



Australian Government

Australian Aged Care Quality Agency

Mark and Dina Munzer Community Residence

RACS ID 3507
52 Northcote Avenue
CAULFIELD VIC 3162

Approved provider: Jewish Care (Victoria) 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 02 November 2017.

We made our decision on 08 September 2014.

The audit was conducted on 11 August 2014 to 12 August 2014. 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

Mark and Dina Munzer Community Residence 3507

Approved provider: Jewish Care (Victoria) Inc

Introduction

This is the report of a re-accreditation audit from 11 August 2014 to 12 August 2014 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 11 August 2014 to 12 August 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Kathryn Bennett
Team member:	Marguerite Hoiby

Approved provider details

Approved provider:	Jewish Care (Victoria) Inc
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Details of home

Name of home:	Mark and Dina Munzer Community Residence
RACS ID:	3507

Total number of allocated places:	45
Number of care recipients during audit:	38
Number of care recipients receiving high care during audit:	38
Special needs catered for:	Jewish specific care

Street:	52 Northcote Avenue
City:	Caulfield
State:	Victoria
Postcode:	3162
Phone number:	03 9519 9400
Facsimile:	03 9519 9411
E-mail address:	aardelean@jewishcare.org.au

Audit trail

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

Interviews

Category	Number
Management	2
Organisational specialist staff	2
Nursing, care, lifestyle staff and volunteers	8
Allied health staff	2
Care recipients	7
Representatives	6
Hospitality staff	3
Environmental services staff	5

Sampled documents

Category	Number
Care recipients' files	5
Extended, summary reference care plans, assessments and progress notes	5
Blood sugar level monitoring charts	2
Fluid balance charts	3
Medication charts	5
Personnel files	5
Security of tenure agreements	5
Wound care assessment records	2

Other documents reviewed

The team also reviewed:

- Allied health and dietitian referral folder
- Asset register
- Audits
- Care recipient information packs and handbook
- Chemical register and material safety data sheets

- Clinical care assessments, charting, evaluation and monitoring record
- Clinical indicators and quality evaluation reports
- Continuous improvement documentation
- Dietary documentation
- Emergency procedures manual
- Fire services documentation and essential safety measures report
- Food safety certifications and related documentation
- Incident documentation
- Job descriptions
- Lifestyle documentation and photographs
- Maintenance documentation
- Mandatory reporting register
- Meeting minutes
- Newsletters
- Pest control documentation
- Physiotherapy folder and aids list
- Police certificate and statutory declaration documentation
- Policies, processes and work instructions
- Refrigeration temperature monitoring records
- Rosters
- Schedule eight medication register
- Signature register
- Staff education documentation
- Stock report
- 'Your say' forms.

Observations

The team observed the following:

- Activities in progress

- Charter of residents' rights and responsibilities displayed
- Communication boards for care recipients, staff and visitors
- Emergency evacuation pack, maps, egress routes and assembly areas
- Equipment, supplies and supply storage areas
- Fire detection, fire fighting and containment equipment
- Information pamphlets and complaint and advocacy information
- Interactions between staff and care recipients
- Living environment
- Meal and refreshment services in progress and assistance to care recipients
- Medication storage and administration
- Short group observation in dining area
- Storage of medications.

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 across the Accreditation Standards and shows improvements in management, staffing and organisational development. The system includes 'Your Say' feedback forms, meetings and focus groups, audits, incident reports and satisfaction surveys. Continuous improvement plans at organisational and local levels show the progress of planned actions towards objectives and the evaluation of improvement outcomes. An electronic incident and feedback management system and care management software support the collection and collation of data that is analysed for trends, reported and actioned. Management monitor the effectiveness of improvement processes through mechanisms such as audits, visual observation and stakeholder feedback. Improvement outcomes are discussed at local stakeholder meetings and at organisational quality committee meetings. Staff described examples of recent improvements and care recipients and representatives said they have opportunities to voice their needs and wishes.

Examples of recent improvement initiatives in relation to Standard 1 include:

- The organisation identified a number of enterprise level improvements for information technology infrastructure and following engagement with stakeholders implemented an electronic incident and feedback system. Management is satisfied the new information management system provides improved reporting and communication functionality and increased administrative efficiencies.
- At the suggestion of care recipients and representatives, staff uniforms were introduced organisation wide. Management report stakeholders are satisfied the uniforms assist identification of staff roles.
- At organisational level, the 'People and Culture' department identified an opportunity to implement a strengthened systems approach for the recruitment of volunteers. A new recruitment process now matches the skills of volunteers to the volunteer position required. The facility manager now receives notification of suitable volunteers for a specified position. Management is satisfied the volunteer resource program strengthens volunteer management.
- The organisation identified an opportunity to strengthen comment and complaint management and appointed a client relations manager. The position follows up

complaint initiators to ensure their satisfaction with complaint resolution and liaises with local management to build staff capacity in responding to complaints. Management reports satisfaction with strengthened comment and complaint processes.

- Following internal review, management established information folders that detail times of services for care recipients such as hygiene schedules and hairdressing appointments. Management is satisfied the folders provide care staff with ready access to information.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Mechanisms such as subscription to a legislative alert service, peak body membership, professional associations and industry advisory groups support the identification of regulatory compliance changes. Organisational personnel communicate relevant information to local management and review policies and work instructions to reflect regulatory change. Staff are notified of regulatory requirements through memoranda, meetings and group electronic mail. Monitoring of regulatory compliance occurs through various meetings, audits, data analysis and management observations. Staff are satisfied management inform them of regulatory requirements. Care recipients and representatives are satisfied with the information provided to them about the re-accreditation visit.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- police certificates and applicable statutory declarations for staff, volunteers and appropriate contractors
- secure storage of confidential documentation
- information provided to stakeholders on internal and external complaint services.

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. Organisational and local management identify educational requirements through mechanisms such as care recipients’ needs, stakeholder feedback, incident data, observation and the introduction of new equipment. Education occurs across the Accreditation Standards and includes staff orientation and ‘Ethos day’, ongoing mandatory training, competency assessment and internal and external training opportunities. Staff complete education

evaluations and the organisation maintains a training database to monitor staff attendance. Management and staff are satisfied with the education provided. Care recipients and representatives are satisfied management and staff have appropriate knowledge and skills.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- complaints, comments and suggestions
- continuous improvement
- customer service
- leadership training and management courses.

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

Internal and external comments and complaints mechanisms are accessible to each care recipient and representatives, staff, visitors and other interested parties. The system includes 'Your Say' feedback forms, meetings for care recipients and representatives, staff meetings, satisfaction surveys and an 'open door' policy of access to management and key staff.

Information about internal and external complaint services and advocacy services is accessible in appropriate community languages. Designated staff at organisational and local level monitor comment and complaint processes through meetings, audits, satisfaction surveys and through follow up by client relations personnel. Care recipients, representatives and staff showed knowledge of ways to provide feedback.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented the home's mission and value statements in information provided to care recipients, staff and management. Descriptions of the home and organisation's four pillars, 'charity, kindness, respect and family', convey inherent philosophy, vision and objectives. Management demonstrates its commitment to the provision of quality care in documentation throughout the service.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are sufficient, appropriately skilled and qualified staff to deliver care and services. Organisational 'people and culture' personnel assist with recruitment processes, including advertisements, group interviews and psychometric assessments. Staff provide police certificates, statutory declarations and applicable visa information prior to commencing employment. There is an orientation program for commencing staff, local induction occurs and job descriptions and schedules guide staff in their roles. Management monitors staffing levels and skill mix through stakeholder feedback, review of clinical indicators and other data, management observation and position reviews. Existing staff and organisational 'Blue Star' bank staff fill vacant shifts; nursing agency staff use is minimised. Staff, care recipients and representatives are satisfied with staffing levels and with the overall capabilities of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Specific staff oversee stock management and ensure sufficient stocks of appropriate goods and equipment are available for quality service delivery. There are processes for identifying preferred equipment and suppliers and for assessing and evaluating new equipment as applicable. Staff check stock levels and monitor expiry dates as applicable to ensure the replenishment of clinical and other stock within appropriate timeframes. Preventative and reactive maintenance services are contracted to an external company that attends to the home's preventative and corrective maintenance in a timely manner. There is a system for testing electrical equipment, stock and equipment storage areas are clean, sufficiently stocked and secure. Staff and care recipients confirmed sufficient supplies of quality stock and reported satisfaction with the quality and quantity of equipment to meet care recipients' 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

Management and staff have access to policies and flow charts, clinical and resource information and communication books to guide care and work practices. Clinical, lifestyle and other staff gather relevant health care and lifestyle information from care recipients and representatives to enable appropriate, individualised provision of care and services. Care recipient and staff corporate handbooks provide key information and staff and care recipient communication boards are in use, activity programs are on display and care recipients receive a copy. Management and staff generate and disseminate information through quality reports,

care consultations, shift handovers, electronic mail, staff/care recipient meetings, minutes, newsletters and memoranda. There are systems for document review and control and secure off site back up of electronic systems. Systems and staff practices ensure the security of care recipient and personnel files and there is a system for the storage, archiving of, and destruction of confidential documentation. Care recipients and representatives are satisfied with the provision of information and with the opportunities for feedback.

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

Management has processes to ensure externally sourced services meet the home's service needs and quality objectives. Central services personnel organise and manage contracted suppliers, arrange tenders as appropriate and oversee the management of probity checks. Matters covered in service agreements include service requirements, fees, frequency, registrations, work safety, qualifications, legislative requirements and confidentiality. Regular reviews monitor compliance with agreed conditions and quality of service. Staff, care recipients and representatives reported satisfaction with the service provided by external contractors.

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

For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation actively pursues continuous improvement in care recipients' health and personal care. Management identifies improvements through mechanisms such as care evaluation, clinical audits, reports on clinical indicators, reviews of incidents and data analysis. Care recipients and representatives are satisfied with the directions of health and personal care.

Examples of recent improvement initiatives in relation to Standard 2 include:

- Feedback from care recipients and representatives indicated that attendance at external x-ray services was problematic for care recipients. Local management sourced a provider who now brings portable x-ray equipment for care recipient investigations. Management reports stakeholders are pleased with the convenience of timely onsite x-ray facilities for care recipients as their clinical needs arise.
- Staff and representatives identified an opportunity to improve dental services to care recipients. Management sourced a mobile visiting dental service that provides on site treatment. Management reports stakeholder satisfaction that the new dental service is convenient and responsive to care recipients' dental needs and preferences.
- The organisation sought to strengthen care assessments, care plans and the reporting of clinical indicators. After a review of various software packages, organisational and local management implemented a web based care management system. Staff received appropriate training and now clinical assessments and care plans are documented on the new system. Management and staff are satisfied the care management system assists the identification of care recipients' clinical care needs and preferences and guides care delivery.
- Organisational management identified an opportunity to consolidate medication management directions. Management recently reviewed and revised the 'medication management work instruction' in collaboration with the medication advisory committee, the clinical governance committee and the quality practice committee. Roles and responsibilities of staff are clarified and management is satisfied there is now a holistic organisation wide approach to medication management.
- Staff noted care recipients living with incontinence may experience irritation following skin care. Management implemented alcohol free skin wipes containing aloe vera.

Management and staff are satisfied the wipes promote improved skin integrity and comfort for care recipients.

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

For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to expected outcome 1.2 Regulatory compliance.

Management has a system to identify and ensure the home meets regulatory compliance obligations in relation to health and personal care. Management monitors compliance with legislation, regulations and guidelines regarding health and personal care through mechanisms such as policies and work instructions, data analysis, clinical indicator reviews and clinical competencies. Staff showed awareness of regulatory compliance obligations relating to health and personal care, including the safe storage and administration of medications.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- maintenance of professional registrations of nursing staff
- secure and safe medication storage and medication competency testing for staff
- care assessments and the development and evaluation of care plans carried out by registered nurses
- processes and work instructions to guide staff response in relation to any care recipient who is unaccountably missing, including appropriate incident reporting and notification.

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

There is a system to ensure management and staff have the knowledge and skills to perform their roles effectively in relation to care recipients’ health and personal care. For details regarding the home’s system, refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education and support to develop their knowledge and skills in relation to health and personal care. Care recipients and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education relating to Standard 2 includes:

- cardio pulmonary resuscitation
- care for people living with stroke
- care planning
- diabetes, hypoglycaemia and hyperglycaemia
- falls management
- nutrition and hydration
- skin care
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Nursing and care staff complete initial and ongoing assessments according to documented schedules and their scope of practice. Registered nurses review care needs of the care recipients and review care plans appropriately on a regular basis or if the care recipient’s care needs change. Nursing staff initiate reassessments in response to the changing health status of each care recipient. General practitioners, specialists and appropriate allied health practitioners assess and provide treatment directives as needed. Staff document care consultations after consulting with each care recipient or their representatives. Care recipients and their representatives are satisfied with the clinical care provided and with how staff consult them about care issues.

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

Registered and enrolled nurses review and supervise the provision of specialised care required by care recipients, with registered nurse input available 24 hours per day. Detailed care plans are in place and contain additional information for staff to assist them to deliver specialised nursing care to care recipients. Staff have access to acute specialist services as care needs dictate. Care recipients with specialised care requirements have documented reportable ranges recorded and treatment strategies available for staff. Care recipients said they are satisfied with the specialised care they receive.

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

Care recipients have access to a diverse group of allied health professionals such as physiotherapist, dietician, speech pathologist, podiatrist, dentist, optometrist and audiologist. These professionals visit the home regularly or the care recipient can be assisted to visit them in the broader community. Allied health professionals document comprehensive assessments and prescribed treatments in the progress notes and specific information is then transcribed into the care plans. Care recipients are satisfied with the care given to them by allied health professionals.

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

Registered nurses and appropriately credentialed enrolled nurses and personal care staff administer medications to care recipients according to their scope of practice, legislation, regulations and documented procedures. Registered nurses, general practitioners and pharmacists regularly review care recipients’ use of medications including the use of analgesics and sedation type medicines. Each care recipient has an individual care plan describing their needs and preferences relating to medication management. Management of the home monitor the administration and storage of medications through audits and the facility’s incident reporting system. Care recipients and their representatives stated they are satisfied with how staff manage the medication needs of care recipients.

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

Registered nurses, a visiting physiotherapist and care recipients’ own general practitioners monitor and review each care recipient on an ongoing basis to ensure appropriate management of discomfort and pain. A physiotherapist conducts pain management clinics each week. Staff stated they provide pain relief interventions to care recipients based on individual assessments and recommendations, which include regular massage therapy, analgesics, physiotherapy, gentle exercises and heat therapy. Care recipients and their representatives stated staff promptly respond to any incident of care recipients experiencing discomfort and provide interventions as needed.

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

Care recipients are encouraged to discuss their individual preferences regarding end of life wishes on entry to the home and when their health status deteriorates. The clinical care coordinator, registered nurses and general practitioners document these preferences to ensure that staff meet these needs and care recipients receive appropriate interventions relating to comfort and dignity. Care recipients access specialist palliative services when needed to support care recipients and their families during this stage of life and appropriate equipment is used. Care recipients and their representatives stated staff are aware of the preferences of care recipients and they are confident staff would provide care according to individual and in line with Jewish cultural expectations.

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

Staff assess each care recipient for their needs and preferences regarding meals and drinks including likes/dislikes, cultural needs and allergies relating to food and fluids. Staff provide texture modified meals and drinks as needed and refer care recipients who require modified diets or supplements for assessment by visiting general practitioners and appropriate specialists. Staff monitor each care recipient for weight loss or gain and where appropriate provide dietary supplements and initiate referrals. Staff who assist with meals are provided with appropriate information to ensure care recipient preferences are respected and appropriate food and fluids given. Care recipients and their representatives stated staff are aware of the preferences, kosher and clinical needs of the care recipients.

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

Nursing staff conduct care recipients’ skin assessments that identify potential or actual skin integrity issues. The information forms the basis of detailed care and management plans. Individual skin care products such as creams, protective devices and wound dressings are available for care recipients. Staff attend education on wound and skin care and confirmed they have adequate supplies to provide consistent skin care. We observed care recipients skin to be clean, with care recipients confirming they are happy with the skin 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

Staff assess each care recipient for their continence needs and preferences on entry to the home and on a regular basis. The home provides or assists each care recipient to obtain appropriate continence aids based on the care recipient’s individual needs. The home provides equipment including raised toilet chairs and handrails to assist care recipients in maintaining their independence where possible. Staff are satisfied they have access to equipment, know each care recipient’s individual needs relating to continence management and assist care recipients to maintain their dignity. Care recipients and their representatives stated they are satisfied with how staff manage and assist them to maintain their dignity whilst providing continence care.

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 effectively manages the needs of care recipients with challenging behaviours in a low stimulus environment. All care recipients undergo a range of validated behavioral management assessments during the entry phase and when behaviours change. Staff develop care plans from behavioral assessments and other clinical tools and from documented observations over a defined period of time. Information from aged persons mental health nurse specialists, mental health geriatricians and the family inform care planning. Staff review these plans regularly and as required. The home has ‘no restraint’ practices and employs additional alternate environmental strategies and individualised diversional therapies. Staff record episodes of aggressive behaviour and absconding as incidents and report them appropriately. The team observed staff interacting in a calm, respectful and therapeutic manner with the care recipients. Care recipients and representatives are satisfied with behavior management.

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

Nursing staff and visiting physiotherapy staff assess care recipients for their individual needs and risks relating to mobility, dexterity and rehabilitation. Staff offer group and individual exercise programs to each care recipient based on their needs, abilities and preferences.

The home’s physiotherapy team assesses each care recipient for their individual needs relating to level of assistance and for use of assistive devices such as comfort chairs, wheel chairs and walking aids. Staff refer care recipients to the physiotherapy team when the health status of a care recipient alters. Care plans reflect individual interventions, type of aids and level of assistance each care recipient may require and nursing and physiotherapy care teams review the plans on a regular basis. Care recipients and their representatives are satisfied with physiotherapy services provided at the home and assistance provided to care recipients to mobilise.

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 processes for the assessment, planning and review of care recipients’ oral and dental care needs and to identify where referrals to appropriate allied health professionals are required. Care recipients oral and dental care needs are addressed in nursing care plans or progress notes. There is a mobile dental service available on site that care recipients are able to attend and staff offer assistance for those care recipients who wish to continue visiting their regular dentist. Care recipients and representatives said that they are satisfied with oral and dental care given.

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

Staff assess each care recipient for sensory loss associated with vision, hearing, touch, taste and smell. The home has well lit corridors that are fitted with handrails to assist care recipient to mobilise safely. Interventions required to minimise risk of injuries associated with sensory loss are included in care plans. Care recipients and their representatives state staff assist them to fit and clean sensory aids and refer care recipients to specialists such as audiology and ophthalmology services as needed.

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

Staff assess care recipients for their individual needs and preferences relating to rest and sleep. Care recipients are offered supper and hot drinks throughout the evening according to their wishes. Care recipients’ individual preferences for settling routines including their choice of clothing, rising and settling times are included in their care plans. Staff state they provide refreshments as per each care recipient’s request and needs. Care recipients stated they are not disturbed overnight and staff provide assistance as needed.

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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation’s continuous improvement system shows improvements in the area of care recipient lifestyle. Care recipients’ emerging lifestyle needs and interests, activity evaluations, satisfaction surveys and stakeholder feedback are examples of mechanisms that inform the home’s continuous improvement in Standard 3. Care recipients, representatives and staff are satisfied the organisation actively improves care recipient lifestyle.

Examples of recent improvement initiatives in relation to Standard 3 include:

- Following a presentation at an organisational lifestyle meeting, lifestyle staff introduced a program based on the Montessori approach and the ‘Relate, motivate, appreciate’ resource. The program, based on the Montessori approach, seeks to use everyday materials to engage care recipients in meaningful activities and promote positive interactions. Lifestyle staff have a growing collection of resources and selection tailored to the needs and interests of the individual care recipients. Staff, care recipients and representatives are satisfied with the approach to lifestyle.
- A review of the lifestyle program identified an opportunity to develop a new framework for the lifestyle program. The framework for lifestyle support now encompasses three areas; the domains address cognitive and sensory needs, entertainment and cultural and spiritual support. Lifestyle staff now offer approximately 78 activities and approximately 40 recent compliments from care recipients and representatives are on file.
- The organisation now has four new buses. The home’s fleet vehicle transports five care recipients, accommodates one wheelchair and has a lift mechanism for ease of access. Staff are satisfied with the capacity to organise more outings and report care recipients enjoy the bus trips.

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

For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to expected outcome 1.2 Regulatory compliance.

Management has a system to identify and ensure the home meets regulatory compliance obligations in relation to care recipient lifestyle. Management monitors compliance with legislation, regulations and guidelines regarding care recipient lifestyle through mechanisms such as meetings of care recipients and representatives, ‘Your say’ forms, audits, visual observation and satisfaction surveys. Staff showed awareness of regulatory compliance obligations relating to care recipient lifestyle, including their compulsory reporting responsibilities.

Examples of responsiveness to regulatory compliance related to Standard 3 include:

- processes and work instructions for managing compulsory reporting requirements and situations where management use discretion not to make a mandated report
- service agreements for care recipients
- information provision on care recipients’ rights and responsibilities and security of tenure
- specified good and services provision.

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

There is a system to ensure management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education and support to develop their knowledge and skills in relation to care recipient lifestyle. Care recipients and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education relating to Standard 3 includes:

- elder abuse – mandatory reporting
- ethos day
- holy days and festivals
- 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

Each care recipient receives initial and ongoing emotional support in adjusting to life in the new environment. Management and staff welcome new care recipients and their representatives and provide an information package including a care recipient handbook. Staff assess care recipients' emotional, relationship and intimacy support needs and preferences following entry and ongoing and use this information to develop plans of care to meet individual requirements. Care recipients have access to counselling and rabbinical services and culturally specific support service. Family involvement is encouraged and visitors are welcomed. Staff monitor and evaluate the effectiveness of emotional support delivered to care recipients through care plan review processes, meetings, one to one contact and feedback mechanisms. Staff access organisational resources and ethos training to help them understand the specific needs of holocaust survivors. Care recipients and representatives are satisfied with the level of emotional support provided.

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 assists care recipients to achieve maximum independence and to maintain friendships and community connections. Staff assess care recipients' independence needs and preferences and their social and community needs and preferences following entry and ongoing and develop strategies to meet identified requirements. Staff and volunteers assist care recipients to participate in internal and external community life. Staff organise visits from local schools, family events and host a regular intergenerational group where care recipients interact with young children from the external community. Management and staff monitor the system through care reviews, meetings, participation records, 'Your say' forms and verbal feedback. Care recipients and representatives are satisfied with the assistance and support for care recipients to be as independent as they are able.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff assess and identify individual privacy and dignity needs and preferences and communicate these requirements in care plan documentation. Management and staff ensure care recipients' clinical and financial records are securely stored and accessible only to relevant staff to maintain privacy and confidentiality. Management use meetings, stakeholder feedback, satisfaction surveys and visual observation to monitor the effectiveness of strategies to ensure privacy and dignity is recognised and respected. Staff showed awareness of their responsibilities in protecting care recipients' privacy, dignity and confidentiality and described specific strategies used. Care recipients and representatives said staff are kind and respectful when attending to care recipients' needs.

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 range of interests and activities. Staff assess each care recipient's leisure and lifestyle needs and preferences using a specific assessment, a social and leisure profile and a life story. Staff review assessed needs regularly, plan to meet these needs and regularly evaluate the currency of the lifestyle plans. Management, staff and volunteers support activity programs that offer a wide range of activities and interests and staff provide a Montessori based program that responds to care

recipients' individual preferences. Staff organise special events such as parties, barbeques and entertainers to meet the needs and preferences of care recipients. Key staff develop the program in collaboration with care recipients and monitor its effectiveness through activity evaluations, stakeholder meetings, verbal and written feedback and satisfaction surveys.

Staff, care recipients and representatives are highly satisfied with the leisure interests and activity options.

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

Management and staff foster each care recipient's individual interests, customs, beliefs and backgrounds and a range of rabbinical and spiritual services is available. Staff assess care recipients' cultural and spiritual needs and a rabbi completes a further assessment of spiritual needs and religious involvement preferences. Staff develop care plans to meet individual care recipients' needs and wishes and regularly evaluate and update these plans. Synagogue services, pastoral care services and rabbinical services are provided, religious study sessions occur and food preparation is supervised to meet cultural and spiritual needs. A wide range of cultural and personal celebrations is included in the lifestyle program throughout the year. Management and staff monitor strategies to meet care recipients' spiritual and cultural needs through stakeholder feedback, meetings and satisfaction surveys. Staff showed awareness of care recipients' cultural and spiritual needs. Care recipients and representatives are satisfied with the emphasis on care recipients' cultural and spiritual life.

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

Staff encourage care recipients to participate in decisions about the services they receive and recognise their right to exercise choice in their lifestyle. Care plans reflect individual preferences and wishes in relation to daily living, care preferences and leisure activities. Staff encourage authorised representatives of care recipients who are unable to actively make decisions to advocate on behalf of them. Meetings, care consultations and feedback processes provide care recipients with opportunities to voice their opinions and exercise control over their life. Staff gave examples of how they assist and support care recipients to make their own decisions in their activities of daily living including decorating their own rooms. Care recipients and representatives are satisfied with choice and decision-making.

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

There are effective systems to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Specific personnel provide information about security of tenure, fees, bonds and care and service entitlements. Current and newly developed residential agreements reflect all relevant information pertaining to these matters including care recipients' rights and responsibilities. Relevant staff discuss moving in arrangements, care and services, the formal agreements with care recipients and representatives and all new care recipients receive an information guide.

Documentation reviewed confirmed care recipients and representatives have the opportunity to sign a residential agreement. Care recipients and representatives confirmed care recipients have secure tenure within the home and are aware of care recipients' 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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation’s continuous improvement system shows improvements in the area of the physical environment and safe systems. Environmental and other audits, inspections, third party reports and feedback from stakeholders are examples of mechanisms that inform the home’s continuous improvement system. Staff, care recipients and representatives are satisfied management actively improves the home’s physical environment.

Examples of recent improvement initiatives in relation to Standard 4 include:

- Stakeholder feedback identified an opportunity to improve aspects of the living environment. Management ordered new furniture for a communal lounge, purchased table and chairs for two outdoor courtyards and heaters for one of these areas and displayed new artwork reflective of care recipients’ culture. Management, staff, care recipients and representatives are satisfied with the furnishing upgrades and said the environment better accommodates outdoor functions and community events.
- Management identified curtains and blinds in care recipients’ rooms required an upgrade. Management consulted an interior decorator and ordered sunscreen roller blinds and decorative roman blinds. The new window treatments are installed in one wing and management advised they have ordered the soft furnishings for the other bedrooms. Stakeholders are satisfied the new blinds reduce glare and are aesthetically pleasing.
- Organisational management identified an opportunity to improve staff fire training. In addition to other fire training, staff now access ten-minute sessions of practical fire training where they handle extinguishers and fire blankets. The short sessions run across the day, enabling all staff to have an opportunity to attend. Management and staff are satisfied the training would assist any fire response situation.
- Staff noted it was difficult to ascertain when care recipients’ toothbrushes have been changed and they identified an opportunity to improve infection control. Toothbrushes are now colour coded according to each season and staff can identify whether toothbrushes were recently changed. Staff are satisfied the new practices promote infection control.

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

For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to expected outcome 1.2 Regulatory compliance.

Management has a system to identify and ensure the home meets regulatory compliance obligations in relation to the physical environment and safe systems. Management monitors compliance with legislation, regulations and guidelines regarding the physical environment and safe systems through audits, internal and external inspections, incident management processes, visual observation and stakeholder feedback. Staff showed awareness of regulatory compliance obligations relating the physical environment and safe systems, including their responsibilities in the event of an emergency.

Examples of responsiveness to regulatory compliance related to Standard 4 include:

- regularly inspected fire equipment
- staff training in fire and emergency procedures
- an occupational health and safety system and manual handling training for staff
- infection control guidelines and training
- a food safety program and catering service third party food safety certifications.

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

There is a system to ensure management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to the physical environment and safe systems. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education and support to develop their knowledge and skills in relation to the physical environment and safe systems. Care recipients and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education relating to Standard 4 includes:

- manual handling
- evacuation training, warden training
- practical fire training
- infection control.

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 is actively working to provide care recipients with a safe and comfortable environment consistent with the care needs of care recipients living at the home.

Care recipients are accommodated in single ensuite rooms and are encouraged to personalise their rooms. Care recipient rooms and the many communal areas are light, appropriately furnished, well maintained and kept at a comfortable temperature and noise level. Care recipients have access to comfortable outside areas. Management ensures the buildings, grounds and equipment are maintained through regular servicing and maintenance programs. Management monitors the safety and comfort of the living environment through regular inspections and audits, incident reporting, feedback mechanisms and meetings. Staff are educated in and employ appropriate practices to ensure the safety and comfort of care recipients. Care recipients and their representatives are satisfied the home provides a comfortable, safe and secure environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management actively works to provide a safe working environment. Management inform staff of occupational health and safety requirements through orientation, mandatory training, documented processes and work instructions, meetings, education and manual handling training. Management monitor and support occupational health and safety through mechanisms such as hazard and incident reports, visual inspections, maintenance programs and environmental audits. Staff said they have access to equipment that promotes safe work practice and access to occupational health and safety resources.

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

Management and staff work to maintain a secure environment and to minimise fire, security and other emergency risks. An emergency response guide is accessible, emergency exit signage is maintained and fire training and drills regularly occur. The home is equipped with fire fighting equipment that includes alarms, fire fighting equipment, fire and smoke doors, sprinklers and a fire panel. Contracted external services regularly monitor and maintain safety equipment. Security measures including closed circuit television surveillance and door alarms. The home is able to respond to other emergencies such as threats, power supply interruptions, storm flooding and heatwaves. Designated staff and specialist service providers manage risk through mechanisms such as audits and inspections. Staff said they regularly participate in fire training and showed knowledge of actions to take in an emergency. Care recipients and representatives are satisfied the home environment is safe.

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

Management and senior staff coordinate the home's effective infection control program. Infection surveillance and analysis occurs with actions reviewed at relevant meetings. Staff attend mandatory infection control training and their practice is guided by infection control and outbreak procedures. Staff have access to outbreak kits and personal protective equipment. There are hand hygiene facilities and appropriate waste disposal systems throughout the home. Management promotes immunisation for care recipients and staff. Catering, cleaning and laundry procedures follow infection control guidelines and a pest control service regularly attends the home. Designated staff collect, collate and analyse infection control data for any trends or breaches in infection control practice. Care recipients and representatives expressed satisfaction with staff practices and care.

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

Hospitality services enhance care recipients' quality of life and the working environment for staff. Catering services meet care recipients' individual dietary needs and preferences, offer meal options and adhere to a food safety program. Designated staff provide cleaning and laundry services and follow schedules to ensure completion of tasks. We observed the home was clean during the visit. An external linen management service supplies linen however, staff launder care recipients' clothing and label it as appropriate. Management and staff monitor hospitality service performance through feedback, observation, audits and satisfaction surveys. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services and said the food service is generous.