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: | 11 April 2024 to 12 April 2024 |
| Performance report date: | 14 May 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 E Woodley, 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 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 1 May 2024.
* the Performance Report dated 23 August 2023 following the Assessment Contact conducted 20 July 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **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

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) – the provider must demonstrate clinical and personal care provided is best practice, tailored to consumer’s needs, and optimises their health and well-being. Staff practices regarding personal care is guided by consumer’s needs and preferences and optimises their health and well-being. Restrictive practice processes are best practice to ensure appropriate identification, informed consent, and review. Consumer pain, weight, and skin integrity is appropriately assessed, managed, and monitored to optimise their health and well-being.
* The provider must demonstrate the service has implemented all continuous improvement actions identified in their response to the Assessment Contact report.

# 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. | Not Compliant |

Findings

The Quality Standard is not compliant as one of the seven specific Requirements has been assessed as not compliant.

At the Assessment Contact conducted 11 – 12 April 2024, the Assessment Team found the service did not demonstrate consumers consistently receive safe and effective personal and clinical care, which is tailored to their needs and preferences, and is best practice. The Assessment Team found deficiencies in the service’s application of their restrictive practice policies and procedures. This included gaps in identification of chemical restrictive practice, inconsistent informed consent practices from consumers or substitute decision makers, and reviews not in line with organisational policy. For two consumers who experience behaviours requiring support, behaviour management strategies were not reviewed following changes in the consumer’s condition. For several consumers, pain was not monitored despite being identified as contributing to behaviours or following falls. Additionally, one consumer interviewed by the Assessment Team felt their pain was not managed effectively, and documentation reviewed for this consumer identified that pain monitoring had not been documented since mid-2023. Feedback from two representatives and documentation reviewed indicated personal care including showering and oral care was not delivered in line with preferences for two consumers.

For two consumers, risk of falls was not managed effectively leading to further fall incidents and decreased health and well-being. Inadequate post-fall assessment and observations, including pain assessment and monitoring, resulted in delayed transfer to hospital for one of these consumers. Response to out of range blood glucose levels was not in line with documented directives for one consumer, and response to two consumers experiencing unplanned weight loss was not best practice to optimise their health and well-being. The Assessment Team found wound monitoring was not in line with best practice for two consumers.

The provider’s response to the Assessment Contact report outlines recent changes in leadership at the service, and highlights the provider’s commitment to driving sustainable continuous improvement and embedding their organisational values at the service. The provider’s response acknowledges the areas for improvement identified in the Assessment Contact report and outlines continuous improvement action implemented since the Assessment Contact to improve personal and clinical care delivery. This includes staff education and training, review and updating of restrictive practice documentation, increased clinical oversight by management, and implementation of a root cause analysis project for falls prevention. The service has reviewed the care of consumers identified in the Assessment Contact report, including review by medical officers and allied health professionals where required, to improve personal and clinical care delivery.

The service has identified continuous improvement action in response to the Assessment Contact. However, these improvements are in the process of being fully implemented and require time to ensure they are effective in rectifying the issues identified, and allow the service to self-identify and action areas of personal and clinical care that are not best practice and optimising consumer health and well-being. I am not satisfied that the service has demonstrated delivery of best practice personal and clinical care and therefore I find Requirement 3(3)(a) is not 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

Most consumers and representatives interviewed by the Assessment Team during the Assessment Contact conducted 11 – 12 April 2024 provided positive feedback about the sufficiency of staff to meet consumer care needs within a timely manner. The service demonstrated effective processes to ensure registered nurse oversight on all shifts. The service has processes to cover unplanned leave shifts without compromising care delivery, and documentation reviewed indicated all shifts had been filled in the weeks prior to the Assessment Contact. Observations by the Assessment Team indicated the workforce is sufficient to deliver care in a timely manner, without rushing consumers.

The provider’s response to the Assessment Contact report identifies recent changes to management at the organisation to assist the leadership team to enable the delivery, management, and oversight of safe and quality care.

I find Requirement 7(3)(a) is compliant.

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