Guildford Village

Performance Report

34 Swan Street East
GUILDFORD WA 6055
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**Commission ID:** 7204

**Provider name:** Pu-Fam Pty Ltd

**Assessment Contact - Site date:** 18 May 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find Requirement (3)(b) Compliant. The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Assessment processes assist the service to identify consumers’ high impact or high prevalence risks in line with individual goals and preferences. This is supported through best practice guidelines and validated risk assessments. The service undertakes referrals to allied health staff, Medical Officers and other health and service providers to ensure high impact or high prevalence risks are effectively managed.

Five consumer files sampled demonstrated risks relating to falls, challenging behaviours, pressure injuries, indwelling catheters and risks associated with the use of psychotropic medication are identified, assessed, planned for and communicated. Consumers sampled confirmed they receive care that is right for them, and they are supported to take risks and the service implements strategies to mitigate risks.

Clinical and care staff sampled were able to describe how they assess and manage high impact or high prevalence risks for individual consumers when delivering personal and clinical care. Documentation viewed by the Assessment Team confirmed the service has a process to ensure incidents are recorded and analysed with strategies evaluated for effectiveness.

The service has monitoring processes in place, including monthly trending and analysis of incident data which is reported at monthly quality meetings to identify opportunities for improvement.

Based on the information detailed above, I find Pu-Fam Pty Ltd, in relation to Guildford Village, Compliant with Requirement (3)(b) in Standard 3.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(c) in relation to Standard 7 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(c) and find Requirement (3)(c) Compliant. The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles

Initial recruitment, orientation and onboarding processes ensure staff are competent and suitably skilled to perform their role. Job descriptions outline core competencies and capabilities. Staff complete allocated tasks recorded on a task allocation sheet which is based on the shift and competencies of the staff member. All care staff are required to have a qualification which is at a minimum Certificate III from a Registered Training Organisation. Staff who administer medication complete medication competency training.

Consumers and representatives said they were satisfied with staff knowledge and staff know what they are doing. Consumers and representatives were able to provide examples, such as being informed of changes in health status, consumers being referred to other service providers where required and were informed of follow up actions completed following falls, decline in health or when an escalation of behaviours of concern occur.

Staff confirmed management provide support to them with relevant training and education provided. Staff described training completed in diabetes management, delirium and dementia and how this training is relevant to the cohort of consumers who reside at the service. Observations demonstrated staff understand how to manage consumers with challenging behaviours.

Management monitors staff competency though observations and a review of; clinical information, scheduled audits, feedback and incident data. The Quality and Compliance Officer described implementing training in wound care to support staff in better identifying and managing skin tears.

Based on the information detailed above, I find Pu-Fam Pty Ltd, in relation to Guildford Village, Compliant with Requirement (3)(c) in Standard 7.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(c) in relation to Standard 8 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(c) and find Requirement (3)(c) Compliant. The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team found the service has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

Staff sampled confirmed they are provided information in a number of formats with respect to their role and have access to an electronic consumer care planning and assessment system. All staff have an organisational email account, access to a memo folder and attend monthly meetings to support effective communication. Policies and procedures guide staff practice with templates available to staff to ensure assessments and reassessment are completed effectively.

The service has a continuous improvement plan with improvements across the Standards with improvements discussed in a range of meetings. Opportunities for improvement are identified from a range of sources and include a review of incident data. Management described an improvement implemented following two staff injuries involving needles and how following the improvement no further staff injuries have occurred.

The service has an organisational Quality and Compliance Manager responsible for ensuring changes in legislation, Government directives or industry information is disseminated and provided to the service and other leadership areas of the organisation. Staff demonstrated an awareness of minimisation of restraint for consumers and an understanding of the Serious Incident Response Scheme (SIRS) and their responsibilities. Documentation viewed showed the organisation has updated their policy and procedures to include SIRS.

The service has systems to ensure all feedback and complaints are encouraged, logged, investigated and actioned. Documentation viewed confirmed feedback and complaints are discussed throughout the organisation and where relevant at Board level.

Based on the information detailed above, I find Pu-Fam Pty Ltd, in relation to Guildford Village, Compliant with Requirement (3)(c) in Standard 8.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.