Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | David, Gita and Michael Hoffman Nursing Home |
| Commission ID: | 7785 |
| Address: | 119 Cresswell Road, DIANELLA, Western Australia, 6059 |
| Activity type: | Site Audit |
| Activity date: | 1 October 2024 to 3 October 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 664 Maurice Zeffert Home (Inc)  Service: 4821 David, Gita and Michael Hoffman Nursing Home |

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 David, Gita and Michael Hoffman Nursing Home (**the service**) has been prepared by Alla Kasyan, 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 Site Audit 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 on 10 October 2024. The provider has indicated they will not be submitting a formal response, expressing satisfaction with the Assessment Team’s report and findings.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers reported being treated with dignity and respect, with their identities, culture, and diversity recognised. Staff described how they respect each consumer’s preferences, using preferred names and delivering care according to individual preferences. The Assessment Team observed respectful interactions, and documentation reviews confirmed personal preferences were accurately captured in individualised care plans. Staff were seen knocking before entering rooms and maintaining privacy during care.

Consumers confirmed culturally safe environment, with individual cultural identities and preferences respected. Consumers reported care staff were mindful of cultural needs, such as a female care preference and accommodating religious practices. Staff confirmed awareness of these cultural preferences and received training on cultural safety. Care plans reflected detailed cultural, ethnic, and religious preferences. Staff ensured culturally appropriate activities for a recently bereaved consumer, with individual visits and support for their specific needs.

Consumers reported exercising choice and independence, making decisions regarding care timing, involvement of family, and maintaining relationships. Care planning documents reflected individual preferences, with management confirming pairing of consumers in shared rooms to foster companionship. Staff described supporting consumers’ daily choices, such as clothing and meals.

Consumers and staff confirmed the service supports consumers in making informed risk-related choices to live their best lives. Staff demonstrated awareness of these choices, with policies and assessments in place for supporting risk-taking. Documentation of risk mitigation strategies was updated following feedback, adding a section for recording these strategies in the risk consent form.

Consumers and representatives confirmed the service provides timely, accurate information that supports consumer choice. Consumers reported receiving daily updates on food and activities. Staff described various methods for communicating information, including personal discussions, newsletters, and activity boards, which were visible throughout the facility and in rooms.

Consumers expressed satisfaction with the service’s respect for their privacy and information confidentiality. Staff demonstrated their understanding of privacy practices, such as knocking before entering rooms and discussing care privately. Documentation review showed that “do not disturb” signs were discussed and offered to interested consumers. Confidential information is protected within an electronic care system, and all staff have access to policies on confidentiality and undergo relevant training. Observations confirmed privacy was consistently maintained during care.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service’s assessment and planning processes effectively address risks related to consumers' health and well-being. Risks such as pressure injuries and aspiration were identified and managed through personalised care plans. Interviews with consumers and representatives confirmed satisfaction with the risk management strategies. Staff demonstrated understanding of assessment protocols and regularly monitor risks, documenting mitigation strategies.

Assessment and planning include addressing consumers' current needs, goals, and preferences, including advance care planning. Consumers and representatives stated Advance Care Directives and end-of-life preferences are discussed as part of the assessment. Documentation showed consumer needs and personalised goals are documented in care plans. Staff demonstrated familiarity with palliative care pathways and reported they closely monitor changes in consumer needs and respond according to their current goals and preferences.

The service partners with consumers and relevant people in care planning, involving external providers, general practitioners and allied health professionals. Evidence showed effective engagement with specialists, especially in complex cases, such as involving a palliative team for symptom management. Documentation confirmed regular consultations with consumers and representatives, with meetings held annually or as needed. Staff reported they communicate frequently with representatives, ensuring care aligns with family and consumer preferences.

Consumers and representatives reported being regularly informed of updates from referrals or assessments. Observations confirmed the service provides copies of care plans in print or via email based on preferences. Documentation reviewed showed care plans incorporate updated information after clinical assessments. Staff explained how they access and follow care plans to provide consistent and effective care.

The service reviews care plans regularly, including after significant incidents or health changes. Staff confirmed annual reviews and adjustments post-hospital discharge or incident, as per the service’s policies. Observations showed each nursing station maintains a ‘What to do’ file guiding staff on necessary assessments and care planning updates. Documentation for sampled consumers showed timely assessments following incidents, with adjustments to care plans, such as consulting a dietitian after a choking incident. Staff demonstrated understanding of protocols for reassessment and escalation of concerns.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives reported receiving care that respects personal preferences and routines. Staff provided specific examples of how they tailor personal and clinical care to consumer needs, goals, and preferences, focusing on best practices. Care documentation for sampled consumers aligned with best practices. Observations showed consumers were well-groomed and wearing clean clothing per their preferences. Management confirmed clinical staff follow guidelines and updates shared during handovers and toolbox sessions.

The service effectively manages high-impact and high-prevalence risks, such as falls, wounds, and medication errors. Staff undertake monthly weight monitoring, arrange timely referrals, undertaken risk assessments and participate in regular multidisciplinary reviews. Documentation indicated staff follow dietary and wound care recommendations. Observations confirmed compliance with medication management policies. Staff demonstrated knowledge of consumer deterioration escalation processes.

Documentation review confirmed staff established end-of-life pathways, with evidence of regular monitoring, pain management, and psychosocial support. Staff demonstrated awareness of individual preferences, including cultural and personal goals, and explained processes for recognising and respecting consumer wishes.

Staff confirmed easy access to care plans on mobile devices and updates via message boards in the care application. They said they exchange detailed clinical information and care updates during shift handovers. The seven-day handover sheet provides quick reference for consumer care needs and preferences, including dietary needs, mobility, and scheduled clinical tasks.

Clinical staff advised they coordinate with visiting general practitioners and external specialists, such as dietitians and speech pathologists, as needed. Documentation for sampled consumers showed appropriate referrals, including for specialist care. Management uses a referral tracking system to monitor timeliness and ensure follow-ups. Consumers and representatives confirmed referrals have met personal and clinical needs effectively.

An infection control lead oversees infection control procedures. Observations during the audit showed isolation and personal protective equipment protocols were implemented in line with the policies and procedures. Documentation showed monthly infection audits and proactive antimicrobial stewardship. Staff said antibiotics are reviewed by general practitioner as needed.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| 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 |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said services and supports for daily living effectively meet their individual needs, goals, and preferences, promoting independence, health, and well-being. They felt safe and supported in maintaining independence. Staff described personalised support strategies. Observations confirmed active consumer participation in chores and lifestyle activities tailored to their goals, with therapy and wellness teams regularly reviewing consumer preferences and needs.

Consumers expressed satisfaction with emotional, spiritual, and psychological support provided, and described how pastoral care and cultural celebrations help meet spiritual needs. Staff said they pay close attention to each consumer well-being and report low engagement and emotional needs to therapy and clinical teams for follow-up. Consumers provided examples of how staff support their emotional wellbeing, including through one-on-one support and visits from consumers’ pets, facilitated by the service.

Consumers felt supported to engage in community and personal relationships and follow their interests. Staff described how they offer choices for social activities and help consumers to participate in external community. The activity schedule is based on consumer feedback, enhancing social and personal connections.

Consumers and representatives reported effective communication of their needs and preferences within the service and with other care providers. Staff described effective communication practices, including regular handovers, care plans, and personal notes. Documentation confirmed updates on consumer conditions and preferences, including progress notes and meeting records.

Consumers reported satisfaction with the service’s referral process and timely access to additional care. Staff explained referral protocols to external providers for allied health and other services, with documentation confirming prompt, appropriate referrals.

Consumers expressed satisfaction with meal quality, variety, and the option for alternatives. They appreciated individual choices and specific breakfast preferences. Staff described how consumer dietary requirements and preferences were recorded and easily accessible. Observations during lunch service showed clean and inviting dining spaces. The chef and management confirmed the menu’s regular dietitian review and adjustments based on consumer feedback.

Consumers reported feeling safe using equipment tailored to their needs. Staff described how they report faulty equipment and ensured equipment suitability. Staff confirmed they have sufficient and well-maintained equipment. They said they receive training on manual handling. Observations confirmed clean and functional equipment, including hoists and wheelchairs.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and their representatives said the service environment is welcoming and inclusive and supports a sense of belonging and independence. Courtyards are accessible and maintained with attractive garden beds. Observations showed areas supporting consumers' cultural needs and a shared activity room with accessible signage and space for mobility aids. Culturally significant events are celebrated on-site further supporting consumers' sense of community and belonging.

Interviews and observations confirmed a clean, well-maintained environment where consumers, including those with mobility aids, can move freely indoors and outdoors. Consumers’ rooms, dining areas, and courtyards were observed to be tidy with comfortable seating options. For example, outdoor areas have clean, well-kept furniture, and courtyards have safety features, such as lidded ashtrays and fire safety equipment. Consumers were seen using outdoor spaces throughout the audit.

Consumers and representatives advised furniture and equipment are safe, clean, and well-maintained. Maintenance is organised via a software system that prioritises repair needs. Documentation showed regular maintenance of essential items such as hospital beds and mobility aids. Portable heaters were provided when the air conditioning was faulty.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised they feel comfortable providing feedback both verbally and via written forms, and they are confident in the service’s responsiveness. Management supports various feedback mechanisms, including annual surveys and a food satisfaction survey. Staff described how they encourage feedback, with consumers confirming staff respond to feedback quickly.

Observations showed accessible complaint forms in multiple areas of the service and a noticeboard displaying multilingual brochures on consumer rights and advocacy options. Consumers and representatives said they are aware of meetings and other forums, such as the Food Forum, as additional complaint avenues. Management provided examples of open discussion at meetings where unresolved issues, such as food dissatisfaction, were addressed.

Documentation confirms a structured complaints management policy that includes open disclosure practices. Consumers expressed satisfaction with complaint resolution processes. Documentation showed complaints, such as those about food, were resolved to the consumer satisfaction, engaging catering team.

Consumers expressed satisfaction with management’s commitment to reviewing and using feedback for continuous service improvement. Documentation showed monthly quality meetings support the analysis of trends. Management provided examples, such as reverting to in-house catering after negative feedback on external food sourcing. Consumers expressed feeling acknowledged and confident their feedback would lead to meaningful service-wide improvements.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives confirmed sufficient staffing levels and timely response to care needs, with most consumers reporting satisfaction with staff availability. Staff said the workforce mix allows them to meet consumer needs effectively. Documentation review showed effective workforce planning, including a master roster, call bell monitoring and proactive leave coverage strategies. Observations confirmed consumers received assistance without delays. Staff and management confirmed availability of registered nurses across all shifts.

Consumers and representatives described staff interactions as respectful and attentive to individual needs and preferences. Observations confirmed kind and respectful interactions from all staff members, who demonstrated cultural sensitivity and person-centred communication with consumers. Consumers described the service environment as supportive and compassionate, and said management actively engages in regular conversations with consumers and representatives, which creates a warm and inclusive atmosphere.

Consumers expressed confidence in staff competence, stating that they feel safe and well cared for. Documentation of position descriptions and qualification records confirmed all staff have the necessary qualifications and competencies. Consumers using specialised assistive devices provided positive feedback on staff skills in handling equipment safely. Management demonstrated clinical and personal care staff maintain current registrations, and police clearances were up to date for all team members, ensuring compliance with regulatory requirements.

Consumers and representatives reported satisfaction with staff skill levels. Staff described a comprehensive orientation program, including training and buddy shifts. Documentation confirmed mandatory training compliance, and staff acknowledged management's support in professional development. Management said clinical staff receive additional training days annually.

Consumers reported satisfaction with staff performance. Staff confirmed regular performance appraisals, and the performance review schedule showed up-to-date assessments. Management reported a structured performance management approach for staff who do not meet policy or duty requirements, verified through the review of two personnel files. Staff confirmed recent appraisal discussions, allowing them to identify professional goals. This process supports a continuous improvement culture and accountability in workforce performance.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| 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. | 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. | Compliant |

Findings

Consumers actively participate in their care and service development through various avenues, including regular feedback, meetings, and surveys. Management provided examples of consumer involvement in initiatives such as the creation of a fundraising calendar. Consumers reported feeling encouraged to share their ideas, and documentation confirmed ongoing consultations, especially during admission and care planning processes.

The governing body promotes a safe, inclusive culture focused on quality care, demonstrated by their structured data collection and analysis regarding clinical outcomes. Management advised consumer satisfaction is a priority. Observations confirmed respectful staff interactions with consumers, with recent policy updates reflecting a commitment to quality governance. The board have proposed creation of a dedicated wellbeing manager role.

Effective governance systems are in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Policies and procedures are regularly reviewed and updated. Continuous improvement activities are evident through feedback and incident analysis, with documented action plans addressing identified areas. Management reviews budget regularly, and clear role definitions ensure staff understand their responsibilities.

Risk management systems are effectively implemented, focusing on high-impact risks and consumer safety. Management discusses clinical indicators during team meetings. Policies for identifying abuse and neglect are established, and staff are trained on these policies. Consumer choice is prioritised, and there are processes supporting consumers to take informed risks. An effective incident management system is in place, and staff reported comprehensive training to minimise incidents.

The clinical governance framework effectively includes key elements, antimicrobial stewardship and open disclosure. The service uses a multidisciplinary approach to infection control, with regular audits ensuring compliance with best practices. Staff can access real-time data on antimicrobial use, which supports responsible prescribing. The organisation maintains a clear record of restrictive practices, ensuring they are applied only when necessary, with ongoing monitoring of psychotropic medication usage presented in board meetings for accountability and transparency.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

1. The preparation of the performance report is in accordance with section 76Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)