Performance

Report

**1800 951 822**

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| Name: | Gummun Place |
| Commission ID: | 0372 |
| Address: | 14-18 Marquet Street, MERRIWA, New South Wales, 2329 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 July 2024 |
| Performance report date: | 13 August 2024 |
| Service included in this assessment: | Provider: 2688 Upper Hunter Shire Council  Service: 388 Gummun Place |

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 Gummun Place (**the service**) has been prepared by J Cayabyab, 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 31 July 2024.

# 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

Consumers and representative provided positive feedback on how the service effectively managed and mitigated risks associated with the care of consumers. Management and staff interviewed identified consumers’ high impact high prevalence risks including falls, wound care, weight loss, and other complex clinical care needs and the implemented strategies to minimise and effectively manage consumers identified clinical risks. Whilst the Assessment Contact report identified deficiencies in relation to assessment and care planning documentation for consumers requiring wound care and falls management; care documentation including progress notes, charting, incident record, and policies and procedures demonstrated effective processes in place in relation to the management of consumers’ wounds and falls including regular review of care provided. The service demonstrated effective identification, monitoring, and trending of incidents to ensure risk mitigation strategies are implemented.

The Approved Provider response outlined specific strategies which has informed their Plan for Continuous Improvement (PCI) to address the deficiencies identified. These include staff education and additional support and engaging with the electronic clinical management provider in reviewing care planning documentation. I have considered the information within the Assessment Contact report, and I have placed weight on the positive feedback from consumers, staff knowledge in identifying and managing consumers’ risks and the written response from the Approved provider.

I am satisfied that 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 representative said staff are very responsive to their requests for assistance and indicated they are happy with the level of care and services being provided to consumers. Staff described the ongoing efforts of the service to ensure adequate number of staff are rostered and planned and unplanned leave are covered. Management interview evidenced ongoing review of the service’s roster to ensure there is appropriate number of staff to meet the care needs of consumers. The service demonstrated strategies to ensure planned and unplanned leave were filled through utilising part time and casual staff to fill the shifts, offering extension to shifts, and engaging labour hire staff (agency).

In relation to the workforce responsibilities, (including the 24/7 RN requirement), interviews with management, staff and a review of the service rosters identified the service does not always have an RN (registered nurse) rostered on-site and on-duty 24/7. The service currently has an exemption from 24/7 RN coverage which remains in place until 30 June 2025. During the times when a RN is not rostered on site and on duty, the clinical care facility manager and registered nurses are on-call across the entire week. The service has on call process and alternative arrangements in place to ensure consumers receive appropriate care. The Assessment Contact report included observation of the on-call arrangement available to staff in the service’s roster and displayed on staff boards. The service has systems in place to manage the planning and recruitment of staff to assist in the delivery and ongoing management of safe and quality care and services.

In relation to meeting the mandatory care minutes requirements, documentation review, and management interview identified the service is currently its meeting its total mandatory care minutes targets but not the RN minutes. While the service is currently not meeting its RN minutes target, the service demonstrated a range of actions taken to actively work towards meeting the RN minutes targets and to ensure consumers care and services are safe including ongoing recruitment strategies, implementation of new human resource system, engagement with various labour hire agencies and improvements to assist with staff wellbeing and retention.

The Approved Provider response outlined their ongoing recruitment effort and workforce planning to meet consumers’ needs. I have considered the Approved Provider’s response, the information within the Assessment Contact team report, and I have placed weight on the positive feedback from consumers, representatives, and staff interviewed, and the ongoing effort of the service to work towards meeting the workforce responsibilities.

I am satisfied that 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 organisation’s clinical governance framework supports the delivery of safe and effective care to consumers that includes the key elements of antimicrobial stewardship, minimising the use of restraint, open disclosure, and managing high impact high prevalence risks to consumers. Staff confirmed their access to a range of policies and procedures and described the strategies they implement to manage consumers clinical care in line with the organisation’s processes. The service demonstrated the effective implementation of established systems and processes in place for delivering safe, quality clinical care, and for reporting and continuously improving services to monitor and improve the reliability, safety and quality of clinical care being provided to consumers.

In relation to workforce responsibilities including 24/7 RN and meeting of mandatory care minutes, whilst the Assessment Contact report identified the on-call staffing arrangement and the on-call management policy did not reflect current information, staff described their knowledge and confirmed education was provided on the on-call process and alternative clinical arrangement in place.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the assessment contact team report including the positive feedback from consumers, staff knowledge of strategies to manage consumers’ high impact high prevalence risks, evidence of effective implementation of the clinical governance framework, an established alternative clinical arrangement and on call process in place in an event an RN is not rostered on site and on duty.

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