’s report received 16 December 2022 included personal hygiene profiles, hygiene monitoring records, care plans, call bell data, and rostering documentation.

# 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 | **Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 3(3)(a)** Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

* **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.

# 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 said they were treated with dignity and respect and their identity, culture and diversity were valued. Staff spoke about consumers respectfully and demonstrated they were familiar with the consumers backgrounds. Interactions with consumers were observed to be respectful.

Staff demonstrated knowledge of consumers who were from a different cultural background and advised how their heritage or cultural preferences influenced the way in which care was delivered. Care documentation captured information about consumers’ life history, including their cultural and spiritual needs. Staff were observed addressing consumers by their preferred name.

Consumers said they made decisions about their own care and the way services were delivered. Staff gave examples of how they helped consumers make day-to-day choices, access supports they needed, and maintain family and other connections. Care documentation reflected consumers choices for care and service delivery.

Consumers said the service supports them to make decisions and they had as much control over the planning and delivery of care and services as they wanted. Staff described how they supported consumers to take risks to live the best life they could and discussed any associated risks with consumers and other relevant parties. Polices guided staff in maintaining dignity of risk for consumers supporting them to act independently, make their own choices.

Consumers confirmed they received information in a way they understood. Staff described the different ways information was communicated to ensure it was easy to understand and accessible to consumers, including strategies to communicate information to consumers with cognitive or sensory impairments. Notices were observed throughout the service, including dates and times of consumer and representative meetings, internal and external complaints mechanisms, and information about advocacy services.

Consumers said staff provided care and services in a way which respected their privacy. The privacy policy outlined how the service maintained and respected privacy of consumers. Staff were observed delivering care and services to consumers in a manner respectful of consumers’ privacy, including knocking on doors to consumers’ rooms before entry and talking quietly to individual consumers in communal areas.

# 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 said risks to the consumers health, were identified and managed to promote their independence and safe care. Consumer documentation identified comprehensive planning and assessment was undertaken to ensure safe and effective care. Staff confirmed consumers were assessed upon entry using validated risk tools and the assessment outcomes were documented in care plans which guided them in the care of consumers.

Consumers said staff discussed their needs upon entry and on an ongoing basis to capture what was important for them. Staff demonstrated knowledge of consumers’ preferences and goals and confirmed these were documented to ensure care is delivered to consumers. Consumer files showed assessment and planning reflected consumers’ goals, needs and preferences, including advance care planning and end of life care wishes.

Consumers and representatives stated they had not been involved in ongoing care plan discussions recently. Management described the availability of representatives and a loss of staff had impacted the service’s ability to undertake case conferencing, however recruitment of clinical management staff had occurred, and a plan was in place to complete case conferences with consumers and representatives. Consumer files identified care planning included input from other multi-disciplinary team members, such as Medical officers, physiotherapists, dieticians, and podiatry services. Staff were guided by processes to refer consumers to allied health professionals.

Care plans contained the outcomes of assessment and care plans were available within the electronic care management system. Staff explained the process of accessing care plan documents on the electronic system and described how they communicated outcomes of assessments to consumers and representatives. However, consumers and representatives were not aware they could access the care plan, with management advising the revised case conferencing process currently being actioned, would increase awareness of access to care planning documentation.

Consumers stated they were notified when circumstances changed or when incidents occurred. Staff advised care plans were reviewed on a 3 monthly basis and in response to a change in circumstance or when an incident occurred. Care documentation supported consumers were reviewed following incidents and care plans were updated if any changes were made to the recommended care or services required by the consumer.

# 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. | Non-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 assessment team recommended this requirement was not met.

* 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.

I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in the personal care being provided to 4 named consumers, with 3 consumers not being showered for extended periods of time, nor in accordance with their preferences and another consumer advised of delays in the provision of her personal care.

For 3 named consumers, their personal hygiene monitoring records evidenced showers had not been provided for periods of 10 days or longer, another consumer had been provided with a shower, 3 times over a period of 3 months and another consumer had received sporadic showering as the number of staff required to assist the consumer with showering were not available.

The provider’s response acknowledged the areas for improvement and advised of immediate and commenced corrective actions to ensure consumers were showered or bathed regularly and in accordance with their preferences. I acknowledge the documentation submitted evidenced the consumers preferences for showers have been captured and showering monitoring records evidences they are generally being assisted, however these confirmed there were days where the consumers had not been showered. While I consider, the corrective actions have improved the provision of personal hygiene cares to consumers, these systems will require time to demonstrate their effectiveness and sustainability and at the time of the Site Audit the service was not able to demonstrate consumers were receiving personal care tailored to their needs or that optimised their health or well-being.

Therefore, I find Requirement 3(3)(a) is non-compliant.

I find the remaining 6 requirements of Quality Standard 3 compliant as:

A documented risk management framework included policies describing how high impact or high prevalence risks associated with the care of consumers was managed. Staff confirmed they had received education on managing risk and provided examples of relevance to their work. Staff demonstrated sound knowledge of various risk minimisation strategies, including those to prevent falls or infections, manage challenging behaviours and minimise the use of restrictive practices.

Consumers said care was tailored to their needs, goals, preferences and confirmed staff had spoken to them about advance care planning and end of life preferences. Care planning documents detailed advance care planning information, including choices and end of life preferences. Staff gave examples of attending to consumer mouth care, skin care, repositioning, and personal hygiene to prioritise comfort and dignity, and families were welcomed and encouraged to be present throughout the consumer’s end of life care.

Consumers and representatives gave positive feedback for the delivery of care, including when there was a deterioration or changes in their condition. Care planning documentation reflected the identification of, and response to, deterioration or changes in function, capacity, and condition. Staff were guided by organisational policies for the identification and escalation of changes in consumers’ conditions.

Consumers said they felt their needs and preferences were effectively communicated between staff. The service had meetings where nursing staff, care staff and managers came together to discuss care needs and concerns for the consumers. Care documentation identified adequate information to support effective and safe sharing of the consumer’s care.

Consumers reported access to relevant medical services including allied health professionals, their medical officer, and other specialists. Staff described the referral process. Care documentation included input from health professionals and reflected how changes in consumers’ condition led to referrals.

Consumers expressed positive feedback with the service’s infection control practices. Staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensured they were used appropriately. The service had an outbreak management plan in place which guided staff practice in the event of an infection 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 said the service supported their individual needs, goals, and preferences. Care planning documentation demonstrated assessment and care planning processes captured what and who are important to each consumer to promote their well-being and quality of life. Staff explained what things are important to consumers and the activities they like to engage in, and this aligned with the information captured in consumer care planning documentation.

Consumers said they were supported when they experienced a negative change to their mental well-being and explained how staff supported them during difficult life events. Care planning documentation identified the emotional, spiritual, and psychological needs of individual consumers, and strategies to increase their well-being. Staff were observed interacting with consumers individually and in a group setting, including spending one-on-one time with consumers who appeared to be upset.

Consumers stated they were supported to maintain personal relationships as they wished and participated in their community both within and outside the service environment. Staff described how they worked with community groups enabling consumers to follow their interests and community connections. Consumer files identified the people important to consumers and the activities of interest to the consumer on a personalised level.

Consumers felt confident staff and other persons delivering their care and services were aware of their needs and preferences. Care documentation demonstrated adequate information was captured to support effective services and supports for daily living were provided. Staff said they were made aware of any changes to a consumer’s needs through formal shift handover processes.

Consumers confirmed the involvement of external service providers in their daily living. Staff were aware of how to refer consumers to other providers of care and services and gave examples demonstrating appropriate and timely referrals. Care documentation showed the involvement of external providers in consumer care.

Consumers said the meals provided were varied and of suitable quality and quantity. Processes and systems were in place for consumers to provide feedback on the quantity and quality of food as well as if they requested an alternative not on the menu. Staff described how they met individual consumer dietary needs and preferences on an ongoing basis.

Consumers stated they feel safe while using the service’s equipment and were aware of the process of reporting any issues about the equipment. Equipment was observed to be safe, suitable, clean, and well maintained, and staff monitored to ensure the equipment was fit for purpose.

# 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 stated the service environment was welcoming to their family and friends, they felt safe, comfortable, and at home. The service environment appeared friendly and welcoming with large gardens and seating areas throughout. The doors leading to the outside areas were unlocked, allowing consumers to walk around freely. Consumers described how they accessed activities in different areas and could move around the service freely if they wished.

Consumers said the service environment was clean, well maintained, and comfortable. The service environment had signage throughout helping consumers find their way around. Service areas, kitchen, and laundry appeared to be clean and well maintained.

Consumers said the furniture and equipment they used was safe, clean, and well maintained.  Furniture and equipment were observed to be clean and well maintained. Staff showed knowledge of processes to ensure maintenance and repairs were effective and timely.

# 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 said that they were encouraged and supported to provide feedback and make complaints and, if they choose, they could attend resident meetings to provide feedback verbally. Noticeboards and the service’s publications contained information on how to make a complaint, including a feedback form, speaking directly with the management team, raising issues at the consumer and relative meetings, or calling or sending an email directly to the service manager.

Consumers and representatives said they were aware of options for raising complaints, or seeking support from, external agencies. A consumer handbook, feedback forms, brochures, and posters displayed provided information regarding feedback and complaints processes, as well as advocacy and translation services. Staff described how they engaged with families and representatives to assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers said management promptly addressed and resolved their concerns following the making of a complaint, or after an incident had occurred. Staff had received education regarding the management of complaints and described the process followed when feedback or a complaint was received. Staff were guided by an open disclosure process, instructing staff of how to enact open disclosure when required.

Consumer’s feedback and complaints were logged and recorded. Staff showed how feedback and complaints were linked to the continuous improvement plan and described how it was trended and used to drive improvements to care and services delivery. The continuous improvement register provided examples of how feedback was reviewed and used 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. | Non-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

The assessment team recommended this requirement was not met.

* 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.

I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

The Site Audit report evidenced the planning and deployment of the workforce was insufficient to deliver safe and quality care and services, as rostering of staff did not take into consideration the number of staff required to assist consumers, where multiple staff were needed to safely assist with transferring or personal hygiene. Additionally, staff confirmed they were unable to meet the needs of consumers identified as requiring 3 staff to assist with their transfers or personal hygiene.

For a named consumer, staff and care documentation evidenced the consumer required 3 staff to assist with transferring and bathing, however only 2 staff were rostered to that wing and staff were dependent on another staff member being sourced from another wing in order to provide the consumer with personal care resulting in the consumer being bathed 3 times in 3 months.

The provider’s response acknowledged the areas for improvement and advised of immediate and commenced corrective actions including reviewing all consumers care plans to determine the number of consumers who were identified as requiring additional support and were not receiving it and reviewing the roster. While I acknowledge the difficulties the sector is experiencing with the adequacy of the workforce and additional care staff hours have been added into the roster, at the time of the Site Audit, the service was not able to demonstrate the workforce was sufficiently deployed to deliver safe and quality care to consumers.

Therefore, I find Requirement 7(3)(a) is non-compliant.

I find the remaining 4 requirements of Quality Standard 7 compliant as:

Consumers said staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring and respectful. Training records showed staff completed online modules providing them with knowledge and skills relevant to dignity and personalised care.

Consumers felt confident staff were sufficiently skilled to meet their care and clinical care needs. Contemporary recruitment, selection policies and procedures provided a structured approach that ensured staff had the required qualifications and credentials. Staff training records were reviewed and identified the service has an orientation program for new staff, and a system for monitoring staff had completed annual mandatory training and competencies to ensure the service’s workforce had the skills to perform their roles effectively.

The staff performance framework in place included annual performance appraisals and mandatory education. A review of relevant documentation identified performance appraisals, mandatory training and competency assessments were conducted annually. Staff provided examples of attending performance reviews and how the service monitored their progress, including areas for improvement.

# 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 provided ongoing input in how care and services were delivered and confirmed the service had sought their input in a variety of ways. Documentation from various meetings evidenced and reflected input from consumers. Various forms were in place for consumers to be consulted in relation to care and services including consumer meetings and committees.

Salvation Army aged care facilities were overseen by an Executive Leadership Forum. The service is overseen by an executive forum which monitors compliance with the Quality Standards through monthly reports including segments on clinical governance, quality and risk performance, the outcome of the continuous improvement plan and service audits.

The policies and procedures were reviewed relating to open disclosure, restrictive practice, complaints management, clinical risk management, and clinical governance policy. All reflected the relevant legislative requirements. Staff were monitored for compliance with the policies and processes. Documentation reflected continuous improvement was informed by feedback and complaints, effective information management systems were in place and financial delegations were used effectively.

The organisation’s risk management framework reflected systems to improve data collection and analysis, staff knowledge on risk or incident management had been effective. Staff confirmed they had received education on these topics and demonstrated increased knowledge of risks, elder abuse and incident management processes and provided examples of their relevance to their work including preventing falls, reducing infections, and managing challenging behaviours.

The clinical governance systems ensured the quality and safety of clinical care, promoted antimicrobial stewardship, encourage the minimisation of restrictive practice, and encourage the use of open disclosure. Policies and procedures were available to all staff through a document management system. Staff advised they had training in the Quality Standards, infection control, restrictive practices, dementia, 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)