Performance

Report

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| Name of service: | Salisbury Private Nursing Home |
| Service address: | 147 Frost Road SALISBURY SOUTH SA 5106 |
| Commission ID: | 6952 |
| Approved provider: | Salisbury Private Nursing Home Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 13 October 2022 |

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 Private Nursing Home (**the service**) has been prepared by M. Nassif, 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; 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.

# 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 | | Compliant |
| 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 that staff treat them with dignity and respect and are able to maintain their identity. Staff demonstrated they treat consumers with respect and understood consumers’ care needs and preferences.

Consumers said their culture was respected and staff supported them to meet their cultural preferences. The staff demonstrated knowledge of consumers’ identity and were able to articulate how they meet the individual needs of these consumers. Care planning documents described the cultural and religious needs and preferences of consumers.

Consumers and representatives gave examples of how the service supports consumers to make decisions about their care and maintain relationships. Staff provided overview of care planning documents which demonstrated consumers can exercise choice and independence.

Consumers felt they had adequate information to make informed decisions on their choices and felt that they were supported to live their best life. Staff said they were able to explain risks associated to support a consumer's choice and the related process. Documentation review confirmed risks are identified and discussed with consumers, their families and other allied health professionals.

Consumers and representatives expressed satisfaction with the timeliness and accuracy of the information they receive. Staff described how they review information provided to consumers to ensure it is current and relevant. Staff were observed regularly communicating with the consumers and representatives about activities occurring throughout the day and informing them of any appointments or events.

Consumers said staff respect their privacy. Staff were observed being respectful to the consumers and knocking on doors before entering their rooms. The service had a privacy policy outlining how the service maintains and respects the privacy and health information of consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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**

Staff indicated that assessment outcomes are reflected in the care planning documents, which guides them in the safe and effective care of consumers. Most consumers and representatives reported they are satisfied with how the risks are identified and managed to promote their independence and safety. Care planning documents identified high impact and high prevalence risks to consumers.

Care planning documents contained advance care directives that identified consumer wishes and preferences regarding end-of-life care. Consumer representatives felt confident that the service would be able to deliver advance care planning and end of life care wishes for consumers as needed.

Consumers and representatives stated that assessments and care planning is based on partnership. Staff described the process of referring consumers to relevant allied health professionals. Care planning documents identified consumers and their representatives were consulted in assessments and care planning and included input from other health professionals.

Staff explained the process of accessing care plan documents on the electronic system and how they communicate outcomes of assessments to the consumers/representatives. Consumers and representatives reported they are informed about the outcomes of assessment and planning and have access to care and services plan.

Care planning documents reflected reviews occur when an incident occurs or when a change to consumers’ health and well-being are identified. Staff were familiar with the reporting and recording of incidents policy and procedures.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said consumers receive personal and clinical care that meets their needs and preferences. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff demonstrated understanding of consumers’ personal and clinical care needs.

Care planning documents identified risks and effective strategies to manage key risks. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed.

Consumers and representatives confirmed staff had spoken to them about advance care planning and end of life preferences. Care planning documents reflected consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity.

Care planning documents demonstrated deterioration in a consumer’s health, capacity and function is recognised and responded to in a timely manner through effective systems and processes. Consumers and representatives were satisfied with the delivery of care, including the recognition or deterioration or changes in consumers’ conditions.

Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Consumers’ files reviewed demonstrated staff notify the health professionals and representatives if there is a change to a consumer’s condition, an incident, return from hospital or medication review. Staff said they receive up to date information about consumers at handover.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Care planning documents reflected referrals occur to medical officers and other health professionals.

Staff described how they minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship. Management advised consumers and staff are encouraged to receive the annual influenza vaccination and the COVID-19 vaccination and reported 100% of staff have received their third dose of the COVID-19 and influenza vaccination.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 they are supported by the service and are able to participate in activities of interest to them. Staff demonstrated understanding of how consumers are assisted to optimise their independence. Care planning documents included information about consumers’ goals and preferences. Consumers were observed engaging in various individual and group activities.

Consumers and representatives considered consumers’ emotional and spiritual well-being is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers, and strategies to promote their well-being. Staff described how they identify changes in consumers’ mood and provide emotional support.

Care planning documents identified how consumers wish to participate in activities and maintain relationships of choice. Consumers provided positive feedback stating they are supported to keep in touch with the people who are important to them and participate in the community within and outside the service.

Consumers were confident that staff and other persons delivering care and services were aware of their needs and preferences. Care planning documents included adequate information to support effective and safe care with respect to services and supports for daily living.

Management described how the service works in conjunction with other organisations to supplement the services and supports for daily living offered to consumers. The service pad policies and procedures in place for making referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers.

Consumers said meals provided are varied and of suitable quality and quantity. Staff described how they meet consumers’ dietary needs and preferences. Consumers were observed enjoying meals and various snacks.

Consumers said that they feel safe when they are using the equipment and they know how to report any concerns they have and confirmed maintenance officers attend to issues quickly and efficiently. Equipment provided was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said they feel at home and that the service optimises their sense of belonging and independence. Consumers were able to personalize and decorate their rooms according to their preference.

Consumers and representatives said they consider the service environment to be safe and comfortable. The service was observed to be clean, well-maintained, and free from any obstructions and hazards. Consumers in the memory support unit were able to access secure outdoor areas when they wish to.

Consumers and representatives said that the equipment and furniture at the service is safe, well-maintained, and suitable for their needs. Staff described how shared equipment is cleaned and maintained. Review of maintenance records demonstrated regular maintenance of equipment and furniture occurs and reported maintenance issues are resolved promptly.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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**

Staff described avenues for consumers to provide feedback or make a complaint and the process they should follow in the event a consumer raises a complaint with them directly. Consumers and representatives felt encouraged, safe, and supported to provide feedback and make complaints and were of the processes on how to do so.

Staff demonstrated shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Consumers and representatives were aware of other avenues for raising a complaint and advocacy service. Documentation confirmed that information on complaint process and advocacy services are discussed at each resident meeting.

Consumers and representatives said their concerns are promptly addressed and resolved and receive an apology from staff upon the making of the complaint or when things go wrong. A review of the feedback log identified that the service documents feedback and suggestions received from consumers and representatives, appropriate and timely action is consistently taken, and an open disclosure process is applied.

Consumers and representatives described the changes implemented at the service as a result of feedback and complaints, and said they are confident that these are used to improve the quality of care and services. Management advised that the service analyses feedback from consumers and representatives and used them to inform continuous improvement activities across the service.

# Standard 7

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| Human resources | | Compliant |
| 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 said there were adequate staff rostered and were satisfied with the response time to call bells. Staff said there was enough staff and time to do their job. Review of fortnightly roster showed all shifts were filled, and where staff were not able to attend their shift they were replaced.

Consumers and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring, and respectful. Management advised they monitor interactions through observations and formal and informal feedback from consumers and representatives.

Consumers and representatives were confident that staff are sufficiently skilled to meet their care needs. The service has position descriptions that set out expectations for all roles. Staff credential and reference checks are conducted prior to staff commencing in their roles and expiry dates for registrations and police checks are tracked by the service.

Consumers and representatives felt staff know what they are doing and could not think of any additional training for staff. Training records reflected staff are up to date with mandatory training. Staff said the service is very supportive and proactive in ensuring they have access to training resources.

Staff described having annual performance reviews and regular informal discussions regarding their performance and competency. Documentation reviewed confirmed performance appraisals, mandatory training and competency assessments are conducted annually.**Standard 8**

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| Organisational governance | | Compliant |
| 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**

Management provided examples of changes that have been made in response to the consumer feedback. Consumers and representatives felt included in discussions around care planning and management.

Management monitors that the Quality Standards are being met through the monthly meetings and reports that include a governance and quality component.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the service’s continuous improvement plan evidenced that incidents and identified risks, and deficiencies in staff training, are among the sources of information and improvements that are captured within the document

The service had a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, and consumers are supported to live the best life they can, and incidents are managed and prevented. Staff demonstrated knowledge of various risk minimisation strategies and their reporting responsibilities when they become aware, or have a suspicion, of an instance of abuse and neglect.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated a shared understanding of restrictive practices, including the need to obtain consent, trialling alternative interventions prior to using any form of restraint and monitoring restraint when in use. Staff also demonstrated a shared understanding of antimicrobial stewardship and the principles of open disclosure.

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)