Catholic Healthcare Gertrude Abbott Aged Care

RACS ID: 2710

Approved provider: Catholic Healthcare Limited

Home address: 180 Albion Street Surry Hills NSW 2010

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 September 2021.

The assessment team found that the home did not meet 4.4 Living environment. However, the Quality Agency decision-maker found the home to meet 4.4 Living environment based on comprehensive and up-to-date information supplied by the approved provider

We made our decision on 10 July 2018.

The audit was conducted on 05 June 2018 to 08 June 2018. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1	Continuous improvement	Met
1.2	Regulatory compliance	Met
1.3	Education and staff development	Met
1.4	Comments and complaints	Met
1.5	Planning and leadership	Met
1.6	Human resource management	Met
1.7	Inventory and equipment	Met
1.8	Information systems	Met
1.9	External services	Met

Standard 2: Health and personal care

Principle:

Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

2.1	Continuous improvement	Met
2.2	Regulatory compliance	Met
2.3	Education and staff development	Met
2.4	Clinical care	Met
2.5	Specialised nursing care needs	Met
2.6	Other health and related services	Met
2.7	Medication management	Met
2.8	Pain management	Met
2.9	Palliative care	Met
2.10	Nutrition and hydration	Met
2.11	Skin care	Met
2.12	Continence management	Met
2.13	Behavioural management	Met
2.14	Mobility, dexterity and rehabilitation	Met
2.15	Oral and dental care	Met
2.16	Sensory loss	Met
2.17	Sleep	Met

Standard 3: Care recipient lifestyle

Principle:

Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care services and in the community.

3.1	Continuous improvement	Met
3.2	Regulatory compliance	Met
3.3	Education and staff development	Met
3.4	Emotional Support	Met
3.5	Independence	Met
3.6	Privacy and dignity	Met
3.7	Leisure interests and activities	Met
3.8	Cultural and spiritual life	Met
3.9	Choice and decision-making	Met
3.10	Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors

4.1	Continuous improvement	Met
4.2	Regulatory compliance	Met
4.3	Education and staff development	Met
4.4	Living environment	Met
4.5	Occupational health and safety	Met
4.6	Fire, security and other emergencies	Met
4.7	Infection control	Met
4.8	Catering, cleaning and laundry services	Met

Australian Government

Australian Aged Care Quality Agency

Audit Report

Name of home: Catholic Healthcare Gertrude Abbott Aged Care

RACS ID: 2710

Approved provider: Catholic Healthcare Limited

Introduction

This is the report of a Re-accreditation Audit from 05 June 2018 to 08 June 2018 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 4.4 Living environment

Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 05 June 2018 to 08 June 2018.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Details of home

Total number of allocated places: 100

Number of care recipients during audit: 98

Number of care recipients receiving high care during audit: 90

Special needs catered for: Dementia specific unit

Audit trail

The assessment team spent four days on site and gathered information from the following:

Interviews

Position title	Number
Facility manager	1
Regional manager quality and education	1
Clinical manager	1
Quality and education coordinator	1
Registered nurse	5
Care staff	9
Administration assistant	1
Chef manager	1
Catering staff	1
Care recipients and/or representatives	19
Pastoral carers	2
Contract cleaning management	3
Laundry staff	1
Cleaning staff	3
Maintenance staff	2

Sampled documents

Document type	Number
Care recipients' files	13
Medication charts	13
Personnel files	4

Other documents reviewed

The team also reviewed:

- Care documentation including daily care notes, advanced care directives, bowel charts, clinical observation records, pain charts, wound charts, weights, behaviour monitoring, specialised care charts

- Care recipient accommodation agreements (completed samples)

- Care recipient admission information pack, resident and relative handbook

- Care recipient room listing

- Catering documentation including dietary records, equipment, care recipient meal choices and a current food authority certificate

- Cleaning records

- Clinical documentation including clinical reviews, handover and exception reports, accident and incident reports, referral documents, care conferencing

- Compliments and complaints logs and related documentation

- Continuous improvement documentation including logs, quality improvements register & continuous improvement plan

- Education documentation including calendars, evaluations, attendance records, mandatory education, staff training register

- Fire, security and other emergencies documentation: Emergency evacuation plans, emergency contingency plans and procedures, evacuation kit records, fire service records and current fire safety certificate, emergency management manual.

- Human resource documentation including position descriptions, code of conduct, professional registrations, roster, competencies, performance appraisals, confidentiality agreements, qualifications, statutory declarations, police checks

- Information systems: organisation electronic management system, newsletters, memoranda, computer based information systems, various publications

- Leisure and lifestyle documentation including assessments, profiles, care plans, evaluations, program schedules, program information and guidelines, activities calendars

- Maintenance documentation including environmental reports, and essential services maintenance and testing records for preventative and reactive maintenance

- Mandatory reporting documentation, including discretionary reports

- Medication management documents including medication profiles, allergy alerts, blood glucose monitoring, international normalised ratio (INR) monitoring, as required medications(PRN), nurse initiated medications (NIM), schedule 8 register of restricted drugs, medication refrigerator monitoring, pharmacy communication, incident reports

- Meeting minutes – various

- Organisational chart

- Policies and procedures including process flow charts

- Quality audits, clinical incident forms and indicator reports and survey results

- Self-assessment report for re-accreditation and associated documentation

- Work health and safety (WHS) records including hazards, incidents an accident reports and action plans, hazard log and hazard identification reports, safe work practices folder, WHS meeting agenda and minutes, chemical register, safety data sheets

Observations

The team observed the following:

- Activities in progress

- Aged Care Complaints Commissioner and advocacy information on display, internal feedback forms and secure box for lodgement

- Brochures, pamphlets and Charter of Care Recipients' Rights and Responsibilities displayed

- Cleaning in progress

- Dining environments during midday meal services, morning and afternoon tea, staff serving/supervising, menu on display

- Equipment and supply storage areas

- Fire safety systems including evacuation egresses, evacuation pack, evacuation signs and diagrams, fire indicator panel, firefighting equipment and sprinkler system

- Information noticeboards – staff, care recipients, visitors

- Interactions between staff, care recipients and visitors

- Kitchen area, including wet and dry goods storage areas

- Laundry areas

- Living environment internal and external

- Maintenance shed and chemical storage areas

- Mission, philosophy, vision and values statements

- Quality Agency re-accreditation audit notices on display

- Sign in and out books

- Staff work practices and work areas

- Storage of medications and medication rounds

- Utility rooms

- Waste management practices

- Small groups observation

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care services, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

- New nurse call system implemented to improve communication between staff. Some negative feedback had been received from care recipients on the length of time it took to answer call bells and from representatives and staff on not being able to contact staff as they were on the floor. The new system is linked with a number of portable phones, ensuring staff on the floor are contactable and able to monitor care recipients who are requiring assistance. Management advised that since implementation positive feedback has been received from doctors, staff and care recipients. The system also enables easier access to call bell reports on an ongoing basis.

- Purchase of multiple items of bariatric equipment across the home. This was triggered by the needs of one care recipient in particular, which triggered a review across the home which identified several other care recipients that would also benefit from the equipment. Equipment purchased included wheelchairs, bed extensions and walking frames. Care recipients advised they are more comfortable with the equipment and staff report better safety for care recipients and staff with use of the new equipment.

1.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines".

Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Management are aware of the regulatory responsibilities in relation to police certificates and the requirement to provide advice to care recipients and their representatives about re-accreditation site audits and there are processes to ensure these responsibilities are met. Relevant documentation was evidenced on site that demonstrated compliance; for example police certificates, professional staff qualifications and reportable assaults. Compliance is managed through the home's risk management framework and observation by key personnel, incident reporting and quality systems audits.

1.3   Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include: reportable incidents, use of the organisation's electronic systems and complaints processes.

1.4   Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, their representatives have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal. Several care

recipients advised that management and nursing staff are very approachable and they would feel comfortable discussing any issues with them.

1.5   Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home's vision and philosophy are consistently documented. Observations demonstrated the home's vision and philosophy are displayed in the home. The organisation's commitment to quality is also provided to care recipients and their representatives through the care recipient information pack and to staff through their induction documentation.

1.6   Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. This is done through the provision of extra hours to care staff, as the home does not use agency staff for direct care, other than allied health services. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are satisfied with the availability of skilled and qualified staff. Two care recipients interviewed said staff follow up some of the time; one care recipient said staff explain things some of the time; one care recipient said staff never explain things. However the majority of care recipients and representatives interviewed were satisfied with staff, with some saying they were they best thing about living in the home.

1.7   Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed stated they are satisfied they have access to current and accurate information and that communication is good between various levels of staff. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making. They also said management have an open door policy and keep them up to date with what is happening in both the home and the organisation.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers at an organisational level, which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

Standard 2 – Health and personal care

Principle:

Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

2.1   Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous Improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

● A change to the pharmacy providing medications to the home. Previously the contract was a small community pharmacy that did not have the capacity to provide additional resources. The new pharmacy can provide additional resources such as training, auditing, online ordering system, checking of S8 drug expiry dates and the destruction of medications. Management advised the new agreement and systems have been working well and feedback processes are also in place with the pharmacy through a regular online survey mechanism.

● The introduction of new medication fridges across the home due to the age of the existing fridges. Although the older fridges were still working well, they were bar type fridges and not specific medication ones. The new fridges have automatic temperature monitoring and clear doors on them. Management advised this has resulted in the better storage of medications and monitoring of temperatures and contents of fridges.

2.2   Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about health and personal care".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2 Health and personal care, management and staff are aware of the regulatory responsibilities in relation to specified care and services and professional registrations and there are systems to ensure these responsibilities are met. Staff are aware of their responsibilities in relation to the notification of unexplained absences of care recipients and medication management is in accordance with relevant legislation and best practice guidelines.

2.3   Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include: wound care, continence and behaviour management education. It was noted dementia training had been provided to all staff and not just direct care staff.

2.4   Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. Most care recipients/representatives interviewed are satisfied with the clinical care being provided to care recipient's most of the time or always.

2.5   Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients/representatives interviewed are satisfied with how specialised nursing care needs are managed.

2.6   Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients/representatives interviewed are

satisfied referrals for the care recipient are made to appropriate health specialists of their choice and staff carry out their instructions.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied the care recipient's medications are provided as prescribed and in a timely manner.

2.8 Pain management

This expected outcome requires that "all care recipients are as free as possible from pain".

Team's findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients/representatives interviewed are satisfied the care recipient is as free as possible from pain.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill care recipients is maintained".

Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end

of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients/representatives interviewed are satisfied each care recipient's comfort, dignity and palliative care needs are maintained.

2.10   Nutrition and hydration

This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Most care recipients/representatives interviewed are satisfied each care recipient's nutrition and hydration requirements are met, however four of the fifteen care recipients interviewed said they like the food only some of the time or never.

2.11   Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients/representatives interviewed are satisfied with the assistance provided to maintain the care recipient's skin integrity.

2.12   Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support

continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Most care recipients/representatives interviewed are satisfied with the support provided to the care recipient in relation to continence management. One care recipient raised concerns regarding continence care provided in the evening.

2.13   Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients/representatives interviewed are satisfied that staff are responsive and support care recipients with behaviours which may impact on others.

2.14   Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients/representatives interviewed are satisfied with the support provided to the care recipient for achieving optimum levels of mobility and dexterity.

2.15   Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals

are made to health specialists such as dentists. Care recipients/representatives interviewed are satisfied with the assistance given by staff to maintain the care recipient's teeth, dentures and overall oral hygiene.

2.16   Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients/representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

2.17   Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients/representatives interviewed are satisfied support is provided to the care recipient and they are assisted in achieving natural sleep patterns.

Standard 3 – Care recipient lifestyle

Principle:

Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous Improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

- Changes have been made to the rosters of the recreational activities staff across both homes, involving four specific areas. Management identified that rosters of activities staff were not divided evenly, with some only responsible for activities for a small number of care recipients and others having a much bigger workload and that some staff had only ever worked in one area. A meeting was held with activities staff and new rosters were implemented. The new process includes the rotation of activities staff every four months to a new area of the Gertrude Abbott and Sister Anne homes. Management and staff both provided positive feedback with improvements being new staff are providing new ideas and care recipients have reacted positively to seeing new staff in their area.

- The installation of frosted glass to the care recipients' rooms in the circular areas of the home has provided the care recipients with more privacy. Previously they had to rely on remembering to close their curtains and management advised the affected care recipients have given positive feedback on the new glass installed.

3.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipient lifestyle".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3 Care recipient lifestyle, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met. The home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff are aware of their responsibilities in relation to alleged and suspected reportable assaults

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include: privacy and dignity, cultural needs and relevant lifestyle staff can access training in the provision of activities for individuals and groups.

3.4   Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services including the pastoral care staff. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Most care recipients/representatives interviewed are satisfied the care recipient is supported on entry to the home and on an ongoing basis, including times of personal crisis. Five care recipients said they do not talk to staff when they are feeling sad or worried because they do not feel sad or worried or they prefer to talk to their families or friends.

3.5   Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. Care recipients/representatives interviewed are satisfied with the information and assistance provided to the care recipient to achieve independence, maintain friendships and participate in the community within and outside the home. One care recipients said the best thing about the home is the way staff support their freedom and independence.

3.6   Privacy and dignity

This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients/representatives interviewed are satisfied staff treat everyone with respect and feel the care recipient's information is secure.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. All Care recipients are satisfied with activities and confirm they are supported to participate in activities of interest to them. Most care recipients said the best thing about the home is their access to activities of interest including bus trips, social events and the sense of community they feel with other care recipients.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to support services such as interpreters and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in the facilitation of leisure activities. Staff support care recipients to attend and participate in activities of their choice. Care recipients/representatives interviewed confirmed the care recipient's customs and beliefs are respected.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an

ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

3.10   Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis, including agreement to movements within the home. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

Standard 4 – Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1   Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous Improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

● Refurbishments to the dementia secure unit in the home. This included the installation of vinyl flooring, partial carpeting, painting, new furniture and an activities room. Management advised the changes have been positive and resulted in a reduced number of responsive behaviours in the unit. One care recipient representative interviewed advised the area now looks more like a home and the new areas seem to be used well by staff and care recipients.

● Changes to infection control processes on site including:

o Immunisation processes including operation of two clinics on site for immunisations in addition to staff accessing outside providers for immunisations

o Introduction of an outbreak coordinator and ensuring separate supplies for outbreak management

o Cytotoxic processes included an audit of current processes and the introduction of a cytotoxic register and equipment for the appropriate management of cytotoxic substances.

4.2   Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 4 environment and safe systems, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met. The home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. The home's food safety program has received accreditation and food safety training is available to guide staff. Material safety data sheets are also available to staff and current tagging and testing processes are evident on all electrical appliances.

4.3   Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their roles in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include: infection control, chemical handling and food safety with staff feedback demonstrating their knowledge of responsibilities under Standard 4.

4.4   Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home does not meet this expected outcome

Following feedback from care recipients and representatives we identified issues to cleaning and maintenance of bathrooms. We also identified issues with the use of restraints in the home, including bed rails and the installation of PIN coded locks on rooms of care recipients in the dementia secure area. The home's monitoring and auditing systems are not identifying these issues.

4.5   Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

4.6   Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

4.7   Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. This includes infection surveillance, reporting and follow up by registered nurses; clinical practices; cleaning and food safety programs; and waste management. Preventative measures include infection control education during orientation and ongoing training for all staff, audits and the provision of protective personal equipment. A vaccination program is provided for care recipients, management, staff and volunteers. Infection control clinical indicators are monitored for trends with systems and practices reviewed as necessary. Outbreak kits and emergency supplies are available on-site; sharps and other contaminated waste are disposed of appropriately. Documentation review, observations and staff interviews confirm the home has an effective infection control program.

4.8   Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practices. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Four care recipients interviewed said they only liked the food some of the time, with one saying the vegetables were too soft. However the majority of care recipients and representatives interviewed were satisfied with the food most of the time.