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: | 5 March 2024 to 6 March 2024 |
| Performance report date: | 24 April 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 R, Beaman, 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; the report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others; and
* the provider’s response to the assessment team’s report received on 25 March 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 8** Organisational governance | **Not 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 2, Requirement (3)(a):**

* Ensure assessment and planning includes the consideration of risks to consumers’ health, well-being and safety, including where a consumer expresses to undertake an activity of risk.

**Standard 8, Requirements (3)(d) and (3)(e):**

* Ensure effective risk management systems and processes are in place, including supporting consumers to take risks to live their best life and an effective incident management system that manages and prevents incidents.
* Ensure an effective clinical governance framework is in place, including systems and processes to minimise the use of restraint.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |

Findings

The service was found non-compliant in this Requirement following a site audit undertaken from 15 November 2023 to 17 November 2023 where the service did not demonstrate assessment and planning was undertaken with the consideration of risks to consumers, specifically in relation to activities of risk. The service implemented improvement actions, including introduction of an admission checklist that included assessing risks when consumers on admission expressed the choice to take risks.

During this assessment contact, the assessment team were not satisfied the service effectively considered risks to consumer safety through assessment and planning and recommended the Requirement not met.

Two consumers with vision impairment who choose to leave the service independently did not have a risk assessment completed through the planning processes. The service had not considered the potential risk to both consumers’ safety when undertaking their risk of choice, including risk of falls, or the environment and surroundings of the service, such as busy roads. Further, one consumer who chooses to undertake an activity of risk in the outdoor service environment and is a known falls risk but has not had their risk of falls considered or assessed as part of that activity.

Staff did not undertake effective and accurate assessment of consumers’ skin integrity and their risk of pressure injuries and while interventions were implemented for two consumers to prevent further deterioration, there was no valid risk assessment completed to provide clinical oversight.

Validated cognitive assessments are not completed routinely for consumers and risks associated with cognition are not consistently identified or mitigated through the assessment and planning process.

The provider acknowledged the deficits identified in the assessment team’s report in relation to assessment and planning, specifically where a consumer chooses to undertake an activity of risk. The provider’s response included a range of actions that have been taken to rectify the deficits identified. The provider asserts they have reviewed all falls risks assessments for consumers and identified risks recorded on assessment and planning documentation, for the named consumers who undertake activities of risks the provider has completed dignity of risks for each of them, as part of the admission process a risk assessment analysis is undertaken for consumers, management have received education on risk assessment and analysis, and staff education in the form of toolbox sessions on risk management and mitigation.

I acknowledge the provider’s response and the actions they have taken to address the deficits identified in relation to the consideration of risks in consumer assessment and planning processes, however, I find the service did not demonstrate it had effective processes in place for consumer assessment and planning and those did not consider risks associated with consumer care. In coming to my finding, I have considered for multiple consumers who wished to undertake activities of risk, there was no risk assessment completed and, as such, no strategies were developed to mitigate those to ensure consumers could express their choice safely. I have also considered staff did not undertake appropriate assessments for two consumers who had a risk of pressure injuries which in turn meant there was no clear strategies for staff to follow to deliver care to those consumers.

I acknowledge the actions taken by the provider in relation to the assessment of risks for consumers to address the deficits identified, however, I believe those actions and processes will need time to be fully embedded to achieve efficacy.

For the reasons details above, I find Requirement (3)(a) non-compliant.

# 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

Not all Requirements in this Standard were assessed and, as such, there is no overall rating.

The service was found non-compliant in this Requirement following a site audit undertaken from 15 November 2023 to 17 November 2023 where the service did not demonstrate it effectively managed high impact or high prevalent risks associated with consumer care, specifically in relation to behaviour and falls management and restrictive practices. The service implemented improvement actions including the clinical care coordinator reviewing all clinical care processes, guidance and supervision being provided to staff, the implementation of a restrictive practices register, staff education and review of medication practices and diabetes management plans.

Consumers and representatives were satisfied with the care consumers received and confirmed it was delivered in a way that was safe and right for them. Consumers were confident clinical care was delivered to them in a way that safely mitigates any risks and staff were knowledgeable of their needs. Documentation confirmed consumers’ care documentation includes high impact and high prevalence risks, including falls, wound and behaviour management, including the use of psychotropic medications, and effective strategies to deliver care to consumers in a way that is safe.

Clinical staff demonstrated understanding of high impact or high prevalence risks to consumer care and described the various ways in which they deliver care in a way that mitigates those risks.

For the reasons detailed above, I find this Requirement compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |
| 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. | Not Compliant |

Findings

The service was found non-compliant in Requirement (3)(d) following a site audit undertaken from 15 November 2023 to 17 November 2023. The service did not demonstrate an effective risk management system was in place, specifically in relation to consumers taking risks of choice, managing high impact or high prevalence risks, and incident management. The service implemented improvement actions, including introduction of an admission checklist that included assessing risks when consumers on admission expressed the choice to take risks, completion of dignity of risk forms, commencement of monthly clinical meetings and training to all staff around incident management, including the reporting of incidents.

During this assessment contact, the assessment team were not satisfied the service had effective risk management or clinical governance systems in place, specifically in relation to supporting consumers to take risks to live their best life, the management of incidents or minimising the use of restraint. The assessment team recommended Requirements (3)(d) and (3)(e) not met.

**Requirement (3)(d)**

Two consumers with vision impairments but no cognitive impairment did not have risk assessments in place or consideration of risks to their safety, including falls or how to contact the service in an emergency when they leave the service independently as they choose to do.

The service did not have dignity of risk forms with evidence of discussions of risk and mitigation strategies completed for multiple consumers who chose to undertake activities of risk.

Incidents are not consistently investigated and strategies to prevent recurrence are not always documented to maintain consumer safety and mitigate risk of harm.

The provider acknowledged the deficits identified in the assessment team’s report in relation to the organisation’s risk management framework. The provider described the actions taken to rectify the deficits, including a review of the service’s protocols and staff training in relation to risk, toolbox education sessions with staff around incident management and risk, reviewing consumers who choose to undertake a risk activity to ensure risks are discussed and strategies to mitigate the risks developed, training for clinical staff to undertake incident investigations, and monitoring of incidents by quality management to ensure they are reported and completed accurately. I acknowledge the multiple actions the provider has put in place in response to the assessment team’s report, however, find the risk management framework is not effective in relation to incident management and supporting consumers to take risks.

In coming to my finding, I have considered that for two consumers, their choice to undertake a risk activity was not risk assessed appropriately to ensure they could undertake those risks in a safe manner to prevent harm. I have also considered information included in Requirement (3)(a) in Standard 2 that shows risk assessments in general where a consumer chooses to take risks are not completed and, as such, staff are not able to effectively understand or manage those risks. In relation to incident management, I have considered information in the assessment team’s report that includes incidents are not consistently recognised or reported for investigation and, as such, strategies to mitigate risks are not developed for consumers.

I acknowledge the various actions the provider has put in place to rectify the deficits identified; however, I find these will take time to be fully embedded and ensure efficacy of those. I do encourage the provider to keep on the journey they have commenced to implement all actions and evaluate those in relation to their risk management framework.

For the reasons detailed above, I find Requirement (3)(d) non-compliant.

**Requirement (3)(e)**

The service has a restrictive practices register in place, however, considers all consumers who are administered psychotropic medications, including those with mental health diagnosis and those administered medications for comfort care at end of life, as having a chemical restraint in place. Staff were not able to demonstrate understanding of when the administering of psychotropic medication is considered a chemical restraint and they service could not provide the number of consumers who were administered medications in relation to adverse behaviours.

The majority of the 35 consumers are receiving psychotropic medications to manage behaviours associated with dementia. The service does not have a process in place to identify when a consumer is subject to a chemical restraint. One representative confirmed they had not given consent for their consumer to be administered medications to manage their behaviour.

The service has not considered for 11 consumers residing in the secure wing at the service, as being subject to environmental restraint when they are unable to leave the area on their own accord. Doors to the wing are secured with a passcode access panel and consumers are not given the code. One consumer who left the service independently was moved into the secure wing to prevent them for leaving the service, however, staff had not considered this an environmental restraint.

Three staff members confirmed they lower one consumers’ bed to the floor to prevent them from getting out as they had a risk of falls. The consumer is ambulant, and staff did not consider this a restrictive practice. Documentation showed informed consent had not been sought for this practice.

The provider acknowledged the deficits identified in the assessment team’s report in relation to the organisation’s clinical governance framework and included the following actions they have implemented to rectify those, a review of consumers with restrictive practices, including chemical restraint register and psychotropic medication register, education of management, including clinical management on restrictive practices, a review of medication charts and where there is an indication medication has not been used for a period of time a referral to the medical officer is completed with the view to cease, additional training for staff on restrictive practices.

I acknowledge the actions the service has implemented, and the additional information included in the provider’s response, however, I find the service did not demonstrate it had an effective clinical governance framework, specifically in relation to restrictive practices. In coming to my finding, I have considered the information in the assessment team’s report that includes multiple consumers were subject to various restrictive practices (chemical, environmental, and mechanical) without required processes, including valid informed consent in place. I have also considered for one consumer, the service’s response to their wishing to leave the service independently when there was an element of risk was to move them to the secure wing of the service.

I also acknowledge the actions the provider has implemented immediately following the assessment contact visit to rectify the deficits identified and encourage them to continue those. I find however, those actions will need more time to be fully embedded for efficacy.

For the reasons detailed above, I find Requirement (3)(e) non-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)