Performance

Report

**1800 951 822**

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| Name: | Salisbury House Nursing Home |
| Commission ID: | 4271 |
| Address: | 3-5 Salisbury Road, BEACONSFIELD UPPER, Victoria, 3808 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 December 2023 |
| Performance report date: | 4 January 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 N Eastwood, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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.

# 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 |

Findings

Consumers and representatives confirm they receive the personal and clinical care that reflects their individual needs. A review of care plan documentation demonstrated that consumer skin care, wounds, pain, and changed behaviours were effectively managed in line with best practice guidelines.

There was evidence of completed environmental restraint and restrictive practice assessments as well as individualised behaviour assessment plans. Care documentation reflects that behaviour charting was completed following incidents and alteration to medication. Monitoring, review and evaluation of antipsychotic medications were completed in collaboration with medical practitioners, Dementia Support Australia (DSA), aged mental health team, geriatricians, consumer representatives and clinical staff. The Assessment Team noted documented and individualised strategies to manage changed behaviours including the use of non-pharmacological strategies.

Where wounds and pain management were identified, the Assessment Team noted regular review by a medical practitioner and supporting documentation of referral to a wound specialist and charting consistent with the services wound management policy. There was evidence of pain-relieving strategies of both a pharmacological and non-pharmacological nature documented in detailed pain care plans.

There was evidence of dental review from external service providers and oral care as preferred by consumers and with staff assistance.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(a).

# 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

Consumers and representatives confirmed they were happy with the care they receive and were satisfied with staffing levels. Management explained that the service has recently increased staffing and reviews the roster to ensure staffing levels meet the care needs of consumers. Staff indicated they have time to deliver daily hygiene care of consumers including shaving and showers. In response to staff feedback related to additional staffing resources following an increase in consumer intake, additional short shifts were extended.

Review and analysis of call bell reports occur on a weekly and monthly basis, with discussion at monthly staff meetings and subsequently submitted to the Board.

The master roster and shift allocations indicate a planned workforce reflective of suitable allocation and skill mix of staff to deliver safe and quality care and services. Where there were vacant shifts, these are filled by current staff or the pool of casual staff, with agency staff as a last resort.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

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)