Performance

Report

**1800 951 822**

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| Name: | Guildford Village |
| Commission ID: | 7204 |
| Address: | 34 Swan Street East, GUILDFORD, Western Australia, 6055 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 November 2023 |
| Performance report date: | 10 January 2024 |
| Service included in this assessment: | Provider: 1120 Pu-Fam Pty Ltd  Service: 4732 Guildford Village |

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 Guildford Village (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and management; and
* the performance report dated 13 January 2023 for a site audit undertaken 15 November 2022 to 17 November 2022.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **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

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.

# Other relevant matters:

Standard 2 Ongoing assessment and planning with consumers requirement (3)(a); Standard 3 Personal care and clinical care requirement (3)(b); and Standard 8 Organisational governance requirement (3)(d), found non-compliant following a site audit undertaken 15 November 2022 to 17 November 2022, were not assessed as part of the assessment contact undertaken 28 November 2023.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement (3)(f) was found non-compliant following a site audit undertaken in November 2022 as each consumer’s privacy was not respected. The assessment team’s report included actions the service has taken to address the deficits identified, including, but not limited to, undertaking a review of consumers with wandering behaviours; and alerting staff of consumers at risk of wandering behaviours to provide ongoing observations to reduce breaches of privacy.

At the assessment contact undertaken in November 2023, consumers and representatives felt staff respected consumers’ privacy and maintained confidentiality. Consumer records are held on an electronic system which is password protected, with computers used to access the system located behind locked doors to ensure confidentiality. Policies and procedures guide staff on how to maintain privacy and confidentiality, and two staff said they receive online training relating to privacy and confidentiality. Staff described ways they ensure consumer privacy is respected, including during provision of care and services.

Based on the assessment team’s report, I find requirement (3)(f) in Standard 1 Consumer dignity and choice compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Requirements (3)(b) and (3)(c) were found non-compliant following a site audit undertaken in November 2022 as each consumer was not provided services and supports for daily living to promote emotional and/or psychological well-being; and services and supports for daily living did not assist each consumer to participate in activities of interest to them. The assessment team’s report included actions the service has taken to address the deficits identified, including, but not limited to, having the clinical coordinator assess and review each consumer’s emotional and psychological care needs and preferences and implementing appropriate and individualised supports; provided education to all staff on the emotional support policy; and having the lifestyle coordinator identify things of interest for each consumer and implementing an activity program in line with their preferences and abilities.

At the assessment contact undertaken in November 2023, consumers and representatives said regular staff are kind and supportive of consumers when they feel down. Staff were aware of individual consumer’s needs in relation to emotional, spiritual, and psychological well-being, and identified consumers experiencing low mood and strategies they implement to assist them. For example, staff had identified one consumer as having a low mood as the family had expressed concerns about their emotional well-being. In response, the consumer was referred to counselling services and provided with one-to-one support by care staff. Regular church services are held each month, with the Priest providing blessings for those consumers unable to attend the service in person.

Representatives confirmed consumers are supported to participate in the community, have personal and social relationships and do things of interest to them. Surveys are conducted to identify activities each consumer likes and lifestyle staff receive real time feedback from consumers by going to the activities to observe engagement, with changes made to the planned activities in response. The service supports consumers to participate in their community by inviting the community into the service. The service has strong connections with the local school and students come into the service for two-week placements and are involved in activities with consumers. Staff identified activities for consumers who were unable to participate in group activities, with engagement provided to these consumers through one-to-one activities.

Based on the assessment team’s report, I find requirements (3)(b) and (3)(c) in Standard 4 Services and supports for daily living 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

Requirement (3)(a) was found non-compliant following a site audit undertaken in November 2022 as adequate numbers and mix of staff to deliver safe and quality care and services were not demonstrated. The assessment team’s report included actions the service has taken to address the deficits identified, including, but not limited to, implementing a system to ensure the number and mix of members of the workforce is exceeding the minimum requirements necessary to deliver safe and quality care and services; ensuring additional catering staff are employed to prepare and deliver meals to the individual houses; and introduced a registered nurse on every shift, and additional support staff to align with care minute requirements.

At the assessment contact undertaken in November 2023, all consumers and representatives were satisfied there were enough staff to provide safe and quality care and services. There are processes to identify the minimum staffing requirements based on each consumer’s individual needs, with the information used to ensure sufficient rostering of staff. The rostering system considers the houses each staff member is rostered for, so the same staff are caring for the same consumers each shift. Rosters showed the service currently exceeds the minimum requirements of care, lifestyle, and clinical staff for each consumer. All staff interviewed said there are enough staff and appropriate mix of staff to provide safe and quality care and services. Staff stated, and management confirmed, vacant shifts are filled, and agency staff are used, where required.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

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)