Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Allambie Heights Village Residential Aged Care Facility RACS ID: 0392

Approved Provider: Allambie Heights Village Ltd

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

Reconsideration Decision made on	1 February 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 21 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 28 September 2015 to 28 September 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'. The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program. The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.
This decision is effective from	1 February 2018
Accreditation expiry date	28 September 2019

Australian Government

Australian Aged Care Quality Agency

Martin Luther Hostel

RACS ID 0392
3 Martin Luther Place
ALLAMBIE HEIGHTS NSW 2100

Approved provider: Allambie Heights Village Ltd

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 28 September 2018.

We made our decision on 21 August 2015.

The audit was conducted on 14 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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Australian Aged Care Quality Agency

Audit Report

Martin Luther Hostel 0392

Approved provider: Allambie Heights Village Ltd

Introduction

This is the report of a re-accreditation audit from 14 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 14 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:	Ben Lau
Team member/s:	Sindhu Summers

Approved provider details

Approved provider:	Allambie Heights Village Ltd

Details of home

Name of home:	Martin Luther Hostel
RACS ID:	0392

Total number of allocated places:	42
Number of care recipients during audit:	41
Number of care recipients receiving high care during audit:	24
Special needs catered for:	Dementia specific (9) and German cluster

Street/PO Box:	3 Martin Luther Place	State:	NSW
City/Town:	ALLAMBIE HEIGHTS	Postcode:	2100
Phone number:	02 9975 5800	Facsimile:	02 9451 2017
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Chief Executive Officer	1	Care recipients/representatives	9
Board member	1	Volunteers	1
Director of Care	1	Housekeeping staff	3
Care coordinator	1	Maintenance staff	1
Registered nurses	1	Catering staff	2
Team leaders	2	Recreational Activities Officer/Volunteer coordinator	1
Care staff	3	Work Health and Safety Officer	1
Administration assistant	1	Physiotherapist	1

Sampled documents

	Number		Number
Care recipients' files	7	Medication charts	5
External service provider files	3	Personnel files	5

Other documents reviewed

The team also reviewed:

- Activity documentation: including an initial activity therapy assessment for leisure interests, pursuits and abilities and a spiritual, religious and cultural therapy profile, summary and extended care plan, weekly recreational activity schedule, activity participation records and a forward social and recreational planning program
- Admission documentation: including checklist for admission, admission data base, dietary preferences and care plan summary
- Audit records
- Care recipients' information package including the Resident handbook
- Catering records
- Clinical documentation: including extended care plans, care plan reviews, progress notes, initial and ongoing screening, assessment and treatment records including behaviours, continence, depression, falls risk, mobility and dexterity, pain, oral and dental, nutrition and hydration, skin integrity, sleep, sensory loss and a wound management program
- Comments and complaints folder contents
- Compulsory reporting of assault register (nil records)
- Contractor related documents
- Departmental communication books (diaries)
- Education records

- Emergency documentation (including Fire safety statements, evacuation lists and plans)
- Housekeeping records including cleaning schedules, material safety data sheets and order book
- Infection control information: including infection control and outbreak management guidelines, care recipient vaccination program, monthly infection control reports and trend analysis
- Information systems: electronic care documentation system, policies and procedures, communication diaries, care plan meetings, care staff handover reports, monthly observation records for weight, blood pressure, urinalysis and blood glucose levels
- Job descriptions
- Legislation and guideline documentation and communications
- Maintenance records (reactive and preventative)
- Medication management: including incident reports, electronic medication charts, medication refrigerator temperature monitoring and medication advisory committee (MAC) minutes
- Police check folders (staff and external services)
- Policies and procedures
- Recruitment pack including staff handbook
- Recruitment policies and procedures
- Resident meeting minutes
- Self-assessment report for re-accreditation and associated documentation
- Sign in, sign out and resident leave books
- Staff appraisals
- Staff meeting minutes
- Staff roster
- Work, health and safety documentation

Observations

The team observed the following:

- Activities in progress
- Care recipients use of mobility aids
- Catering and housekeeping equipment and supply storage areas
- Dining environment during midday meal service including menus on display, staff supervision and assistance
- Comments and suggestions box
- Emergency evacuation tool kit
- Fire safety equipment throughout the home
- Infection control resources: including hand washing facilities, hand sanitising gel, personal protective equipment, spills kits, sharps containers, outbreak management supplies, waste management systems including clinical waste
- Interactions between staff, care recipients, representatives and visitors

- Internal/external complaints mechanisms and advocacy brochures on display
- Living environment – internal and external
- Medication management including storage, controlled drug system, medication rounds; medication trolleys and medication refrigerators
- Notice boards for staff and care recipients, information brochures on display, charter of residents' rights and responsibilities, reaccreditation audit signs displayed
- Secure storage of care recipient clinical and administrative data
- Short group observation in the dementia unit dining room
- Sign in/out book for care recipients, visitors and contractors
- Staff work areas and work practices including administration, clinical, lifestyle, catering, cleaning, laundry and maintenance
- Storage of medications Activity calendars displayed and activities in progress

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement consisting of feedback systems and management support. Monitoring activities such as periodic audits and reviews identify variations to be attended to. Various internal meetings provide for care recipient, staff and external services feedback on an ongoing basis; informal conversations and the comments and complaints system are also used. The Director of care attends external network meetings to share information and to gain ideas that can be applied to the home. Management plans and implements improvements as identified. Improvements are tracked via a log and followed up at meetings until completion.

Examples of continuous improvement activities relevant to Standard 1 Management systems, staffing and organisational development include:

- As a result of increased care recipient needs, the job description of care staff was reviewed. A housekeeping department was formed, relieving care staff of laundry duties. A care team leader position was also created to provide extra support as required. This resulted in more time for attending to care recipients.
- Medication audits identified missed signatures to be an ongoing concern. Management evaluated electronic medication administration systems available in the market and purchased a system that streamlines communication between the pharmacy, the home and those administering medication. This produced a more effective process for delivering medication to care recipients, reducing the risk of medication errors.

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 in place to ensure information concerning legislation and regulatory requirements are received. Policies, procedures and processes are reviewed and updated as necessary. Relevant information is disseminated to staff through meetings and memos displayed in the staff room. The chief executive officer receives electronic mail updates from a professional Aged Care organisation and the Government. The home subscribes to industry related journals to keep abreast of latest practices. Staff awareness of changes are ensured by signing meeting minutes. As part of regulatory compliance relating to standard one, the home has policies and a system in place for ensuring all staff and relevant external service providers have current police checks.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has an education program that considers care recipient needs, regulatory requirements and continual professional development of staff. Training is sourced from suppliers, annual subscriptions to an aged care-specific television channel as well as internal staff. Education is promoted through individual notifications and memorandums on the staff noticeboard. Attendance to mandatory training is monitored by the care coordinator. Competencies are carried out periodically. Further one to one training is provided for staff with identified deficits in skills. New staff are trained through a buddy system and undergo orientation and competencies to ensure they are familiar with the home’s practices. Staff interviewed displayed understanding of their roles and responsibilities.

1.4 Comments and complaints

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

Team’s findings

The home meets this expected outcome

The home has a comments and complaints system that is accessible by staff and care recipients. Information relating to internal and external complaints mechanisms is included in the residents’ handbook. Brochures relating to external complaints mechanisms are available in the communal area of the home. Management make themselves available for care recipients and their relatives should issues arise. Concerns raised are responded to in a timely and respectful manner. Care recipients and representatives stated they feel comfortable raising issues directly with management. We observed the comments and complaints folder to be made up of mainly appreciation letters and cards.

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 has documented its philosophy of care, mission, vision and values in its resident and staff handbook, as well as its constitution document. It is also displayed in the common area of the home.

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 ensures there are appropriately skilled and qualified staff sufficient to meet ongoing care recipient, regulatory and environmental needs. The staffing mix and levels were varied in the last year in line with increased needs of care recipients. There are job descriptions for all positions and policies and procedures provide clear guidelines for all staff. New staff undergo orientation and buddy shifts for assimilation. Staff performance is monitored through competency assessments and the auditing and feedback processes of the home. Staff leave and absences are managed to ensure there are sufficient staff at all times. Long serving employees and a casual pool minimise the requirement of agency sourced staff. Staff confirm the home is proactive in ensuring the skills of staff are relevant to the numbers and needs of the care recipients; they state there is sufficient support amongst peers and feel they are well equipped to carry out their work. There is a volunteer program that supports the home in maintaining interactions with care recipients. Care recipients and representatives showed their appreciation for the stability of staff and the quality of their service.

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 maintains sufficient stocks of appropriate goods and equipment for quality service delivery to care recipients. Staff oversee the supply levels and replenishment of stocks relating to daily living. The contracted catering staff manage the availability of food stock with regular deliveries to ensure freshness. We observed adequate supplies of chemicals, linen and towels available for staff to distribute. A request for maintenance form is located at the entrance of the communal area for the maintenance officer to respond to on a daily basis. The home keeps a list of repair and maintenance contractors at the administration office. There is a monthly preventative maintenance program in place to ensure equipment and the environment is fit for use. Mobility aids such as wheelchairs are checked to ensure they are safe to use. Staff interviewed were aware of procedures in reporting maintenance and confirmed request for repairs are dealt with in a timely manner. We observed equipment used by staff and care recipients was clean and 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 has communication systems to keep management, staff, care recipients and representatives informed. Care recipients and representatives communicate and are communicated to via admission documentation, verbal conversations, meetings, activities calendars, noticeboards, catering surveys and quarterly "Village News" newsletters. Care

recipient health, personal care and lifestyle information is collected and stored electronically. Management communicate to staff via meetings, memos, education sessions and staff noticeboards. Staff communicate with each other via the electronic care documentation system, handovers, periodic meetings and written notes. All personal staff and care recipient information is securely stored. Staff, care recipients and representatives reported they are generally well informed and have access to management if required.

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 systems in place to source and monitor external contractors in a way that meets the residential care service's needs and service quality goals. Contractors enter into a written agreement with the home. They are required to supply evidence of current insurances and, where applicable, police check references. Management reviews contracts on a periodic basis or as changes require. External contractors currently employed by the home include fire and emergency services, catering, gardening and allied health 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

The home's continuous improvement system is described in expected outcome 1.1 Continuous improvement. An audit program is carried out by management to monitor the home's clinical system and identify opportunities for improvement. Improvements relating to standard two include the following:

- Following hospital admission of an acutely ill care recipient in October 2014, the clinical team developed and initiated a protocol for the 'deteriorating resident' based on the principles of current best practice. The aim was to ensure that the deteriorating care recipient receives appropriate and timely care. This process assists the registered nurses to closely monitor, recognise and respond to clinical deterioration, or a change in the health status of a care recipient. The method used includes observation of vital signs and levels of consciousness as well as prompts to ensure there is timely notification of the general practitioner and family. Since its inception the process has resulted in positive outcomes on several occasions, both in response to clinical deterioration and following falls, especially where head injury is suspected. The director of care reports that the protocol has provided greater confidence in the clinical monitoring process and also facilitates clinical decision making and communication.
- As a result of the home promoting dementia training to staff, several staff expressed interest in learning more about mental health to accommodate care recipients suffering from depression. Four staff have been put on a self-paced course for Certificate IV in mental health this year, with the assistance of an on-site tutor. The course is expected to be completed in August.
- The home used research findings to trial the use of moulds on pureed meals and coloured place mats to enhance the dining experience of care recipients with dementia. The home is also working with the chef to produce nutritional food that melts in mouths to enhance ingestion.

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 the rationale in relation to this outcome. Regulatory compliance demonstrated by the home in relation to this outcome includes:

- The monitoring of nurses' registration is maintained

- The provision of job descriptions/duty lists, clinical competencies, the education program and policies and procedures to ensure care recipient health and personal care is delivered in line with legal and regulatory 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

The home's system in relation to this outcome is described in expected outcome 1.3 Education and staff development.

Examples of training relevant to this Standard include the following:

- Palliative care
- Use of syringe driver
- First aid
- Dementia
- Mental health

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has effective systems and processes to ensure care recipients receive appropriate clinical care. The assessment information, collected on entry to the home, informs the summary care plan. Assessments are undertaken by registered nurses in response to identified clinical needs and extended care plans are developed with a focus on preventive health measures. Case conferences are conducted as required and care plans are reviewed three monthly or in response to changing care needs. Care staff are kept informed of changes to care and treatments through communication books and a handover process at the commencement of each shift. Policy and procedures are available to guide care delivery, and clinical care is monitored through a clinical indicator program. General practitioners are readily available and informed of any changes to care recipient's health status. Registered nurses are on site seven days a week and on-call at night to provide clinical care. Care recipients and representatives confirm they are satisfied the care they receive is appropriate to their needs.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

The home has operational systems and processes to ensure the specialised nursing care needs of care recipients are identified and appropriately delivered. Specialised nursing care

is assessed, planned and reviewed by the registered nurses in consultation with other health professionals. A range of specialised nursing care needs and procedures are managed effectively at the home including: pain management, oxygen therapy, palliative care and diabetic management. Advice from specialist nurses at the local area health service, and the palliative care team clinical nurse consultant, can be accessed as necessary regarding complex clinical matters. Relevant clinical policies and procedures are available to the registered nurses. Care recipients, representatives and staff confirm that specialised nursing care needs are assessed and managed by appropriately qualified nursing staff.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home ensures referral to relevant health specialists are made as necessary, including the care recipients' choice of medical practitioner and specialist medical, dental and allied health services. The care coordinator and registered nurses oversee specialist and allied health referrals, and follow up after appointments to ensure changes in care are implemented and care plans updated. A physiotherapist visits the home twice weekly to assess and plan treatment for care recipients, review those care recipients who have experienced a fall or a change in their health status and to provide staff education. A range of other services can be accessed that include dental, podiatry, optometry, audiology, pathology, dietary, gerontology and psychogerontology, speech pathology, dementia behaviour management advisory service (DBMAS) and a specialist medical pacemaker technician. Staff interviews and documentation confirm that care recipients' are referred to other health services as clinically indicated. Care recipients and representatives are satisfied with the level of access to allied health services and medical specialists.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The supply, storage, administration, and monitoring of medications, including controlled drugs, are managed effectively at the home in accordance with policy and legislative requirements. A dose administration system is employed whereby medication is pre-packed by the pharmacist and delivered by appropriately qualified care staff; competencies are administered by the registered nurses who also coordinate the safe administration and ordering of medicines. Observation of medication administration confirmed care recipients were properly identified, medicines given as prescribed and the ingestion of medicines monitored. General practitioners review care recipients' medications regularly and their medication regimes are reviewed regularly by a clinical review pharmacist. Polices are available to guide staff practice, and medication management processes are monitored through internal audit and data analysis systems and the multidisciplinary medication advisory committee. Care recipients and representatives confirm they are satisfied with the home's management of medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients' pain management needs are regularly assessed, monitored, reviewed and documented. Initial and ongoing pain assessments, which inform the care plan, are undertaken on entry to the home and then conducted in response to changing care needs. A multi-disciplinary approach to pain management includes the general practitioners, physiotherapist, registered nurses and care staff. A range of pharmacological and therapeutic pain management strategies are employed including analgesic medications, positional change, massage, counselling, sun therapy and individually tailored exercise programs. The care staff demonstrate an ability to recognise and report pain, including instances of nonverbal and behavioural signs of pain among care recipients with communication and cognitive deficits. Care recipients and representatives confirm that staff regularly monitor care recipient comfort to ensure they are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Systems and processes are available within the home to ensure that the comfort and dignity of terminally ill care recipients is maintained. Their individualised needs are identified during assessment, care planning and review, and undertaken in partnership with them and their representatives. End of life wishes, as part of the care planning process are respected and advance care directive support is available. The home can access external palliative care support through visiting general practitioners, a specialist palliative care service and the multidisciplinary team. Appropriate analgesia, as well as other pain relief and symptom management measures are available to optimise comfort and reduce distress. The director of care holds palliative care qualifications and experience and is actively involved in ensuring care delivery is based on current best practice. Care recipients are supported to express their individual preferences in a compassionate environment and advised the home maintains care recipients' comfort and dignity.

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

Care recipients and their representatives report they are satisfied with the home's approach to meeting nutrition and hydration needs. Initial and ongoing assessment of dietary requirements is undertaken in response to personal choice and changing needs. The care plan is developed, regularly monitored and evaluated. Care recipients' weight is checked monthly or more frequently as required; out of range weights are identified in a timely manner and appropriate interventions are implemented and reviewed. This may include the commencement of nutritional supplements, modified diets and/or referral to the care recipient's general practitioner. The home has also researched and implemented

contemporary approaches to the dining experience for care recipients' in the dementia unit to improve their visual and textural experience of food. Staff report that special dietary needs are catered for appropriately including allergies, diabetic diets, modified meals and nutritional supplements.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients' skin integrity is maintained in a manner consistent with their current health status. Skin care requirements are assessed, planned, monitored and evaluated on entry to the home and on an ongoing basis. This process includes consultation with the care recipient, representative, care staff, general practitioner and physiotherapist. Preventive measures utilised include the application of emollients, skin protective measures and equipment such as specialised alternating air mattresses. Complex wound care is managed by the registered nurses through a structured system that includes photographic evidence. The management team monitors accidents and incidents, including wound infections and skin tears, and acts appropriately on identified issues. Care recipients and representatives interviewed are satisfied with the care provided in relation to skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home monitors and effectively manages care recipients' continence through structured systems and processes in consultation with the care recipient or their representative. Continence is assessed on entry to the home and care strategies are formulated, planned, implemented, and ongoing needs monitored. Where appropriate a toileting program is implemented; additional and modified fluids and dietary changes are considered as necessary. A disposable continence aid system is available for care recipients with intractable incontinence; this is coordinated by one of the team leaders. Observation and staff feedback confirm there are adequate supplies of continence aids. Care recipients with identified bowel dysfunction are assisted to maintain optimal bowel care through individually designed management regimes; these are monitored to ensure the effectiveness of planned interventions. Care recipients and representatives expressed satisfaction with the way care recipients' continence is managed.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has effective strategies to assist with the behavioural and psychological symptoms of dementia. Behaviour records and assessments are conducted in consultation with care recipients and other health professionals as required. Care plans are generated from the

assessment information and include reference to individual triggers for unmet needs such as pain, discomfort or emotional distress. Clinical staff interviews and a review of the documentation showed that acute confusional states such as delirium in care recipients with dementia or with mental health issues is appropriately screened for, and then referred promptly for medical assessment and treatment as required. The home was noted to be peaceful with staff actively using individualised psychosocial strategies when care recipients were unsettled. Care recipients and representatives are generally satisfied that behaviours of concern are addressed by staff in a manner that enhances the care recipients' quality of life.

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 and representatives are satisfied the care recipients' levels of mobility and dexterity are optimised. New care recipients are screened for falls risk on entry to the home, reviewed initially by the registered nurse and further assessed by the physiotherapist. A physiotherapy management plan is developed and individualised strategies are supervised by the registered nurses or team leaders and monitored by the physiotherapist. These include the use of a range of therapies, mobility aids where appropriate, and manual handling guidance for staff. Central to the program are individually prescribed exercise therapy programs with a falls prevention focus; these are conducted twice weekly by the physiotherapist within a group setting. An accident and incident reporting system includes the collation of falls data and analysis of trends, leading to appropriate mitigation strategies to reduce falls risk. Manual handling training is available to staff and the home has handrails and walking surfaces that are either flat or have gentle gradients.

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 is a system of initial and ongoing assessment, management and evaluation of care recipients' oral status to ensure their dental health is maintained. Their dental history, preferences related to the management of their teeth and dentures, as well as other oral and dental care needs, are identified on entry to the home. Referrals to dentists are arranged as necessary and the home can access a mobile dental service when required. Care recipients' individual care plans outline their required day-to-day oral care which is undertaken by the care staff. Appropriate resources are available and the home has policies and procedures to assist staff maintain their oral and dental health. Care recipients and representatives are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has systems and processes to assess, plan, monitor and evaluate care recipients' sensory losses to ensure they are identified and managed effectively. Their means of perception such as sound, sight, touch, smell and taste are assessed by medical, allied health and the registered nurse as appropriate. Care staff assist with the maintenance of visual and auditory aids on a day to day basis. Hearing Australia visit as required to assess for hearing related problems and maintain hearing aids. Care recipients who require assistance related to sensory deficits, such as the cleaning and fitting of glasses or hearing devices, have management strategies documented in their plans of care. Assessment by an optometrist or audiologist is arranged when necessary and referrals to other specialist health providers are facilitated as required. Care recipients and representatives are satisfied that the care recipients' sensory needs are managed effectively.

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

There are systems to ensure care recipients are enabled to achieve natural sleep patterns through initial and ongoing identification of night care requirements. Sleep assessments are undertaken on entry to the home, and treatment strategies planned and implemented with ongoing monitoring and review. Care planning includes reference to the care recipients' preferred sleeping times and any pre-existing patterns. Care plans are individualised to ensure they reflect personal needs and preferences. Single rooms assist with the continuation of normal routines to optimise restful sleep, supported by central heating and visiting hours closing in the early evening to create a restful environment through reduced noise levels. Care recipients and representatives confirm the care recipients are assisted to achieve natural sleep patterns where possible and that the home is very peaceful at night.

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

The home's continuous improvement system is described in expected outcome 1.1 Continuous improvement. Improvements relating to standard three include the following:

- The Recreation and activities officer has completed a Certificate IV in Health and Leisure to enhance their skills in running an activities program for care recipients at the home. After completion of the course, they presented an overview for other staff in the home to share this knowledge.
- The home is in the process of restructuring its activities program as a result of the changing mix of care recipients. Previously, activities were run to include care recipients from both secure and non-secure wings. As some care recipients progress to more advanced stages of dementia, the integrated approach became less effective. Separate activities have now been scheduled to accommodate care recipients in the different wings. The home anticipates that the program structure will continue to vary in response to ongoing changes in care recipient mix.

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 the rationale in relation to this outcome. The following examples of compliance are relevant to this outcome:

- The home displays the charter of residents' rights and responsibilities at the home as well as in the resident handbook;
- Confidentiality agreements are in place for staff to sign in relation to disclosure of care recipient information.

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

The home's system in relation to this outcome is described in expected outcome 1.3 Education and staff development. Examples of training relevant to this Standard include the elder abuse and mandatory reporting. The Recreation activities officer has also recently completed a Certificate IV in Health and Leisure.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The emotional support of each care recipient is considered as part of the care planning process and includes reference to cultural and spiritual needs, case conferencing, language requirements and support as well as any personal losses or mood disorders such as depression. Pre-entry information is provided to ensure a smooth transition to residential care for both the care recipient and their family and there is ongoing emotional support throughout the care assessment process. This initial period is enhanced by social profiling and assessment of each care recipient's health, care, social, cultural and spiritual needs to gain a holistic understanding of their individual requirements and wishes. These measures are further enhanced by a supportive culture within the home. Visiting hours are open during the day and care recipients are encouraged where possible to participate in outings, maintain existing social connections and develop relationships with others within the home.

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

Management and staff assist care recipients to remain as independent as possible and to continue their community contacts and interests. Clinical assessments and care plans identify the care recipients' level of independence and the amount of support they require to participate in life at the home and in the community. The physiotherapy program, exercise sessions and social programs promote independence through the maintenance of movement, strength, balance and dexterity. There are also opportunities for care recipients to participate in life within the home as well as the wider community through the continuation of existing external activities, visiting entertainers, bus trips and leisure activities. The home welcomes visits from family, and care recipients have single rooms and access to a number of indoor areas and outdoor courtyards and gardens where they can entertain guests. Care recipients and their representatives express satisfaction that care recipients are assisted to achieve maximum independence, maintain friendships and participate in life within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients are supported to retain their right to privacy and dignity with policies to guide staff in this process. Information regarding their rights and responsibilities is on display and also given to each care recipient on entry to the home. Observation of staff practices show these are consistent with the home's privacy and dignity related policies and procedures and care recipients' said the staff care for them in a respectful manner. The home has secure systems in place including the care recipients' agreements and electronic clinical and care

systems; medical files are stored securely. Staff address care recipients by their preferred names and shift handover reports occur in a manner that ensures privacy of information. Procedures, handbooks and education programs provide information for staff regarding care recipients' rights to privacy and confidentiality; staff also sign a confidentiality agreement prior to the commencement of employment. Interviews with care recipients and representatives demonstrate that privacy, dignity and confidentiality are recognised and respected.

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

The home supports care recipients to participate in a range of activities and social opportunities. Their preferences in relation to lifestyle are assessed through a social profiling process and care plans are aligned to the care recipients' cognitive and functional abilities, areas of interest and cultural and spiritual choices. The home's activity calendars are displayed on communiqué boards within the home and delivered by hand or emailed according to preference. There is also the opportunity for care recipients to discuss the programs regarding their continuation and frequency. There is an active volunteer program that supports the afternoon programs on offer; this is coordinated by the recreational and volunteer coordinator. Care recipients stated and the we observed they were kept quite busy with the daily activities program at the home. Activities that attract the greatest interest include trivia sessions, baking, carpet bowls, bingo, knitting and craft for charity, art and concerts. There is also a dementia specific social program. Monthly bus outings assist care recipients to maintain ties with their local community; recent visits include trips to Church Point, Akuna Bay, Bobbin Head and La Peruse. Many of the care recipients said the location of the home, its village atmosphere and lovely gardens visible from each room greatly assist them to maintain a sense of community.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems which are responsive to cultural diversity and ensure that the care recipients' cultural and spiritual interests are valued and fostered. Individual interests, customs, beliefs and cultural backgrounds, as well as spiritual needs, are gathered from care recipients' and their representatives to assist the design of individualised care plans. Activities reflect relevant cultural and spiritual preferences and provision is made for the celebration of significant events where friends and family are encouraged to participate. These include Christmas, Easter, Christmas in July, ANZAC Day, St Patricks Day, Australia Day and New Year's Day celebrations. Meals, especially the monthly themed lunches such as Italian, French and Oktoberfect, music and activities reflect care recipient's cultural preferences. Local medical specialists with German language skills have also been sourced where requested. Care recipients are actively encouraged and supported to maintain spiritual links within the community by hosting regular religious services such as German Lutheran, Catholic and Anglican; other religious support can be sourced upon request. Care recipients and representatives confirm that cultural and spiritual needs are recognised and supported.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Care recipients are aware of, and supported in exercising, their individual right to freedom of choice, and are encouraged to make decisions about their care delivery and lifestyle. Whenever possible, care recipients make choices about their daily routines such as outings, meal preferences, cultural and spiritual choices and lifestyle options. Care recipients are encouraged to personalise their room with furniture, memorabilia from their life and wall decorations. They are also kept informed, and given opportunities to provide input into their care and services, through systems such as case conferences, resident meetings, quarterly newsletters, resident surveys and comments and complaints mechanisms. Care recipients are actively involved in decision making regarding the home, including a recent refurbishment project where they provided input into the choice of soft furnishings within the communal areas. The feedback from care recipients and representatives indicates they are able to express views about the provision of care and services and their comments will be considered.

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

A system is in place to ensure that care recipients have secure tenure and understand their rights and responsibilities. Care recipients are given information produced by the home and the Federal Government when considering the service. The home's resident agreement contains information such as fees and charges, service provisions, rights and responsibilities, security of tenure, as well as comments and complaint procedures. Care recipients/representatives expressed confidence in their security of tenure and referenced the resident handbook in relation to this.

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

The home's continuous improvement system is described in expected outcome 1.1 Continuous improvement. Improvements relating to standard four include the following

- The care recipient lounge has been renovated to include new carpets, chairs, lighting and a fire-place to create a more home-like and intimate environment for care recipients. We observed the dimly lit room being occupied by a care recipient enjoying some peace and quiet whilst others were attending scheduled activities.
- Shelving has been installed in the laundry to improve clothing distribution processes and efficient use of space. Housekeeping staff interviewed indicated there is sufficient room to do their work and we observed the laundry to be well organised and free of clutter.

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 the rationale in relation to this outcome. The following examples are relevant to this outcome

- The home has policies and procedures in place that align with the occupational health and safety guidelines. Staff representatives discuss work, health and safety issues via meetings; the home carries out audits and risk assessments, as well as monitor staff and care recipient accident/incidents.
- The home provides compulsory education for fire safety and manual handling to ensure staff fulfil their annual training requirements in relation to fire awareness, and work, health and safety.

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

The home's system in relation to this outcome is described in expected outcome 1.3 Education and staff development.

Examples of training relevant to this Standard include the following:

- Fire evacuation and emergencies

- Manual handling
- 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

The home is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home carries out environmental audits and the maintenance person oversees the maintenance program. The living environment is free of odour, with ambient natural light throughout the internal areas and has a quiet and calming atmosphere. The internal temperature is conditioned by wall mounted heaters during winter. Common areas include rooms for activities, dual dining rooms to accommodate special functions, a computer room and a community hall for religious services and family gatherings. There are separate rooms for hairdressing and medical treatment within the home. Care recipients' rooms were observed to be clean and populated with personal furniture. All care recipients have en suite bathrooms. The home has automatic sliding door access and is secured at night. Care recipients and representatives were highly complementary of the cleanliness and brightness 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

The home actively works to promote a safe working environment. Staff identify issues and complete request for maintenance forms that are reviewed daily and attended to by the maintenance officer. The home's work health and safety officer co-ordinates planned environmental audits. Compulsory manual handling education is attended by all staff. Care staff displayed knowledge of safe work practices and an understanding of chemical management and equipment to mitigate risks of adverse events or injury. Staff explained the use of the spills kit and its location in the pan room. Staff also explained the use and confirmed the availability of protective equipment provided for safe work practises to occur. The home currently discusses work health and safety issues via the work health and safety meeting.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home is actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Maintenance records and fire equipment tags indicate an external provider checks the fire-fighting equipment six-monthly. We observed exit lights were lit at all times, fire exit doors were free from obstructions. An emergency

evacuation pack that contains up-to-date care recipient details and name tags is situated at the nursing staff office. The home's maintenance supervisor has recently completed a certificate in fire safety and is responsible for the fire safety program. A maintenance officer does the electrical testing of power equipment owned by individual care recipients and various electrical equipment at the home. Fire plans are displayed throughout the building. Staff receive regular training and are aware of the procedures in place if the alarm sounds.

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's current infection program includes procedures, education, and monitoring of infection data. Staff interviewed showed understanding of infection control principles and we observed knowledge was applied through the use of protective equipment such as gloves, aprons, as well as washing of hands. Colour coded cleaning equipment were observed as were displays of infection control procedures. The home's kitchen has a food safety program in place and includes safe practices such as temperature-monitoring of food and equipment, vegetable sanitisation, colour coded chopping boards and a stock rotation system to ensure earlier stock are used first. Care recipients with known infections are made known to housekeeping staff for extra precautionary practices. The home has guidelines and plans in the event of an outbreak. Infection data are tabled and discussed at work health and safety meetings.

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 are provided in a way that enhances care recipients' quality of life and the staff's working environment. Contracted catering staff collect care recipient dietary and likes/dislikes information to accommodate their nutritional needs and preferences. Changes are communicated either through updated documentation or verbally and then written on the communication board. Care recipients have daily choice of meals with a four-week rotating menu. The chef is on site to prepare lunch and dinner daily. They confirmed there are sufficient equipment and supplies that ensure care recipients receive quality service. Care recipients and representatives feedback suggest the meals provided are enjoyed.

The home has a housekeeping team that provide cleaning and laundry services. Chemicals are kept secured when not being used and material safety data sheets are accessible within the locked cleaning room and laundry. There is a cleaning program in place to ensure care recipient's rooms are regularly cleaned and all areas are reviewed daily where extra cleaning may be required. A system is in place to ensure there is always sufficient inventory and equipment available. Care recipients and representatives have stated the home is very well cleaned and free of odour.

The home's laundry is orderly and well maintained. There is a distinction between clean and dirty areas. Staff use protective equipment to sort the dirty laundry before they are washed. Clean clothes are sorted, folded, and returned to care recipients on the same day. The home has a labelling machine to offer labelling service to care recipients. Unidentified clothing is

stored in the laundry and awaits care staff or representatives to claim for care recipients. Care recipients and representatives confirmed they are satisfied with the laundry service.