Elizabeth Lodge (Rushcutters Bay)

RACS ID: 0476

Approved provider: Anglican Community Services

Home address: 46 Bayswater Road RUSHCUTTERS 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 05 October 2021.

We made our decision on 17 August 2018.

The audit was conducted on 10 July 2018 to 12 July 2018. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Australian Government

Australian Aged Care Quality Agency

Audit Report

Name of home: Elizabeth Lodge (Rushcutters Bay)

RACS ID: 0476

Approved provider: Anglican Community Services

Introduction

This is the report of a Re-accreditation Audit from 10 July 2018 to 12 July 2018 submitted to the Quality Agency.

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

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 10 July 2018 to 12 July 2018.

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

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

Details of home

Total number of allocated places: 116

Number of care recipients during audit: 113

Number of care recipients receiving high care during audit: 89

Special needs catered for: Dementia

Audit trail

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

Interviews

Position title	Number
Care recipients and Representatives	30
Manager	1
Quality and compliance manager	1
Operations manager	1
Workplace trainer	1
Care Manager	1
Registered nurse	3
Care supervisor	1
Assistant in nursing	10
Medical officer	1
Lifestyle Officer	3
Chaplain	1
Physiotherapist	1
Occupational therapist	1
Medical practitioner	1
CNC dementia and mental health	1
Social worker	1
Sales leader, residential care	1
Catering staff	2
Laundry staff	1
Cleaning staff	4

Sampled documents

Document type	Number
Personnel files	4
Care recipients' files	16
Incidents	4
Medication charts	5

Other documents reviewed

The team also reviewed:

- Accident, incident and hazard reports

- Activities program and lifestyle documentation

- Care recipient records: admission details, advanced care directive, assessments, care plans and directives, case conference, consent forms, dietary requirements, monitoring records, progress notes, reports, Care recipient room listing

- Catering documentation: food safety program and logs, equipment and food, care recipient dietary information, temperatures, sanitising and cleaning schedules, ordering and receipt of goods, menu plans, dietary lists

- Cleaning schedules and checklists

- Contractor agreements, police checks and insurance certificates of currency

- Education records: education calendars, training registers, attendance records, competency assessments and individual training records

- Human resource management documentation: staff rosters, employee induction program and checklists, staff performance review documentation, staff code of conduct, staff handbook, position descriptions and duty statements, staff meeting minutes and schedules

- Infection control: monitoring records, vaccination registers care recipients and staff, outbreak management documentation, cleaning schedules and records, resources

- Information system documentation: policies and procedures, meeting minutes, admission and information pack including care recipient information handbook, communication books, memoranda, notices, management reports

- Leisure and lifestyle documentation: activity calendars, activity plans and evaluations, destination assessments, bus outing assessment information, volunteer information, activity membership folder, minutes of meeting, lifestyle manual.

- Medication documentation: anticoagulant plan and record, medication cover sheet, medication charts, electronic medication signing record, nurse initiated medication list, , fridge temperature monitoring, pharmacy forms, ward register of drugs of addiction

- Meeting minutes - committees

- Policy and procedures manuals, clinical, safe work practices and work instructions

- Quality management system: Mission, Vision, Values statements, audit schedules, audit results and reports, clinical indicator results, continuous improvement plans, comments and complaints register, feedback forms, electronic record management systems for

clinical care, incident management, quality monitoring/auditing and human resource management

- Regulatory compliance documentation: contractor records; incident management reporting system including reportable incidents; staff, contractor and volunteer criminal record check reporting system; NSW Food Authority Licence; professional registration records; electrical equipment inspection records; consent forms for the collection and handling of private information; regulatory compliance register and regulatory updates, bulletins, fact sheets and communiques; care recipient agreements

- Report on missed medication

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

- Work health and safety system documentation: incident and hazard reports, safety data sheets, risk assessment documentation, workplace inspection checklists and reports, environmental audits.

Observations

The team observed the following:

- Activities in progress and associated resources and notices

- Australian Aged Care Quality Agency Re-accreditation audit notices displayed throughout the home

- Call bell system in operation

- Care recipients utilising pressure relieving and limb protection equipment

- Charter of care recipients' rights and responsibilities - residential care on display

- Daily menus on display

- Dining environment during meal service and morning and afternoon teas including staff serving meals, supervision and assisting care recipients

- Dining room environment during meal service including staff serving meals, supervision and assisting care recipients

- Electronic and hardcopy documentation systems

- Emergency flip charts

- Equipment and supplies storage

- Feedback mechanisms - internal and external

- Infection control resources including hand cleansing facilities, colour coded, personal protective equipment, sharps containers, spills kits, outbreak supplies

- Information material on internal and external complaint mechanisms and feedback processes, feedback forms and feedback boxes

- Information noticeboards: posters, notices, brochures and forms displayed for care recipients, representatives and staff, including staff and resident meeting minutes

- Interactions between staff, care recipients, relatives/representatives, visitors, medical practitioners

- Interactions between staff, care recipients/representatives and visitors

- Leisure and lifestyle program displayed

- Living environment - internal and external

- Meal and other catering service to care recipients in their rooms

- Medication system: administration and storage; controlled drugs locked cupboard, drug disposal system, safe storage of medications by care recipients self-administering medications and oxygen

- Mission, vision and values on display

- Mobility equipment in use

- Nurse call system in operation including care recipient access

- Privacy policy displayed

- Purposeful (Montessori) activity room and themed reminiscence rooms

- Secure storage of documentation

- Sign in/out registers

- Sign in/out registers, internal and external swipe pad access

- Staff work practices and work areas, including administrative, clinical, lifestyle, catering, cleaning, laundry and maintenance

- WHS consult statement on display

Assessment information

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

Standard 1 - Management systems, staffing and organisational development

Principle:

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

1.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

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

● There was a perception held by families and other visitors to the home that the front reception desk at the main entrance needed to be staffed on weekends to welcome visitors, answer inquiries and support care recipients in the common area near reception. Management responded to this feedback by providing additional hours to staff the reception desk on weekends. This new position was created along with a new laundry position shared by the same staff member. The new reception position commenced in October 2017, and feedback from care recipients and their families has been positive. It has also led to improvements to the home's laundry service by reducing complaints from relatives about missing laundry items.

● In 2015, the organisation commenced a trial of an electronic healthcare communication platform at another one of its homes, with a view to rolling out the technology to all its facilities. Management at the home identified that due to the multi-storey design of the home and the immediate benefits the technology would bring, the organisation should give priority to the home in the roll out. Management advocated to the organisation to make the home the first to implement the technology following the trial. The system went live at the home in 2016. The use of the technology has led to better communication between care teams and more efficient deployment of resources throughout the home.

1.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1 Management systems, staffing and organisational development, management are aware of the regulatory responsibilities in relation to police certificates and the requirement to advise care recipients and their representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met.

1.3   Education and staff development

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

Team's findings

The home meets this expected outcome

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

1.4   Comments and complaints

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients/representatives and other interested people interviewed have an awareness of the

complaints mechanisms available to them and are satisfied they can access these without fear of reprisal.

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 organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents.

1.6   Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients/representatives interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services provided to the care recipient.

1.7   Inventory and equipment

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

Team's findings

The home meets this expected outcome

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

1.8   Information systems

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

Team's findings

The home meets this expected outcome

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

1.9   External services

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

Team's findings

The home meets this expected outcome

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

Standard 2 - Health and personal care

Principle:

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

2.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

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

● It was identified during a registered nurses meeting that there was no documented assessment to ensure that care recipients who chose to self- administer insulin and take their blood glucose levels were able to do so safely. An assessment was created through consultation with the clinical team at the home which was reviewed by the Organisational Quality of Service team. The assessment has now been approved for use and is being used in the home. Three care recipients have been assessed with the team advising that this process also gives the registered nurses the opportunity to provide education to the care recipient. The assessment frequency, while originally planned to be completed every six months was reviewed in July 2018 and will now be completed every three months in line with the three monthly review undertaken by the general practitioner. Management advise that they have had positive feedback from the registered nurses regarding the new process and that there are plans for it to be used more widely in the organisation.

● On review of warfarin management the team identified that blood tests were not monitored consistently to ensure care recipients received the correct dose of warfarin. The management team in response to this implemented a system that improved the identification of care recipients taking warfarin through a red dot visual alert. Pathology results are now placed in the care recipients' primary medication chart once received and actioned immediately by the registered nurse. This involves contacting the general practitioner by phone and fax to update them of the result and to be advised of the correct dose. This system has improved monitoring of relevant pathology and improved outcomes for care recipients. The new process has been discussed at a regional meeting and the team have received positive feedback from the Quality of Service team.

2.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 2, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

2.3   Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include: continence management, medication management, dementia and behaviour management, pain management, palliative care and skin and wound care.

2.4   Clinical care

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

Team's findings

The home meets this expected outcome

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

2.5   Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

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

2.6   Other health and related services

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

Team's findings

The home meets this expected outcome

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

2.7   Medication management

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

Team's findings

The home meets this expected outcome

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

2.8   Pain management

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

Team's findings

The home meets this expected outcome

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

2.9   Palliative care

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

Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or

representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. The organisations Palliative care specialist nurse provides support to care recipients, their families and staff in relation to palliative care. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients/representatives interviewed are satisfied each care recipient's comfort, dignity and palliative care needs are maintained.

2.10   Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients/representatives interviewed are satisfied each care recipient's nutrition and hydration requirements are met.

2.11   Skin care

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

Team's findings

The home meets this expected outcome

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

2.12   Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients/representatives interviewed are satisfied with the support provided to the care recipient in relation to continence management.

2.13   Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home does not have any restraints in use. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients/representatives interviewed are satisfied that staff are responsive and support care recipients with behaviours which may impact on others.

2.14   Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

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

2.15   Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients/representatives interviewed are satisfied with the assistance given by staff to maintain the care recipient's teeth, dentures and overall oral hygiene.

2.16   Sensory loss

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

Team's findings

The home meets this expected outcome

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

2.17   Sleep

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

Team's findings

The home meets this expected outcome

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

Standard 3 - Care recipient lifestyle

Principle:

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

- The home commenced implementation of a Montessori program supporting choice and enablement of care recipients in 2014 and identified the possibility of achieving Montessori accreditation. The program takes a person centred approach and focuses on care recipients abilities, strengths and interests. Care recipients are supported to make decisions in their daily lives through various interventions including task breakdowns displayed on walls, way finding initiatives and care recipients taking on meaningful roles within the home. Management advised that 50 percent of care recipients have a role in the home which gives them purpose and ownership. The team observed several care recipients who had taken on a role. We spoke with one care recipient who supports the lifestyle team through administration. He stated that he worked Monday to Friday and enjoyed being able to use his skills and experience to support the community. The program is driven by the lifestyle team; all staff have undertaken Montessori training and three staff achieving Montessori accreditation. Management advise that the program has had a positive impact on the care recipients and they receive many enquiries from people wanting a home that has the Montessori program. The home became Montessori accredited in May 2017.

- In 2018, the home had identified through care recipient feedback that there was an opportunity to improve the care recipients' privacy when in their rooms. A yellow sign with the words "do not disturb" was created and given to each care recipient to be used on their doors when they do not want to be disturbed. The carers and registered nurses also use the signs when they are providing care. Changes were discussed at staff meetings and communicated through memo and handover. Care recipients were consulted in regards to the signage through care recipient meetings. Feedback has been positive from staff and care recipients have the choice as to whether they use them. The team observed the signs being used throughout the visit.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 3, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

3.3   Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include: Montessori principles, organisational philosophy of care, privacy and confidentiality, reflective practice and cultural awareness.

3.4   Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Care recipients/representatives interviewed are satisfied the care recipient is supported on entry to the home and on an ongoing basis, including times of personal crisis.

3.5   Independence

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

Team's findings

The home meets this expected outcome

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

information and assistance provided to the care recipient to achieve independence, maintain friendships and participate in the community within and outside the home.

3.6   Privacy and dignity

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

Team's findings

The home meets this expected outcome

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

3.7   Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities and areas set up for self-directed activities. Staff encourage and support care recipient participation. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interest to them.

3.8   Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

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

3.9   Choice and decision making

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

Team's findings

The home meets this expected outcome

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

3.10   Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative and managed in accordance with legislative requirements. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients/representatives interviewed understand their rights and responsibilities. They are satisfied the care recipient has secure tenure within the home.

Standard 4 - Physical environment and safe systems

Principle:

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

4.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

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

- In 2017, the organisation identified that the home did not have a back-up generator in the event of a power outage. In response, management installed a back-up generator in July 2017. This has addressed a significant risk for the home, which is built over ten floors and relies heavily on lifts working in the event of a power failure.
- Care recipient surveys identified a drop in satisfaction with food choices and serving options. This was discussed by the home's continuous improvement team which identified a range of initiatives which were implemented to improve care recipient satisfaction:
  - The home purchased a salad bar for the main dining room. Care recipients can serve themselves or be assisted to choose from a number of fresh salads prepared in the home's kitchen. Care recipients were closely involved in the design of the salad bar initiative which was implemented in January 2018.
  - Breakfast tray delivery was improved where care recipients could wake up and then order their personal breakfast meal which is delivered to their room at the time of their preference.
  - The home has improved the meal experience for care recipients on pureed foods by introducing food from moulds that resemble the shape the food in it's usual form.

Since these initiatives were implemented, care recipient feedback has been very positive. There has been a 30.9% improvement in care recipient satisfaction survey responses to questions relating to enjoyment of mealtime experience and 21% improvement in response to questions relating to food 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 information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 4, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

4.3   Education and staff development

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

Team's findings

The home meets this expected outcome

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

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's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are satisfied the living environment is safe and comfortable.

4.5   Occupational health and safety

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

Team's findings

The home meets this expected outcome

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

4.6   Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

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

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 processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients/representatives and staff interviewed are satisfied with the prevention and management of infections.

4.8   Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients/representatives interviewed are satisfied the hospitality services meet the care recipient's needs and preferences. The majority of care recipients interviewed were very satisfied with the food at the home; however, three said they liked the food only some of the time, stating that the food was too bland for their tastes. All care recipients interviewed liked the breakfast buffet which is available for an extended period each morning.