St Lukes Nursing Home

RACS ID 2713
73 Roslyn gardens
ELIZABETH BAY NSW 2011

Approved provider: St Luke's Care

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 2018.

We made our decision on 19 February 2015.

The audit was conducted on 20 January 2015 to 22 January 2015. 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
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:

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

Expected outcome	Quality Agency decision
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: Resident lifestyle

Principle:

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

Expected outcome	Quality Agency decision
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 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
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

St Luke's Nursing Home 2713

Approved provider: St Luke's Care

Introduction

This is the report of a re-accreditation audit from 20 January 2015 to 22 January 2015 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.

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 audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 20 January 2015 to 22 January 2015.

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.

Assessment team

Team leader:	Wendy Ommensen
Team member/s:	Rodney Offner Sue Kelly

Approved provider details

Approved provider:	St Luke's Care

Details of home

Name of home:	St Luke's Nursing Home
RACS ID:	2713

Total number of allocated places:	158
Number of care recipients during audit:	139
Number of care recipients receiving high care during audit:	116
Special needs catered for:	n/a

Street/PO Box:	73 Roslyn gardens
City/Town:	ELIZABETH BAY
State:	NSW
Postcode:	2011
Phone number:	02 9356 0400
Facsimile:	02 9360 5228
E-mail address:	dkey@slc.org.au

Audit trail

The assessment team spent 3 days on site and gathered information from the following:

Interviews

Category	Number
Chief executive office	1
Director of nursing St Luke's Care	1
Director of nursing	1
Deputy director of nursing	1
Clinical nurse educator	1
Assisted care manager	1
Registered nurses	10
Care staff	15
Recreational activities staff	2
Elder clown	1
Admissions manager	1
Reception staff	1
Human resources manager	1
Care recipients	9
Representatives	14
Support services manager	1
Catering manager	1
Catering coordinator	1
Catering staff	5
Housekeeping manager	1
Housekeeping staff supervisor	1
Cleaning staff	1
Laundry staff	1
Director maintenance and infrastructure	1
Maintenance manager	1
Security staff	1

Sampled documents

Category	Number
Care recipients' files	18
Summary/quick reference care plans	18
Care plans, assessments, social profiles	5
Comments, complaints and compliments	10
Employee incident/near miss reports	8
Medication charts	30
Personnel files	6
Maintenance requests	10
External contractor agreements	4
Resident agreements	2

Other documents reviewed

The team also reviewed:

- Activities program for January, activity attendance list, elder clown laughter charts, linkage volunteer program, resident activities records, ward weekly activities' report form

- Behaviour management documentation including: behavioural management plans; and identification records for residents with potential to abscond, list of residents who wear sensor bracelets

- Cleaning services: audits, specified work schedules, staff sign off sheets

- Clinical care documentation including: admission checklist for residents; communication with specialists and allied health; communication books; clinical monitoring records and needs assessments; family conference documentation; handover/daily reports and clinical performance indicators

- Communication records including staff memoranda, staff information folders, handover sheets, notices and diaries, newsletters

- Documentation relating to a project with a university to reduce the use of psychotropic medication

- Education: annual evaluation of previous program, clinical skills assessments, education program and calendar, individual staff electronic training records, induction and orientation checklist, in-service attendance records, mandatory training records, six minute intense training sessions (SMIT), safe operating procedures, self-directed learning packages, staff attendance records, training needs analysis, work practice documents

- Fire security and other emergencies: Annual Fire Safety Statement, business contingency plan, emergency response plan/manual, testing and tagging records, training records, fire equipment service invoices

- Food services documentation: dietician approval of menu, equipment temperature monitoring records, food safety program/manual, internal auditing program, four week rotating menu, NSW Food Authority audit, residents' dietary preference sheets, staff training records, cooking and chilling temperature records, hot and cold food temperature records, food temperatures on delivery, food temperatures during service in the dining areas, sanitisation of fruit and vegetable records,

- Human resources' documentation: code of conduct, comprehensive information on the electronic intranet, employee assistance program, employee orientation checklist, health declaration, national police checking service and system to maintain currency, performance development plans, policies and procedures, position specifications and descriptions, recruitment/pre-employment checklist, staff handbook, staffing rosters, staff surveys and comparative data, ward running sheet, work rights status

- Infection control: audit reports, monthly infection control records, legionella pathology reports

- Information systems: policies and procedures – various, meeting minutes, care recipient information package, care recipient orientation checklist, feedback survey results,

- Laundry: employees work schedule, dry cleaning service invoices

- Maintenance records: maintenance management system register, accreditation compliance records, legionella test results, maintenance log sheets, maintenance schedules, asset register, maintenance reports and pest control reports

- Manual handling wall symbols and instruction cards

- Medication management documentation: medication audits; medication incident folder; temperature logs for medication fridges; Schedule eight drug registers; care recipient medication plans; medication signing sheets and medication management (external) reviews

- Monthly screening for nutrition and hydration

- Pain management documentation including: pain management charts; pain management programme evaluation and pain management program records

- Personal care list folders

- Physiotherapy assessments; care plans, exercise programs, falls risk assessments.

- Podiatry assessments and review

- Quality management system: policies and procedures, improvement registers, quality system documentation, quality activity summary reports, compliance reports, feedback and suggestion register, audit schedules, audit results and reports, benchmarking network reports, home's vision, mission, values and commitment to quality, admission enquiry form, pre-admission agreement, care recipient information package, care recipient orientation checklist, feedback survey results, contractor management system, contractor pre-qualification documentation and St Luke's Aged Care Facility self-assessment documentation for re-accreditation

- Regulatory compliance: mandatory and consolidated reporting register, staff credential reports including police check records and professional registration records, NSW Food

Authority Licence, staff confidentiality agreement and consent forms for the collection and handling of private information

- Restraint authorisation

- Specialised nursing care monitoring forms

- Work Health and Safety system: work health and safety risk management system, hazard and risk assessment tools, workplace injury management process, certification of plant item registrations, incident reports, hazard/problem documentation, risk analysis tool, electrical tagging records and material safety data sheets

Observations

The team observed the following:

- 'A Plan of Care Booklet'

- Activities' program on display, care recipients participating in lifestyle and leisure activities, lifestyle resources and equipment

- Care recipients' general appearance

- 'Charter of residents' rights and responsibilities 'on display

- Cleaning – trolleys, storage areas including chemicals, safety data sheets, personal protective clothing and equipment, microfibre mops in use, colour coded equipment, spills kits

- Complaints information including internal and external mechanisms displayed around home and provision of confidential complaints mechanism, care recipient advocacy brochures, 'Have your say' and other feedback forms

- Daily handover between registered nurses and care staff

- Equipment and supply storage areas including clinical, linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, ramps, lifters and mobility aids

- Evacuation maps orientated and suitably placed throughout the building, emergency evacuation kits, emergency flip charts, firefighting equipment rested and tagged, unobstructed egresses, exit lighting

- Hairdressing salon

- Hypoglycaemia kits

- Infection control resources including colour coded equipment, hand washing stations, personal protective clothing, and supplies, outbreak management resources boxes, cytotoxic body spill kits, other spills kits, sharps containers

- Information on noticeboards for care recipients, visitors and staff

- Interactions between staff, care recipients, representatives and visitors to the home

- Kitchen – decanting processes, delivery dock, dry stores, food preparation areas, labelling of food, rotation of stock, wash up area, staff at work

- Laundries on various levels of the home, linen and laundry trolleys, labelling processes, segregated clean and dirty areas, staff following laundry procedures

- Living environment - internal and external

- Lunch service with staff assistance

- Medication administration rounds, emergency drug supplies, storage of medications

- Mission statement encapsulating vision, values and mission on display

- Mobile sensory unit

- Nurse call system in operation

- Registered nurses supervising and directing staff, staff work practices

- Secure document storage including care recipient and staff files

- Security systems including electronic swipe cards and nurse call system

- Short small group observation in lower level dining area

- Staff accessing information including care plans, progress notes

- Staff work areas including nurses stations, staff room/s, reception and offices

- Waste management skips and paper/cardboard recycling area, contaminated waste receptacles

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 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

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

Team's findings

The home meets this expected outcome

The home utilises a continuous improvement system which includes quality management processes and performance review mechanisms. Improvements are identified through a number of avenues including care recipient and representative meetings, staff meetings, audits, benchmarking and review of clinical data. Also the home utilises surveys, case conferences, comments, complaints and suggestions, incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Care recipients, representatives and staff report they have opportunities and are encouraged to participate in the home's continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

- Feedback from staff identified the need to have a more effective means whereby equipment and supplies used in the delivery of care relating to the five senses could be undertaken. Consequently a mobile sensory equipment trolley was purchased and staff report the use of this new trolley has resulted in care recipients receiving improved and appropriate care.

- Management through observation identified the need to enhance the external living environment and as such new outdoor furniture for the garden room veranda was purchased. Management report there has been very positive feedback from care recipients and their families regarding this improvement. Care recipients and their visitors were observed enjoying this outdoor area during the re-accreditation audit.

- A review of the home's care recipient and/or representative feedback process revealed the feedback mechanisms for those care recipients and/or representatives receiving respite care were not effective. Consequently a satisfaction survey has been recently developed covering all aspects of care provided by the home and it is anticipated the results of the survey will identify where further improvements to respite care can be made.

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 systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through subscription to legislative update services, legal bulletins, from government departments, attendance at professional meetings and seminars, via the internet and other sources. Management communicate changes to staff through documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, competency assessments, staff appraisals, various management systems and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policy and procedure manuals on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.

- Procedures for police checks for staff and volunteers are in place. Interviews and documentation confirms that these have been completed.

- The home has a system whereby external contractors' registrations and insurances are checked to ensure they are current.

- Information posters outlining the Aged Care Complaint Scheme are displayed within the home.

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

Processes are in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Orientation to the role and a preceptor program supports new staff and assists staff development within the workplace. Training needs are identified through: legislative change, performance appraisals, surveys, results of audits, monitoring of clinical indicators, accident and incident reporting and feedback from stakeholders. From these sources and an evaluation of the previous annual program an education calendar is developed. Education is available and delivered in a variety of ways which include through: in-service training by the clinical nurse educator, registered nurses and management staff; self-directed learning packages; six minute intense training (SMIT) sessions during handover, as well as through attendance at specific internal and external courses. Skills assessments are conducted to evaluate the effectiveness of the program and ensure relevant staff skills are maintained. Records of attendance are kept and there is a

system to monitor attendance at mandatory training. Staff are enthusiastic about the opportunities available for relevant education of interest and assistance to them.

Staff attendance records and other documentation highlighted the following examples of training provided in relation to Accreditation Standard One:

- Admission and transfer documentation for registered nurses, support persons and assistants in nursing

- Aged Care Funding Instrument (ACFI) documentation and assessment

- Care planning and assessments

- Complaints management (the need to update, communicate, coordinate and action feedback).

1.4 Comments and complaints

This expected outcome requires that "each resident (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

Information about internal and external complaint mechanisms is provided to care recipients and representatives on entry to the home. This information is contained in the care recipient information pack and agreements. Information is also communicated on a regular basis through care recipients and representative meetings and information displayed in the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Comment and complaint forms are available throughout the home. Brochures about the external complaint mechanisms are also displayed. Staff demonstrated that they have knowledge and understanding of the complaint handling process and of their role in assisting care recipients to raise issues if necessary. Care recipients and representatives interviewed are aware of the home's comment and complaints process. Review of comments and complaints as well as other relevant documents indicated that issues raised are responded to in an effective and timely manner.

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, mission and values are available in a number of documents including the staff handbook and resident agreement. The home's vision, mission and values form part of the staff induction program and are discussed with staff. Staff performance appraisals include key result areas which are based on the home's vision, mission and values.

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 in place to ensure that the home has appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures that guide human resources practices are accessible to staff on the organisational intranet and throughout the home.

Recruitment processes include professional registrations, visa work requirements, police certificates and reference checks. Orientation training and ongoing education of new staff is conducted and performance reviews are in place. Grievance processes are documented.

Rosters are developed in advance and a review of these confirmed that absent staff are replaced. Relief arrangements include permanent part time and casual staff and agency staff. Staffing levels are flexible and are monitored in line with occupancy, care recipient's specific care needs and related dependencies. Many of the staff have been with the home for long periods of time and know the care recipients and their representatives very well. They acknowledge the importance of team work and the support of the management team. Care recipients and their representatives express satisfaction with the consistency of care provided and the skills and professional approach of all staff.

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 goods and equipment that support quality service delivery. Specific staff have designated responsibility for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock which is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. The home maintains an asset register. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

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 an information management system that provides relevant information to stakeholders. The home's communication system includes meetings, handbooks for staff, information packages for care recipients and their representatives, newsletters, policies and procedures, noticeboards, staff handovers and a clinical documentation system. The home utilises these communication channels along with the management team's open door policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters.

Access to confidential information and records is controlled and limited to authorised personnel. Observations demonstrated that care recipient and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Care recipients and representatives stated they are well informed regarding care recipients' needs and all other issues of relevance to them.

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's externally sourced services are arranged primarily through contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references, insurance and police checks are made. All major contracts are reviewed regularly through feedback by the home. Contractor non-performance is recorded and actioned immediately, if urgent, or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision 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 improvements for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- An analysis of audit results and feedback from staff identified the need to ensure staff have the required skills to maintain care recipients' skin integrity. Consequently the home introduced a wound management education package. Management report this new education package has increased staff knowledge regarding contemporary wound management practices and improved the quality of wound care provided to care recipients. Statistical data indicates wound incidence at the home is low.

- Observations by management of staff care practices and feedback from staff revealed there was a need for staff to have ready access to appropriate clinical information especially in respect of behaviour management. As such the reference book titled 'Clinicians Field Guide to Good Practice - Managing Behavioural and Psychological Symptoms of Dementia' was purchased for all nurse stations. Management report reference to this guide has assisted staff to readily identify appropriate strategies to deal more effectively with those care recipients who display challenging behaviours.

- Observations by management of staff care practices and assessment of staff competencies identified the need to ensure in a more efficient and effective manner that staff have the required competencies to deliver quality care to care recipients. One way to achieve this was through the introduction of a six minute training session delivered at handovers by registered nurses. Management report this improvement has increased availability of education to staff as well as improved the delivery of quality care.

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 details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors nurse registrations as well as registrations of visiting health professionals to ensure they are current.

- The home has an accredited medication system in accordance with relevant laws and guidelines governing medication management practices.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development

Examples of education provided under Standard Two include:

- Sleep (presented by Clinical manager – Sleep Centre St Luke's Hospital)

- Understanding Challenging Behaviours (Four sessions - Dementia Behaviour Management Advisory Service - DBMAS)

- Vacuum Dressing – Therapeutic Drug Monitoring – Stimulated Circulation (External presenter)

- Nutritional Management of Wounds (Product Supplier)

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

St Luke's has systems, processes, policies and procedures to ensure care recipients receive appropriate clinical care. Review of documentation shows a comprehensive program of assessments are completed when a care recipient moves into the home and as required during their stay at St Luke's. Individualised care plans are formulated, reviewed and updated by a registered nurse regularly and as required. Care is planned in consultation with the care recipient and their representative, the care recipient's medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources are maintained in good working order to meet the ongoing and changing needs of care recipients. Care recipients and representatives are satisfied with the clinical care provided and representatives state they are informed of changes in the care recipient's condition and care needs.

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

There are systems to ensure care recipients' specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show care recipients' specialised nursing care needs are identified on their entry to the home and addressed in the care planning process. Registered nurses oversee the specialised nursing care at the home. Care staff demonstrated an awareness of care recipients' individualised specialised nursing care needs External professionals from the area health service provide additional support to ensure care recipients' specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Care recipients and representatives 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

Clinical documentation shows care recipients are referred to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Allied health professionals visit the home on a regular basis including a podiatrist, physiotherapist, speech pathologist, a palliative care team and pathology services. Care recipients and representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Care recipients and representatives are aware of the availability of other health specialists if

needed. They told us they are satisfied with the way referrals are made and the way in which changes to care are implemented.

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

Management demonstrates care recipients' medication is managed safely and correctly. Care staff who are deemed competent administer medication via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication. A photograph is printed on each medication chart to assist staff to identify each care recipient. There is clear information relating to allergies and special medication requirements recorded on each medication chart. Regular medication reviews are completed by the medical officers and consultant pharmacist. A medication incident reporting and auditing process forms part of the home's safe system. Medication incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the nursing management team. Care recipients interviewed are satisfied their medications are managed in a safe and correct manner. They said they receive their medication 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

The home has a system for assessing, monitoring and treating care recipients' pain, when entering the home and as needed. Care plans are formulated with individual pain management strategies. The home offers a combination of treatment options to manage care recipients' pain, which includes but is not limited to heat, massage and exercise. Referral to specialists is made in accordance with the care recipients' pain management needs. Staff are trained in pain prevention and management and use verbal and non-verbal assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Pain management measures are followed up for effectiveness and referral to the care recipient's medical practitioner and other services is organised as needed. Care staff demonstrated knowledge of the process required to effectively manage care recipients' pain. Care recipients expressed satisfaction with their pain management treatments and with staff responses to their needs. Care recipients and representatives told us care recipients are as free as possible from pain and that staff respond in a timely manner to requests for pain control.

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 can demonstrate that the dignity and comfort of care recipients, who are terminally ill, is maintained within the scope and resources of the home. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of care recipients are considered in care planning and pastoral care is provided as requested. Care recipients and representatives appreciate palliative care services and end of life care being available within the resources of the home and a local palliative care team.

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 a system to ensure each care recipient receives adequate nourishment and hydration. When a care recipient enters the home an assessment is completed and the relevant information regarding nutrition and hydration is provided to the kitchen. Care and catering staff are aware of special diets, care recipients' preferences and special requirements including thickened fluids, pureed and soft food. Care recipients' weights are recorded by care staff monthly and action is taken as required according to the individual care recipient's assessed need. Staff have access to information on hydration and unintended weight loss and the actions to take when these are identified. Nutritional supplements are available for care recipients who require extra nutritional support.

Specialised eating equipment is used on an individual basis to help promote care recipients' independence. Texture modified foods and/or fluids are served in accordance with the assessed needs of the care recipient. Care recipients said they enjoy their meals.

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 integrity is assessed on entry to the home through the initial assessment process. Staff monitor care recipients' skin care as part of daily care and report any changes in skin integrity to the registered nurse for assessment, review and referral to an appropriate health care professional as required. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of care recipients. Documentation reveals staff receive ongoing training and supervision in skin care. The use of limb protecting and pressure relieving devices is in place at the home. Specialist equipment, such as lifting devices, is used carefully to maintain care recipients' skin integrity. The home's reporting system for accidents

and incidents includes skin integrity, is monitored monthly and informs the home's benchmarking process. Care recipients and representatives report staff pay careful attention to care recipients' individual needs and preferences for skin care.

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 utilises a technological continence management system which assists staff to ensure care recipients' continence needs are managed effectively. The system enables staff to implement appropriate continence management strategies for each care recipient following an initial assessment of urinary and bowel patterns. Care staff assist care recipients with their continence programs as required and care recipients' bowel management programs are monitored daily. Care staff stated there is a sufficient supply of continence aids to meet care recipients' needs. Care recipients and their representatives said they are satisfied with the continence care provided at the home.

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

There are systems to effectively manage care recipients' with challenging behaviours. Documentation and discussions with management and staff show care recipients' behavioural management needs are identified by initial assessments and behaviour care plans are formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the care recipients and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The team includes the use of humour with the Elder Clown from the Humour Foundation. The home has access to and utilises other health professionals including the dementia behaviour management advisory service (DBMAS). Staff were observed to use a variety of management strategies and resources to manage care recipients with challenging behaviours and to ensure the care recipients' dignity and individual needs are respected at all times. St Luke's endeavours to create, as far as possible, a restraint free environment. Care recipients and representatives told us they are satisfied with the management of challenging behaviours at the home.

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

St Luke's has systems for ensuring that optimum levels of mobility and dexterity are achieved for each care recipient including comprehensive assessments, the development of mobility

and dexterity plans and mobility programs. The home has a falls prevention program and manual handling guidelines which are available in care recipients' rooms. Group exercise classes are held three times a week and aids such as balls and latex resistance bands help to enhance care recipients' dexterity. Falls incidents are analysed and are monitored through quality clinical indicator data. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobility aids, walk belts, mechanical lifters and wheelchairs are available. Care recipients and representatives advised us appropriate referrals to the physiotherapist and podiatrist are made in a timely manner.

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. This includes initial and ongoing assessment of care recipients' oral and dental needs. Care recipients' day to-day oral care is attended to in line with individual care plans. Referral to specialists is arranged according to care recipients' needs and preferences. Care staff demonstrated an understanding of oral and dental care practices used in care recipients' care. Care recipients and representatives expressed satisfaction with the way in which oral health is maintained.

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 loss is assessed when a care recipients moves into the home and appropriate referrals are made to ensure care recipients' care needs are managed effectively. Specialists and/or allied health professionals are involved in the care of care recipients with sensory loss as required. This includes the use of audiology, optometry and speech therapists. Staff assist care recipients to visit external optometry and audiology services as needed. The lifestyle program includes activities and resources to assist care recipients with sensory stimulation including of taste and touch. Staff receive training in sensory loss and specialist equipment is maintained in good working order. Care recipients and representatives report staff are supportive of care recipients with sensory loss and promote independence and choice as part of daily care.

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 are assessed when they move into the home. This assessment includes their history of night sedation and recent sleeping patterns. From this information

sleep care plans are formulated. Accommodation at the home is mostly single rooms enabling choice of retiring and waking time and allowing for music and low light environments. Should care recipients have difficulties sleeping; staff offer food, a warm drink, position change, pain management and continence care. Staff at St Luke's has access to personnel in a sleep disorder unit in the co-located hospital for advice when required. Care recipients' ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist care recipients to achieve natural sleep. Care recipients stated they were able to have a comfortable sleep at night and that staff provide individual attention if they are unable to sleep.

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 the details of the home's continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

* Through the evaluation of care plans and feedback from staff it was identified the need to appropriately address the special needs of care recipients who are considered socially isolated. As such the home introduced the linkage volunteer program. This program provides volunteers to the home who can spend individual time with care recipients providing emotional and other support. Management stated feedback from those care recipients who receive visits from the volunteer program has been very positive.

* Due to the very positive feedback from care recipients and their representatives the Elder Clown program has been extended. The program is designed to engage and bring humour and play to those care recipients who have symptoms of dementia. During the visit we observed the Elder Clown program in progress and noted a high level of care recipient involvement and enjoyment with this activity.

* A need to improve the range of activities available for those care recipients who are located on level 2 in the north wing prompted the introduction of an additional bus trip on Tuesdays. Management stated feedback from care recipients and their representatives has been positive regarding this improvement.

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 details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

- 'The Charter of Residents Rights and Responsibilities' is displayed in the home and included in publications.

- The residency agreement outlines security of tenure and is based on applicable legislation.

- The home has a system for compulsory reporting according to the requirements of The Aged Care Act 1997 (Cth), The Accountability Principles 1998 (Cth), and The Records Principles 1997 (Cth).

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Three include:

- Elder Clown Workshop (participants included care recipients, representatives, administration, recreational and care staff)

- Greek Culture – Caring for the Greek Elderly (presented by Greek Community Services)

- Privacy and Dignity (Department of Social Services)

- Recreational Activities for Care Recipients Living with Dementia

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

The home has systems in place to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. On arrival to the home, each care recipient is orientated and introduced to other care recipients and staff. Care recipients are encouraged to personalise their rooms with paintings, furniture and other memorabilia.

Recreational staff collects information on the care recipient's past and current history, preferences and needs. Key emotional events are identified and interventions included on care plans. Religious representatives are available at the request of care recipients or their families. Staff complete education on giving emotional support to both the care recipient and their families. Care recipients and representatives interviewed are satisfied with the emotional support received.

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

The home has systems in place to ensure 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. Physiotherapy assessments are conducted and mobility aids and structured programs are implemented when a need to assist the care recipients maintain their independence is identified. Recreational activities staff ask each care recipient about their life prior to entering the home as part of the assessment process and formulation of their social profile. Interests and activities outside the home are encouraged and form part of the individual activity plan. Regular bus outings, walking groups to a local park, outings to a local club and exercise classes are some of the activities aimed at maintaining care recipients' independence. Staff were observed assisting and encouraging care recipients in many ways. Care recipients and representatives interviewed are satisfied with the encouragement and support given them to maintain their 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

Each care recipient's privacy, dignity and confidentiality is recognised and respected by all staff. Specific education outlining privacy and dignity issues has been conducted. An awareness of privacy and dignity issues by staff was observed during the daily practices of

delivering care and services. Consent for the release of personal health information and the use of photographs is obtained on entry. Care recipients are addressed by their preferred name, staff request permission prior to entering residential rooms and all personal care needs are performed in private. Comfortable communal areas, a large lounge, private dining room and veranda overlooking the garden provide pleasant private areas for care recipients to spend time with their family and friends. We were told concept plans have been drawn up to extend the use of a rooftop garden area with views of a local bay. Confidential care recipient records and belongings are stored securely. Care recipients and their representatives expressed satisfaction with the ways in which their rights to privacy, dignity and confidentiality are recognised and respected.

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

There are systems and processes to encourage and support care recipients to participate in a range of activities of interest to them. Soon after entry to the home, recreational activities staff complete a social profile in consultation with the care recipient and their representative. The comprehensive activities' program aims to address the care recipient's preferred lifestyle, physical, mental, cultural and spiritual preferences, and this is reviewed to address changing needs and preferences. The monthly activities calendar is posted on noticeboards and distributed for information. The recreational activities officers facilitate group and individual activities and each care recipient's participation is recorded. Activities are evaluated for their appeal to care recipients and modified in response to feedback and participation. We were told consideration for the changing interests and abilities of care recipients supports an evolving program over time. Popular activities currently include exercise classes, community bus outings, elder clown visits, current affairs discussions, coffee club and sing-alongs. Care recipients and their representatives told us there is always something happening and they are supported and encouraged to participate.

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 in place to ensure individual interests, customs and cultural and ethnic backgrounds are valued and fostered. Individual interests, cultural preferences, beliefs and primary language are identified a part of the pre-entry and entry procedures for new care recipients. Use of interpreters and cue cards are available when language and communication issues arise. Specific cultural preferences in relation to care delivery, food services, religion and processes to be followed upon death of the care recipient are documented. A variety of cultural days are celebrated including, Australia Day, Easter, Anzac Day, Christmas Day, Octoberfest and Greek National Day. The recreational activities staff convene and other special cultural days in accordance with the care recipients' background and interests. Representatives of religious denominations attend the home to provide spiritual services. The

care recipients and representatives are satisfied with the way the home values and fosters their 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' personal preferences, needs and choices are identified on entry to the home, documented in their care plan and reviewed regularly. A comprehensive range of assessments and consultation with health care professionals, care recipients and/or their representatives assists this process. Care recipients are encouraged to outline their preferences in relation to health choices, personal care delivery, food and all services provided. Information provided on entry outlines the care and services provided; user rights and responsibilities and complaints mechanisms. Care recipients are enabled to exercise choice and control over their lifestyle through surveys, meetings, continuous quality improvement processes and feedback to staff and management. We were told by care recipients and their representatives that choices about all aspects of care and services are available to them and their decisions are respected.

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 systems to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives prior to and on entering the home. The care recipient's agreement includes information concerning care and services, care recipients' rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representatives. Ongoing communication with care recipients and representatives is through meetings and correspondence. Care recipients interviewed said they feel secure in their residency at the home and are aware of their rights and responsibilities.

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 further information relating to the home's continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- Observations by management, feedback from staff and review of audits results identified the need to undertake an extensive refurbishment of the home's living environment and as such a significant allocation of financial resources occurred. The refurbishment program was completed in June 2012 and feedback as evidenced in survey results and interviews by us revealed a high level of satisfaction with these improvements and enhancements to the living environment.

- As a result of feedback from staff following an incident where the fire alarm was activated it was decided an improvement to the communication processes between afterhours in charge staff and security personnel was required. Consequently the home has installed a two way radio on the ground floor of the home which allows for more efficient and effective communication between staff when they are in different areas of the home especially in emergency situations.

- A number of care recipients requested various flavours of ice cream to be made available on the menu. As such these requests were made known to the organisation's catering staff, who now order and deliver various ice cream flavours to serveries located throughout the home. Care recipients interviewed by us stated they very much enjoy the food provided and range of menu choices.

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 details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The organisation has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.

- The home has a current fire safety statement displayed.

- The home provides safety data sheets with stored chemicals.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Four include:

- Fire Safety an Evacuation

- Food Safety

- Manual Handling and Skills Assessments

- Infection Control and Hand Washing Assessments

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

The home can demonstrate that it 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. There is a preventative and reactive maintenance program in place, including recording of warm water temperatures.

Regular inspection audits of the environment are undertaken. Care recipients and representatives stated that they are satisfied with the personal and communal living environment.

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

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular risk assessments, workplace inspection audits and hazard reporting processes are in place. Incidents are identified and addressed. There is education for all staff in workplace safety including manual handling. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities and we observed safe practices in operation.

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

Systems are in place to ensure the safety and security of care recipients and staff. Checks of equipment by external contractors, auditing processes, fire and emergency evacuation procedures are in place. Evacuation maps are correctly orientated and emergency flip charts are located at strategic points throughout the building. The home is fitted with fire warning and firefighting equipment which includes smoke and thermal detectors, a sprinkler system, extinguishers, hose reels, fire blankets and emergency lighting. Chemical storage is secured, personal protective clothing available and safety data sheets located in suitable positions throughout the home. Staff attend compulsory fire safety training and demonstrate an

understanding of evacuation procedures. The home is monitored by an in-house security team over twenty four hours daily and closed circuit television cameras are in place.

Authorised visitors are issued with security swipes and these are regularly audited. An emergency evacuation and relocation plan has been drafted and emergency evacuation packs include current care recipients' names, mobility status and care needs.

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. Policies and procedures for infection control including outbreak management guidelines are available to all staff. Infection data is collected, collated and evaluated. Care recipients' infections are identified; medical officer reviews initiated and pathology services organised to enable effective treatment. The home's infection control program includes education for all staff, hand washing competencies, staff and care recipient immunisation programs. Cleaning and maintenance schedules, temperature monitoring, use of spills kits and safe disposal of general and infectious waste support the program. Personal protective clothing and equipment, hand washing facilities and hand sanitisers are readily available across the home. The deputy director of nursing is the infection control coordinator and a multi-disciplinary infection control committee meets every three months. Auditing processes together with monitoring of infection data ensure review of the program. Staff were observed following infection control practices in their various roles and in their day to day interactions with care recipients.

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

There are systems and processes to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Catering staff have implemented food safety guidelines in the kitchen and food temperature checks are conducted at meal times in the serveries across the home. Processes ensure that care recipients' food and drink preferences and special dietary requirements are identified. The living environment is observed to be clean and fresh. Cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. Designated laundry staff explained the laundry processes, including the collection, storage and management of linen and personal clothing and the external dry cleaning service. Care recipients' personal wash is returned in a timely manner to their rooms.

Infection control practices are adhered to in the domestic laundries. Care recipients were complimentary of the staff and expressed satisfaction with all aspects of the hospitality services provided to them