Performance

Report

**1800 951 822**

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| Name: | David, Gita and Michael Hoffman Nursing Home |
| Commission ID: | 7785 |
| Address: | 119 Cresswell Road, DIANELLA, Western Australia, 6059 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 March 2024 |
| Performance report date: | 16 April 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 Therese Wilson, 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 12 April 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Fully Assessed |
| **Standard 4** Services and supports for daily living | **Not Fully 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)(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)(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

As not all Requirements have been assessed the overall finding for this Standard is not applicable.

The Assessment Team assessed Requirements (3)(a) and (3)(g) and recommended both as met.

Consumers and their representatives confirmed they are satisfied with the clinical and personal care they receive. Staff could confirm they understood individuals care need to ensure it was tailored to them. Documentation confirmed that consumers received care as required to promote their health and well-being.

Consumers confirmed staff practice good hygiene when assisting them and were confident they take appropriate measures to reduce the risk of infection. Staff described how they reduce the risk of transmission and prevent infections by ensuring they maintain the appropriate use of standard precautions and utilise personal protective equipment (PPE) where appropriate and confirmed they receive training on this. Documentation showed consumers experiencing an infection are reviewed by their general practitioner or attend hospital for review prior to the commencement of antibiotics.

The service responded on the 12 April 2024 stating they were happy with the outcomes and thanking the Assessment Team.

It is for these reasons I find Requirements (3)(a) and (3)(g) compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

As not all Requirements have been assessed the overall finding for this Standard is not applicable.

The Assessment Team assessed Requirement (3)(f) and recommended it as met.

Consumers and representatives confirmed the food was of good quality and variety while meeting consumers’ cultural needs and preferences. Staff said they had all undertaken safe food handling training and knew where and how to check for each consumer’s preferences, allergens, and modified diets to ensure the correct meals for each consumer are provided. The service menu is reviewed by a dietician six monthly, and each consumer has a two monthly review. Care records demonstrated diet codes, allergens and preferences are recorded and matched paperwork located in kitchens and staff access points.

The service responded on the 12 April 2024 stating they were happy with the outcomes and thanking the Assessment Team.

It is for these reasons I find Requirement (3)(f) 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)