



Australian Government

Australian Aged Care Quality Agency

Yallaroo

RACS ID 2630
1 Stafford Road
ALBURY NSW 2640

Approved provider: Lutheran Aged Care Albury

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 25 July 2017.

We made our decision on 28 May 2014.

The audit was conducted on 29 April 2014 to 30 April 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

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Audit Report

Yallaroo 2630

Approved provider: Lutheran Aged Care Albury

Introduction

This is the report of a re-accreditation audit from 29 April 2014 to 30 April 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 29 April 2014 to 30 April 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Gerard Barry
Team member:	Lois Knox

Approved provider details

Approved provider:	Lutheran Aged Care Albury
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Details of home

Name of home:	Yallaroo
RACS ID:	2630

Total number of allocated places:	60
Number of residents during audit:	60
Number of high care residents during audit:	60
Special needs catered for:	30 residents living with dementia.

Street:	1 Stafford Road
City:	ALBURY
State:	NSW
Postcode:	2640
Phone number:	02 6042 1100
Facsimile:	02 6042 1150
E-mail address:	wendy.rocks@lacialbury.com

Audit trail

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

Interviews

Category	Number
Management/administration	7
Clinical/care/lifestyle staff	16
Environmental/hotel services	9
Residents	12
Representatives	5
Volunteers	3

Sampled documents

Category	Number
Diabetes management records	6
Medication administration records (prn)	12
Personnel files	6
Residents' clinical and lifestyle files	6
Wound care records	5
Dietary forms	15
Weight records	10
Resident agreements	8
Medication charts	10
Restraint records	6

Other documents reviewed

The team also reviewed:

- Activity program
- Annual report
- Audit schedules and tools
- Catering documentation
- Cleaning schedules

- Compliments/complaints/suggestions
- Comprehensive medical assessments
- Continuous improvement plan
- Education schedule/records/attendances
- Employee handbook and associated documents
- Essential services schedules and records
- Food safety plan and audit report
- Infection summary and trend analysis reports
- Meeting minutes
- Nurse initiated medication records
- Organisation structure and committee reporting structure
- Orientation checklist
- Police check register and statutory declarations
- Quality activity reports
- Reactive and preventive maintenance schedule
- Residential medication management reviews
- Sample of service agreements
- Selected policies and procedures
- Self-assessment
- Staff roster
- Yallaroo Yarns

Observations

The team observed the following:

- Activities in progress
- Advocacy brochures
- Charter of residents rights and responsibilities
- Vision/mission/values
- Cleaning in progress

- Complaints brochures displayed
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Meal and refreshment services
- Medication rounds and medication trolley
- Menu displayed
- Notice boards
- Resident transfer equipment
- Short group observation
- Storage of medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in all aspects of care and service. An auditing process monitors the systems and staff record corrective actions through the improvement system. Management identifies possible improvement activities through data analysis, complaints and suggestions. Meetings, incidents, hazards and accidents also provide insight. Management registers improvement activities, monitors progress and evaluates actions to confirm successful completion. Management communicates the continuous improvement activities to all stakeholders through memoranda, minutes of meetings, newsletters and noticeboards. Residents and representatives are satisfied with management's actions and the improvements management is making.

Recent improvements relevant to Standard 1:

- Senior management identified, through the resident survey, that a new form of communication was necessary. Management introduced a new information night, providing supper to entice a higher level of attendance. The session detailed the accreditation process and handed out more resident surveys to an additional 11 families to improve the level of feedback hopefully resulting in further ways of improving care and services for the residents in the future.
- Senior management identified their documentation system was a bit “all over the place”. Accordingly they conducted a review and consolidated policies with procedures and then uploaded all documents to their document control software for easy access by all staff. Both managers and staff commented on the improved clarity and ease of access.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has processes of identifying, communicating and enabling legislative compliance. Management receive information regarding legislative changes through a legislative update service, government and professional bodies. Senior managers disseminate relevant changes and information to department heads for review prior to final release. Staff conduct internal audits to ensure they receive information and to monitor compliance with relevant legislation, regulations and guidelines. Management and staff said they are generally aware of their obligations in relation to regulatory compliance.

Examples of regulatory compliance relating to Standard 1:

- Changes to the Privacy Act
- Processes to ensure all staff, volunteers and external contractors provide police checks and statutory declarations as appropriate.

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

An education and staff development system identifies educational needs for management and staff through a variety of sources including audits, incident reports, staff appraisals, and policy reviews. Staff provide input into the education schedule and topic selection ensures staff have opportunities to develop skills to meet changing resident needs. Staff access education in a variety of forms including face to face, video packages, written packages and attendance at external courses. Management monitors the knowledge and skills of staff through observations, resident feedback, competencies and education attendance records. Staff are satisfied with their access to education, are kept informed of their training obligations and said the scheduled program assists them in the performance of their roles. Residents and representatives are satisfied management and staff have the appropriate levels of knowledge and skills to deliver care.

Recent education relating to Standard 1:

- consumer directed care for care workers
- leadership in the workplace
- organisation orientation
- sharing care for older Australians-working together.

1.4 Comments and complaints

This expected outcome requires that "each resident (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

Management records, actions and monitor concerns, suggestions and compliments through their continuous improvement system. Management explain the complaint systems in the residents' information pack. Information brochures explaining the external complaint system are readily available. Stakeholder concerns are recorded and actioned within the system with management contacting those concerned with the final outcome. Forms are readily available and stakeholders can lodge completed forms anonymously. Residents generally raise any concerns directly and verbally with management or staff.

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

Management has documented its mission, vision and values including their commitment to quality. Management displays these statements prominently in the home and repeats them in the annual report and other documentation.

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

Management have systems in place to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Position descriptions for staff in all areas of work define the qualifications, roles and responsibilities required to undertake their duties. There is a documented process for the recruitment, selection and orientation of new staff.

Appraisal of staff performance is undertaken. The home has a casual staff bank and the roster reflects that there are adequate levels of staff and skill mix to meet the care needs of residents; access to external agency staff occurs. The educational program provides staff with the opportunity to increase their knowledge and skills relevant to their area of work. Staff confirm support provided by management; residents spoke of the generally prompt, respectful care and attention they receive.

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

There are processes ensuring the provision of appropriate goods and equipment for the delivery of quality care and services to residents. Key personnel monitor stock levels of clinical and non-clinical supplies, continence products and chemicals before placing an order. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Staff evaluate new equipment prior to its introduction. Staff, residents and representatives are satisfied the home has sufficient and appropriate goods and equipment to meet residents' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems to facilitate the collection and distribution of information enabling management and staff to perform their roles effectively. Processes include a document and data control system with regular updates to procedures and guidelines for staff. There is an established process for updating resident care information performed by key staff according to a schedule of reviews. Personnel, resident files and resident agreements are securely stored. Staff access electronic information through a password system and there are restricted levels of access according to their functions. There are secure archiving and document destruction processes. Management uses memoranda, letters, electronic mail, noticeboards, newsletters, meetings and one to one interaction to communicate with all stakeholders. Staff, residents and representatives are satisfied with the level of information provided by management and with their ability to access information as 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

Management engages external services to ensure the home meets residents' needs, operational objectives and the organisation's goals. Administration staff maintain a current detailed listing of contractors with current police checks, statutory declarations and other contractual requirements. There is a preventive maintenance system and staff can access a supplier contact list in the event of an emergency situation. Residents, representatives and staff are satisfied with the external services that management arranges.

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.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

For details on the continuous improvement system, refer to expected outcome 1.1 Continuous improvement. Management encourages staff to complete quality improvement requests for any of their initiatives. Staff confirmed management keeps them informed of improvement activities and provides them with reference materials.

Recent improvements related to Standard 2:

- Management recognised the need to assess and improve the skill of staff to ensure continued quality care of residents. To achieve this outcome management has introduced a comprehensive competency package for registered nurses and a less formal one for enrolled and assistant nurses. Four out of 11 nurses have completed the package and report increased awareness of their responsibilities. Management is tracking the status of the remaining staff for completion.
- Following the results of an audit of residents' tooth brushes management has implemented a change of all brushes at the start of each season. Each season has a specified colour for example, orange is for autumn, to visually alert staff on the status of each brush. Residents were grateful for the new brushes and thought it a wonderful idea.

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

There are processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

Examples of regulatory compliance relating to Standard 2:

- Appropriately qualified and trained staff plan, supervise and undertake specialised nursing care.
- The home has policies and procedures for the compulsory reporting of residents’ unexplained absences.
- There are processes ensuring compliance with legislative and policy requirements in relation to medication storage and administration.

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

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. For details regarding the home’s system, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 2:

- hearing impairment
- living with dementia
- palliative approach
- wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. A collaborative clinical team completes the resident assessment and care planning. The resident’s family, general practitioners and visiting allied health practitioners provide further information and review. The home monitors residents’ clinical care outcomes through scheduled six monthly and ‘as required’ reviews, clinical audits, and resident and representative feedback. Staff report significant changes to individual care needs to the attending general practitioners. Each clinical shift conducts a handover and the home reports, records and monitors clinical and behavioural incidents.

Residents and their representatives stated their satisfaction with the health and personal care provided to residents by the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses in collaboration with other qualified staff assess, plan, manage and review specialised nursing care. Provision of specialised nursing care includes medication management, enteral feeding regimes, diabetic care, continence care including catheter care, wound and pain management, complex behaviour management, anti-coagulant therapy and palliative care. Access to regional, industry based and other specialist nurses provide additional advice and support. Care plans and the integrated progress notes record strategies recommended by specialist nurses. Monitoring of specialised nursing care is through care plan reviews, audits and feedback from residents and representatives.

Residents and their representatives stated the specialised nursing care the residents receive meets individual needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Registered staff refer residents to general practitioners, visiting and contracted allied health professionals such as an occupational therapist, physiotherapist, speech pathologist, dietitian and podiatrist. The home has effective processes and systems to ensure resident referral to specific allied health practitioners on moving to the home and thereafter. A psychogeriatrician and other specialist mental health services visit the home when required. Whilst many services visit the home, staff support residents to access services in the broader community.

Documentation of assessments and prescribed treatments occur and specific information recorded in care plans. Residents and their representatives stated they are aware of the availability of medical and allied health professionals available to residents.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered nurses manage residents’ medication safely and correctly. Registered nurses, and enrolled nurses administer medication from original and multi dose packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system addresses identified deficits and there are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis providing the attending general practitioners and the home with a report. A resident outcome is consistently recorded after the administration of ‘as required’ medication. An assessment of residents who wish to manage their own medication occurs to ensure they are safe to do so. General and dangerous medications are stored securely and there is a safe disposal system. Residents and their representatives stated the administration of residents’ medication is safe and timely.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The identification of each resident’s past history and presence of pain occurs during the initial assessment phase using a commercial assessment that contains validated assessment components. Pain management protocols are reviewed if there is a change in residents’ cognition levels or clinical status, when there is a new episode of reported pain and when ‘as required’ pain relief is administered over a period of time. Pressure relieving equipment is available and staff have access to specialised pain management medical practitioners and nurses for additional support and advice. Residents and their representatives stated they are satisfied with the clinical management of residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The care management team discuss residents’ advanced care plans and end of life wishes during either the entry phase or when the respondents choose to do so. This discussion which includes comprehensive resident and representative consultation embracing individual care wishes and reflecting the residents’ cultural beliefs ensures the maintenance of comfort and dignity of terminally ill residents. Registered nurses reassess the resident’s needs when the resident enters the palliative phase of care in collaboration with the family, attending general

practitioner and, if requested, palliative care specialists. The home has access to specialised equipment for consistent administration of pain relief and other specific medications to minimise anxiety and nausea. The home's chaplain and pastoral care staff, in collaboration with other religious personnel enhance resident and relative support.

2.10 Nutrition and hydration

This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

During the validated and generic assessments, residents' nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. This information directs the development of an individual care plan. Resident referral to a dietitian and a speech pathologist occurs when required. A range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Staff weigh residents monthly or more frequently and registered nurses, the general practitioners and the dietitian monitor unplanned weight loss/gains. The home administers nutritional supplements to enhance residents' nutritional status when required. Residents and representatives stated their satisfaction with the quality and quantity of the meals and associated support needs.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

On moving into the home, and as part of personal hygiene practices, residents undergo a systematic review of their skin integrity. Registered nurses and other qualified care staff use a commercial assessment that contains validated components to identify risks to skin integrity and the potential for pressure injury. If the resident has a compromised clinical status such as the presence of diabetes, peripheral vascular disease, reduced mobility, increased frailty, requires palliative care or is post-surgery then specialised skin care occurs. Contemporary dressing protocols support wound care management and the home has access to clinical nurse specialists. The care management team formally monitor skin tears and pressure injuries. Registered nurses prescribe specialised pressure relieving practices/equipment and formalised repositioning regimes. Care staff use emollient and barrier creams as preventive measures to maintain skin integrity and residents have access to a podiatrist and a hairdresser to further enhance skin care practices. Residents and their representatives reported satisfaction with the way care staff manage residents' skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff discuss individual resident continence requirements reflecting if and what aids are used, how successful the current practices are and ways to enhance dignity and comfort.

Registered nurses and other qualified care staff determine the establishment of individual resident voiding patterns and levels of staff assistance after a period of observation and charting; individual trials of continence aids occur as required. The home has access to an industry based nurse specialist for additional support for residents and staff. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of increased hydration, a high fibre diet and appropriate exercise to maximise normal bowel health. The infection surveillance program monitors urinary tract infections. Residents and their representatives stated their satisfaction with residents’ continence care.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The model of care utilised for residents living with dementia creates an atmosphere of security and comfort with familiar staff, surroundings and routines. Suitably qualified care staff work in this dementia suite and have developed skills in caring for the residents living with dementia, their families and friends. On moving to the home, all residents undergo a suite of validated and generic behaviour management assessments during the initial phase, annually and if and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from aged care mental health professionals and family feedback. Management have clear protocols to manage the need for restraint of residents. Therapy and care staff utilise individual diversional, sensory, reminiscing and validation therapies to moderate residents’ challenging behaviours. Staff stated their understanding of mandatory reporting requirements. Residents and their representatives stated the behaviours of other residents do not impact on residents’ privacy.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

On moving into the home, the contracted occupational therapist, in collaboration with registered staff and the physiotherapist, assesses the residents’ mobility, dexterity and rehabilitation needs to maximise individual independence. The allied health assistant, care and lifestyle staff support residents to access various exercise programs incorporating gentle

exercise and mental stimulation into these activities throughout the week including, strength training and individual programs. The occupational therapist assesses all mobility aids including motorised wheelchairs and scooters and preventive and corrective maintenance programs ensure mobility aids are in good condition. Staff report, monitor, analyse and action all incidents related to residents' falls and near misses and the occupational therapist and physiotherapist follow up all falls. Residents and their representatives stated their satisfaction with the mobility enhancement program that is available to residents throughout the week.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

On moving to the home, all residents undergo an oral and dental assessment. Care plans document individual preferences for cleaning natural teeth, dentures and other care.

Residents have a choice of toothbrush bristle. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Residents' oral care is specialised during palliation, and individualised when a resident receives inhaler/nebuliser therapy and oxygen therapy. The home supports residents to attend private dental services in the broader community. Residents and their representatives stated their satisfaction with residents' oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Formal assessments of the resident's communication, vision, hearing, taste, touch and smell occur and the care plan nominates individual strategies to manage needs. Referral occurs to visiting allied health professionals for optical and audiometric services when required. Care and lifestyle staff offer simple limb massages, relaxing music, cooking sessions and quiet conversation to enhance sensory stimulation and minimise agitation. The living environment is of low stimuli, corridors are wide and residents have access to smaller lounges and relaxing external courtyards. During palliation, additional care ensures the enhancement of sensory care. Residents stated their satisfaction with the identification and management of their sensory losses.

2.17 Sleep

This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

On moving to the home, assessment of the resident's sleeping and rest patterns occurs over three days with re-assessment occurring if sleep patterns are disturbed. In consultation with the resident and or representative, care plans nominate individual rising and settling times and

other specific rituals. Care staff promote the use of alternatives to medication where possible. Past life histories, pain management, immobility, continence care and escalation of behaviours are defined precursors to disturbed sleep patterns and are integral to individual care planning. Residents reported they sleep well and stated their satisfaction with the attention provided by night staff.

Standard 3 – Resident lifestyle

Principle: Residents 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 more details on the home’s overarching system. Management conduct continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from resident/representative meetings. Staff document and evaluate improvements and formally notify the originator of the results. Residents and representatives said the home’s management informs them of improvement activities through meetings, newsletters and informal discussions.

Recent improvements related to Standard 3:

- Staff have listened to feedback from male residents and implemented a men’s shed program. The aim is to improve socialisation amongst male residents by providing them with activities of a more masculine pursuit. A volunteer takes men on bus trips, introduces them to ham radio and discusses tools. Male residents have responded favourably to the men’s’ shed.
- The organisation purchased a new bus to improve safety and comfort for the residents when on external outings. Residents report their satisfaction with the purchase of the new bus.
- To improve spiritual and culture outcomes for residents the pastoral care nurse is extending their knowledge through further study. This staff initiative is not yet been completed or evaluated.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

There is a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for details of the home’s regulatory compliance system.

Examples of regulatory compliance relating to Standard 3:

- There are policies and procedures and a register to manage reportable incidents such as episodes of elder abuse.
- There are processes to ensure privacy of residents’ personal information.
- Residents receive an agreement detailing their rights and responsibilities as well as a schedule of services the home will provide.

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

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Recent education in relating to Standard 3:

- emotional support
- loneliness in the elderly
- working with people with disabilities and dementia.

3.4 Emotional support

This expected outcome requires that "each resident 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 provide residents and families with information prior to entry to the home detailing the care and lifestyle choices available to them. Staff support residents to 'feel at home' rather than adapting to communal life. The care and lifestyle staff orientate the new resident and representatives to the home. Residents are encouraged to personalise individual rooms with consideration given for each resident's personal safety. Staff encourage family and friends to visit as often as they wish. In times of emotional distress, residents have access to the skills and knowledge of the aged person's mental health team, an in-house chaplaincy program and other religious and secular professionals if requested. Residents confirmed their satisfaction with the emotional support given to them and expressed appreciation of the kindness shown by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to be as independent as possible, maintain friendships and to participate in the life of the community. On entry, a comprehensive assessment process occurs in consultation with the resident and their representative; this vital information informs the development of an individual care plan. Staff provide support and encouragement to maintain existing friendships, establish new ones and participate in social and recreational activities within and outside the home. Residents are encouraged to maintain their individual interests, to participate in outings and to maintain their civic responsibilities; staff arrange for 'maxi-taxis' so that residents can attend appointments. Visitors are welcome and community groups visit the home. Individual physiotherapy and occupational therapy provide the resident with enhanced physical independence. Residents confirm that they are encouraged to be as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' privacy, dignity and confidentiality are recognised and respected. Management prominently display the charter of residents' rights and responsibilities; the charter is included in resident agreements and information packs. Resident administrative and clinical files are stored in secure locations; staff conduct shift handovers in private. Staff inform residents of their rights and responsibilities and in maintaining privacy related to living in a communal

environment. Staff practices ensure residents' privacy and dignity; these include the use of the resident's preferred name, staff announcing their presence outside resident's rooms before entering and personalisation of the residents' space. We observed staff displaying respect and sensitivity when interacting with residents. Interviews with residents and their representatives confirm their satisfaction with staffs' respect for residents' privacy and dignity.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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

Following entry to the home, the assessment process, undertaken in consultation with the resident and representatives, identifies individual residents' interests. Leisure and lifestyle care plans are personalised and reflect residents' needs in relation to their interests, emotional needs and spiritual and cultural preferences. Some residents have defined one to one activities and others participate in group activities developed to enhance social participation. Lifestyle staff maintain attendances to ensure that no one becomes isolated.

Meaningful participation levels are recorded enabling staff to observe improving or declining cognitive skills/socialisation. The regular evaluation of the activities program ensures its responsiveness to changing preferences. A variety of visiting entertainers visit the home giving residents a broad level of diversional and reminiscing activities. Residents and representatives confirm satisfaction with the variety of activities and interests offered to residents.

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

During the entry assessment phase, residents' cultural and spiritual needs are identified. Staff assist residents meet their individual cultural and spiritual needs on an ongoing basis.

Visiting priests and ministers from other local churches compliment the in-house chaplaincy and pastoral care program. Although residents currently at the home are predominately English speaking and from an Anglo-Saxon background, staff confirm they are aware of the needs and how to access information for other cultures as required. Lifestyle staff organise celebrations of culturally significant days and anniversaries of importance to the residents and actively encourage the involvement of families. Residents and representatives are satisfied with the support and respect given to residents' cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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

On moving into the home, lifestyle and care staff obtain detailed information about the resident's individual preferences from residents or representatives. Preferences include rising and settling times, personal hygiene practices, choices for dressing, grooming, oral and dental care, food preferences, lifestyle and leisure activities, cultural and spiritual needs and choice of general practitioner. The resident and their representative may choose to discuss and complete the advanced care directives/end of life wishes at this time. The home provides residents and their representatives with information packages that clearly define the operations of the home and occupancy details. Management ensure ongoing access to authorised representatives to support residents who are unable to act for themselves.

Residents and representatives have the opportunity to provide feedback through feedback forms, residents' meetings, informal and formal meetings and surveys. Residents and representatives stated that they feel comfortable providing feedback and the choices and decisions of other residents and representatives do not infringe on the rights of other people. Residents and representatives stated staff acknowledge and respect residents' preferences and choices.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

An organisational admissions officer assists prospective residents or their representatives through the process of entry. Management provide residents with an information package detailing the home's operations and values, schedule of fees and privacy and security arrangements. Residents also receive information on complaints and feedback systems. Residents' files include signed agreements and financial details such as accommodation charges. Residents are satisfied with the information management gave them and said they understand their rights and responsibilities.

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.

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 a detailed explanation of the home’s overarching system. Management monitors the physical environment and safety systems through environmental inspections, analysis of incident and infection reports, resident and staff surveys, comments and complaints. Residents can make suggestions or express concerns through the regular resident and relative meetings or improvement forms. Actions identified for attention are included on the continuous improvement register for further development.

Recent improvements related to Standard 4:

- Management has worked with an external contractor and dietitian to revamp the menu following residents’ concerns. The new menu operates on a four week cycle instead of the previous five and is currently the Autumn/Winter menu. Management has reissued the menu display sheet on A3 with coloured sections to assist residents with impaired vision. Residents are impressed with the new menu.
- Contractors are retrofitting the home with a sprinkler system to meet new regulatory requirements. Management is taking advantage of this refit to refurbish the entire facility. Management has consulted with residents regarding colour schemes and type of furnishings. Management expects the refurbishment completed by October 2014.

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.

There is a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory processes.

Examples of regulatory compliance relating to Standard 4:

- Systems to actively promote and manage workplace health and safety.
- Food safety plan and appropriate auditing of catering processes.
- Qualified contractors regularly check and maintain essential services.
- The installation of a sprinkler system throughout.

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

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. For details regarding the home’s systems refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 4:

- back attack
- fire and emergencies
- food safety
- hand hygiene
- manual handling.

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 residents' care needs".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable living environment for residents. The home provides single room accommodation each with private ensuite facilities. The facility consists of four houses each with their own living, dining and kitchen areas. Each house has abundant natural light, kept at a comfortable temperature, clean and easy to navigate. External courtyards and gardens provide outdoor seating and a central barbeque area. Coded access gives security to residents and policy and procedures direct staff in the care of residents with the potential to wander. Staff are aware of their responsibilities to provide a safe and secure environment. Residents are satisfied with the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management has implemented systems to provide a safe working environment in accordance with relevant legislation. Staff orientation includes employee work, health and safety responsibilities, manual handling and infection control. Safety audits, risk assessments, hazard alerts and incident reporting monitor the safety of the work environment. Staff utilise a consolidated management software program to summarise and prioritise risks with reports provided to the senior management and the Board of Management as required. Staff are aware of their workplace health and safety responsibilities and satisfied that management are supporting their workplace health and safety requirements.

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 are actively working to minimise fire, security and other emergency risks. Emergency management and external disaster response plans guide staff in their accountabilities and actions in the event of an emergency. Senior staff undertake fire warden training, evacuation drills occur regularly and staff attend fire and emergency training.

Emergency exits are clearly marked, well lit and large enough to facilitate the transfer of residents to an evacuation area if needed. A program of scheduled maintenance for fire, emergency and electrical equipment is established. Staff understand their roles in the event of an emergency. Residents and representatives said that they feel secure within the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management ensures there is an effective infection control program. Infection control policies, procedures and flowcharts are accessible to all staff and reflect evidence based practices. Staff are informed of current practices appropriate to their area of practice at orientation and at the mandatory education programs. The home has current information to guide all staff in managing infectious outbreaks; staff are provided with appropriate personal protective equipment. The facility manager (registered nurse) is the central point of responsibility in collaboration with senior registered nurses who coordinate all aspects of infection control, act as a resource, conduct/facilitate specific education, carry out formal/random infection control/hand washing audits and support the health of staff.

Monitoring and reporting of infections occurs with monthly and six monthly data analyses of clinical indicators reported at various meetings. Attending general practitioners manage residents' influenza vaccinations. We observed care and hospitality staff using infection control principles in their related work areas.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hotel services enhances residents' quality of life and the staff members' working environment. Meals are prepared off-site in another of Lutheran Aged Care Albury's homes and transported to Yallaroo in thermal boxes where staff plate up the food in kitchenettes. Catering staff follow an approved food safety plan and the catering system has current external registration. Documented processes for updating and communicating changes to residents' dietary needs and preferences guide staff practices. An external contractor provides dedicated staff based at the home to perform cleaning and laundry services.

Cleaning staff follow schedules ensuring regular cleaning of residents' rooms and common areas and demonstrated effective cleaning practices. The laundry has collection and distribution processes ensuring the prompt return of clothing while staff send linen off site to another contractor. There are processes for minimising the loss of items. Hotel services staff follow appropriate infection control procedures. Management ensures staff receive chemical and infection control training and regularly audit hospitality services. Residents are satisfied with the quality of hospitality services at the home.