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: | Assessment Contact - Site |
| Activity date: | 20 July 2023 |
| Performance report date: | 23 August 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 Gill Waminda Aged Care Plus Centre (**the service**) has been prepared by M.Wyborn, 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 - Site; the Assessment Contact - 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 received 9 August 2023.

# 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 | **Non-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.

**Standard 7** .

* Ensure the service is adopting effective workforce planning strategies, including strategies to minimise the impact of agency staff on consumers’ 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 |

Findings

The service was found non-compliant following a Site Audit conducted from 15 to 17 November 2022. At this time, the service was unable to demonstrate that consumer care planning was individualised to each consumer’s care needs or preferences. Staff, consumers and representatives provided feedback that staffing at the service was insufficient, thus impacting on consumer personal care delivered in line with each consumer’s needs, and reduced opportunity to ensure that the care delivered at the service was optimising consumer health and well-being. Some consumers and representatives highlighted that there were not enough staff, which often impacted on consumer care needs.

During the Assessment Contact conducted on 20 July 2023, the Assessment Team reported that the service was unable to demonstrate each consumer gets safe and effective personal and/or clinical care, that is best practice, tailored to their needs and optimises their health and wellbeing. The Assessment Team reported however, that the service has taken some action to remediate the concerns identified at the last Site Audit, including reviewing all consumer care needs and reviewing the service’s staffing roster and making adjustments where deemed necessary.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and supplied evidence to support their immediate and proportionate response to the individual consumer issues noted in the Assessment Contact Report. The Approved Provider highlighted memorandums provided to all staff in relation to wearing masks when attending to consumers, ensuring staff understood the proper management of continence aides, and supporting staff to understand the requirement to deploy intervention strategies in the first instance to manage consumer behaviours and not to simply close consumer doors. The Approved Provider also highlighted their action to review and update consumer communication and sensory needs in each consumer’s care plan. The service has updated consumer personal hygiene profiles, and have updated their staff roster system to identify consumers who require greater staff assistance with showering. The service has liaised with their contract agencies to ensure that all agency staff are trained and equipped to undertake these activities when working at the service.

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to personal and clinical care and with these considerations, I find the service compliant in Requirement 3(3)(a).

# 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 |

Findings

The service was found non-compliant following a Site Audit conducted from 15 to 17 November 2022. At this time the service was unable to demonstrate the workforce was sufficient to deliver safe and effective care for all consumers and this left some consumers, particularly those with high support needs, not always receiving their personal care due to insufficient staff allocation.

In response to the Assessment Contact conducted on 20 July 2023, the Assessment Team reported that the number and mix of members of the workforce is not sufficient to ensure a consistent delivery and management of safe and quality care and services for all consumers. The Assessment Team reviewed recent staff rosters and allocations, and sought consumer, representative and staff feedback, in addition to observing operations during the Assessment Contact.

Consumer and representative feedback is that insufficient staffing numbers result in reduced time available for personal hygiene and other consumer care needs. Staff indicated there is not enough staff on shift to provide adequate personal care for each consumer, and highlighted that seeking staff assistance when necessary from other areas of the service is difficult and unsustainable. On the day of the Assessment Contact, the Assessment Team observed a vacant shift that was unfilled, and reviewed recent staff rosters that highlighted a reduced workforce.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and highlighted that the service’s staffing roster has been reviewed and that management and the service’s human resources business partner are meeting with staff to discuss the concerns. Further, the service has liaised with their contract agencies to ensure that agency staff employed at the service have the required skills and ability to effectively perform tasks such as manual handling and consumer showering to best support care staff and consumers.

After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to human resources and workforce management. Further time is required to ensure that the continuous improvement actions undertaken by the service will remediate the issues presented. With these considerations, I find the service non-compliant in Requirement 7(3)(a).

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)