



Australian Government

Australian Aged Care Quality Agency

Fullarton Lutheran Homes

RACS ID 6047
14 Frew Street
FULLARTON SA 5063

Approved provider: Fullarton Lutheran Homes Inc

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 29 July 2018.

We made our decision on 12 June 2015.

The audit was conducted on 05 May 2015 to 07 May 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



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Audit Report

Fullarton Lutheran Homes 6047

Approved provider: Fullarton Lutheran Homes Inc

Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 07 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 May 2015 to 07 May 2015.

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

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

Assessment team

Team leader:	Sandra Lloyd-Davies
Team members:	Alice Redden Judith Silkens

Approved provider details

Approved provider:	Fullarton Lutheran Homes Inc
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Details of home

Name of home:	Fullarton Lutheran Homes
RACS ID:	6047

Total number of allocated places:	184
Number of care recipients during audit:	171
Number of care recipients receiving high care during audit:	147
Special needs catered for:	People with dementia or related disorders

Street:	14 Frew Street
City:	FULLARTON
State:	SA
Postcode:	5063
Phone number:	08 8372 3555
Facsimile:	08 8379 5515
E-mail address:	accreditation@flh.asn.au

Audit trail

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

Interviews

Category	Number
Management and Board	6
Clinical and care staff	14
Health professionals and allied health	2
Lifestyle staff	2
Care recipients/representatives	25
Ancillary staff	9
Administration staff	2
Pastoral worker	1

Sampled documents

Category	Number
Care recipients' files	18
Summary/quick reference care plans	10
Medication charts	11

Other documents reviewed

The team also reviewed:

- Activities calendar
- Audit reports and analysis
- Cleaning program information
- Clinical guidelines and resources
- Clinical, medical, pharmacy and allied health communication tools
- Compulsory reporting register
- Continuous improvement and complaints documentation
- Corrective and preventative maintenance records
- Dietitians reports
- Electrical testing and tagging records

- Equipment service records
- Food safety plan and audit
- Food safety program and food handling documentation
- Incident and hazard reports
- Incident, infection and hazard data and analysis
- Infection control documentation
- Job and task descriptions
- Legionella testing records
- Leisure and lifestyle documentation
- Menu
- Police certificate records
- Resident handbook
- Residential care service agreement
- Safety data sheets
- Staff education records
- Staff handbook and induction pack
- Temperature testing records
- Triennial fire safety certificate
- Various audits, surveys and results
- Various meeting minutes, memoranda and newsletters
- Various policies, procedures, guidelines and work instructions
- Wound management resources

Observations

The team observed the following:

- Activities in progress
- Chemical storage
- Chemical storage
- Equipment and supply storage areas

- Fire safety and equipment
- Interactions between staff and care recipients
- Internal and external complaints and advocacy information
- Keypad security
- Living environment
- Meal service
- Medication administration
- Outbreak and spills kits
- Personal protective equipment
- Short group observation in the Acacia dining area
- Storage of medications
- Suggestion box
- Various noticeboards
- Waste removal processes

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 organisation actively pursues continuous improvement using an established quality management framework. Opportunities for continuous improvements are identified through audits, incidents, feedback from staff and resident meetings, surveys, verbal communications and a staff incentive program. Continuous improvement suggestions are recorded on the home's electronic continuous improvement plan. The home has an auditing schedule that monitors the home's performance across the four Accreditation Standards. Incidents, complaints and audits are analysed and trended by management and results discussed at staff and management meetings. Continuous improvement is a standing agenda item at staff and management meetings and opportunities are available at resident meetings to provide and discuss suggestions. Staff interviewed said they have opportunities to raise continuous improvements and are aware of the continuous improvement process. Care recipients are satisfied they have the opportunity to make suggestions for improvement.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified an opportunity to reduce the cost of Workers' Compensation Insurance by up to 40 per cent by becoming a self-insured organisation. Research was conducted to identify qualifying criteria and an external contractor was utilised to prepare for the lodgement of an application to self-insure. Approval to self-insure was granted and additional staff employed to manage work cover requirements within the organisation. Management have noted a reduction in work cover claims and associated costs enabling financial resources to be utilised in other areas of benefit to care recipients.
- Analysis of incident and injury reports submitted by staff led to a review of information provided to new staff at induction. Management developed a staff induction package that includes an orientation resource folder and associated competencies to be completed by all new staff. Information booklets with topics including behavioural management and work health and safety were created and incorporated in the orientation resource folder. Staff said they find the resources very useful and feel more confident in dealing with behavioural issues with care recipients.

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 systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management receives legislative updates through their membership with peak bodies, input from external human resource consultants and communication with government departments. Information is disseminated to relevant staff through ‘tool box’ meetings and memoranda. Compliance is monitored through internal and external audits. Results show audits are effective in identifying compliance issues and actions are implemented as required. Staff interviewed said they are updated about changes. Care recipients and representatives interviewed said they have been informed of the accreditation audit.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Notification in writing of re-accreditation audit sent to care recipients and representatives
- Police certificates are current for staff, contractors and volunteers
- Registrations are monitored for professional and allied health staff.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. An annual staff development meeting identifies education needs and a course planner is developed from this information. Staff performance appraisals, 'tool box' meetings, changes to care recipient care needs and staff feedback contribute to this process. Commencing employees undertake mandatory education as part of the induction process. Attendance records are used to monitor staff attendance at mandatory education. Results show staff have attended education relevant to their roles in the past twelve months. Staff interviewed said they are encouraged to develop their skills and knowledge and are supported with ongoing internal and external training opportunities.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- Continuous improvement
- Incident reporting
- Induction
- Information technology

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a system to provide access to internal and external complaint mechanisms to each care recipient and/or their representative and other interested parties. Information on the home's comments and complaints system is discussed with care recipients and their representatives on entry to the home. Further information is provided in care recipient residential care service agreements, discussed at resident meetings and displayed on noticeboards. The home has feedback forms and confidential suggestion boxes that are located around the home and are available for use by staff, care recipients and other stakeholders. Verbal feedback received from care recipients is recorded by staff on feedback forms and submitted to management. All complaints are recorded by management on the complaints register and are monitored and evaluated through audits, surveys and reporting. Compliments, complaints and suggestions are discussed at management, staff and resident meetings. Staff interviewed said they understand the compliments, complaints and suggestions system and know how to raise a complaint. Care recipients interviewed said they feel comfortable providing feedback to management and are aware of the feedback process.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's mission, vision, values and objectives are documented in resident and staff handbooks. Documentation containing the home's values has consistent content. The managing director reports to a board of directors on a monthly basis. Results show the home is guided by a business and strategic plan that is reviewed regularly. Staff are familiar with the home's values and commitment to quality care and services.

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 processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. There are processes to ensure police certificates and professional registrations are current. Commencing employees are provided with a site induction and employment pack. The home's management monitors staffing levels and skill mix through staff feedback and care recipients' needs on an ongoing basis. Training is identified through 'tool box' meetings, performance appraisals and in response to changes in care recipients' needs. Vacant shifts are filled by casual and agency staff as required. Staff are guided in their roles by job descriptions, a code of conduct, work instructions and policies and procedures. Results show reminder letters are effective in managing staff police certificates to ensure currency. Staff interviewed said management review staff numbers and skill mix in relation to changes in care recipient needs and preferences. Care recipients and representatives are satisfied there are sufficient numbers of appropriately skilled staff to deliver care and services.

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 a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home uses corrective and preventive maintenance processes and external contractors to monitor plant and equipment. Re-ordering and re-stocking of supplies are delegated to relevant staff from various areas within the home. Monitoring processes include an imprest system for medical, continence and stationery products, observation, scheduled reports and feedback from care recipients, representatives and staff. Results show new equipment is trialled and risk assessed prior to

purchase and stock levels of goods and equipment are reviewed and maintained. Staff, care recipients and representatives interviewed said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems in place to provide staff and management with sufficient and reliable information required to meet the needs of stakeholders. Care recipient documentation provides staff with information they require when providing and evaluating care and lifestyle services. Hard copies of policies, procedures and work instructions are available to all staff and guide them in completing their roles. Computer access is restricted through passwords and backup processes are in place to protect information. Processes, including memoranda, newsletters, diaries and direct consultation are used to communicate with all stakeholders. Current and archived care recipient and staff information is stored and destroyed according to legislative requirements. Regular audits, surveys, management meetings and feedback are used to evaluate information management systems. Results show information is shared with relevant parties and follows legislative requirements. Staff interviewed said they are satisfied with the information they receive to assist them in providing appropriate care and support to care recipients. Care recipients and representatives interviewed said they are satisfied with the information provided to them and information provided is clear.

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 uses externally sourced services to assist in meeting the residential care service's needs and service quality goals. The home has agreements with external contractors, including allied health services, pest control, maintenance, hairdressing, fire safety and pharmacy. Preferred suppliers are required to meet the organisation's safety standards and service quality goals. Monitoring processes include service reports, incident reporting and observation. Results show processes for ensuring external contractors have appropriate qualifications, police certificates, licences and insurance are effective. Service providers are changed if considered unsatisfactory. Staff, care recipients and representatives interviewed said they are satisfied with the external services provided.

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.

In relation to Standard 2 Health and personal care, the home identifies improvements from feedback forms, audits, incidents and care reviews. Staff document incidents involving care recipients including falls, infections, behaviour, medication errors and skin integrity changes. This information is collated and analysed for trends. Staff and care recipients interviewed were satisfied they were supported by management when submitting feedback and suggestions.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- During the expansion of the home's dementia specific residential area management identified an opportunity for improvement in the direct care of care recipients living with dementia. A project was implemented, the scope of which included identifying eligible care recipients, allocating staff and resources, training was provided to staff in person centred care and dementia management and a dementia care co-ordinator was appointed. A staff focus group was formed and individualised care planning for care recipients was undertaken. Staff said they feel empowered by the training received and care recipients and representatives appreciate having a single point of contact in the dementia care co-ordinator.
- Clinical staff identified there was a need for a system to alert care and ancillary staff when special measures for infection control or other reasons were required during the provision of services to care recipients in their rooms. Clinical staff and management implemented a system, where colour-coded butterflies are attached to residents' doors. Care and ancillary staff undertook training in the new system. Staff said that the butterflies are an effective way of alerting them to the need for special infection control measures.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Care recipients assessed by appropriately qualified and skilled staff
- Medication is stored safely and securely
- Register for the reporting of missing care recipients
- Schedule four and eight drug licence.

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 education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Behaviour management
- Continence management
- Medication management and annual competencies
- Palliative care
- Skin and wound care.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. Entry processes include comprehensive assessments conducted by clinical staff in consultation with care recipient, representatives and medical officers to develop an interim care plan. Ongoing assessments and daily reviews by clinical staff are used to develop detailed individualised clinical care plans. Individual clinical care monitoring occurs through regular reviews and as required care reviews when change occurs. System monitoring occurs through clinical audits, surveys, incident analysis, meetings and monitoring of staff practice. Results show monitoring identifies care recipient issues and trends, which lead to appropriate reviews and changes in documented care plans. Staff interviewed said they are aware of care recipients’ clinical care needs and have access to appropriate training and resources at the home. Care recipients and representatives interviewed said staff deliver appropriate clinical care in accordance to care recipient needs and preferences.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Qualified nursing staff conduct assessments and deliver care in consultation with relevant health specialist for care recipients with specialised nursing care needs. Detailed individual management plans for specialised care such as catheters, stomas, diabetics, warfarin, wound and pain are documented. Specialised nursing care is reviewed regularly by the clinical team and nursing staff during daily clinical meetings where issues are identified and appropriate follow up is actioned. Monitoring occurs through audits, surveys, incident analysis, meetings and monitoring of staff practice. Results show specialised nursing care is conducted by appropriately qualified nursing staff and identified issues are managed in consultation with relevant health specialists. Staff interviewed said they have access to appropriate training and resources to deliver care recipients’ specialised nursing care. Care recipients and representatives interviewed said care recipients’ specialised care needs are effectively met and they have access to health specialists when required.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance to their needs and preferences. Care recipient’s needs for referral are identified

through assessments, reviews and observations. Appropriate referrals occur in a timely manner to other health professionals in consultation with the care recipient or representative. Care recipients have access to visiting medical officers, physiotherapists, podiatrists, dentist, dietitian, speech pathologists and mental health services. Monitoring occurs through audits, surveys and communication processes with allied health and specialists. Results show care recipients are referred to health specialists in accordance with their needs and preferences. Staff interviewed said they are aware of the referral process and care recipients referral appointments are communicated through progress notes, diaries and handovers. Care recipients and representatives interviewed said care recipients are referred to appropriate health specialists and are supported by the home to attend appointments.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ medication is managed safely and correctly. Clinical staff, pharmacist and medical officers are involved in assessing care recipients medication needs and developing a medication management plan. Appropriately skilled staff administer medications and manage all ‘as required’ and ‘drugs of dependence’ medication. Various audits conducted by pharmacy and clinical staff effectively monitors medication stock, storage and staff practices. All medication incidents and errors are reported and resolved by clinical staff. Results show care recipients medication is managed safely and correctly. Staff interviewed demonstrated staff practice is consistent with the policies, procedures and individual medication management plans. Care recipients and representatives interviewed are satisfied care recipients medications are administered safely, correctly, in a timely manner and by appropriately skilled staff.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. Entry processes and assessments are used to identify care recipients pain and develop a pain management care plan. Ongoing assessments and reviews are conducted by nursing staff in consultation with medical officers, physiotherapists and occupational therapists for care recipients identified with complex pain. Alternate therapies including massage, exercise programs, repositioning and electronic machines are used in conjunction with medication to effectively manage care recipients pain. Monitoring occurs through regular reviews, assessments, audits, surveys and observation. Monitoring processes are effective in identifying and managing care recipients’ pain. Results show care recipients are as free as possible from pain. Staff interviewed said they are aware of how to identify, assess and record care recipients pain and the appropriate strategies to relieve pain when it occurs.

Care recipients and representatives interviewed said staff respond appropriately and in a timely manner to manage care recipients pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Clinical staff provide information on palliative care and advanced care directives during consultation with the care recipient and their representatives on entry to the home and during care reviews. Staff have access to relevant training, equipment and resources to ensure the comfort and dignity of terminally ill care recipients is maintained. Medical officers and specialists consult with the care recipient and their representatives when a care recipient requires palliative care. Monitoring occurs through audits, surveys and staff and care recipient feedback. Staff interviewed said they are aware of individual care recipient preferences in regards to palliative care through the care plans and handovers. Feedback from representatives show they are satisfied with the home’s care of terminally ill care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Entry processes identify care recipients’ initial nutrition and hydration needs and preferences. Ongoing care reviews and monthly weight monitoring identify changes to care recipients’ requirements. Supplements and fortified drinks are provided to care recipients as required. At risk care recipients and those with swallowing difficulties are referred to allied health professionals as required and care plans are updated to reflect any changes. Menus provide choices and alternatives are provided to care recipients with specialised dietary requirements or preferences. Nutrition and hydration requirements for care recipients are monitored by the care review process, regular weighs and observation. Results show care recipients identified at risk of malnutrition or dehydration are reviewed by clinical staff and referrals to specialists are actioned. Staff interviewed described nutrition and hydration requirements as documented in specific care plans. Care recipients and representatives interviewed said care recipients are satisfied with the food and nutrition and hydration requirements are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. A comprehensive assessment is conducted on entry to the home to identify care recipients skin care needs and those at risk of skin integrity breakdown. Detailed skin care

management plans are developed and include preventive strategies such as creams, pressure relieving equipment, repositioning schedules, continence and hygiene management. Wound management plans are completed and reviewed by registered nursing staff and nursing staff complete wound care and preventive treatments daily. Monitoring occurs through care review processes, audits, weekly wound reviews and infection and incident data analysis. Results show monitoring is effective in identifying trends and care recipients at risk and appropriate changes are implemented as a result. Staff interviewed said they have training, resources and equipment to manage care recipients' skin care as documented in the care plans. Care recipients and representatives interviewed said care recipients' skin care needs are attended to daily by staff and are satisfied with the care they receive.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients receive care that manages their continence according to their individual needs and preferences. Initial continence requirements and preferences are identified in the entry processes and ongoing care reviews identify changes to continence needs. Staff are provided with education relating to continence and changes to continence care are communicated through handovers and clinical documentation. Monitoring processes include care plan reviews, bowel charts, assisted continence schedules, care evaluations and observation. Results show care recipients' continence needs are documented and reviewed including specialised continence needs. Staff interviewed described actions specific to care recipient's individual continence requirements. Care recipients and representatives interviewed said care recipients' continence needs are being met and equipment is provided to encourage independence and dignity.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial assessments and ongoing reviews identify care recipients' challenging behaviours. Behaviour management plans are developed and contain triggers and interventions for specific behaviours, such as diversional therapy and activities. Management support a minimal restraint approach and use alternative interventions where possible. Mental health services and behavioural specialists are consulted as required for advice on managing challenging behaviours. Behavioural management is monitored through care plan reviews, audits, incident analysis, feedback and observation. Results show behaviours are assessed and effectively managed. Staff interviewed described interventions as documented in care plans. Care recipients and representatives interviewed said they are satisfied with the home's approach to challenging behaviours.

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

The home has systems to ensure care recipients receive care that optimises their mobility and dexterity. Initial assessments and ongoing reviews identify care recipients’ capabilities and required mobility and dexterity aids. Assessments involve allied health professionals, clinical staff, care recipients and representatives. Specialised equipment and mobility aids are available to assist care recipients in maintaining their independence. Monitoring processes include care plan reviews, audits, surveys, incident data analysis, feedback and observation. Results show care recipients are encouraged and supported to maintain independence. The home has falls prevention resources for staff to access. Staff interviewed said they attend manual handling education and provided examples of interventions consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied care recipients are provided with assistance to maintain their mobility and independence.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ oral and dental health is maintained. Assessments occur on entry and as required to develop a comprehensive care plan. Equipment, resources and assistance is provided to maintain care recipients oral and dental health. Care recipients have access to a visiting dentist and dental hygienist and referrals occur in accordance to the care recipients needs and preferences. Monitoring occurs through audits, surveys, infection data and feedback mechanisms and are effective in identifying when care recipients needs change. Results show that care recipients oral and dental health is maintained and adequate stock and equipment is provided. Staff interviewed said they are aware of individual oral and dental care needs. Care recipients and representatives interviewed are satisfied care recipients oral and dental health is maintained and their preferences are respected.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ sensory losses are identified and managed effectively. Clinical staff conduct a sensory assessment, on entry and when required, using a sensory kit and assessment tool. A care management plan is developed to manage individual sensory loss, all senses are assessed and strategies are based on care recipients’ preferences. Monitoring occurs through audits, evaluations, incident data, surveys and

feedback. Results show staff appropriately use the strategies on the care plan to effectively manage individual sensory losses. Staff interviewed said they are aware of individual care recipients' needs and preferences in regards to managing sensory loss. Care recipients and representatives interviewed are satisfied care recipients' sensory losses are managed effectively and they are consulted in the development of their care plans.

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 systems in place to ensure care recipients achieve natural sleep patterns, where possible. An initial sleep assessment is completed on entry and regularly reviewed. Care recipients and representatives are consulted for preferences in environment and strategies to promote natural sleep patterns. This information is used to develop individualised care plans. Additional strategies, such as warm drinks, massages and medication are used to assist care recipients to achieve sleep. Monitoring processes include care plan reviews, audits, surveys, feedback and observation. Results show care recipients' sleep patterns and preferences are documented. Staff interviewed confirmed they access care plans for information on sleep preferences. Care recipients and representatives interviewed said care recipients are able to achieve natural sleep patterns and staff respect their preference of rising and settling times.

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.

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient surveys, attendance records, care recipient meetings and feedback forms. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 3 Care recipient lifestyle include:

- Lifestyle staff who attended courses and seminars returned with the suggestion that more personalised music therapy could be utilised to provide entertainment or relaxation opportunities for some care recipients. Appropriate equipment was researched and several personal music devices with headsets were purchased and loaded with music. Care recipients are offered the devices and headsets to listen to when desired. Staff said that the use of the devices has a settling effect on some of care recipients using them. Care recipients said they enjoy listening to music without disturbing other people.
- Management suggested further exercise, which assisted with mobility, could be introduced for care recipients. Different types of exercise were researched that were suitable for care recipients who had mobility restrictions. A yoga instructor who conducts seated yoga sessions attends the home and conducts yoga sessions on a weekly basis. Staff have noticed an increase in attendance at the yoga sessions and care recipients are benefiting from learning relaxation techniques. Care recipients said they enjoy the yoga sessions and also find them relaxing.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Compulsory reporting register for reporting allegations of elder abuse
- Privacy documentation to protect the use of information
- Residential care service agreements.

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 education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Dementia - person-centred care
- Elder abuse - induction
- 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”.

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients are supported in adjusting to life in the new environment and on an ongoing basis. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s emotional support needs and preferences. An orientation checklist guides the entry process and ensures care recipients are

orientated to their surroundings, key staff and other care recipients. The homes' Pastor, staff and volunteers provide support to care recipients to settle into their new environment. Support is provided on an ongoing basis through companionship and one-on-one visits. Care recipients have access to general practitioners, allied health specialists and pastoral care services where additional emotional support is required. Monitoring processes include care and lifestyle review processes, surveys, observation and feedback. Results show care recipients' emotional support needs are identified and managed. Staff interviewed described emotional support strategies to assist care recipients to settle into their new environment. Care recipients and representatives interviewed said care recipients are satisfied with the emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment and review processes assist the home to identify each care recipient's lifestyle preferences, interests and abilities. Care and lifestyle plans include strategies to support and encourage independence including physical, emotional, cultural and social aspects. Care recipients' civic preferences are captured and supported. Family members and staff assist care recipients to attend appointments outside of the home and maintain links with family, friends and the community. The home monitors the effectiveness of the services through care and lifestyle review processes, surveys, audits, observation and feedback. Results show each care recipient's preferences for maintaining an independent lifestyle are captured, documented and supported. Staff interviewed described strategies to support care recipients' independence consistent with documented plans of care. Care recipients and representatives interviewed said care recipients are assisted by the home to maintain their independence in accordance with their needs and preferences.

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 processes to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Assessment processes assist to identify each care recipient's privacy and dignity needs and preferences. Care plans outline a range of interventions, including preferred names, preferences for activities of daily living and lifestyle. The home maintains processes to protect care recipients' privacy and confidentiality including consent to collect and disclose information. Staff sign confidentiality agreements on commencement of employment. Monitoring processes include care and lifestyle review processes observation and feedback. Staff interviewed described practices to support care recipients privacy, dignity and confidentiality. Observation of staff practice was consistent with

those that support care recipients' privacy and dignity. Care recipients and representatives interviewed said staff respect and maintain care recipients' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipients' lifestyle needs and preferences. Lifestyle care plans outline leisure interests and activities including, social history, support networks and preferred lifestyle activities. A monthly activity calendar provides a varied program of regular and special activities and events. Care recipients are encouraged and assisted to participate in activities of their choice. Volunteers and pastoral care staff are available for further support and companionship. The ongoing suitability of activities is monitored through lifestyle reviews, audits, surveys, resident meetings, observation and feedback. Results show care recipients are encouraged to make suggestions and provide feedback in relation to the activity program. Staff interviewed said they have access to information relating to each care recipients' leisure and lifestyle interests and assist care recipients to attend activities of interest to them. Care recipients and representatives interviewed said they are satisfied with the activities provided and care recipients are supported to participate in activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient's cultural and spiritual needs and preferences. Care plans outline spiritual beliefs and practices and cultural backgrounds. Care recipients are supported to attend cultural and spiritual activities of importance to them within the home. Lutheran church services are held in the chapel located at the home on a weekly basis and broadcast throughout the home for care recipients unable to attend the chapel. Representatives from denominations including Catholic and Anglican are scheduled or available on request. A Pastor is engaged by the home and provides individual visits and non-denominational group activities for care recipients. Significant cultural days are celebrated including, Christmas day, Australia day and Remembrance Day. Monitoring processes include lifestyle review processes, audits, surveys, observation and feedback. Results show care recipients' individual cultural and spiritual needs are documented and supported. Staff interviewed described cultural and spiritual support strategies for individual care recipients consistent with documented plans of care. Care recipients and representatives interviewed said they are satisfied care recipients' cultural and spiritual needs and preferences are respected and supported.

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 rights of each care recipient and/or representative to make decisions and exercise choice and control over the care recipient's lifestyle are recognised and respected. Entry and assessment processes identify each care recipient's preferred needs, authorised representative, medical officer and contacts. Care plans describe preferred preferences for activities of daily living, meals and drinks, sleep and lifestyle. Information about care recipient rights and responsibilities is included in the care recipient agreement and displayed throughout the home. Care recipients and representatives are encouraged to raise concerns through resident meetings, surveys, feedback forms or directly with management. Monitoring processes include audits and feedback. Results show care recipients and representatives are encouraged to make decisions and choices about care recipients' care and lifestyle. Staff interviewed described their responsibilities in supporting care recipients to exercise choice and make decisions about the care and services care recipients receive. Care recipients and representatives interviewed said care recipients are supported by the home to exercise choice and make decisions about the care and services they receive.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Admissions staff inform care recipients and/or representatives of their security of tenure and care recipient rights and responsibilities prior to entry to the home. They are provided with a resident handbook, residential care service agreement and pricing agreement. Care recipient and representative satisfaction is monitored through meetings, surveys and verbal feedback to staff and management. Contact details for independent sources of advice and advocacy are available within the home. Requests to change rooms are considered by management and implemented where appropriate in consultation with care recipients and representatives. Results show care recipients and/or representatives are provided with agreements and a resident handbook prior to entry to the home. Staff are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed are satisfied care recipients' tenure is secure and the home supports individual needs and preferences where possible.

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.

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through corrective and preventive maintenance processes, incident and hazard data, feedback forms, and audits. Care recipients and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 4 Physical environment and safe systems include:

- Management identified the installation of a solar energy system would enable the provision of green energy to the facility and provide significant financial savings. Research was conducted into the most appropriate system for the facility resulting in 400 solar panels and six inverters being installed. The facility uses all of the power provided by the system for its own use. Care recipients benefit from the provision of a green energy system providing power to the facility and through subsequent provision of other resources that can be purchased with the savings made.
- Audit results indicated internal and external security lighting used at night was insufficient or not fit for purpose and did not provide appropriate lighting for staff or care recipients. External light fixtures were upgraded to brighter LED lighting and trees trimmed in key lit areas between buildings and other areas where staff traverse, arrive for work and leave. Fixtures and fittings in corridors were upgraded to dimmable LED lighting to enable staff to safely negotiate corridors without bright light disturbing care recipients living with dementia. Staff interviewed said that it is much easier to see outside at night and the dimmed light in corridors does not disturb care recipients.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Asbestos register
- Food safety plan and audit
- Infection control guidelines
- Legionella testing
- Triennial fire safety certificate.

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 education and staff development systems and processes.

Examples of education provided to staff in the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Chemical
- Fire safety
- Food safety
- Infection control
- 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".

Team's findings

The home meets this expected outcome

Management actively works towards providing a safe, clean and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in single or shared rooms with en-suite bathroom facilities. Care recipients have access to communal living and dining areas and courtyard gardens. Care recipients are encouraged to personalise their rooms to reflect individual preferences. The home has a minimal restraint approach and physical restraint is risk assessed and used in consultation with care recipients and/or representatives, clinical staff and medical officers. The living environment is monitored through worksite inspections, incident and hazard reporting, audits and preventive and corrective maintenance programs. Results show workplace audits are conducted on a regular basis and safety issues are identified and addressed. Staff interviewed said they are aware of their roles in assisting to maintain a safe and comfortable environment. Care recipients and representatives interviewed said they are satisfied with the safety and comfort of 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

The home has systems and processes to provide a safe working environment that meets regulatory requirements. A Work, Health and Safety Committee meet to discuss audit outcomes and incident and hazard data. Work, health and safety representatives and senior staff provide support to staff on site. External contractors are required to undertake an on-line induction which outlines work, health and safety responsibilities. Monitoring processes include audits, incident and hazard reporting, worksite inspections and preventive and corrective maintenance programs. Results show the home became self-insured in July 2014 and has seen a reduction in manual handling incidents and workers' compensation claims.

Staff receive training regarding their work, health and safety responsibilities at induction and manual handling training is provided on an annual basis. Staff interviewed said they have access to personal, protective equipment and work instructions.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe environment through the minimisation of fire, safety and security risks. Evacuation maps are located throughout the home and

emergency procedures are accessible to staff. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems. The maintenance officer and external service providers undertake electrical testing and tagging. The home's security is maintained through keypad operated doors and evening lock down procedures. Monitoring processes include fire and evacuation drills, audits, incident and hazard reporting and worksite inspections. Results show fire safety records are up-to-date and maintenance requests are actioned promptly. Staff interviewed said they attend annual fire training and are aware of their responsibilities in the event of an emergency. Information on what to do on hearing a fire alarm is explained in the resident handbook.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has an effective infection control program to meet Australian Government infection control guidelines. The clinical manager and services manager are responsible for monitoring infection control practices within the home. There are documented procedures for the management of pandemic influenza and gastroenteritis and outbreak kits are available. An influenza vaccination program is provided for both care recipients and staff. A food safety program guides catering practices and temperatures of food and equipment are conducted in-line with this program. Cleaning services are conducted in-line with infection control procedures and are guided by daily schedules. The home monitors the effectiveness of the infection control program through internal and external audits, environmental swabbing, observations and feedback. Results show the incidence of infections is monitored, collated and analysed on a monthly basis. Staff interviewed said they have access to infection control guidelines.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances each care recipient's quality of life and the work environment for staff. Care recipient needs are assessed on entry to the home and hospitality services are planned, implemented and reviewed according to the needs of each individual. The home uses a four week rotating menu which provides choices of main meals and deserts for lunch and dinner. Meals are prepared and cooked on site and catering and pantry staff are guided by care recipient nutritional information forms provided by clinical staff for specific dietary needs. Cleaning and laundry services are guided by infection control procedures, cleaning schedules and safety data sheets. Cleaning is carried out daily in accordance with the schedule for care recipients' rooms and communal areas.

Laundry services are available on site to cater for care recipients' personal clothing and the home's linen requirements. Monitoring of hospitality services includes care recipient and representative feedback, audits, meetings, comments and complaints and observation.

Results show care recipients' needs in relation to catering, cleaning and laundry are reviewed on a regular basis. Staff interviewed said they are aware of care recipients' needs and

preferences and are satisfied with their working environment. Care recipients and representatives interviewed said they are satisfied with the meals provided and are also satisfied with the cleaning and laundry services.