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Australian Government

Aged Care Quality and Safety Commission

Decision to re-accredit service following a site audit

Service and approved provider details

Name of service:	Montrose Aged Care Plus Centre
RACS ID:	0507
Name of approved provider:	The Salvation Army (NSW) Property Trust
Address details:	13 Thames Street BALMAIN NSW 2041
Date of site audit:	07 May 2019 to 08 May 2019

Summary of decision

Decision made on:	11 June 2019
Decision made by:	Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service.
Decision:	To re-accredit the service under section 41 of the Rules.
Further period of accreditation:	06 July 2019 to 06 July 2022
Number of expected outcomes met:	44 of 44
Expected outcomes not met:	N/A

This decision is published on the Aged Care Quality and Safety Commission's (Commission) website under section 48 of the Rules.

Site Audit Report

Site audit

Name of service: Montrose Aged Care Plus Centre

RACS ID: 0507

Approved provider: The Salvation Army (NSW) Property Trust

Introduction

This is the report of a Site Audit from 07 May 2019 to 08 May 2019 submitted to the Aged Care Quality and Safety Commissioner (Commissioner).

There are four Accreditation Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment. 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.

An approved provider of a service applies for re-accreditation before its accreditation period expires and an assessment team visits the service to conduct a site audit. The team assesses the quality of care and services at the service and collects evidence of whether the approved provider of the service meets or does not meet the Accreditation Standards. The site audit report is completed by the assessment team and outlines the team's assessment of the approved provider's performance in relation to the service. The approved provider may, within 14 days, give the Commission a written response to the report.

The Commission will make a decision whether to re-accredit or not to re-accredit the service, taking into account this site audit report, any response by the approved provider, and any other relevant information. In making a decision, the Commission must be satisfied that approved provider will undertake continuous improvement in relation to the service.

If the Commission makes a finding of non-compliance the Department of Health is notified.

All accredited services are subject to ongoing monitoring of compliance with the Accreditation Standards by the Commission.

Scope of this document

A site audit against the 44 expected outcomes of the Accreditation Standards was conducted from 07 May 2019 to 08 May 2019.

This site audit report provides an assessment of the approved provider's performance, in relation to the service, against the Accreditation Standards, and any other matters the assessment team considers relevant.

Details about the service

Number of total allocated places	44
Number of total care recipients	43
Number of care recipients on site during audit	43
Service provides support to specific care recipient characteristics	Male only, specialising with homelessness, dependency, and mental issues

Audit trail

The assessment team spent 2 days on site and gathered information from the following:

Interviews

Position title	Number
Centre manager	1
General Manager Clinical, Quality and Compliance	1
Clinical coordinator	1
Chaplain/Director of Mission	1
Registered nurse	1
Care staff	5
Occupational therapist	1
Care recipients/representatives	20
Lifestyle officer	1
Cleaning Supervisor	2
Cleaning staff	1
Associate director of operations/Chef	1
Chef	1
Kitchen staff	2
Administration officer	1
Laundry staff	1
Maintenance officer	1

Sampled documents

Document type	Number
Care recipients' files	8
Summary and/or quick reference care plans	8
Medication charts	6
Incidents	10
Personnel files	5

Other evidence reviewed by the team

The assessment team also considered the following both prior to and during the site audit:

● Accreditation manual

● Approved supplier list

● Asset register

● Attendance records

● Audit documentation - general

● Audit reports and documentation

● Audit schedules

● Care recipient and staff survey results

● Catering equipment records

● Cleaning documentation

● Cleaning training

● Clinical documentation: progress notes, behaviour assessment charts, bowel charts, blood glucose charts, incident reports, pain assessments and charts, dietary forms, hospital discharge forms, medical and allied health referrals, wound charts, weight charts, physiotherapy plans

● Clinical incidents and accidents

● Clinical indicators

● Clothes ordering forms

● Competency assessments

● Compliments, complaint register and correspondence

● Compulsory reporting register

● Computerised care management system documentation

● Continuous improvement documentation

● Education calendars and documentation

● Equipment and food temperature logs

● External provider contracts

- External services documentation

- Imprest stock order forms

- Laundry documentation

- Laundry related records

- Leisure and lifestyle: activities calendar, care recipient newsletter, leisure and lifestyle survey, venue risk assessment, activities evaluation

- Mandatory reporting register

- Medication management: medication charts, medication incident reports, medication refrigerator monitoring records, nurse-initiated medication form, schedule eight drugs of addiction registers, medication audits, medication incident reports, and psychotropic drug usage report, medication advisory committee meeting minutes

- Meeting minutes – various

- Multilingual resources

- Police certificate records

- Policies and procedures

- Professional registration records

- Quality management reports

- Regulatory compliance documentation

- Resident and accommodation agreement

- Resident consultation & Client weekly catch up records

- Risk assessments documentation

- Safety data sheets

- Self-assessment documentation for reaccreditation

- Staff compulsory and general training records

Observations

The assessment team observed the following:

- Activities in progress

- Activities program on display

- Archive shed

- Call bell system

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

- Cleaning and laundry in progress

- Clinical care equipment including air mattresses, mobility aids, manual handling equipment

- Closed circuit television

- Colour coded equipment

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

- Electronic and hardcopy documentation systems stored securely

- Equipment and supply storage areas
- Evacuation pack
- Feedback mechanisms – external & internal
- Firefighting equipment
- Fire indicator panel
- Food safety audit certificate
- Freedom of movement by care recipients
- Hand hygiene facilities
- Heat seal labelling machine
- Interactions between staff, care recipients and representatives
- Laundry environment
- Living environment - internal and external
- Medication administration
- Menu on display
- Mission and values statement on display
- Notice boards - general
- Notice boards - staff
- Nurse call systems
- Outbreak resources
- Personal protective equipment
- Reception
- Safe chemical and oxygen storage
- Secure storage of confidential care recipient and staff information
- Secure storage of medications
- Short group observation
- Sign in register
- Site audit poster from assessment team
- Smoking aprons
- Smoking area
- Spill kits
- Staff assisting care recipients with their meal
- Staff responsiveness to calls for assistance
- Staff room
- Visiting pastoral support
- Waste management practices.

Assessment of performance

This section covers information about the assessment of the approved provider's performance, in relation to the service, 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".

Assessment of the expected outcome

The service 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 service'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:

● Following a staff communication review by the Centre Management, a new text messaging system was implemented. This service allows management to effectively communicate to all staff simultaneously, about critical information. Staff are now advised of education reminders, forthcoming meetings and other key information such as centre outbreaks through the new system. This system can also be utilized in the future to issue communication to residents and relatives. Staff feedback on this improvement has been positive.

● A review of the workforce structure was undertaken to consider improvements to meet the increasing clinical complexity of the residents at Montrose. Following consultation and consideration of contemporary modes across the residential aged care industry, a new senior leadership model was designed and implemented. The new model includes a Centre Manager, and a new Clinical Coordinator role in addition to the registered nurses. The new model provides an experienced team to support clinical decision making, governance and leadership. This also enables a mentoring and development structure; to support seamless succession planning and provide continuity of care for care recipients.

● An education noticeboard has been installed in a prominent position, to support staff and to enable the display of booked and available education sessions and resources. Response from staff has been positive, as they are able to co-ordinate their time to attend education of relevance to them or investigate external courses advertised.

Internal directives are also highlighted on the notice board, to update staff of legislative updates and changes to policy.

● Montrose Aged Care Centre uses an electronic rostering system. To enhance and streamline communication the electronic app was commissioned to enable staff to access their roster on their mobile devices, organise leave and apply for shift swaps. This application reduces the time spent by staff accessing their roster, and the amount of paper transactions to apply for leave and shift changes. The new system has also reduced the error rate and has improved shift cover and therefore continuity of care for residents.

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".

Assessment of the expected outcome

The service meets this expected outcome

The service 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 is aware of their regulatory responsibilities in relation to police certificates and associated documentation.

● Care recipients and representatives were notified regarding this re-accreditation site audit within the required timeframe.

● Management has a plan for continuous improvement that shows improvements across the Accreditation Standards.

● Confidential documents are stored, archived and disposed of securely.

● There is information regarding internal and external complaint mechanisms and advocacy services.

There are systems 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".

Assessment of the expected outcome

The service meets this expected outcome

The service'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

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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:

● Organisation mission

● Aged care funding instrument

● Leadership forums for management

● Clinical documentation

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".

Assessment of the expected outcome

The service 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 service's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the service'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. Care recipients/representatives interviewed stated they speak directly with the managers or staff as they find them approachable and they respond in a timely manner to any concern they may have. 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".

Assessment of the expected outcome

The service meets this expected outcome

The organisation has documented the service'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".

Assessment of the expected outcome

The service 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 service's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Registered nurses are available to supervise care

staff and manage specialised nursing care needs. 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. Agency staff are used when permanent or casual staff are not available. The service'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".

Assessment of the expected outcome

The service meets this expected outcome

The service 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 service 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 service.

1.8   Information systems

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

Assessment of the expected outcome

The service meets this expected outcome

The service 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 service 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".

Assessment of the expected outcome

The service meets this expected outcome

The service has mechanisms to identify external service needs to achieve its quality goals. The service's expectations in relation to service and quality is specified and communicated to the external providers. The service 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 service 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".

Assessment of the expected outcome

The service meets this expected outcome

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

● Staff provided feedback that the previous electronic tough books being used for electronic medication management, were too heavy and slow. New electronic tablets were trialled and implemented; which are lighter, and easier to carry for medication administration rounds. The new tablets are also very quick, making the medication rounds more efficient. Staff have commented that the new tablets are much easier to use.

● The Salvation Army Aged Care engaged with an external specialist provider, to develop The PANACEA™ program. This provider assists aged care organisations with the implementation of best practice pain management guidelines in aged care. The program is designed to achieve improvements in identifying, assessing and responding to chronic pain appropriately through a multimodal approach and creating a pain vigilant culture within aged care facilities. The training program was completed by the Clinical Coordinator who has trained and supported staff to advocate on behalf of residents in pain and encouraged staff to have ongoing conversations about pain with residents, families, each other and medical officers.

● In early 2018 The Salvation Army Aged Care Quality Team assisted the Montrose Centre to introduce a uniformed approach to skin care with the assistance of a specialist wound care product provider, setting up templates for wound products. Staff were trained in use of the products, so there is uniformity with ordering and application of dressings. The outcome of this work is a more uniform and proactive approach to wound management with improved healing results.

● Twice weekly yoga classes were commenced for the residents at Montrose following a suggestion by the physiotherapist who had discussed the idea with a resident. A yogi from a local business attends the centre to conduct the classes to not only improve well-being for the men, but also to improve balance and mobility which has lead to a reduction in falls.

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".

Assessment of the expected outcome

The service meets this expected outcome

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

Relevant to Standard 2 Health and personal care:

- There are policies and procedures to ensure safe storage and administration of medication.
- Appropriately qualified and trained staff plan, supervise and undertake the provision of specialised nursing care.
- There are policies and procedures to follow in the event of a care recipient's unexplained absence.
- There are processes to ensure the currency of professional registrations for nursing staff.

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".

Assessment of the expected outcome

The service meets this expected outcome

The service has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include:

- Wound management
- Pain management
- Behaviour management
- Continence care

2.4 Clinical care

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

Assessment of the expected outcome

The service meets this expected outcome

The service 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 service 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".

Assessment of the expected outcome

The service meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the service. 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 service'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 the care recipient's 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".

Assessment of the expected outcome

The service meets this expected outcome

The service 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".

Assessment of the expected outcome

The service meets this expected outcome

The service 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 service'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/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".

Assessment of the expected outcome

The service meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the service 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 service'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 using 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".

Assessment of the expected outcome

The service meets this expected outcome

The service 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 service 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 service whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required.

2.10   Nutrition and hydration

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

Assessment of the expected outcome

The service 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 service 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 the 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".

Assessment of the expected outcome

The service meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to

other health specialists are available if a need is identified. The service'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 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".

Assessment of the expected outcome

The service 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 service'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".

Assessment of the expected outcome

The service 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 service practises a minimal restraint policy; where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The service'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 recipient 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".

Assessment of the expected outcome

The service meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical officers and other health specialists,

including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The service's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients/representatives interviewed are satisfied with the support provided to the care recipient for achieving optimum levels of mobility and dexterity.

2.15   Oral and dental care

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

Assessment of the expected outcome

The service 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 service'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".

Assessment of the expected outcome

The service 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 service'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 recipient needs. Care recipients/representatives interviewed are satisfied with the support provided to manage the care recipient's sensory needs.

2.17   Sleep

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

Assessment of the expected outcome

The service 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 there are strategies in place to facilitate and give care recipients the opportunity to achieve 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".

Assessment of the expected outcome

The service meets this expected outcome

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

● To support those care recipients who enjoy gardening or would like to be introduced to gardening; the Lifestyle team developed a gardening program within the grounds of Montrose. A vegetable and herb garden was established by several care recipients. This is both meaningful and functional as care recipients have commenced growing vegetables which are used in meal preparation. Care recipients have enjoyed being part of this development and working with the staff. In addition, the courtyard has been upgraded with new furniture and a large umbrella to encourage residents to sit outside with protection from the Sun. The fountain provides a calming and serene addition to improve the ambiance.

● Following a suggestion from staff, two computers were purchased for care recipients. Some care recipients were more familiar with using a computer, however being introduced to the Internet was a new experience for many men at Montrose. Staff have spent time researching historical information with residents which has been beneficial in their reminiscing. Two care recipients have reconnected with family overseas and interstate, after not being in communication with them for many years, as a result of online searches and email communication.

● A new gymnasium has been created to enable men to exercise and either undertake new activities or revisit a previous leisure interest. This well-equipped area encourages men in a relevant and meaningful environment to spend productive time with the support of allied health professionals and care staff. Uptake was initially slow, however has become a routine for a number of care recipients.

● To improve care recipients engagement in the community, relationships have been developed with two local groups. At the local Addison Road Community Centre care recipients can visit and participate in maintaining the sustainable garden, socialise with local residents, and purchase low cost items in the shop. At the Flourish mental health service, younger residents can join other local people to enjoy activities such as cooking and fishing. This has been particularly effective in meeting the needs of a group of men who have limited family and social networks.

● The Montrose Angels is a representative group of residents who meet to discuss life at Montrose. They meet independently to discuss concerns and suggestions for improvements. Information from this meeting is then forwarded to the Centre Manager who collaborates with the management team to respond to their feedback. This initiative has promoted independence, enablement and decision making.

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".

Assessment of the expected outcome

The service meets this expected outcome

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

Relevant to Standard 3 Care recipient lifestyle:

- Management offers a residential agreement to each care recipient or his or her representative on entry to the service.

- Management provides information on care recipient rights' and responsibilities, security of tenure and specified care and services to each care recipient or his or her representative on entry to the service.

- There are documented processes to ensure management and staff take appropriate actions including reporting requirements in the event of suspected elder abuse.

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".

Assessment of the expected outcome

The service meets this expected outcome

The service 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:

- Elder abuse and compulsory reporting

- Managing care recipients with a homelessness or dependency background

- Activities for dementia care recipients

- Privacy and dignity

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".

Assessment of the expected outcome

The service 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 service, 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 service'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 service 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".

Assessment of the expected outcome

The service 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 service'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 service.

3.6 Privacy and dignity

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

Assessment of the expected outcome

The service 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 service's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the service'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".

Assessment of the expected outcome

The service meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. 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".

Assessment of the expected outcome

The service 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 service has access to support services such as interpreters and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The service'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".

Assessment of the expected outcome

The service meets this expected outcome

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

Assessment of the expected outcome

The service 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 service, fees and charges and information about complaints, when they enter the service. 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 service, this is discussed with the care recipient and/or their representative and managed in accordance with legislative requirements. The service'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 service.

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".

Assessment of the expected outcome

The service meets this expected outcome

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

● To enhance the dining experience for residents who require a texture modified meal, Montrose introduced food moulds to shape texture modified food into the relevant shape of the meal components. Care recipients are able to recognise the food by shape prior to tasting, which enhances their enjoyment of the meal. This has been very successful in supporting residents with compromised swallowing or chewing.

● To improve communications with care recipients regarding their meal preferences and enhance the flow of communication regarding textures and dietary requirements between staff, allied health professionals and the catering staff, a new meal preferences interactive document was developed and rolled out. This document is managed and updated on a daily basis with care recipients able to choose their meals for the next day. This new approach has been well received and feedback from catering and care staff demonstrates better and safer outcomes for residents.

● Security and safety has been improved at Montrose Aged Care Centre with the addition of new window and door safety screens, and the installation of a fifteen camera CCTV network. The CCTV monitors are located in the centre manager's office, registered nurse's office and clinical office. New screens were installed to enhance safety in the resident's rooms upstairs, to which residents have voiced appreciation and say they feel more secure.

● The entertainment room in the upstairs area has recently been fully refurbished with comfortable, purpose designed chairs and a large screen TV to create a cinema experience. Movies are shown with delicious popcorn available. This room also contains a pool table creating a venue to visit within the home. The room is accessed by some care recipients with reduced mobility, by a chair lift. This area has become a very popular escape and meeting place for the residents of Montrose who previously had not wanted to join a larger social group.

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".

Assessment of the expected outcome

The service meets this expected outcome

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

Relevant to Standard 4 Physical environment and safe systems:

- There are infection control policies and a system for managing and reporting outbreaks.
- There is a food safety program that is regularly reviewed.
- There is a system to ensure compliance with fire safety regulations.
- Management supports an active workplace health and safety program.
- Safety data sheets are available where chemicals are stored.

In relation to the service's vaccination program:

- The service provides service staff with free access to annual flu vaccinations;
- The service actively promotes the benefits of the annual vaccination for their staff and volunteers; and
- The service keeps records of the number of staff who have received the vaccine every year.

4.3 Education and staff development

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

Assessment of the expected outcome

The service meets this expected outcome

The service 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:

- Fire awareness and evacuation
- Food safety
- Hand hygiene
- Manual handling
- Work, health and 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".

Assessment of the expected outcome

The service meets this expected outcome

The service'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.

Care recipient's rooms and communal areas are monitored for clutter, corridors are fitted with handrails and external areas are observed to be well maintained.

Rooms are personalised with items from care recipients' homes and are fitted with call bells. Care recipients are accommodated in single ensuite rooms. 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".

Assessment of the expected outcome

The service 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 service'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".

Assessment of the expected outcome

The service 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 service 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 service; 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".

Assessment of the expected outcome

The service meets this expected outcome

The service 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 service'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 service 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".

Assessment of the expected outcome

The service meets this expected outcome

The service identifies care recipients' needs and preferences relating to hospitality services on entry to the service 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 service'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. While most care recipients/representatives interviewed are satisfied the hospitality services meet the care recipient's needs and preferences; one care recipient stated they 'Never like the food.' This was discussed with the care recipient who stated they do not 'enjoy any food any more', as they do not 'experience taste like they used to'. The care recipient also added that they 'did not want to be in the home'.