



Australian Government

Australian Aged Care Quality Agency

Zion Lutheran Home Hostel

RACS ID 5097
24 Union Street
NUNDAH QLD 4012

Approved provider: Lutheran Church of Australia - Queensland District (Lutheran Community Care)

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 September 2018.

We made our decision on 21 August 2015.

The audit was conducted on 13 July 2015 to 15 July 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

Zion Lutheran Home Hostel 5097

Approved provider: Lutheran Church of Australia - Queensland District (Lutheran Community Care)

Introduction

This is the report of a re-accreditation audit from 13 July 2015 to 15 July 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 13 July 2015 to 15 July 2015.

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

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

Assessment team

Team leader:	Julie White
Team member/s:	Kathy Prain

Approved provider details

Approved provider:	Lutheran Church of Australia - Queensland District (Lutheran Community Care)
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Details of home

Name of home:	Zion Lutheran Home Hostel
RACS ID:	5097

Total number of allocated places:	60
Number of care recipients during audit:	60
Number of care recipients receiving high care during audit:	52
Special needs catered for:	Care recipients living with dementia related conditions

Street/PO Box:	24 Union Street
City/Town:	NUNDAH
State:	QLD
Postcode:	4012
Phone number:	07 3266 5911
Facsimile:	07 3266 5933
E-mail address:	maria.mulheran@lccqld.org.au

Audit trail

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

Interviews

Category	Number
General Manager	1
Care Manager	1
Clinical Nurse Consultant	1
Registered staff	3
Care staff	3
Quality and administration officer	1
Education, rehabilitation and safety coordinator/fire safety adviser	1
Quality coordinator (corporate)	1
Care recipients/representatives	7
Lifestyle manager	1
Pastor	1
Physiotherapist	1
Support services staff	5
Maintenance staff	1
Administration staff	3

Sampled documents

Category	Number
Care recipients' files	6
Care plans	6
Medication charts	6
Personnel files	5

Other documents reviewed

The team also reviewed:

- 'About you' forms
- Audit/quality monitoring schedule, audits and surveys
- Assessments to self-medicate

- Care recipient emergency fire list
- Care recipients' information package, handbook and agreement
- Cleaning routines/schedules
- Communication books
- Competencies
- Consumer focus register and reports
- Dietary profiles
- Dietitian reports and weight tracker
- Education attendance records, training requests and evaluation forms
- Emergency management plan
- External contractor register
- Food business licence
- Food safety plan
- Hazard alert and risk assessment forms
- Incident data and analysis
- Infection reports
- Leisure program and notices
- Maintenance request book
- Mandatory reporting registers
- Mandatory training matrix, individual mandatory training record and workbook
- Medication ordering and imprest documentation
- Menu
- Minutes of meetings and meeting calendar
- Newsletters
- Pathology reports
- Performance appraisals
- Preventative maintenance monthly completion reports
- Police certificate and professional qualifications records

- Position descriptions and duties lists
- Quality plan and feedback forms
- Policies, procedures, guidelines and flowcharts
- Referrals
- Restraint forms
- Rosters and staff availability records
- Safety data sheets
- Self-assessment
- Service and inspection reports
- Staff and volunteer handbook
- Staff orientation checklist
- Stock order list
- Temperature monitoring records
- Weight management reports and graphs

Observations

The team observed the following:

- Accreditation information on display
- Activities in progress
- Assembly areas, evacuation plans and routes of egress
- Behaviour management
- Equipment, chemicals and supply storage areas
- Equipment and resources to support infection control practices
- Charter of care recipients' rights and responsibilities on display
- External complaints and advocacy information
- Feedback forms on display
- Fire fighting and detection equipment
- Fire panel
- Handover

- Hazard signage
- Kitchen, cleaning and laundry operations
- Interactions between staff, care recipients and visitors
- Living environment
- Meals and dining experience
- Medication storage and administration
- Notice boards and information on display
- Restraints
- Sharps and waste disposal
- Short group observation
- Sign in/out registers
- Staff work practices
- Suggestion boxes
- Workplace health and safety forms/information on display

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care 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

Zion Lutheran Home Hostel (the home) actively pursues continuous improvement. The home's continuous improvement system identifies improvement opportunities against the Accreditation Standards. The program is monitored by the home's General Manager and Quality and Administration Officer. Corporate staff monitor ongoing improvements from an organisational level. Staff and care recipients/representatives contribute to the improvement system through meetings, feedback, audits and surveys, and review of incidents and risk.

Improvements are discussed and monitored through meetings and information provided to staff and care recipients on evaluation and completion. Care recipients/representatives and staff are confident suggestions are responded to in a timely manner and are satisfied the home actively pursues continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- As part of an organisational initiative, the home has created a full time chaplain position. A new office has been established for counselling purposes and a budget allocated to purchase resources. The position is currently filled by two lay chaplains and the local chaplain pending recruitment. Management reported the position offers pastoral and spiritual care for care recipients across seven days a week and we observed information available to care recipients regarding the extended service. The chaplain also offers dedicated care time to staff three times a week.
- Following staff feedback, the home has reviewed its care recipient transfer aids. As a result, the home has purchased sufficient slings for each care recipient to have one in their room and smaller hoists are now available to ensure staff can assist care recipients in a timely manner in the event of an emergency. A central store has also been created for the slings and a laundering procedure implemented. Management reported the hoists are working effectively and there are no issues with supply of slings.
- After an expression of interest process, the home has supported staff to be trained in Montessori principles and established dedicated staffing for the ground floor area of the home where an identified cohort of care recipients living with dementia reside. At the consequent suggestion of these staff the home has introduced 'prompting' signage,

magnetic boards and appropriate activities to support and engage these care recipients. The area has been enhanced through repainting and the purchase of a communal dining table and comfortable furnishings. Management reported the area now has a “sense of family” with dedicated staffing and environmental changes, and review of documentation confirmed minimal behavioural incidents in the area.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines. The home is supported by the organisation ensuring management is informed of current legislation, industry practice and professional guidelines with regular updates and the development of policies and procedures to guide staff practices. Staff are informed through the organisational intranet site, meetings, newsletters, memoranda and training. Monitoring of the home’s regulatory compliance systems occurs through audits, the observation of staff practices by key personnel and the flagging of key review dates. Training mandated by regulation is scheduled and staff attendance and participation is monitored.

Particular to this Standard, the organisation has systems to ensure police certificates are current and care recipients/representatives are advised of scheduled accreditation visits.

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 ensures management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. Key personnel identify staff education needs through legislative requirements, staff and care recipient feedback, complaints and improvement mechanisms, audits and training needs analysis surveys, performance development processes and incident records. A range of training delivery modes is used to ensure all staff have access to a learning style that is suited to their needs, including in-service sessions and workbooks. Staff are encouraged to participate in external education opportunities to enhance their skills and knowledge. All staff complete orientation and annual mandatory training/competencies. Education records are maintained and the effectiveness of the home’s education program is evaluated through incident review, staff feedback and observation of staff practices. Staff are satisfied with the support they receive from the home to identify and develop their skills to enable them to perform their roles effectively. Care recipients/representatives are satisfied with the skills and knowledge of management and staff.

Particular to this Standard, staff have been provided with education in team building and communication, continence product ordering processes, cultural change and growth.

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 processes to ensure care recipients and representatives have access to internal and external complaints mechanisms. Information about internal and external avenues of complaints is provided during the entry process, in the care recipient handbook and through display of relevant information and forms. Complaints are raised on internal forms, at meetings and through case conferences, surveys or discussions with management and staff. Issues raised are logged, investigated in a timely manner by management and addressed until resolution. Staff and care recipient feedback is discussed at meetings. Care recipients/representatives are comfortable approaching management and staff with concerns or complaints and satisfied with the home's response.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission, vision, values and philosophy of care are disseminated to care recipients/representatives on entry to the home and in the care recipient handbook. Staff are informed through the orientation process, the staff and volunteers handbook and meetings. Statements are displayed in the home. Management and staff at the home are knowledgeable about the home's mission, vision, values and philosophy of care.

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 established processes to ensure there are sufficient skilled and qualified staff to deliver services in accordance with the Accreditation Standards and the home's philosophy and objectives. Management monitors care recipients' level of care needs, care recipient/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. A registered nurse is onsite 24 hours a day to guide staff in the delivery of care. The home has established relief and on-call processes and management receives corporate human resource management support. New staff are aware of the requirements of their positions through position descriptions/duties lists, orientation processes, 'buddy' shifts and ongoing education sessions. Key personnel conduct probationary and annual staff performance appraisals to ensure education needs are identified and staff are aware of their performance requirements.

Care recipients/representatives are satisfied with staff's skill levels and responsiveness of staff to care needs and preferences.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available to provide care and services. Preferred suppliers are used by the home for the provision of various goods and these are checked upon receipt to determine their suitability. Supplies of stock are rotated and monitored to ensure sufficiency for both care and service delivery. New equipment is assessed prior to purchase and training provided to staff as required. The home undertakes regular servicing and inspection to ensure equipment is in good working condition. Any unsafe or broken equipment is reported and maintenance action taken. Staff and care recipients/representatives are satisfied there are sufficient goods available and equipment is in good working order.

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's information management systems are effective in ensuring continuity of care and service delivery and communicating organisational requirements. The clinical care management system is designed to manage the assessment of care recipients' care and lifestyle needs, the development of care plans, and the communication of changes to ensure staff have current and accurate information. Communication tools (electronic and paper), progress notes and handover processes are used to record care need changes. Staff are satisfied they have access to appropriate information for the delivery of care and services.

Effective information systems are used for the documentation, analysis and reporting of compliments/complaints, incidents, infections, hazards and maintenance requests.

Information systems that support human resource management, staff education, use of external service providers and continuous improvement are effective. There are processes to ensure the security of electronic and hardcopy information and to manage the archiving of obsolete records. Care recipients/representatives are satisfied they have access to relevant information and are kept informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. Contracts are coordinated corporately and locally as required, and preferred suppliers are used for the provision of external services.

Information is made available to onsite management to enable ongoing performance monitoring by key staff. Feedback is provided where performance is not to the required standard. Management, care recipients/representatives and staff are satisfied with the provision of current external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvements for information about the home's continuous improvement systems and processes.

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- The home has created a spa room to provide a relaxation space and therapy aid to care recipients. Management reported the addition of a heater, aromatherapy equipment and soft spa wear and towels has created a soothing atmosphere which has reduced the anxiety levels and challenging behaviours of some care recipients. One care staff member stated a care recipient had enjoyed the spa during the audit.
- The home has improved access to allied health services by increasing attending psychologist availability from three hours a fortnight to three hours a week. The Psychologist responds to documented episodes of depression and is available for other referrals. Management reported the “early intervention” offered by ease of access to the Psychologist has been an effective support tool, especially for care recipients entering the home.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, the home has systems to ensure staff's professional registrations remain current and reportable incidents are managed according to legislative requirements.

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 systems and processes to maintain staff knowledge and skills. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

Particular to this Standard, staff have been provided with education sessions in medication management, wound and skin care, dementia care, oral health and pharmaceuticals.

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 needs of care recipients are identified when they enter the home through consultation with the care recipient and/or their representative, assessments, case conferencing, observation and feedback from the health care team. An interim care plan is documented while the assessment processes are taking place. Registered staff utilise information from assessments to assist in the development of a comprehensive care plan. Care plans are reviewed three monthly and more often if care needs change. Medical officers visit the home and a choice of medical officer is available. Clinical care is monitored through audits, observation and feedback mechanisms. Clinical and care staff demonstrate a consistent knowledge of individual needs and care recipients/representatives are satisfied with the clinical care provided.

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 specialised nursing care needs of care recipients are identified through assessments and discharge summary information, where relevant. Registered staff provide specialised nursing care based on skills and experience, achieved competencies and education. There are stocks of equipment and resources to support the needs of care recipients. The provision of specialised nursing care includes access to relevant allied health and specialists. Care plans and handover information reflect specific specialised nursing care interventions and the frequency of care routines. Care recipients/representatives are satisfied with the provision of specialised nursing care.

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

Individuals are referred to relevant allied health specialists based on assessed need and their preferences. Allied health specialists visit the home and care recipients are assisted to attend appointments in the community if required. Other health and related services include optometry, pathology, dental, dietary, behaviour management, psychology, speech pathology, dietetics and podiatry. A physiotherapist is employed by the home and is onsite five days per week. Referrals and reports are documented, included in care plans and interventions are monitored for effectiveness. Care recipients/representatives are satisfied with the range of and access to allied health and other related services.

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

Care recipients’ medication needs are assessed on entry to the home and medications are prescribed by their preferred medical officer. The supplying pharmacy provides medication in sachets, as well as individually dispensed items for medications that are unable to be packed. Registered staff administer medications including variable dose medication, controlled medication and unpacked medication. Care recipients who wish to self-medicate are assessed for their ability to do so safely. Medications, including an imprest supply are stored securely and records of controlled medication are maintained to demonstrate accountability. Medication incidents are generally documented and results are trended.

Actions are taken where practice deficiencies are identified and these can be referred to the medication advisory committee. Care recipients indicated they receive medication in a timely manner according to their needs.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients/representatives are satisfied with the management of pain symptoms and the timely response by staff when they report pain. Each individual’s pain history and symptoms are assessed on entry to the home and as changes occur. Assessments include nonverbal information gained through observation of care recipients who cannot report pain. Referral to allied health specialists occurs where indicated. A pain management program coordinated by the physiotherapy team provides care recipients with regular massage and heat therapy, where indicated. Care plans detail the specific care needs and pain management strategies including non-pharmacological approaches designed to alleviate, manage and prevent pain.

The use of 'as required' medication is monitored for effectiveness and frequency by registered staff.

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 comfort and dignity of care recipients who are palliating is supported by the health and pastoral care teams. Individual preferences are identified and consultation about end of life wishes is documented in care plans. When a care recipient is assessed as requiring palliative care, the care plan is reviewed to guide staff in the day to day management of care and symptom control. Cultural, spiritual needs and emotional support is provided by relevant pastors and clergy, pastoral visitors, volunteers and staff at all levels. Palliative care resources and equipment are available to support care recipients during palliation. Care recipients/representatives are satisfied staff understand and support their end of life wishes.

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 dietary needs and preferences of care recipients are identified when they move into the home and information is communicated to catering and care staff. A dietitian visits the home on a regular basis to assess and review care recipients who are at risk of altered nutrition or weight. Changes to the dietary needs are updated and communicated to catering staff.

Weight monitoring occurs and where weight loss or gain is identified, evaluation occurs. Care recipients requiring a texture modified diet and/or fluids are assessed and reviewed by a speech pathologist. Additional strategies to support nutrition and hydration include flexible meal times, finger foods, meal fortification and a range of supplements including high energy drinks and commercial preparations, where there is an identified need. Aids to encourage independence at meal times are utilised. Care recipients/representatives are satisfied with the provision of meals and drinks.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients at risk of impaired skin integrity are identified through the initial and ongoing assessment processes. Risks to skin integrity are managed through the use of repositioning, skin protective devices and pressure relieving equipment. Frail skin is protected through the application of creams, emollients and limb protectors and there are sufficient supplies of

wound products and skin protection equipment. Skin tears and pressure areas are reported, actioned and possible causes are identified. Wound evaluation is undertaken by registered staff and wound healing is monitored. Reassessment and review of manual handling techniques and enhanced skin care routines minimise the risk of alterations to skin integrity. Care recipients/representatives are satisfied with the management of care recipients' skin.

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 individual continence needs of care recipients are assessed on entry to the home and as care needs change. Toileting patterns are identified and where indicated scheduling times are implemented. Aids to assist in maintaining or improving continence are supplied. Bowel monitoring is undertaken by care staff and interventions such as increased fibre, fluids and aperients are utilised, where indicated. Staff are provided with training in continence management and the application of continence aids. Care recipients with indwelling catheters are monitored for signs of infection and a program is in place for the regular replacement of catheters. Care recipients/representatives are satisfied with the support and assistance to manage toileting needs with support for the individual's privacy 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

Care recipients who display challenging behaviours are assessed to identify triggers and strategies are trialled for effectiveness. Flexible care routines and individual interventions known to effectively support care recipients are documented in care plans. The home has a process to report the incidence of aggression and to trial additional or alternative strategies, where indicated. Changes are discussed and implemented, where required. Referral to behaviour specialists occurs to assist in complex behaviour management. The home has designated staff to support care recipients who are living with dementia and other related conditions and staff understand the individual needs of people. Care recipients/representatives are satisfied behaviours are managed to avoid any impact on others.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients are assessed by a physiotherapist soon after entry to the home to identify their mobility and dexterity needs. A falls prevention program is implemented by the physiotherapist and care staff and includes exercise routines and walking groups aimed at improving care recipients' balance and endurance. Mobility/dexterity aids and sensor equipment is provided to

enhance these outcomes. Falls are reported and reassessment occurs by the physiotherapist in consultation with staff. The incidence of falls is monitored and trended to identify opportunities and manage risks. Manual handling, competency based education is provided to staff. Care recipients/representatives are satisfied with the assistance to mobilise and maintain care recipients' physical abilities.

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 individual oral and dental health care needs of care recipients including preferences for daily routines are initially identified and as care needs change. Referrals to dental services are arranged where indicated or requested and a visiting dentist is available for care recipients who cannot access external appointments. Toothbrushes, dental products and mouth care supplies are provided to care recipients and care plans reflect the frequency of oral care required. Menu planning includes food and fluid textures which can be modified when required. Care recipients/representatives are satisfied with oral and dental care, referral and facilitation of attending appointments, when required.

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

Assessment of care recipients' sensory ability and any loss or impairment is identified and a plan of care is developed. Preferences for management of care recipients' sensory loss including preferred communication strategies, the use and type of aids, their maintenance and storage requirements are known by staff. Specialists visit the home to undertake optical and hearing assessments and referrals to specialists are initiated where there is an identified need. Resources are provided to care recipients to assist in activities of daily living and consideration for lighting and the environment occur. Modified lifestyle activities, adjusted seating or large print materials to compensate for sensory loss are used by lifestyle staff to limit the impact on individuals. Care recipients/representatives are satisfied with the assistance and support to maintain sensory ability.

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 individual's need for sleep and rest is identified soon after entry and includes a routine assessment of sleep intervals throughout the day and night. Staff assist care recipients to achieve natural sleep patterns through flexible care and meal routines and an understanding of their past preferences for rising and settling. Strategies to manage disturbed sleep include

monitoring noise levels, provision of emotional support, food/drinks, repositioning, pain management and toileting or continence care. Prescribed sedation is given as required. Care recipients are satisfied with the support of staff when they experience disruptions to their sleep.

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.

Examples of recent improvements undertaken in relation to Standard 3 Care recipient lifestyle include:

- The home’s lifestyle program has been extended from five days to seven days a week, with additional activities included based on care recipient feedback and completion of lifestyle documentation. The program now has increased choice for care recipients (including alternate activities to Sunday church service), more bus outings and activities scheduled at times preferred by care recipients. Management reported the extended program has been “successful” and we observed care recipients participating in a range of activities during the audit.
- In response to a care recipient suggestion, the home has converted the hairdressing salon into a barber shop one day a fortnight. A staff member offers male grooming services, with male care recipients able to book an appointment. Management reported positive interest and regular visits to the barber from male care recipients.
- The home has increased its focus on art therapy through engaging the services of an art therapist, conducting an annual art show and displaying care recipient art in the home’s lifts and newsletter. The art therapist supports a care recipient to run the art group, following a decline in the care recipient’s abilities. Management reported participation in art activities is enjoyed by approximately one third of the care recipient cohort, and a structured approach has been particularly beneficial for those who have not had time or interest for art previously.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to care recipient lifestyle.

Particular to this Standard, the home has systems to ensure reportable and non-reportable incidents are managed according to legislative requirements.

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 systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in care recipients’ rights and responsibilities, compulsory reporting of assaults and elder abuse, and complementary therapies in dementia care.

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

Management and staff support care recipients as they adjust to the new environment. A psychologist visits weekly and also supports care recipients during the initial period. Lifestyle staff provide information about the daily events at the home. Representatives, friends and/or family members are encouraged to participate in the home and contribute to the ongoing emotional needs of care recipients. A pastoral care team is integral to the ongoing support of care recipients and their families. Staff are aware of the individual needs and care plans reflect relevant information. Care recipients/representatives are satisfied with the support to adjust to their life within the home and as their needs change.

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 assessment of each individual's preference and ability to be independent is conducted soon after entry to the home. The care recipient's right to take risks to maintain their independence is considered. Where necessary risk assessments are conducted and strategies employed to support individual choices. Mobility and dexterity aids are provided based on assessed need by a physiotherapist. Care recipients are encouraged, assisted and supported to access the community and bus transport is regularly available. Community groups visit by invitation and provide ongoing contact through the lifestyle program. Care recipients are satisfied they are able to participate in the life of the home and the community according to their 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

Each care recipient's need for privacy and dignity is identified and information is detailed in care plans. Communal areas, lounges and external courtyards provide opportunities for visitors and families to meet privately. Staff knock on doors prior to entering care recipients' rooms and address them by their preferred name. Care is provided in the privacy of individuals' rooms and behaviour management strategies are implemented in a way that minimises the impact on care recipients' dignity. The home has policies to collect and store information in a confidential manner. Care recipients/representatives are satisfied with the way management and staff support individuals' needs for 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

Information about the individual's life is gathered to create a care plan which focuses on the care recipient's past and present interests and abilities. The lifestyle program is responsive, flexible and evaluated to identify opportunities for enhanced experiences for care recipients. Where sensory or memory loss impacts on the individual's ability to participate, activities can be modified or care recipients provided with additional support or seating arrangements. A care recipient's right to refuse to participate in activities is respected and individual time can be provided to support care recipients who choose not to participate in group activities. Care recipients/representatives are satisfied the home provides a varied program of experiences of interest to care recipients.

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

Each individual's beliefs and cultural backgrounds are identified on entry to support care recipients with opportunities to practice their beliefs and customs and to participate in fellowship including pastoral activity and church services. A Pastor visits the home regularly and provides opportunity for care recipients to participate in spiritual activities and planned services. Other denominations are also encouraged to visit the home. Care staff support the customs and beliefs of individuals based on consultation with the care recipient and their families. Access to resources to provide information to staff about other cultures is facilitated. Care recipients/representatives are satisfied with the responses of staff to support care recipients' cultural and spiritual needs.

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

Care recipients/representatives are satisfied management and staff support individual care and lifestyle choices and decisions. Care recipients are encouraged and supported to make decisions about their care, lifestyle and environment with input from their chosen representative, staff, medical officers, allied health professionals and staff at all levels, if required. Choices and decisions are included on care plans with consideration for rising and settling times, meal and dietary preferences and times for hygiene routines. The care recipient's right to take risks or refuse care or treatment is supported with processes to ensure individuals have been informed about any possible outcomes of their decisions. For care recipients living with dementia, familiar staff encourage them to make day to day decisions based on each individual's ability and where appropriate, their representative.

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

Management and staff provide information on the rights and responsibilities of care recipients and security of tenure to the care recipient or their chosen representative, including fees, charges and conditions of entry. This information is also detailed in the information booklet.

Access to the internal and external complaints processes and advocacy services is detailed in the booklet and relevant brochures. A residential care agreement is entered into and care

recipients/representatives are encouraged to seek independent legal advice. Should a change of room be required, management consults with the care recipient, their representative and other relevant professionals and explores alternative options for care delivery prior to any move. Care recipients/representatives are satisfied they understand their rights and responsibilities supporting security of tenure.

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.

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- Following care recipient feedback, the home has installed a ‘free of charge’ commercial coffee machine and repositioned its vending machine near a communal area to create a ‘hub’ for care recipients, families and staff to gather and socialise. Individual packets of biscuits are supplied and staff are available to assist care recipients who are not able to operate the machines. Management reported the coffee machine also offers a sensory experience for users and those seated in the area. We observed care recipients, families and staff using the coffee machine and sitting at nearby tables during the audit.
- The home has improved use of its external living environment through the addition of shade sails to a central courtyard, the purchase of outdoor furniture and the scheduling of activities in external communal areas in appropriate weather conditions. Management reported the home’s art group and reading sessions are held outdoors when suitable, and families are encouraged to hold birthday celebrations in the fresh air. One care recipient stated they enjoy the access the home offers to outdoor areas.
- The home has enhanced the dining experience for care recipients by introducing tablecloths on dining tables, removing clothing protectors and offering the choice of cloth napkins or paper serviettes, and replacing plastic crockery with glasses and chinaware. Plastic drinking vessels and crockery have been retained for care recipients with a need or preference for these items. The home has also established a food focus committee to obtain ongoing feedback from care recipients, and management reported the home plans to extend meal time availability to meet care recipient preferences. Care recipients/representatives interviewed are satisfied with the dining experience at the home.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has effective systems to ensure compliance with legislation relevant to physical environment and safe systems.

Particular to this Standard, the home has a food safety program and processes for monitoring fire and occupational health and safety requirements.

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 systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in manual handling, food and chemical safety, infection control, fire safety, workplace health and safety and laundry operations.

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

There are processes to support a safe and comfortable environment for care recipients in accordance with their care needs. Care recipients and visitors have access to common lounge and dining areas, internal and external sitting areas and other private areas if required. Exits from the home require knowledge of a keypad code; care recipients’ representatives are provided with this information and care recipients are advised in accordance with cognitive abilities. Care recipients who choose to smoke are supported through assessment and monitoring processes. There are processes for the reporting of safety issues, hazards and care recipient/staff incidents. The living environment is maintained through the completion of cleaning routines, preventative maintenance processes and the maintenance request system. There is an equipment purchase process to support the replacement of furniture and equipment as required. Management monitors the environment through observation and completion of regular audits. Care recipients/representatives are satisfied with the safety and comfort of the living 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 at the home is actively working to provide a safe working environment that meets regulatory requirements. The home has documented occupational health and safety procedures to guide staff practices. Processes to identify, action and review safety issues are established and inclusive of incident reporting, hazard identification, inspections and audits. Action is undertaken in response to identified issues and safety and risk are discussed at staff meetings. Staff are provided with instruction in relation to safety on commencement of employment and on an ongoing basis as part of the home's annual training program.

Maintenance programs are implemented for equipment and processes established to ensure the safe management of chemicals. The home has a staff member responsible for workplace health and safety. Staff are aware of the home's safety and reporting systems and are satisfied with management's responsiveness to safety issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to minimise fire, security and emergency risks. The home has documented procedures for fire and other emergencies, including a local emergency management plan. Staff are provided with instructions on the home's fire system and evacuation procedures through the orientation program and annually. Fire safety equipment and detection systems are regularly serviced by two external service providers and action taken to rectify defects in a timely manner. Inspections/audits and observations are conducted to monitor the safety of the environment for potential hazards. Processes to ensure the security of the home include nightly lock up, security cameras and lighting, patrols by an external provider and a sign in/out register. Staff are aware of how to respond in the event of a fire or emergency.

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 that ensures staff are provided with relevant information at orientation, through the ongoing education program, assessment of competency and through policies, procedures and professional guidelines. Staff are aware of infection control principles and practices in line with their roles and responsibilities, including outbreak management. Clinical staff manage and follow-up on care recipients' individual infections and monthly analysis of infection rates is conducted. Food safety, waste

management, pest control, laundry and cleaning services are provided with consideration for infection control guidelines. The effectiveness of the program is monitored through audits and improvements are implemented when required. Care recipients/representatives are satisfied with staff hygiene practices, management of their infections and with the overall cleanliness of the home.

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 at the home are provided in a way that enhances care recipients' quality of life and staff's working environment. Care recipients' dietary needs and preferences are assessed on entry and updated as needs and preferences change, and this information is communicated to relevant staff. Meals are prepared in the main kitchen and served in the dining areas or care recipients' rooms. Menus are rotated four weekly, reviewed by a dietitian and alternatives made available where care recipients have special requirements or dislikes. Care recipients have input into menu planning through the comments/complaints process, surveys, meetings, food focus committee and daily contact with staff. There is a scheduled cleaning program to guide staff to ensure regular cleaning of care recipients' rooms and the environment. Care recipients' personal clothing and linen is laundered at the home with the laundry operating seven days a week. There are processes to reduce the incidence of missing laundry and care recipients' clothing is labelled either by the care recipient/representative or the home on entry. Staff are provided with ongoing education relating to hospitality and safety. Monitoring of the provision of hospitality services is conducted through comments and complaints, care recipient/staff feedback, observation of staff practice by key personnel and audits/surveys. Care recipients/representatives are satisfied with the provision of hospitality services at the home.