



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Montrose Aged Care Plus Centre RACS ID: 0507

Approved Provider: The Salvation Army (NSW) Property Trust

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 8 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 9 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 6 September 2015 to 6 July 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 8 January 2018

Accreditation expiry date 6 July 2019



Australian Government

Australian Aged Care Quality Agency

Montrose Aged Care Plus Centre

RACS ID 0507
13 Thames Street
BALMAIN NSW 2041

Approved provider: The Salvation Army (NSW) Property Trust

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 September 2018.

We made our decision on 09 July 2015.

The audit was conducted on 02 June 2015 to 03 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Montrose Aged Care Plus Centre 0507

Approved provider: The Salvation Army (NSW) Property Trust

Introduction

This is the report of a re-accreditation audit from 02 June 2015 to 03 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 June 2015 to 03 June 2015.

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

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

Assessment team

Team leader:	Helen Hill
Team member/s:	Tony Walters

Approved provider details

Approved provider:	The Salvation Army (NSW) Property Trust
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Details of home

Name of home:	Montrose Aged Care Plus Centre
RACS ID:	0507

Total number of allocated places:	44
Number of care recipients during audit:	44
Number of care recipients receiving high care during audit:	44
Special needs catered for:	Male residents with psychiatric diagnosis

Street/PO Box:	13 Thames Street	State:	NSW
City/Town:	BALMAIN	Postcode:	2041
Phone number:	02 9818 2355	Facsimile:	02 9818 5062
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Director of Care	1	Care recipients/representatives	9
Area Manager	1	Chaplain	1
Client Services Supervisor	1	Catering staff	2
Quality Coordinator/Administration support	1	Laundry staff	1
Registered nurses	1	Cleaning staff	3
Care staff	5	Maintenance staff	1

Sampled documents

	Number		Number
Care recipients' files (including assessments, care plans, medical officers notes, progress notes and various reports)	6	Medication charts	6
Care recipients agreements	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Clinical care documentation; clinical assessment and care plan reviews, case/family conference reports, wound care, catheter care, and physiotherapy documentation.
- Comments and complaints 2014-15 (including policy, register, complaint forms and associated documentation). Aged Care Complaints Scheme and Advocacy brochures
- Communication systems – Handover sheets, diaries, communication book, faxes
- Compulsory reporting guidelines, register and forms
- Continuous improvement (CI) documentation 2014-15 (including plan for continuous improvement, quality activity/audit schedule, audit/survey results, organisational self-assessment)
- Education records – program 2014-15, education matrix, notices, attendance records, competency records, training certificates
- Electronic communication systems (Intranet, e-mail and various purpose specific computer programs)
- Fire records - Annual fire safety statement of compliance , fire safety maintenance contractor records, emergency evacuation site plans, emergency procedures, building security protocols (including staff lock up procedures)
- Human resource records - including staff handbook, recruitment information, job descriptions, duty statements, performance appraisals, Federal criminal record check registers for staff/volunteers/contractors, professional registration records, staff rosters and staffing reports

- Infection control material - including manual, monthly summary and trend data, temperature records for food (delivery, serving, fridge/freezers/cool rooms and medication fridges), food safety plan, current NSW Food Authority license and food safety audit report, pest control register, outbreak management program, resident and staff influenza vaccination records
- Legislation alert service material
- Leisure, lifestyle, activities, cultural and spiritual documentation, monthly activities programs, record of preference for activities, evaluations, assessments, care plans and progress notes
- Maintenance records – planned preventative and corrective (including 2015 maintenance program, maintenance request forms and work records)
- Medication documentation including medication charts, electronic signing charts, nurse initiated medications authorised by medical practitioners, medication refrigerator and temperature monitoring records, medication incident reports, clinical pharmacist reviews.
- New care recipient information kits (including resident handbook)
- Planning documentation (including Aged Care Plus Salvation Army mission, vision and values). Organisation charts, strategic plan and management reports
- Policy and procedures
- Preferred suppliers/contractors information re suppliers contracts and agreements
- Resident four week cyclic seasonal menu, initial assessment data, care recipients likes and dislikes, and special dietary needs information, dietician menu review report
- Resident information kits (including resident handbook and agreements)
- Resident lists
- Various committee meeting agendas and minutes 2015 (including medication advisory, mission and leadership, continuum of care, care staff, resident/representatives, centre managers, safety and environment, safe practises, hotel services and clinical risk management), annual meeting schedule
- Work Health and Safety (WH&S) system records (including incident and accident/hazard reports, summaries and trend data, WH&S environmental safety inspections, chemical information, safety data sheets (SDS), manual handling instructions, risk assessments, return to work information).

Observations

The team observed the following:

- Activities in progress (including concert, magician and games), activity resources
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Cleaning in progress (including use of equipment, trolleys and wet floor warning signage boards). Cleaning room environments, equipment and staff practices
- Computers at the nurses' stations, offices and resident computer kiosk
- Dining rooms at meal times (the serving and transport of meals, staff assisting care recipients with meals and beverages, assistive devices for meals and nutritional supplements).
- Equipment, archive, supply, storage and delivery areas (including food, clinical, maintenance, medication and linen stock in sufficient quantities)

- Fire safety system equipment (including fire panel, extinguishers, hose reels, fire blankets, new sprinkler system, emergency exits, fire egresses and emergency evacuation areas)
- Kitchen and servery staff practices, environment, selection of foods, food storage areas
- Living environment (internal and external) including indoor and outdoor areas
- Manual handling equipment
- Medication rounds and storage
- Notice boards (containing resident activity programs and notices, menus, memos, the charter of care recipients rights and responsibilities, comments and complaints information)
- Personal protective clothing and equipment in use, first aid kits, spills kits, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, infection control colour coded flip charts, outbreak kit, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins/skips).
- Resident suggestion boxes
- Security systems (including phones, call bell system, external lighting, fail safe electronic door locks, closed circuit television (CCTV) system, fencing, visitors sign in and sign out book and identification badges)
- Short small group observation
- Staff practices and courteous interactions with care recipients, visitors and other staff
- Staff work areas (including nurses stations, clinic/treatment/staff rooms, reception and offices)

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement by seeking feedback from staff, residents and representatives through comments, complaints and improvement forms, meetings and surveys. A systematic review of processes occurs through regular audits across the four Accreditation Standards and opportunities for improvement and solutions are discussed at staff and resident/representative forums. Resident, staff and clinical data is collected and reviewed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement. Residents and staff indicated that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard 1 - Management systems, staffing and organisational development include:

- The home has implemented a new communication diary to improve communication between staff regarding the wellbeing of the residents. Staff feedback has been positive regarding the improved levels of communication.
- As a result of a staff suggestion to improve a better work environment for the recreational activity officer the home has established a new work area with new office furniture and computer. The recreational activity officer has provided positive feedback regarding the new work area.

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 organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Regular updates of legislative and regulatory requirements are provided to management from industry peak bodies and professional legislation update services. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard 1 – Management systems, staffing and organisational development is monitored through surveys, audits and observations of staff practices. Criminal record checks are undertaken for all staff, volunteers and relevant external service providers.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively. Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and more specific orientation to the home, which includes a minimum of two 'buddy' shifts with trained staff. Position descriptions and policy/procedure manuals are available to guide staff practices. The director of care uses feedback from residents, results of audits, incident reporting mechanisms and feedback from staff via performance appraisals, meetings and improvement forms to assist in the identification of training needs. A planned in-service program is available and includes mandatory and other 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

Residents/representatives receive verbal and written information regarding the internal and external comments and complaints mechanisms upon residents' admission to the home, in resident handbooks and residential agreements. Residents have the opportunity to express concerns at meetings, in writing, or verbally with staff. Management investigate and respond to complaints and provide feedback to complainants on actions taken. The home has accessible comments/complaints/suggestions forms and locked boxes in which to lodge them, and displays information on advocacy and internal and external complaints avenues. Confidentiality is maintained where required.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision statement and code of conduct are documented in the resident handbook and in the staff information booklet.

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

The home has appropriately skilled and qualified staff sufficient to deliver services in accordance with the Accreditation Standards and the home's philosophy and objectives. The director of care determines staffing requirements through staff and resident feedback and by monitoring changes to the care needs of residents. Nursing staff rosters reflect a mix of skills relevant to residents' needs and staff are replaced through the casual pool and regular staff. Established recruitment and selection processes are followed and staff are employed based on their skills, experiences and qualifications held relevant to the position. Orientation processes include mandatory training in fire safety, manual handling, infection control, elder abuse identification, mandatory reporting and position descriptions/duties lists guide staff practice. The home monitors staff skills through annual competency assessments and performance appraisals. A program is implemented to monitor and ensure qualifications and licensing/Federal criminal record checks requirements are current. Residents report staff are prompt when attending to their needs.

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 in place to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within pre-determined limits and according to budget. Cleaning products are supplied through a preferred external supplier and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment is identified through staff feedback and resident care needs. Staff demonstrated that quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff reported that sufficient and appropriate goods and equipment are provided by the home to meet their needs.

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 established processes to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance needs. Residents, their representatives, staff and other stakeholders have access to current information on the processes and general activities and events of the home via internal email, memos and meetings for staff and residents/representatives. Electronic

and paper based records are maintained by the home, information is securely stored, access to information is based on designation and electronic based information is password protected and backed up daily. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Communication processes between staff are effective in ensuring that they receive information relevant to their role. Staff and management analyse a range of clinical and management data and this information is discussed at meetings. The home is guided by organisational policies and procedures to guide staff practice and information is archived, stored and destroyed according to organisational policy and legislative requirements. Residents and staff are satisfied that information is communicated effectively either verbally or in writing.

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 identifies external service requirements based upon resident, operational and legislative requirements including cleaning, laundry, chemicals, incontinence aids, medical supplies, plumbing, electrical and fire safety maintenance. The organisation has established corporate contracts with major suppliers and external service providers that stipulate details of service to be provided, insurance and a service review process. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff are satisfied with the quality of services provided by external service providers.

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 continuous improvement systems and processes.

Recent example of improvements related to Standard 2 - Health and personal care include:

- The home has upgraded the electronic care plan software to improve its effectiveness, staff feedback was positive about the effectiveness of the improved care plan software.

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 and processes for regulatory compliance.

In relation to Standard 2 – Health and personal care is monitored through surveys, audits and observations of staff practices. Staff were aware of their responsibilities in relation to the notification of unexplained absences of care recipients.

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

Refer to expected outcome 1.3 Education and staff development for information about the home's system and processes for education and staff development.

In relation to Standard 2 - Health and personal care, the home subscribes to an online education system and provides in-service training in clinical topics such as continence, diabetes management, pain management, behaviour management and others. The home has sponsored care staff to undertake and complete Certificate III in aged 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

There are systems to ensure residents receive appropriate clinical care. Residents’ needs are assessed on a regular basis and changes to care are made to support the residents’ assessed needs as required. Residents can select from available doctors who will visit the home. Doctor’s notes confirm regular review and updates to care regimes and residents are transferred to hospital whenever there is an identified need. Care consultation is held to enable residents/representatives the ability to have input into their planned care. Staff have knowledge of procedures they are required to undertake for residents relating to clinical care and ways that individualised care is provided to the residents. Observations of vital signs are carried out on a routine basis. Residents/representatives are satisfied with the care provided, and say the staff are very caring and they have confidence in the staff caring for their needs.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

There are systems to ensure residents’ specialised nursing care needs are identified and are managed appropriately by the staff. Staff gave examples of their knowledge of current specialised needs such as diabetic management, blood glucose monitoring, catheter care and wound management. Staff are educated on these procedures and understand the need to report any concerns they have to the registered nurse. Observations and the registered nurse demonstrated they have access to sufficient supplies of equipment for residents’ specialised nursing care needs. Residents/representatives said if residents had a specialised care need they are confident it would be appropriately managed by the staff. Documentation showed there has been consultation with appropriate specialists to assist in the management of specialised care needs.

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

There is an effective system to ensure there are referrals of residents to appropriate health specialists. Residents have been seen by a range of health services some of which visit the home such as podiatry, speech pathology, dietitian, optometry, audiometry, wound care, clinical pharmacist and pathology services. Physiotherapists are routinely available at the home. Residents/representatives said sometimes the residents were able to be seen at the home and sometimes they go to the community to access the service. Staff at the home arrange referrals, assist with arranging appointments and escort residents to appointments as required.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure that residents’ medication is managed safely and correctly. Medications are administered to the residents by suitably qualified staff, from a seven day multi-dose blister packaging system. Medications are stored and managed safely and in accordance with regulatory requirements. Registered nurses are consulted as required and oversee the administration of residents’ medications. Medication charts confirmed they are reviewed regularly by medical officers. A medication incident reporting system is in place and a clinical pharmacist conducts regular medication reviews on individual residents. A medication advisory committee provides advice on the home’s medication management system. Residents/representatives are happy with the management of their medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure that all residents are as free as possible from pain. This includes assessment and care planning processes, treatments provided by physiotherapists at the home and review by doctors when indicated. The physiotherapist provides a pain management program consisting of massage, heat packs and exercise treatments. Ongoing pain management assessments are conducted for these residents and any residents who develop pain, to enable pain levels to be monitored on a regular basis. Staff demonstrate an understanding of the need to identify pain and ways in which they can assist those residents who may be experiencing pain by reporting their concerns to the registered nurse. Residents/representatives are satisfied they are maintained as free from pain as possible and staff ask about their pain needs regularly.

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 ensures that residents requiring palliative care have their comfort and dignity maintained. This includes processes to identify residents’ end of life wishes including discussions relating to end of life planning. Staff have access to palliative care teams to assist with the care of residents if required. Staff advised residents are able to remain at the home if their care needs can be managed to by staff. All residents have single rooms which supports the privacy and dignity of residents receiving palliative care. Care staff are provided with education to enable them to provide comfort and dignity to terminally ill residents. Residents/representatives are comfortable their wishes would be considered and respected.

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

Residents receive adequate nourishment and hydration. Residents’ nutrition and hydration needs are assessed and a care plan is developed and resident’s likes and dislikes, choices and preferences are made available to kitchen staff. Residents are offered a menu which offers a choice of meals to ensure it meets their likes and dislikes. Provision is made to support residents who require dietary assistive devices, blended meals, thickened fluids, special diets, supplements and meals cut up. Staff record all resident’s weights monthly and a dietitian is available to consult residents who have fluctuations in weight which may impact on their health status. A speech pathologist visits the home on a regular basis and has reviewed several residents in relation to their swallowing and dietary needs. Staff are able to identify action they need to take for residents who have weight fluctuations. Residents/representatives are satisfied with the quality of food and drinks offered.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure that residents’ skin integrity is consistent with their general health. An assessment of their skin integrity is completed and a care plan is developed which includes assistance to be provided in maintaining/improving the residents’ skin integrity. Management strategies include application of skin emollients, slide sheets, special cushions and alternating air mattresses. Wound charts record treatment of any breakdown in skin integrity and wound charts and progress notes record the ongoing progress of the wound. The accident and incident reporting system records incidents of breakdown in residents’ skin integrity. A podiatrist is also available to assist in the maintenance of residents’ toenails. Staff monitor residents’ skin integrity daily and report any abrasions, rashes or abnormality to the registered nurse. Residents/representatives are happy with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There is a system in place to ensure residents’ continence is managed effectively. An assessment of residents’ needs is completed and a care plan is developed, which identifies the management for each resident’s continence care. A disposable continence aid system is used for residents who require it. Staff are aware of their responsibility for monitoring residents’ needs and reporting changes to the registered nurses. Registered nurses review individual residents’ requirements to ensure care needs are appropriate. There are adequate supplies of disposable continence aids of varying sizes available for residents. Residents/representatives are happy with the care provided.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home specialises in the management of mentally ill, often considerably younger men and has effective systems in place to manage residents’ behaviours. Behaviour assessments are completed as required and care plans developed. Progress notes indicate the development of strategies for each resident and the ongoing evaluation of the effectiveness of these strategies. Staff are aware of individual resident’s behaviours exhibited and management strategies for each. A behaviour monitoring record is completed as necessary. This behaviour monitoring is reviewed regularly by the registered nurses. Staff confirmed various strategies they use to assist in modifying residents’ behaviours and also say they are given education to improve their behavioural management skills. Residents are very happy with the care and the management and interaction with residents requiring care. Staff were observed to interact with residents in a caring and calming manner.

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

Residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents’ mobility and to achieve optimum levels of mobility and dexterity. Two physiotherapists provide services to the residents. One specialises in a pain management program and the other conducts assessments and develops individualised programs for residents which may include a range of movement exercises, walking programs, specific exercises and breathing exercises. Any changes in mobility, and falls incidents are followed up by the physiotherapist. Staff advised of how they assist with maintaining mobility for residents and confirm they have been provided with education on manual handling. Residents/representatives are satisfied with the efforts made by staff to maintain/improve the resident’s mobility.

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

There are strategies in place to manage the residents’ oral and dental health. Residents/representatives are happy with all care provided, however many residents refuse to visit the dentist. Residents’ oral and dental needs are assessed and a care plan is developed. Residents can attend the dental hospital should they require it and are agreeable. If residents need to attend a dentist, staff assist in arranging appointments and provide transport and an escort if necessary. Staff have attended education sessions regarding current methods in maintaining oral care for residents. Staff have knowledge of oral care, care of residents’ teeth and dentures and they encourage residents on a daily basis to complete their 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

The home identifies and effectively manages residents’ sensory loss. Assessment of residents’ sensory needs are undertaken during entry to the home and when there is a change in the resident’s condition. Care staff advised of strategies they use to assist residents with vision and hearing loss such as explaining the location of items to residents with vision loss and providing hearing aid care. Residents/representatives said staff assist them with the care and maintenance of their glasses and hearing devices. The living environment is conducive for residents with sensory loss. Staff who provide activities for the residents identified sensory activities offered such as massage, gardening and a sensory garden on the site.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has implemented strategies to ensure residents can achieve natural sleep patterns through initial and ongoing identification of night care requirements. Residents/representatives advised that the environment is quiet and comfortable for them to achieve uninterrupted sleep. Staff confirmed various ways in which they can assist in supporting an adequate sleep pattern for residents including offering warm drinks and snacks, one-to-one time and pain management strategies.

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 continuous improvement systems and processes.

Recent examples of improvements related to Standard 3 – Care recipient lifestyle include:

- The home has developed an orientation program; new residents are provided a map of the local area and taken on an orientation walk of the locality and community environment. Resident feedback was positive about the orientation program.
- As a result of a resident feedback the home has purchased a thermal clothes labelling machine to reduce incidents of missing resident clothing. Resident clothing is now able to be identified and no further incidents of missing clothing have been recorded. Residents and staff feedback has been positive regarding the new labelling system.

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 and processes for regulatory compliance

In relation to Standard 3 – Care recipient lifestyle is monitored through surveys, audits and observations of staff practices. Staff interviewed are generally aware of their responsibilities in relation to alleged and suspected reportable assaults.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s system and processes for education and staff development.

In relation to Standard 3 – Care recipient lifestyle, Recreational activity staff have attained Certificate IV in Leisure and Lifestyle.

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

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. Information is also collected including assessments of emotional, leisure, physical, cultural, social and family care needs. The home offers a variety of written information to assist in ensuring that residents are well informed about the home. Many residents have personalised their rooms with photos and other items. Recreational activity staff described how they provide residents with emotional support, particularly during the early days after arrival, such as introducing them to other residents and checking on a daily basis to ensure they are aware of and invited to attend activities on the day. The chaplain also provides support at this time. Residents/representatives said staff make them feel welcome and many commented that the staff are very supportive and look after them exceptionally well.

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

Residents are encouraged to maintain their independence and participate in community life and their ability to make choices is facilitated and respected. The Charter of Residents' Rights and Responsibilities is on display within the home. Residents who wish to participate in activities and community outings are encouraged to do so and are also supported in maintaining their contacts with family and the community. The activities program ensures residents, who are able, have access to the community via regular visits to the home by various community members such as entertainers and volunteers. Bus trips are provided on a twice weekly basis. Equipment is available to support resident independence such as mobility aids and handrails in corridors. Staff and residents' confirm residents' are assisted to achieve maximum independence, maintain friendships and participate in the life of 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

The home has a system in place to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents/representatives are provided with information relating to the home's privacy policy. The offices are designed to enable residents' personal information to be maintained in a confidential manner. Staff were observed to be diligent about maintaining residents' privacy, closing doors to residents' rooms and knocking before entering a resident's room. Staff advise ways they can enhance resident's privacy and dignity when providing care. Residents/representatives confirm privacy and dignity is respected at all times and staff are particularly considerate when attending to personal care.

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

Residents are encouraged and supported to participate in leisure interests and activities. The home provides an interesting, individualised and varied recreational activity program. Assessments and care plans are completed to identify residents' interests and activities of interest to them. The recreational activity officer, chaplain, volunteers and entertainers all support activity programs which are held seven days a week. The daily activity programs are displayed. Assessments such as social needs and interests of residents information, assists in development of the monthly activity program. Other information used to assist in the development of the program includes attendance at activity sessions, feedback via the resident meetings and evaluations of activity sessions. Individual activities are provided for those who choose not to participate in group activities and residents are assisted to maintain their individual interests. The activity programs have a range of activities available such as musical entertainers, board games, craft, painting/art and card games. Residents/representatives confirm they are supported and encouraged to participate in activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to ensure individual interests, beliefs and cultural and ethnic backgrounds are valued and fostered. This includes assessment and care planning processes. Special celebrations are held for cultural and religious days such as Australia Day, Remembrance Day, ANZAC Day, Easter and Christmas. The chaplain provides a religious service each Tuesday morning and ongoing support for the residents through the week. Residents/representatives are satisfied with the services available to them and that the home values and fosters residents' individual interests, customs, beliefs and cultural backgrounds.

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 effective systems to assist residents to participate in decisions about the care and services they receive. Residents and/or their representatives are informed of choices available and their rights through information provided such as the resident agreement and the resident handbook. The Charter of Residents' Rights and Responsibilities is on display. Residents/representatives confirm a number of choices and decisions they are encouraged to make. These include for example choice of meals, choice to visit friends in the community, to go shopping and choice of participation in activities. They said they have been made

aware of their rights and responsibilities and were complimentary of the service's encouragement and response regarding individual choices and decisions. Minutes of the meetings for residents confirmed there are discussions on topics which enable residents a freedom of choice.

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

Information is provided to explain care and services for new residents and/or their representative prior to entry to the home. A resident agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents and representatives are invited to seek independent legal and/or financial advice prior to signing the agreement. Residents/representatives are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent examples of improvements related to Standard 4 include:

- As a result of an audit the home has installed a larger window in the door from the kitchen to the dining room to improve the visibility and safety for kitchen staff. Staff feedback has been positive about the improved visibility and safety.
- As a result of audits and feedback from staff and residents the home terminated the cleaning contractor’s supply agreement due to poor performance. A new cleaning contractor was engaged and the results of subsequent audits, staff and resident feedback has been positive.
- The home has recently terminated the chemical supply company due to rising costs and poor performance. A new chemical supply company has been engaged and staff feedback has been positive regarding the new chemicals improved results, safety and ease of use.
- As a result of audits and resident feedback the home has purchased new indoor and outdoor plants to improve the internal and external environment. Resident and staff feedback has been positive regarding the improved environment due to the new plants.

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 and processes for regulatory compliance.

In relation to Standard 4 – Physical environment and safe systems is monitored through surveys, audits and observations of staff practices. The home’s food safety program has been accredited by Council and external audits conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff.

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

Refer to expected outcome 1.3 Education and staff development for information about the home's system and processes for education and staff development.

In relation to Standard 4 – Physical environment and safe systems, the home's mandatory training program is closely monitored to ensure all staff attend as required and that staff's competency in relation to safety is assured. All staff have completed mandatory fire safety, food safety, infection control and manual handling training and are assessed as competent in these areas.

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

Processes are in place to ensure residents are provided with a safe and comfortable living environment consistent with their care needs. The home provides residents with accommodation in single rooms with an ensuite and encourages them to have their own furnishings to personalise their room. Internal and external lounge/seating areas provide residents with privacy to socialise with visitors and other residents. Residents have access to call bells in their rooms to alert staff they require assistance. The home is maintained through preventative and reactive maintenance schedule, gardening and cleaning schedules are in place and are adhered to by staff. The home utilises internal auditing processes, hazard identification and a risk assessment approach to ensure a safe and uncluttered living environment; when issues are identified action is taken in response. Consent and authorisation is obtained for those residents who may require protective assistance. Residents are satisfied with the standards of safety and comfort provided at the home.

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

New staff attend orientation sessions covering a range of occupational health and safety topics and staff complete learning packages covering mandatory education topics annually. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment and chemicals. Reporting of risk and potential and actual hazards related to the physical environment, chemicals or dangerous goods, equipment, staff infections and systems of work are discussed at regular occupational health and safety meetings and there is active follow-up of audit/inspection results and incident data. Chemicals are stored securely and safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and their role in

maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

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

Independent fire safety inspections occur at regular intervals and maintenance records confirm regular checks by an external contractor of fire safety installations. Fire detection systems provide an immediate alert to local fire brigade and fire extinguishers, hoses, hydrants and blankets are inspected regularly. Evacuation plans and procedures are displayed and there are clearly marked emergency exits free from obstruction leading to emergency assembly points. Guidelines for the management of other emergencies including natural disaster are in place. The home conducts initial training for all staff in fire, security and emergency procedures as part of the orientation process. Staff attend fire safety training on a regular basis, have access to current resident mobility lists and understand their role in the event of an emergency or evacuation.

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 effective processes in place to prevent and manage infections, including staff education, the supply of appropriate equipment and an infection surveillance system monitored by key personnel. Hand washing facilities, antibacterial gel dispensers, personal protective equipment, spill and outbreak kits are available for staff to use throughout the home and sharps are stored appropriately. There is food safety, outbreak management and immunization programs in place and staff report receiving regular training to guide their practice regarding infection control. Residents' infections are monitored through the home's quality system, trends are identified, and strategies are devised to keep infections to a minimum. Hospitality, care and lifestyle staff demonstrate a knowledge of infection control procedures and their practices are monitored by key personnel via observation, performance appraisals and audits.

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

Management has established processes to provide hospitality services that enhance residents' quality of life and staff's working environment. Catering staff have been trained in food safety and implement quality monitoring processes to ensure food safety. Meals are cooked fresh on-site and are based on a four week rotating menu offering residents a choice of meals. Cleaning processes are documented to guide staff and daily routines are kept with the cleaners on their trolleys. Equipment and supplies of cleaning products are always available and in good working order. Staff are happy with their working environment and feel

supported by the management team. All laundry services are provided by the home on-site. Laundry staff have an effective system to minimise misplacement of clothing and ensure residents receive their own clothes back. The laundry has clear delineation between clean and dirty practices to protect staff and residents. Residents/representatives were satisfied with the catering, cleaning and laundry services provided by the home.