Performance

Report

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| Name: | Salisbury House Nursing Home |
| Commission ID: | 4271 |
| Address: | 3-5 Salisbury Road, BEACONSFIELD UPPER, Victoria, 3808 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 21 October 2024 |
| Service included in this assessment: | Provider: 3231 Menarock Aged Care Services (Templestowe) Pty Ltd  Service: 2793 Salisbury House 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 Salisbury House Nursing Home (**the service**) has been prepared by Kate Hemsley, 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 was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The Approved Provider sent an email dated 18 October 2024 stating they would not be submitting a response to the assessment team report.

# Assessment summary

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| --- | --- |
| 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

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| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers and representatives confirmed staff treated consumers with dignity and respect, and were familiar with their diverse identities. Staff demonstrated an understanding of consumers’ individuality and identities, and described how their preferences influenced the delivery of their care. Care planning documentation reflected consumers’ identity and cultural needs and preferences.

Care planning documentation demonstrated consumers’ cultural backgrounds were identified and influenced the delivery of care and services. Consumers provided examples of how their cultural needs were respected and supported and staff described how culturally safe care is delivered. Policies were in place to guide the delivery of culturally safe care.

Consumers and representatives confirmed consumers were supported to exercise choice, maintain relationships and communicate their decisions. Staff advised they supported consumers to make their own decisions, and were familiar with their relationships of importance. Care planning documentation outlined consumers’ choices regarding care, lifestyle activities and who was to be involved in decisions about their care.

Consumers said when they chose to take risks, staff had been respectful of their decision and provided support by outlining the risks. Staff advised they respected the consumer’s rights to take risks and outlined the risk assessment process which involved a discussion of risks in partnership with consumers and representatives and the strategies in place to promote their safety. Care planning documentation evidenced risks were assessed to inform risk mitigation strategies.

Staff described the importance of sharing information with consumers, and outlined how they adapted their communication style to ensure information was effectively communicated to consumers living with sensory impairments. Consumers advised they received information in alignment with their communication preferences, which enabled them to make informed care decisions. Information was observed to be displayed in prominent areas of the facility and captured in various meeting minutes.

Consumers confirmed staff respected their privacy and maintained their confidentiality. Staff described consumers’ privacy preferences and how they respected privacy, including seeking consent to enter consumer rooms and keeping information confidential. The electronic care management system was observed to be kept password protected when not in use, and handovers were conducted privately.

# 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. | 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff explained how assessment and care planning processes identified risks and informed care delivery strategies within care and service plans. Consumers confirmed risks to consumers’ well-being were considered and captured during the assessment and planning process. Care planning documentation for consumers included assessment of risk and care needs and contained individualised support strategies to inform care delivery. These included assessments relating to the use of a keycode to exit and enter the facility. Policies and procedures were in place to guide staff practice in the regular assessment and planning of risks to inform the delivery of safe and effective care and services.

Care planning documentation reflected consumers’ current needs, goals, and preferences, inclusive of their end of life goals. Consumers and representatives advised staff sought to understand and capture their needs, goals and preferences and confirmed their wishes were being addressed. Staff advised they discussed end of life planning with consumers and their representatives upon entry to the service and during care and service plan reviews.

Consumers reported they were involved in the assessment and planning process on an ongoing basis. Care planning documentation evidenced collaboration between consumers, representatives, medical officers and allied health professionals in the assessment and review of consumers’ care and service plans. Staff advised they worked in partnership with consumers and representatives to ensure the best quality of care was delivered.

Care planning documentation evidenced assessment outcomes were discussed with consumers and representatives, and a copy of the care and service plan was offered. Consumers and representatives were aware they could request a copy of their care and service plan, and were comfortable to do so. Staff advised assessment outcomes from care and service plan reviews and changes following incidents were communicated through in-person conversations, email or telephone calls.

Consumers and representatives confirmed care and service plans were reviewed in response to deterioration, incidents or changes in the consumer’s circumstances. Care planning documentation evidenced care and service plans were reviewed for effectiveness every 3 months and following incidents, with new strategies implemented where appropriate. Staff demonstrated an understanding of their responsibilities to report incidents and changes in the consumer’s condition which may prompt a re-assessment of their care needs.

# 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)(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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives confirmed consumers were receiving safe and effective clinical care tailored to their needs and which optimised their health and wellbeing, such as in relation to pain, skin integrity, medication management and restrictive practices. Staff were knowledgeable of consumers’ needs and care management strategies and demonstrated an understanding of best practice principles. Care planning documentation evidenced tailored care directives were in place to guide staff practice.

Care planning documentation evidenced high impact and high prevalence risks to consumers were considered and risk mitigation strategies updated following incidents. Consumers and representatives confirmed the high impact risks to the well-being of consumers were effectively managed. Staff were aware of the risks associated with the care of consumers and outlined strategies to promote consumers’ safety.

Care planning documentation for a consumer receiving end of life care showed consumer wishes had been sought, and comfort measures had been implemented, with pain monitored. Representatives advised staff had shown compassion and respect with regards to end of life wishes and were informed of changes in the consumer’s condition. Staff described how care delivery changed during palliative care and advised of the practical measures to ensure the consumer’s comfort was maximised and their dignity preserved.

Care planning documentation evidenced deterioration or changes in consumers’ health were recognised, monitored and responded to in a timely manner. Staff described their roles and responsibilities following consumer deterioration and management advised clinical policies and guidelines were in place to guide staff practice in their identification and response to deterioration. Consumers and representatives advised staff promptly responded to signs of deterioration.

Consumers advised their information was effectively communicated between staff. Staff outlined communication processes, such as handover and the electronic care management system, for ensuring consumer information is effectively documented and shared with relevant staff. Care planning documentation evidenced the appropriate sharing of consumer information to support effective care and services.

Care planning documentation evidenced timely and appropriate referrals to allied health professionals in response to changes in the consumer’s condition. Consumers confirmed referrals had been initiated promptly when required. Staff described the referral process, and advised they obtained consent from the consumer or representative prior to creating a referral.

Staff demonstrated knowledge and understanding of infection control practices and could describe how they ensured appropriate antibiotic use. Consumers provided positive feedback regarding the infection control practices, including during COVID-19 outbreaks. Accessible hand washing stations and a sufficient supply of personal protective equipment were observed throughout the service. Management outlined their COVID-19 and influenza vaccination program and described how staff are guided by policies and procedures and supported by training and two infection prevention and control leads.

# Standard 4

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| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers advised they received safe and effective services and supports for daily living which optimised their quality of life and well-being. Staff were familiar with the needs and preferences of consumers, and outlined how daily activities were tailored to meet the consumer’s needs and preferences. Care planning documentation evidenced consumer’s recorded needs, goals and preferences were utilised to inform the delivery of their daily living activities.

Care planning documentation identified the supports required for consumers to maintain their emotional, spiritual and psychological well-being. Staff advised they monitored consumers’ social engagement and behaviours and provided further supports for consumers feeling low. Consumers advised they were provided with emotional supports when feeling low and were supported to attend regular church services.

Consumers confirmed they were supported to participate in activities within the external community, maintain relationships and engage in activities of interest to them. The monthly activity program schedule evidenced a variety of activities were offered to consumers which catered to their various abilities and interests. Staff advised consumers were supported to maintain personal relationships and engage in the wider community through organising bus outings and visits to parks and local shops.

Staff advised they were informed of updates regarding the consumer’s condition, needs and preferences through daily handovers and the electronic care management system. Care planning documentation contained detailed information to support safe and effective daily living care and services. Consumers and representatives reported information relating to the consumer’s condition, needs and preferences was effectively communicated between staff and with others where responsibility for care was shared.

Consumers said they received supports from external organisations, including volunteer services. Staff outlined the referral process they utilised to enhance the daily livings supports provided to consumers. Care planning documentation evidenced prompt and appropriate referrals to external organisations for lifestyle supports.

Consumers expressed satisfaction with the quality, quantity and variety of the meals provided. Care planning documentation evidenced the dietary needs and preferences of consumers were recorded, and staff could access this information. Staff advised all meals were cooked on-site, rotated on a 6-week cycle and the menu was developed in consideration with consumers’ feedback. Management described how the dining experience is monitored and relayed improvement activities, such as purchase of bain-maries, based on consumer feedback.

Staff advised of their responsibilities to ensure equipment was cleaned and broken equipment was reported. A range of mobility, leisure and lifestyle equipment was observed to be clean, suitable and well maintained. Consumers confirmed equipment for daily living activities were safe, suitable and well maintained.

# Standard 5

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| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives advised consumers felt at home within the service, had rooms they could personalise and the environment was welcoming. The service environment was observed to be clear of hazards and fitted with handrails to support the independence of consumers living with mobility impairments. Staff described how they made consumers feel welcomed and at home by encouraging consumers to decorate their rooms with their personal memorabilia.

Staff described cleaning and maintenance processes and explained how consumers are supported to access indoor and outdoor areas, including consumers subject to environmental restrictive practices. Consumers and representatives confirmed the service environment was clean, well maintained and comfortable, and consumers could move freely through indoor and outdoor areas, including in the memory support unit. Maintenance documentation evidenced requests for repair were actioned in a timely manner.

Consumers reported equipment, furniture and fittings were safe, clean and well maintained. Management advised reactive and preventative maintenance were electronically monitored to ensure staff were adhering to maintenance schedules. Staff described the process to report hazard and maintenance requests. The reactive and preventative maintenance schedule evidenced equipment, including electrical items and fire safety equipment had been tested and serviced routinely and maintenance tasks rectified promptly.

# Standard 6

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| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers advised they were confident and supported to provide feedback and complaints. Staff advised consumers and representatives were encouraged to provide feedback through various mechanisms including feedback forms, speaking directly with staff or by sending an email. Feedback forms and collection boxes were observed to be accessible throughout the service.

Consumers and representatives advised they were aware of advocacy services to raise and resolve complaints. Information relating to language, advocacy and external complaint services, including the Commission, were displayed throughout the service. Management advised they provided advocacy information to consumers during their initial entry into the service, and advocacy services were scheduled to present information to consumers.

Management advised staff received feedback and complaints handling training to ensure their awareness of open disclosure practices. Staff described an understanding of open disclosure principles, and confirmed they would electronically record the complaint, apologise and provide open and transparent communications. The complaints register evidenced feedback and complaints were investigated and resolved utilising open disclosure practices. Consumers confirmed their complaints were responded to in a timely manner, and staff provided an apology when things went wrong.

Consumers provided examples of care and service improvements which arose from the provision of their feedback. Management confirmed continuous improvement initiatives were identified through complaint trends, internal reviews, audits and feedback, and was utilised to improve the quality of care and services. Policies and procedures were in place which outlined the organisation's commitment to continuous improvement, and the responsibilities of management to review the effectiveness of improvement initiatives.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers advised there were sufficient staff to provide quality care in a prompt manner. Staff confirmed there were sufficient staffing levels to provide care to consumers, and any vacant shifts due to unplanned leave were consistently filled. Management outlined how rostering, allocation processes and call bell response times were closely monitored and reported to the Board. Rostering documentation reflected consideration of the level and mix of staff, with coverage of unplanned leave and clinical staff rostered on each shift to meet legislative requirements. Management were aware they were not meeting care minute requirements and described ongoing recruitment processes. The last quarterly report showed improvements in compliance with care minute obligations from 80% to 90%.

Consumers confirmed staff were consistently kind and respectful when providing care. Staff described the importance of treating consumers with respect and felt empowered to intervene if they witnessed a consumer being disrespected. Management and staff were observed to interact with consumers in a respectful and welcoming manner, and greeted consumers by their preferred names.

Representatives advised staff were competent and skilled to effectively perform their roles. Management advised the competency of staff was assessed through the initial orientation process, buddy shifts and regular trainings. Personnel records evidenced all staff had the appropriate qualifications and registrations for their respective roles.

Staff confirmed they were supported with various online and in-person training on topics such as infection prevention, restrictive practices and incident management. Management advised staff completed annual mandatory training, and further training areas were identified through feedback, complaints and a review of incidents. Training records evidenced 85% of staff had completed their annual mandatory training, with all outstanding staff already scheduled for completion.

Staff demonstrated an understanding of the performance appraisal process, and advised they could request further training to support them to perform their roles. Management advised performance appraisals were conducted after 6 months for probationary staff and on an annual basis thereafter, and performance was further monitored through informal check-ins and meetings. Processes were in place to ensure staff understood and followed the performance monitoring process, and management ensured performance reviews were up to date.

# Standard 8

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| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers confirmed they were supported to engage in the development and evaluation of their care and services. Management advised consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through verbal and written feedback processes and participating in the bi-monthly Resident Advisory Body meeting. Staff reported they regularly encouraged consumers to provide feedback regarding their care and services and supported them to attend consumer meetings.

Management advised they worked together with the governing body to implement and provide safe and inclusive care through regular governance meetings and reporting processes. Meeting minutes and agenda documentation from various governance and committee meetings evidenced the ongoing discussion and review of care, services and improvement initiatives, and a clear reporting structure which promoted the governing body’s accountability of the care provided to consumers.

Organisation-wide governance systems provided oversight of key areas to ensure effective governance. Information systems ensured staff had access to consumer information, policies, and procedures, and privacy and confidentiality requirements were clearly defined. Management advised regulatory compliance was monitored through regular internal reviews, reports and governance meetings, and any changes were communicated to staff. Financial management systems enabled budgetary expenditures to meet the changing needs of consumers, such as the purchase of consumer slings and beds and planned bathroom renovations.

Risk management systems considered high impact or high prevalence risks associated with the care of consumers, informed through policies, procedures, training, and monitoring, including via monthly clinical summary reports. Management described how policies and assessment processes supported consumers to live their best life through enabling choices, including those with associated risks. Staff could describe their reporting responsibilities, and the reportable incident register evidenced reporting to the serious incident response scheme (SIRS) in accordance with legislated timeframes. Management identified the threat of bushfires and described risk management processes including disaster and evacuation plans and building design features.

A clinical governance framework was supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff explained how policies, procedures, and training within the framework informed care delivery and described how use of restraint is minimised and open disclosure practiced. Reporting demonstrated information regarding infections, antibiotic usage and restraint was analysed, trends identified, and information used to improve delivery of care and services.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)