



Australian Government

Australian Aged Care Quality Agency

St Lukes Nursing Home

RACS ID: 2713

Approved provider: St Luke's Care

Home address: 73 Roslyn gardens ELIZABETH BAY NSW 2011

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 30 March 2021.

We made our decision on 16 January 2018.

The audit was conducted on 12 December 2017 to 14 December 2017. 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



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Audit Report

Name of home: St Lukes Nursing Home

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Approved provider: St Luke's Care

Introduction

This is the report of a Re-accreditation Audit from 12 December 2017 to 14 December 2017 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:

- 44 expected outcomes

Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 12 December 2017 to 14 December 2017.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two 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: 158

Number of care recipients during audit: 134

Number of care recipients receiving high care during audit: 113

Special needs catered for: N/A

Audit trail

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

Interviews

Position title	Number
Care recipients and/or representatives	19
Director of aged care	1
Assistant director of nursing	1
Admissions manager	1
Deputy director of nursing	1
Finance director	1
Human resources advisor	1
Housekeeping manager	1
Food services manager	1
Registered nurses	5
Manager	1
Diversional therapists	2
Care staff	5
Administration staff	2
Director of infrastructure and maintenance	1
Maintenance manager	1
Safety representative	1
Catering staff	2
Laundry staff	1
Cleaning staff	2

Sampled documents

Document type	Number
Care recipients' files	15

Document type	Number
Medication incident reports	2
Medication charts	15
Wound assessments, charts and photographs	18
Care recipients' administration files including resident agreements	3
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities documentation; activity statistics data, diversional therapy reviews, activities program
- Audit schedule, audits, surveys, benchmarking reports
- Care recipient information package, agreements, admission checklist
- Cleaning schedules, duty lists
- Clinical care; observation charts, case management quarterly reviews and evaluations 2017, notifications of clinical events, handover reports, resident incident reports, clinical care equipment invoices
- Continuous improvement plan
- Education calendar, training records, attendance records, competency assessments, staff qualifications
- Emergency response manual
- Feedback system including comments and complaints register
- Fire and emergency documentation including annual fire safety statement, evacuation plans, fire equipment audits and testing records
- Hard copy and computer-based information systems
- Human resources (HR) documentation and online system including HR policies and procedures, staff handbook, staff orientation program, job descriptions, duty statements, staff rosters, performance management documentation, privacy and confidentiality statements
- Infection control documents; monthly infection control records, infection summary report
- Maintenance schedules, equipment registers and lists Legionella testing records, thermostatic mixing valve and testing records, electrical tagging records, pest management service records
- Medication management; fridge temperature records, ward register of drugs of addiction, medication incident reviews, residential medication management reviews
- Meeting minutes
- Memorandum, newsletters and other publications

- Menu, records of care recipients' food and beverage preferences and allergies, NSW Food Authority licence and annual audit report, food and equipment temperature records
- Police check register, nurse registrations, statutory declarations, visa documentation
- Policies and procedures
- Reportable incidents register
- Restraint audit, restraint authorisation documents, in-service attendance record – restraint policy 14 December 2017
- Self-assessment report for re-accreditation

Observations

The team observed the following:

- Activities in progress including a Jewish concert/celebration, music therapy and associated resources and notices
- Charter of care recipients' rights and responsibilities on display
- Chemical storage, chemical dispensing systems, safety data sheets
- Cleaning in progress, staff using colour coded cleaning equipment and wearing appropriate personal protective equipment, trolleys and supplies
- Clinical equipment and supplies
- Complaints documentation, locked box for feedback forms
- Dining environment during morning and afternoon tea, midday meal service including staff supervision and assistance
- Electronic and hardcopy record keeping systems – clinical and administration
- Equipment and supply storage areas
- Fire safety systems and equipment, fire panel, sprinkler system, evacuation kit, security systems, in/out signing sheets
- Infection control resources including: outbreak supplies, spill kits, sharps disposal containers, hand-washing facilities, waste disposal, hand sanitiser dispensers around the home, general and contaminated waste disposal systems, colour coded cleaning equipment and personal protective equipment
- Interactions between staff, care recipients, relatives/representatives, visitors
- Living environment – internal and external
- Medication administration
- Mission statement on display
- Mobile dental service onsite
- Noticeboards for staff, visitors, and care recipients
- Notices advising stakeholders of the dates for the re-accreditation audit on display
- Policy and procedure manuals accessible to staff
- Registered nurses' handover meetings
- Staff access to information systems including computers
- Staff work practices and work areas, including clinical, lifestyle, administration, catering, cleaning, laundry and maintenance

- Storage of medications

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

With the support of the St Luke's Care organisation, the home actively pursues continuous improvement. Its approach to continuous improvement is based on an integrated quality and risk management focus. The system is overseen and monitored by a combination of meetings at the site and organisational level. The system relies on input and feedback by the range of stakeholders provided through various means. It also draws on a range of other quality activities including the comments, complaints and suggestions system, routine audits, surveys, external reviews, hazard and risk reporting, accident and incident reporting, data collection and other monitoring systems. Improvements are recorded in the home's continuous improvement plan.

Examples of specific improvements relating to Standard 1 Management systems, staffing and organisational development include:

- The home has commenced an education program for all staff called 'In touch', which is aimed at increasing staff's understanding of the organisation's mission, and their communication and complaint management skills. To date, approximately half of the home's staff have completed the program. While it is too early to evaluate the program fully, the initial feedback from staff has been very positive. (See a related example in expected outcome 3.1 Continuous improvement for other details.)
- The home's management has been working with a registered training organisation (RTO) to assist candidates towards a certificate III in individual support. This includes provision of a training space, assistance in interviewing candidates and access to clinical placements. The benefit for the home is that its involvement in the course is helping to create an eligible pool of applicants for future positions and is thereby contributing to its work force planning strategy.
- The home has developed a service agreement (contract) with a nursing agency to improve the orientation process, especially regarding manual handling training, for agency staff coming to the home. In addition to helping to create a pool of agency staff who are properly orientated and trained, this new process will also reduce the risk manual handling injuries.

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’s management has systems in operation to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. With the support of the St Luke’s Care organisational level, the home monitors the regulatory environment through updates from government and industry bodies, industry conferences, internet access and various other mechanisms. Staff are advised of regulatory requirements and any relevant changes to them through various means including memos, updates to policies, meetings and education. Compliance with regulatory requirements and other standards is monitored through a comprehensive audit program as well as day-to-day supervisory arrangements. We sighted relevant legislation and/or legal documentation displayed in various locations in the home.

Examples of regulatory compliance related to Standard 1 Management systems, staffing and organisational development include:

- ensuring care recipients and representatives were informed of the re-accreditation audit in keeping with legislative requirements
- ensuring care recipients and other stakeholders have access to complaints mechanisms
- ensuring police certificate checks are undertaken for staff and volunteers
- ensuring relevant staff meet statutory declaration and visa requirements
- monitoring external service providers for police certificate checks, applicable insurances, registrations, licences and other necessary regulatory requirements.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an education program, which is based on educational needs identified through a wide range of mechanisms. These include a training needs analysis process, feedback from various meetings, and the quality improvement system. The program is comprehensive and covers a range of functional areas encompassing all four Accreditation Standards. New staff participate in an orientation program with the support of preceptors (mentors). Education is delivered through a range of means including individual, small group and larger sessions, together with online and self-directed learning. The education program is reinforced by competency assessments in relevant areas. Staff also have access to relevant external educational opportunities and where appropriate are supported to obtain formal qualifications.

Examples of recent education sessions related to Accreditation Standard 1 Management systems, staffing and organisational development include:

- ‘In touch program’ – including Mission statement and meaning of quality, complaints management
- documentation and report writing

- salary packaging
- enterprise bargaining
- aged care funding instrument (ACFI) assessments
- transfer to hospital handover tool (clinical information)
- using equipment (various items).

In addition, the home's staff orientation program incorporates a range of topics relating to management systems, staffing and organisational development.

(See expected outcome 1.6 Human resource management for other mechanisms designed to ensure appropriate staff performance).

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

The home has policies, procedures and processes to ensure each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Care recipients, representatives, and staff are made aware of internal and external complaints mechanisms through the care recipients' information package, the residents' agreement, newsletters, complaints forms and residents/relatives' meetings. There is a procedure to ensure any complaints raised are recorded for review, action, follow up and feedback as appropriate. Care recipients/representatives advised they understand how to access complaints processes.

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 has documented its vision, values, philosophy, objectives and commitment to quality. These elements are encapsulated in the St Luke's Care mission statement, which is communicated to all stakeholders in the home. They are published in key documentation including policies and procedures, the care recipients' information package, staff handbook, and the St Luke's Care website. These statements are prominently displayed throughout the home. In addition, staff are made aware of the home's mission through its staff recruitment, orientation and education processes, and other communication.

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

As part of St Luke's Care, the home benefits from a formal organisation-wide human resources management structure that covers all areas of the HR function. The system ensures appropriate staffing and skill levels for quality service provision, in accordance with the Accreditation Standards and the home's philosophy and objectives. The system includes

appropriate recruitment and selection processes, induction, education, and performance management. There are also processes to ensure that staffing levels are sufficient to cater for the mix of care recipients, their changing needs and the demands of the home's daily routine. However, one care recipient representative said sometimes there isn't enough staff, especially in the evenings and weekends. We noted that many care and other staff have obtained qualifications and/or attended specific education relevant to their job roles.

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 stocks of appropriate goods and equipment available for quality service delivery. As part of St Luke's Care, supplies are managed through a single store onsite. A supply order system is in operation with the supply department managing storage, distribution of goods and control inventory. The home has clear procedures for purchasing necessary equipment for use in various functional areas and in response to care recipients' needs. We observed storerooms, staff areas, clinical areas, the kitchen, laundry and other work areas to be well equipped, well stocked and well maintained. Staff advised there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in operation that, among other things, ensures equipment is maintained and ready for use.

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 effective information management systems in place, which support the range of functional areas in the home. For care recipients, the information system includes administration forms, care recipients' information package, resident agreements, residents/relatives' meetings, newsletters, care recipient assessments, care plans and clinical records. Staff communication systems are in operation to ensure relevant information provision to, and between, staff. These systems include a range of meetings, access to computers, distribution of hardcopy materials, staff noticeboards, induction and training. The home has appropriate security and back up procedures for computer-based information. We observed appropriate security and confidentiality of information. Non-current records are archived, and applicable destruction procedures are followed.

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

As part of St Luke's Care, the home has a system to ensure externally sourced services are provided in a way that meets the home's needs and service quality goals. In many external service areas, especially maintenance and building related, the home benefits from organisation-wide systems shared with the adjacent St Luke's Hospital. A range of contractors and external service providers operate within contracts and agreements covering care recipient and care related services, fire systems and various building maintenance and

services. Service agreements encompass the home's requirements/expectations for quality service provision, relevant insurances and police checks (where appropriate). The home's management and staff monitor the performance of external service providers and take appropriate action to ensure that services are provided at the desired level of quality. The home also relies on feedback from care recipients/ representatives to assess the quality of care recipient-related 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

The home's well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 2 Health and personal care.

Examples of specific improvements relating to Standard 2 include:

- The home has introduced a special education program, 'Standards for practice', for registered and enrolled nurses that has resulted in improved understanding of the expectations of clinical practice.
- As an aid to mobility, dexterity and rehabilitation, the home has purchased two special trainers that allow both upper and lower limb training to improve coordination, strength and endurance for care recipients. The trainers can be used actively or passively.
- The home has purchased a pressure mapping system that provides visual and objective feedback on areas of pressure for care recipients. This technology assists with assessing the effectiveness of cushions and seating equipment for high-risk care recipients. It helps ensure the right pressure relieving equipment is selected for them.

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

The home's systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 2 Health and personal care.

Examples of regulatory requirements in relation to Accreditation Standard 2 include:

- having appropriate arrangements in operation to ensure the correct management and administration of medications
- monitoring relevant registrations of nursing and allied health professionals
- having policies and procedures in operation to ensure the Department of Health is notified if care recipients are reported missing without explanation, and the police are notified.

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's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 2 Health and personal care.

Examples of recent education sessions related to Standard 2 include:

- medication management (various aspects)
- clinical skills for registered nurses (various)
- standards for practice for registered and enrolled nurses
- back to basics (various aspects for care staff)
- oral and dental care
- palliative and of life care
- pain management
- sleep
- dementia behaviour management and restraints
- diabetes management
- critical observations
- swallowing and dysphagia management
- skin integrity and wound management (various aspects)
- continence management
- falls prevention and management
- reporting processes for missing care recipients (as part of mandatory reporting).

In addition, care staff have or are obtaining relevant certificate level qualifications.

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 systems to ensure care recipients receive appropriate clinical care through initial and ongoing assessment and care planning. Effective communication and consultation between care recipients, their medical officer and relevant staff ensures care needs are met. Changes in a care recipient's condition are identified with timely and appropriate interventions occurring. An assistant director of nursing, registered nurses on each shift, a team of allied health care professionals, specialists and external support services are available. Clinical incidents are recorded and reviewed by the management team. This includes monitoring of care recipient falls, skin tears, infections and unplanned weight changes. All of the care recipients/representatives interviewed stated the home meets their healthcare needs 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

The home has systems to identify and meet care recipients' specialised nursing care needs. This includes initial and ongoing assessments, plans of care and directives in place. Registered nurses are rostered on each shift and supported by the assistant director of nursing and a team of specialist services. Care delivery is regularly reviewed and evaluated in consultation with care recipients/representatives and with appropriate input from other health professionals as required. All staff also have access to the home's clinical policies and procedures. The home provides specialised clinical equipment and supplies to meet care recipients' needs. Care recipients/representatives advised they are satisfied with the specialised nursing care provided.

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 referral to appropriate health specialists occurs in accordance with care recipient needs and preferences. Physiotherapists are employed by the home and attend to care recipients five days a week. There is also a range of visiting services including dental services, podiatrist, psycho-geriatric and geriatricians, dietician and speech pathologists. The staff provide support to make appointments, arrange transport and escort care recipients as required to attend external appointments. Recommendations made by allied health professionals are included in care plans and are regularly reviewed for effectiveness. Interviews with care recipients/representatives confirmed satisfaction with choice and access to external services when required.

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

Systems are in place at the home to ensure care recipients' medication is managed safely and correctly. This includes safe and correct medication administration by registered nurses and care staff who have received training, secure medication storage and incident reporting systems. Medication incidents are investigated, and incidents reviewed were actioned appropriately. The home uses a medication management system of packed medication provided by a supplying pharmacy. Safe and correct medication administration was observed, and staff displayed understanding of the home's medication management system, protocols, policies and procedures. Care recipients/representatives stated their medication is administered consistently and in accordance with their needs and preferences.

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

The home has systems to ensure care recipients are as free as possible from pain. Care recipients are assessed for pain on entry to the home and on an ongoing basis. Assessment tools are utilised for care recipients who are communicative and non-communicative. Information gathered from assessments is used to develop a pain management plan that is

regularly reviewed. Strategies used in the management of care recipients' pain include a range of prescribed medications and enhanced by the work of the physiotherapy team to provide therapies such as massage and gentle exercise. The effectiveness of pain management is monitored each day through feedback from care recipients and staff. Care recipients/representatives said they are satisfied with the care recipients' pain management treatment and with staff responses to care recipients' needs.

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 systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Systems include identification of palliative care needs, appropriate care planning and ongoing evaluation. A referral system is in place for the local palliative care team services who are accessed when required. The home encourages and supports care recipients and/or their representatives to document end of life care wishes in an advanced care directive, which is available to all staff in the care recipients' file. A range of comfort measures in accordance with the care recipient's advance care directive is available. Support and advice to staff and care recipients/representatives in end-of-life issues are available. Discussion with care recipients/representatives and staff demonstrates the specific wishes of care recipients are captured and met.

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

The home has systems to provide care recipients with adequate nutrition and hydration through initial and ongoing assessment of dietary preferences and requirements. Care recipients are assessed for their risk of malnutrition and strategies put in place to minimise the risk. Care recipients are provided with fresh cooked meals, fruit and regular fluids. Care recipients' nutritional status is monitored through monthly weighing, establishment of body mass index (BMI) and/or according to individual requirements. Specialists, such as a dietician and a speech pathologist, are involved in individual care as required. Modified textured meals and specialised dietary supplements are provided if required. Care recipients/representatives stated they receive adequate food and fluids and there is variety in the meals served.

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

The home has an effective system to ensure care recipients' skin integrity is consistent with their general health. Assessments take place on entry and as required including the assessment of risk of developing pressure injuries. Strategies to maintain skin integrity are included in the care recipients' care plan. Strategies such as regular repositioning, limb protection and applying emollients maintain care recipients' skin condition are used. Podiatry services are provided on a regular basis. Care recipients' wounds are monitored and dressed

by the registered nurse and sufficient wound dressing supplies are available. The home has access to the support of a wound specialist. Care recipients report satisfaction with the way the home manages their skin care needs.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ continence needs are managed effectively. Continence management strategies are developed for each care recipient following an initial assessment of urinary and bowel patterns. Strategies include scheduled toileting or assistance with toileting, continence aids, appropriate fluids and sufficient dietary fibre and juices are provided. Care recipients’ bowel patterns are monitored daily and prompt action is taken to address any concerns. The home has a continence aid provider who provides a broad range of continence aids. Urinary tract infections are monitored and where indicated preventive strategies are implemented. Staff confirmed there are always sufficient supplies of continence aids to meet care recipients’ needs. Care recipients/representatives stated they are satisfied with the continence care provided to the care recipients.

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 home has systems to assess and manage care recipients with challenging behaviours. This includes using initial assessment and ongoing monitoring to develop care plans and interventions. Staff demonstrate a knowledge of the care recipients and a familiarity with the strategies deployed to manage care recipients’ behaviour. Registered nurses monitor the clinical health of care recipients to eliminate physical triggers to challenging behaviour. The activities program assists with providing distraction and we observed staff engaging with care recipients in a warm and caring manner. The home has access to dementia care services, mental health teams and psychogeriatricians to assist in managing care recipients’ behaviour. Care recipients/representatives said the needs of care recipients with challenging behaviours are managed effectively and they are not disturbed by the behaviour of 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

Systems are in place to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Processes include initial and ongoing assessment of care recipients’ mobility, dexterity and rehabilitation needs. The physiotherapists conduct assessments to; establish individual exercise and pain management programs; develop care plans; and review and evaluate the delivery of the programs. All care recipients are assessed for falls risk and strategies put in place to minimise the risk. Individual and group exercise programs are provided according to care recipients needs and preferences. Staff have access to current physiotherapy information and outlined safe manual handling requirements. The system is monitored through management observation and the analysis of falls data. We observed care recipients using mobility aids and handrails suitably placed throughout the home. Care

recipients confirmed their involvement in the mobility and exercise programs offered by the home.

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

The home has a system to ensure care recipients’ oral and dental health is maintained including initial and ongoing assessment of oral and dental needs. Assessments occur through staff observation and referral to the dentist and/or specialists are arranged as per care recipients’ needs and preferences. Evidence of appropriate referrals to dental services was observed. Day-to-day oral care is attended as per the care recipient’s care plan including assistance to clean teeth and dentures. There is a program of quarterly changes in toothbrushes. Care recipients confirmed care staff assist them with personal oral hygiene needs as required.

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

The home has processes to identify and effectively manage care recipients’ sensory losses. Assessment is undertaken and an individualised care plan is developed and regularly reviewed. Staff members assist care recipients to manage aids and equipment such as hearing aids and glasses. The home supports the care recipients with sensory impairment using large print books, communication prompts and activities equipment. Activities are designed to ensure participation of care recipients with identified sensory loss. A safe, uncluttered environment is provided for all care recipients with good lighting and handrails. Staff were observed to be aware of care recipients who have impaired senses. Care recipients/representatives confirmed they are satisfied with the home’s approach to assisting them with their sensory losses.

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

The home ensures care recipients can achieve natural sleep patterns through initial and ongoing identification of sleep requirements, sleep assessments, the implementation and evaluation of strategies and the provision of a quiet environment. Strategies used include offering refreshments, effective pain management and medication where prescribed by the medical officer. Staff report they minimise waking care recipients to provide repositioning at night and that appropriate continence aids assist care recipients to achieve as much sleep as possible. Care recipients reported the environment is quiet at night and they usually sleep well.

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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 3 Care recipient lifestyle. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings of residents/representatives.

Examples of recent improvements relating to Standard 3 include:

- The home has commenced an education program for all staff called ‘In touch’, which is aimed to increase staff’s understanding of the organisation’s motto/mission – ‘Quality care with a personal touch’. It also aims to support the provision of person centred practices for care recipients living with dementia. While it is too early to evaluate the program fully, the initial feedback from staff has been very positive with some saying it has helped their understanding of dementia. (See a related example in expected outcome 1.1 Continuous improvement for other details.)
- The home has introduced a music and memory program to assist care recipients to restore their identity and reconnect with other individuals. It also assists with managing responsive behaviours and reducing depression.
- The home has made available a booklet ‘Sexuality and people in residential aged care facilities’. It is a guide for partners and families to assist loved ones in expressing love, affection and physical closeness. It is a means of assisting with emotional support and promoting choice and decision making. The discrete distribution and availability of the booklet provides access to information that some partners and family members may find useful in dealing with an important although potentially sensitive topic.

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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 3 Care recipient lifestyle.

Examples in relation to regulatory requirements for Standard 3 include:

- having various arrangements in operation to meet obligations regarding staff and care recipients’ confidentiality and privacy provisions
- ensuring care recipients’ security of tenure and informing care recipients of their rights and responsibilities

- having mechanisms to ensure the appropriate reporting of suspected or alleged incidents of elder abuse.

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’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 3 Care recipient lifestyle.

Examples of recent education sessions related to Standard 3 include:

- elder abuse and compulsory reporting
- ‘In touch program’ including quality care, person centred care, effective communication and customer service
- advance care planning
- responding to grieving people
- sexuality in dementia
- choice and decision making
- residents’ personhood and spirituality
- resident lifestyle and personhood
- security of tenure, dignity and privacy
- LGBTI (lesbian, gay, bisexual, transgender and intersex) awareness.

Moreover, various care recipient lifestyle issues such as privacy and dignity are covered indirectly in the staff education program in the treatment of issues relating to care recipients’ health and personal care.

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 expressed appreciation to staff for the support and assistance staff provide during their entry to the home, the subsequent settling in period and on an ongoing basis. An assessment of care recipients’ specific needs and preferences is undertaken on entry to the home including documenting social history profiles. Care recipients are orientated to the home and staff spend extra one-on-one time with care recipients during the settling in period and introducing them to likeminded care recipients with similar interests. A weekly group discussion and support group set up by a psychologist and facilitated by the diversional therapist provides an opportunity for care recipients to discuss and share their concerns and obtain support from their fellow care recipients. Care recipients/representatives said care recipients are provided with appropriate emotional support and feel the staff are very supportive in helping them to adjust to their new life within the home. One care recipient said they are not inclined to talk to the staff about their problems and five others said they would talk to the friends and families if they had concerns.

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 are assisted in joining group activities at the home, as well as being encouraged to attend bus trips and outings. Visiting community groups assist care recipient to remain connected with the local community and several care recipients continue to participate in activities outside the home. Care recipients are given an opportunity to participate in government elections and assisted to complete postal voting. The mobility programs and activities plan provide exercise programs to assist care recipients to remain as physically independent as possible. The living environment supports the independence of care recipients with handrails, room signage, and lifts. Care recipients and their representatives advised they are satisfied care recipients are encouraged to do as much as possible for themselves.

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

The home recognises and respects the privacy and dignity of care recipients. Processes, programs, surveys, case conferences and meetings ensure effective acknowledgement of individual needs and preferences. A system of review and monitoring of care recipients' specific requirements ensure individuals receive support and assistance where required. Culturally specific care needs relating to privacy and dignity and captured through the initial assessment phase and strategies to meet the needs are in place. We observed respectful and warm interactions between care recipients and staff. All care recipients/representatives stated care recipients are treated with respect.

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

The home offers a wide range of activities and programs of interest to care recipients. The diversional therapists and recreational activities officers conduct the program within the home seven days a week. There is a monthly program in place based on care recipients' assessments and feedback to ensure it meets their needs. The program includes popular bus outings, a range of cultural events, and creative hobbies. The program is designed to meet care recipients' musical, physical, intellectual, and social needs. A review of activity programs and activity participation records show the home is conducting engaging activities and outings in consultation with care recipients and representatives. A team of volunteers enhances the program and provides opportunity for more one to one activities. Feedback from care recipients/representatives shows satisfaction with the range of activities offered and the access to outside community visits.

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

The home has systems to promote care recipients' individual interests, customs, beliefs and cultural needs. Care recipients' language and specific religious and cultural practices are identified, and care plans are created to meet these needs. Religious and other significant dates and events are celebrated including care recipients' birthdays, Jewish celebrations and significant events such as Christmas, Easter, Anzac Day and Remembrance Day. Church services for a variety of denominations are held in the home and clergy are also available to visit care recipients. We observed care recipients being served culturally appropriate food as required. Care recipients/ representatives are satisfied with the support provided for care recipients' cultural and spiritual needs.

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

Care recipients are supported by the home to decide on their lifestyle and choice of services and activities through initial assessment, recording of their preferences and feedback through surveys, meetings and suggestions to staff. Care recipient care plans include information about their specific needs and preferences. Care recipients are enabled to exercise choice about their daily preferences for meals, attendance at social activities, choice of medical services and sleep/rest periods. The care recipient focused activities program offers care recipients' further opportunity to exercise choice over their day. Care recipients/representatives stated regular care recipient meetings are held at the home and they are able to make choices about their lives.

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

Care recipients have secure tenure within the home and understand their rights and responsibilities. On entry, care recipients/representatives receive a residential agreement and information pack. The residential agreement sets out the standard requirements under the *Aged Care Act 1997* including security of tenure. The Charter of care recipients' rights and responsibilities is displayed in the home, as well as being in the care recipients' information pack. The admissions manager discusses the information in the agreement and information pack with each care recipient/representative. In addition, management advised any proposed relocation of care recipients within the home is fully discussed with the care recipients/representatives, and care recipients are supported in their transfer.

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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 4 Physical environment and safe systems.

Examples of improvements relating to Standard 4 include:

- The home has renovated its outdoor terrace, located on the second level, resulting in an open-air space that is sheltered from the weather and can be used all year round. This improvement to the living environment has received very positive feedback from relatives.
- The home has reviewed and improved the format of its annual manual handling training. The revision of the training, provided by physiotherapists, has resulted in an increased practical assessment of all elements of practice associated with the handling of care recipients. The format now includes four stations (including hoists and lifters) through which staff rotate to complete practical assessments.
- The home recently conducted a trial of a new food reheating and service system on its ground level. Following impressive results and very positive care recipient feedback, this system has now been permanently installed and similar machines will soon be purchased and set up in all of the home’s serveries.

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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including Standard 4 Physical environment and safe systems.

Examples of regulatory compliance in relation to Standard 4 include:

- displaying relevant regulatory information concerning work health and safety legislation
- appropriate testing for items such as Legionella, thermostatic mixing valves, electrical tagging
- the installation of fire safety systems including sprinklers, displaying the annual fire safety statement in accordance with legislative requirements, and staff undertaking mandatory fire safety training

- various arrangements to ensure the home meets food safety requirements such as those encompassed in the NSW Food Authority's vulnerable person's food safety scheme and its licensing and audit requirements.

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's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 4 Physical environment and safe systems.

Examples of recent education sessions related to Standard 4 include:

- fire safety and emergency evacuation
- WHS
- manual handling
- infection control (including hand hygiene)
- safe handling of chemicals
- food safety/handling.

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 meets this expected outcome

As part of St Luke's Care, the home's management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home is a multi-level story building comprised of single and double rooms with access to ensuite bathrooms. It is light and bright with comfortably furnished lounge and communal rooms and a pleasant courtyard area. The home has controlled air conditioning throughout. The home's comfort and safety is further enhanced through mechanisms such as regular environmental safety inspections, cleaning, maintenance and other safety-related checks, and incident and accident reporting. There are also care recipient feedback mechanisms, such as residents and relative's meetings, surveys, and direct discussions with management, in relation to the comfort and safety of the living environment. Care recipients and representatives stated the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data we reviewed.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. As part of St Luke's Care, the home benefits from organisation-wide safety systems including work health and safety (WHS) policies, a comprehensive WHS program

and a WHS committee. In addition, the home has a site safety representative and WHS is a standard agenda item at the home's monthly staff meetings. The WHS system includes regular staff induction and regular training (including manual handling), regular safety-related audits and inspections, hazard reporting, accident and incident reporting and risk assessments. A preventative and routine maintenance program is in operation in the home, which helps ensure the overall safety of the environment and equipment. There have been minimal incidents relating to staff safety, thereby indicating the effectiveness of the home's approach to work health and safety.

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

The home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire safety systems in the home include fire detection and alarm systems, a sprinkler system, firefighting equipment, exit signs and evacuation plans. The home has formal, external contractual arrangements for the monitoring and maintenance of all its fire safety equipment and systems. We sighted the annual fire safety statement appropriately displayed. Staff training records confirm staff participate in regular mandatory fire safety training, and staff interviewed are aware of fire safety and emergency procedures. As part of St Luke's Care, the home benefits from organisation-wide systems shared with the adjacent St Luke's Hospital such as a 24-hour in-house security team patrolling the facility and close liaison with the nearby Kings Cross police. A further shared benefit has been the recent installation of a new on-site high capacity generator capable of effectively dealing with emergency power outages. We observed the home provides a secure environment including secured doors, CCTV, security lighting, lock up procedures and appropriate overnight staffing arrangements.

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 systems for the prevention, identification and managing infections. There is an effective infection control program that includes the offering of influenza vaccination for care recipients and staff, waste management, cleaning and laundry processes and a food safety program. Registered nurses monitor care recipients' infections and data is collated and analysed to identify, and address matters related to infection control. Care recipients' risk of infections is identified, and strategies are in place to minimise the risk. Education is provided to staff and resources are available to alert those visiting the home to prevent or address infectious outbreaks. Staff have access to sufficient supplies of appropriate infection control equipment including personal protective equipment, spill kits, sharps disposal and clinical waste bins.

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 provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. The hospitality services are subject to regular monitoring and audits to ensure they are operating at desired levels. The catering system ensures care recipients' preferences are taken into account in the food planning process and appropriate choices and alternatives are offered. Care recipients and representatives have input into menu through meetings, surveys, regular feedback directly to staff and other communication. In our randomly selected interviews, the majority of care recipients/representatives said they like the food all or most of the time. However, two said they only like it sometimes, as they don't find it very appetising and are rarely hungry. One said they never like the food, and wanted more fresh fruit and vegetables. We noted the cleaning system is well organised and effective, with common areas and each care recipient's room being cleaned regularly. Laundry services are provided effectively with several small laundries located in various areas throughout the facility. Care recipients' personal items are washed and returned to them within a reasonable turnaround time. In addition, the home facilitates access to an external dry cleaning service for care recipients. Care recipients/representatives said they were satisfied with the cleaning and laundry services provided by the home.