



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Woollahra Montefiore Home RACS ID: 0264

Approved Provider: Sir Moses Montefiore Jewish Home

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 12 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 12 September 2015 to 12 July 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 12 July 2019



Australian Government

Australian Aged Care Quality Agency

Woollahra Montefiore Home

RACS ID 0264

23 Nelson Street

WOOLLAHRA NSW 2025

Approved provider: Sir Moses Montefiore Jewish Home

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 12 September 2018.

We made our decision on 12 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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Woollahra Montefiore Home 0264

Approved provider: Sir Moses Montefiore Jewish Home

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:	Greg Foley
Team member/s:	Rosemary Crawford

Approved provider details

Approved provider:	Sir Moses Montefiore Jewish Home
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Details of home

Name of home:	Woollahra Montefiore Home
RACS ID:	0264

Total number of allocated places:	50
Number of care recipients during audit:	40
Number of care recipients receiving high care during audit:	9
Special needs catered for:	Jewish culture and tradition

Street/PO Box:	23 Nelson Street	State:	NSW
City/Town:	WOOLLAHRA	Postcode:	2025
Phone number:	02 9362 3777	Facsimile:	02 9362 3504
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Executive care manager	1	Care recipients/representatives	8
General manager Business, innovation and quality	1	General manager Hotel services	1
Deputy care manager	1	Chef manager	1
General manager People, culture and learning	1	Laundry staff	1
Senior learning and development coordinator	1	Cleaning contractors	3
Registered nurse	1	Work health and safety manager	1
Care staff	5	Maintenance staff	2
Allied health team – Occupational therapist, Physiotherapist, Team leader	3	Diversional therapist and lifestyle staff	2
Social workers	2		

Sampled documents

	Number		Number
Care recipients' files	5	Medication charts	7
Care plans	5	Personnel files	4

Other documents reviewed

The team also reviewed:

- 'Montefiore Life' magazine of the organisation
- Archive records
- Assessments for care needs and other documents
- Behaviour/unmet needs documentation
- Care recipients' information booklet, handbook and admission checklist
- Cleaning manual, cleaning schedule and records and site inspection reports
- Clinical monitoring records and observations monitoring records
- Continence management including management plans, daily bowel monitoring records and continence aid allocation lists
- Contractor/supplier handbook, contact list, register and service provider records
- Critical incident records
- Education calendar, orientation and mandatory training calendar, education attendance sheets, medication credentialing records, and training records
- Emergency evacuation management plan and emergency contingency plans

- Emergency management first response guide
- Feedback register and records for comments, complaints and suggestions
- Fire safety maintenance declaration, inspection and maintenance records and annual fire safety statement
- Food safety program and records
- Infection control resource folder, monthly clinical indicators, vaccination listings and monthly management reports
- Lifestyle documentation including social and cultural history; spiritual needs, leisure attendance records, lifestyle book, events program and evaluations
- Medication management, diabetic medication, management and monitoring records
- Meeting minutes
- Menu, dietary needs chart, menu choice forms and individual dietary needs cards
- Mobility documentation with mobility care plans, falls risk assessments and manual handling guidelines
- NSW Food Authority licence and audit report
- Philosophy of living framework and quality activity program
- Plan for continuous improvement
- Police certificate register
- Policies, procedures and flowcharts
- Position descriptions and duties lists
- Preventative maintenance schedule, handyman job book and service reports
- Record of professional registrations
- Residential care agreement
- Self-assessment for re-accreditation audit
- Social work information brochure
- Staff communication books
- Staff handbook
- Staff roster
- Staff survey
- Work health and safety manual and workplace inspection checklists

Observations

The team observed the following:

- Activities in progress
- Charter of care recipient's rights and responsibilities
- Cleaning in progress, associated equipment, supplies and storage
- Comments and complaints mechanisms forms, notices and brochures available
- Computer and Wi-Fi systems
- Equipment and supply storage areas

- Evacuation plans and emergency procedures displayed
- Fire detection and alarm system and firefighting equipment
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment and waste management bins
- Interactions between staff, care recipients and their representatives
- Living environment and service areas
- Medication administration and secure storage of medication
- Mission and vision on display
- Noticeboards for care recipients and staff
- Notices regarding re-accreditation audit
- Short group observation during meal service
- Staff work practice

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 belongs to an organisation which provides a management structure and quality framework for the pursuit of continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: feedback forms, regular meetings, a program of audits and surveys, analysis of monitoring data and strategic planning. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the management team and care recipients/representatives and staff are encouraged to actively contribute. Those interviewed say they are aware of ways they can make suggestions for improvement and they are consulted and kept informed about improvements at the home.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below.

- Management have introduced an electronic system for managing the staff rostering and payroll. The system uses a finger scan for staff to clock on and also provides staff access to track their own leave and entitlements. It has resulted in more efficient and accurate management of the roster and payroll and staff are pleased with the access to information regarding their leave and entitlements.
- Following feedback from the staff survey about staff recognition a staff appreciation and innovation program has been introduced. It includes celebrating the achievements of staff through social events and also a process for nominating and awarding staff who have been actively promoting the choice, dignity and wellbeing of care recipients. Staff appreciate the acknowledgement of their efforts and the initiative encourages staff to work according to the Philosophy of Living which underpins care delivered at the home.
- In 2014 the organisation introduced a communication portal for staff called 'MonteNet'. It is an intranet connection that operates as an electronic newsletter. In addition it is the portal for on-line training used at the home. To support this initiative extra laptop computers have been purchased for staff and Wi-Fi has been installed at the home. This provides improved access and connectivity to the home's electronic systems and has improved the communication with staff.

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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to management and staff at the home through updated policies and procedures, regular meetings, memos and ongoing training. Relevant information is disseminated to care recipients and their representatives through meetings, newsletters, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous quality improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- Police certificates are obtained for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include police certificates for contractors visiting the home.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles 2013.

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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. There is an orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. An annual learning and development planner/calendar is developed with reference to staff input and feedback, performance appraisals, audits and surveys, regulatory requirements, and management assessments. The learning and development program includes in-service training by senior staff, training by visiting trainers and suppliers, on the job training, on-line training and access to external training and courses. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and on-going supervision. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Care recipients/representatives interviewed say staff have the skills and knowledge to perform their roles effectively.

Education and training relating to Accreditation Standard One included such topics as: the mission and philosophy of the organisation; Jewish history and culture; code of conduct and professional boundaries; accreditation; prevention of bullying and harassment; registered nurse leadership workshop; and the Certificate IV in Frontline management.

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

Care recipients and their representatives are informed of internal and external complaint mechanisms through the handbook for care recipients, discussion during orientation to the home, notices and at care recipient meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism and an advocacy service are also available. Management maintains a feedback register of all comments and complaints and we noted issues raised are addressed appropriately. Care recipients and their representatives can also raise concerns and identify opportunities for improvement through care recipient meetings, satisfaction surveys and informally. Care recipients/representatives say they are aware of how to make a comment or complaint and are satisfied with the way concerns are addressed.

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 vision, mission, philosophy and commitment to quality are well documented and on display in the home. They are also available to all care recipients and their representatives, staff and other stakeholders in a variety of documents used in the home. Mission and values are an integral part of the orientation program and all staff are required to abide by a code of conduct that is aimed at upholding the rights of care recipients and the home's vision, mission, philosophy and commitment to quality. The home's systems are based on a Philosophy of Living that promotes the choice, dignity and wellbeing of care recipients. Feedback from care recipients/representatives and staff and observations of staff interaction with care recipients demonstrated the philosophy of living underpins the care provided at 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

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the care recipients. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and learning and development program, outlined in expected outcome 1.3 Education and staff development, provide the staff with further opportunities to enhance their knowledge and skills. There are position descriptions for all roles and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to care recipients' needs, a range of clinical monitoring data and feedback from staff and care recipients/representatives. Any vacancies that arise in the roster are filled

from a pool of existing permanent and casual staff or an approved labour supplier. The performance of staff is monitored through annual appraisals, meetings, audits, clinical indicators, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet the needs of care recipients. Care recipients/representatives report their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The home uses a list of approved suppliers and responsibility for ordering goods is overseen by the management team. Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support the lifestyle choices of care recipients and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to look after care recipients and are aware of procedures to obtain additional supplies when needed.

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 information management systems to provide management and staff with information to perform their roles effectively and keep care recipients/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. A password protected computer system facilitates electronic administration, clinical documentation, training and access to the internet, the organisation's intranet and e-mail communication. Policy and procedure manuals and position descriptions clearly outline correct work practices and responsibilities for staff. Care recipients/representatives receive information when they come to the home and through meetings, case conferencing, correspondence and notices. Mechanisms for communication between and amongst management and staff include meetings, memos, electronic messaging, feedback and reporting forms, and notices. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/representatives report they are kept well informed and consulted about matters that impact on them.

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

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. The home accesses externally sourced services to meet needs across the four Accreditation Standards from a list of service providers who have been approved by the organisation. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. The services provided are monitored by management at a local and organisational level through regular evaluations, audits and the feedback mechanisms of the home. Care recipients/representatives, staff and management interviewed say they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below.

- The home was invited to participate in a dental research program. It was to trial two specific interventions to improve the oral hygiene of care recipients living with dementia. Information was provided to care recipients/representatives and a number agreed to participate. Four staff were trained to deliver the interventions. While the results of the research are still being determined there are a number of other benefits for care recipients. The program has emphasised the importance of the delivery of oral and dental care by staff and the care is more individualised. The staff who were involved have provided training to other staff so all staff are more aware of ways to assist with oral and dental care.
- Due to the low percentage of staff choosing to receive the annual influenza vaccination the home introduced an in-house vaccination program for care recipients and staff. Care recipients, their representatives and medical officers were consulted. Education and incentives were provided for staff. Trained nurse practitioners and immunisers from the organisation offered opportunities for all staff to be vaccinated free of charge. This has resulted in an increased uptake of the vaccination by staff and greater immunity for those living and working at the home.
- In response to regular enquiries by care recipients, about the visits by the podiatrist, appointment cards were introduced in late 2014. The podiatrist visits the home every eight weeks and a few days before the visit care recipients are given a 'podiatry card' setting out the date and time of their appointment. This is following the Philosophy of Living which promotes the choice, dignity and wellbeing of the care recipients. The cards allow the care recipient to take ownership of their own appointment. It supports their dignity and encourages their independence. The care recipients appreciate having the information at hand and being in control of their appointment.

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 details about the home's system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Government and industry body resources are available to management and staff on topics relating to health and personal care.
- The home has a policy and procedures for the notification of unexplained absences of care recipients and maintains a register for recording these incidents.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Two included such topics as: personal care; living with dementia; wound management; dental hygiene; clinical skills; bariatric care; diabetes management; continence management; nutrition and hydration; palliative care; mental health first aid; restraint policy; medication credentialing and the Certificate IV in Aged care.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Care recipients of Woollahra Montefiore Home receive appropriate clinical care. Their preferences are assessed from pre-entry through to the development of the care plan and through regular evaluation of care. Family care conferences are documented and changes communicated verbally and through the electronic handover to care staff. This occurs as the care recipient's needs change and each three months. The assessment process is guided by the home's policies and procedures and is triggered by the electronic process that is in place. Assessment of care, implementation of the plan and evaluation of interventions are overseen by registered nurses. There is an inter-disciplinary meeting held weekly; where care recipient's needs and changes relating to other departments are discussed. 100% of care recipients' variations to care are discussed within the fortnight. There is a registered nurse on duty in the home across the 24 hours. The home has ready access to a nurse practitioner who is part of the Montefiore clinical team and consults on care recipients' needs. Care recipients and representatives interviewed said their clinical care was appropriate to their needs. Care recipients' clinical care is monitored monthly through scheduled audits across all outcomes.

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

Care recipients and representatives are consulted regarding specialised nursing needs and plans are in place to direct this care. The home provides policies and procedures to guide staff in the delivery of specialised nursing care. Specialised nursing care is delivered by registered nurses, in consultation with medical officers and specialised services when required. Protocols and communication systems were observed to ensure follow up of specialised nursing needs such as blood pathology results, pain management effectiveness, wound and diabetes management. Parameters are set by the medical officers for blood glucose monitoring consistent with the care recipient's plan for management of diabetes. Care recipients and representatives said they are happy with the management of these care needs.

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

Documentation shows the home refers care recipients to external health professionals and any changes to care following these visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a podiatrist, speech pathologist, pathology services and a dietician as required. Representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Implementation of specialists' recommendations are followed up by the registered nurses and the deputy care manager. Care recipients and representatives are satisfied with the way referrals are made and the way changes to care recipients care are implemented.

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

Management described and observation confirmed the safe and correct administration of medications by medication nurses who have achieved medication competency. Registered nurses monitor medication delivery to care recipients. Care staff were observed making appropriate checks, administering medication and providing assistance to care recipients, while also keeping the medications within their safe observation. "As required" (PRN) medications are approved and the effectiveness of the medication followed up by the registered nurses. Insulin is administered by the registered nurse. Policies and procedures guide the safe delivery of medications. The medication advisory committee reviews legislation changes, medication and pharmacy issues and medication reviews are completed by a consultant pharmacist. Medication incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the registered nurses and the deputy care manager. Nurse initiated medications lists are reviewed and authorised by the medical officer

for each care recipient. Care recipients and representatives are satisfied care recipients' medications are managed in a safe and correct manner.

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

All care recipients are assessed for pain on entry to the home and as needed. Pain is also assessed daily as medication is administered and referred to registered nurses for monitoring of effectiveness. The registered nurses and deputy care manager provide feedback to the medical officers to ensure the comfort of care recipients. Allied health and care staff collaborate on the care recipient's pain management strategies. Care staff are trained in sensory testing and the safe application of heat packs, gentle massage, aromatherapy and circulation stimulation for lower limbs. Care recipients and representatives report care recipients are as free as possible from pain and staff respond in a timely manner to requests for pain control.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients at Woollahra Montefiore Home is maintained. Feedback from care recipients and representatives, through direct comments as well as letters of appreciation, indicate these care needs are provided with concern and respect appropriate to the comfort needs of the care recipient. There are end of life care plans prepared by the care recipient and/or their representative, the registered nurses and in consultation with medical officers. Care recipients and representatives consult with the care staff, their medical officer, and spiritual support is provided through the visiting Rabbis, visiting ministers of religions and social workers as this need is identified. Staff ensure the care recipient's wishes and comfort are observed while delivering palliative care.

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 representatives confirm they are satisfied with the home's management of the nutrition, hydration and associated support needs. Meals are prepared according to a menu which has been reviewed by a dietician and provides choice and variety. Details of special dietary needs are documented on entry to the home and communicated to the kitchen staff. Preferences, meal consistency, special diets, fluid restriction, nourishing supplements required and allergies are recorded on the dietary sheets available to catering and care staff. Care recipients and representatives said they/their relative, enjoyed the choice available and the meals are well balanced. Care recipients' weights are monitored monthly and variations investigated and addressed. Dietary high calorie/high protein meals and nourishing supplements are available and are initiated as required. Snacks supplies and

the choice of meals were observed to be provided to care recipients during the re-accreditation visit. Consultations occur with the medical officer and/or a dietician and there are processes to vary the nutritional preferences of care recipients.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives confirm they are satisfied with the care provided in relation to care recipients’ skin integrity. Skin integrity assessments and risk of impairment to skin integrity, are conducted on entry to the home and reviewed as necessary including at the three-monthly care review and evaluation. Assessed risk guides the pressure area care as care recipients’ mobility, nutrition status and cognition potentially decline. Care recipients with specific skin conditions are closely monitored and treatments applied as directed by the medical officer. Referrals are made to specialist services as required. Wound monitoring and wound charts show regular review of wound management and improvement strategies. Pressure relieving equipment is available for those care recipients who are identified at risk of skin breakdown.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives confirm continence needs for urine and bowel function are being met. On entry to the home care recipient’s continence needs are assessed by staff obtaining the history from the care recipient, their representatives, medical officer referral and pre-entry assessments by community nurses. Flow charts are initiated, voiding times and bowel evacuation patterns are recorded to enable assessments to be made. Care plans are developed and reviewed at regular intervals including consultation with care recipients and representatives. Staff continence education includes toileting programs, bowel management and the relationship to privacy, dignity and choice for care recipients. The registered nurses and deputy care manager implement bowel management programs and observe protocols to ensure care recipient’s bowel health.

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

There are systems to effectively manage care recipients with challenging behaviours, considered by the care team as unmet needs. Documentation and discussions with staff show care recipients’ behaviour management/unmet needs are identified by initial assessments and care plans are formulated. Management strategies include one-on-one and group activities which are regularly reviewed in consultation with the care recipient, their representatives and other specialist services if consultation is required. Staff confirm they have received education in managing care recipients who are unable to express their needs,

as all departments work as a team to provide supportive care. The home has access to specialist health professionals and refer to these services as needed. Staff were observed to use a variety of management strategies and resources to effectively manage the challenges of identifying care recipients' unmet needs and to ensure their dignity. Care recipients and representatives speak well of the staff management of these situations and communication with families, regarding the interventions used to assist the care recipient in these challenging situations.

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

Each care recipient has their mobility and dexterity assessed by the registered nurse and the allied health team. Information is gathered from the care recipients, representatives, transfer information and community nursing notes. Mobility information and the care recipient's need for assistance are detailed in the care plan and programs are instigated by the allied health team to optimise care recipients' mobility function. Care recipient's mobility and movement are promoted through all care delivery. There is a range of aids to effectively and comfortably move care recipients. The walking program was observed during the re-accreditation visit. There is a system to indicate the level of assistance required with mobility described on the mobility plan. Care recipients and representatives said they are satisfied with the assistance and therapy provided to care recipients.

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

Each care recipient's oral and dental health needs are assessed by the registered nurses on entry to the home and thereafter by care staff. The care recipient's needs, preferences and interventions are recorded on the care recipients' care plan. The care recipients' care plans are reviewed regularly and adjusted as necessary to meet their oral health needs. The home has access to external dental services and arrangements are made for care recipients to attend these services, in consultation with the medical officer. Care staff organise the appointment and escort, when the family are unable to attend. Staff interviewed confirm their understanding of the oral care process.

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

Each care recipient's sensory losses are assessed by the registered nurses by completing the entry assessments and the specific sensory assessment. This occurs in consultation with the care recipient and their representative. The methods for communication and compensation for sensory losses are also located on the care plan. Strategies to assist care recipients, who have declining cognition, include speaking clearly and slowly, making eye

contact, using simple statements and speaking with warmth, caring and using gestures as required. Care recipients and representatives interviewed said they are satisfied with the assistance provided to the care recipients.

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

Care recipients and representatives confirm care recipients are able to achieve natural sleep in the home. Information about care recipient’s sleep pattern is entered in to their assessment and are recorded in the care plan. Observations by care staff are recorded in the care recipient’s progress notes to ascertain their normal sleeping pattern. Sleep assessments are reviewed each three months and as required. Disturbance of care recipients is kept to a minimum at night. Activity is provided for those care recipients who go to bed late or rise early. Hot milk and flavoured drinks are provided for supper to help promote sleep and staff validate the care recipient’s timeframes to help them feel settled.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- In response to care recipient feedback the activities program was reviewed by the diversional therapist. A number of new activities targeting specific needs have since been introduced. These include a men’s group, current affairs discussions, chess, bridge, greater variety in the outings and specific activities for individual care recipients. This has resulted in better engagement and participation by the care recipients.
- The survey of care recipients identified the need for further education on advanced care planning. To help address this matter and demystify the process a guest speaker and panel was invited to speak to families. The talk was well received and the social worker is available to assist with on-going discussions. Staff also receive education about advance care planning to help them respond to questions from care recipients and their representatives.
- The survey of care recipients found there was not a good understanding of the services provided by the social worker at the home. In response a social work brochure was produced to explain and promote the services provided by the social worker. This is provided to care recipients when they come to the home so they will be more aware of the services available.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to care recipients and their representatives in the handbook for care recipients and the residential care agreement regarding care recipients’ rights and responsibilities including security of tenure and the care and services to be provided to them.

- The Charter of care recipients' rights and responsibilities is included in the care recipient handbook and displayed in the home.
- Staff are trained in care recipients' rights and responsibilities in their orientation program and follow a code of conduct. They also sign a confidentiality agreement to ensure care recipients' rights to privacy and confidentiality are respected.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register for these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Three included such topics as: Philosophy of living – choice, dignity and wellbeing; Jewish culture and tradition; sexuality and the older person; privacy and confidentiality; and compulsory training on prevention of elder abuse and mandatory reporting.

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

Care recipients' emotional status and needs are identified and supported. Care recipients and representatives confirm the support provided by the staff of the home is appropriate and kind and meets the care recipients' needs and preferences. Discussions with the care recipients and representatives, provides the home with information related to the care recipient's needs for emotional support. Staff introduce new care recipients and representatives to others who reside in the home and encourage their socialisation and participation in activities and outings, at their own pace and according to their interests. Staff have a new care recipient orientation guide to prompt inclusion in the home community. Significant dates and times of grief and loss are noted and staff indicate an awareness of these times for each care recipient. Care recipients are provided with the support of Rabbis, ministers of religions and social workers who visit the home each week and assist staff to emotionally care for care recipients and their representatives.

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

Care recipients are assisted to achieve maximum independence, maintain their community friendships and continue to participate in the community within and outside the home. Friends and representatives are encouraged to participate in the activities within the home. Information is shared with representatives and visitors through newsletters and the activities programs displayed on notice boards. Community singing groups and local school groups visit the home. Lifestyle and care staff assess the needs and preferences of care recipients and make adjustments to their plans for participation as the care recipient's needs change. Care recipients and representatives confirm they are satisfied with the assistance provided by the home in relation to the care recipient's independence, maintaining friendships and participating in community life in accordance with their individual needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

There are systems within the home, to ensure the care recipients' privacy and dignity is respected in accordance with their individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including their preferred name. Permission is sought from care recipients/representatives for the display of photographs and inclusion in newsletters. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of care recipients' information. Care recipients are accommodated in single rooms/suites and one couple is in a companion suite. Staff handovers and confidential information is discussed in private and care recipients' files are securely stored. Staff practices respect privacy and dignity. We also observed this throughout the re-accreditation visit. Care recipients and representatives said they are satisfied with how the care recipients privacy and dignity is managed at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients of the home are encouraged and supported to participate in a range of programs and activities of interest to them. These are planned with the knowledge of assessments and discussions with care recipients and representatives on entry to the home and as their interests and abilities change. Care recipients are provided with the assistance required to participate in their choices of activities. Care recipients and representatives confirm care recipients are supported in these activities and interests appropriate to their needs and preferences. Care recipients and representatives attend meetings to discuss their interests and provide feedback for variety in their daily plans. The program includes activities

to stimulate the senses of touch, taste and smell for the ladies and the gentlemen in the home.

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 individual interest, customs, beliefs, cultural and ethnic backgrounds of care recipients are valued and fostered within the home and by the staff. Care recipients from a variety of cultures and beliefs are assessed and their needs identified as they enter the home. The home environment, activities and services recognise the specific cultural needs of all care recipients. These needs are detailed in the care recipients' plan for care and considered by staff when delivering care. Specific cultural activities occur within the lifestyle of the home, and care recipients/representatives provide feedback to staff regarding these activities, informally and through care recipient meetings. Monitoring of care recipients needs occur through staff observation and conversations with care recipients, their representatives and the emotional support teams. Care recipients and representatives confirm they are satisfied the home values and fosters care recipients' individual interests, life story, customs, beliefs and ethnic backgrounds.

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

Each care recipient and/or their representative, is included in the decisions about the services the care recipient receives and they are enabled to exercise choice and control over their lifestyle. Care recipients and representatives confirm they participate in decisions about the services the care recipient receives and they are able to exercise choice in relation to their needs and preferences. Assessments are conducted on entry and incorporated into care plans, to ensure staff have knowledge of the care recipient's choices and preferences regarding cares and lifestyle choices. Staff provided examples of providing choice and decision-making to care recipients. In the event that their ability to confirm those choices declines, their representative acts on their behalf to ensure their choices are met. Care recipients and representatives are informed of care recipient meetings in newsletters and notices. Minutes are recorded of these meetings and prompt action is taken to rectify any concerns as they arise.

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

All care recipients/representatives are provided with information prior to coming to the home which outlines the rights and responsibilities of the care recipient. This includes a handbook for care recipients which gives detailed information about all aspects of life at the home. These matters are discussed with the care recipient/representative prior to moving into the home. The home's vision and mission and the charter of care recipients' rights and responsibilities are included in the handbook and are clearly displayed in the home. All care recipients/representatives are offered an agreement on entry to the home. The residential care agreement includes information for care recipients about their rights and responsibilities, complaints handling, fees and charges, care and services provided, their security of tenure and the process for the termination of the agreement. Care recipients/representatives are aware of care recipients' rights and are satisfied they are being upheld.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- In line with the Philosophy of Living which underpins the care provided at the home the breakfast times have been extended. This provides a more flexible approach to care and is better able to accommodate individual sleep patterns of care recipients. It offers them more choice and promotes their dignity and wellbeing. The initiative has been well received by the care recipients.
- A donation was made to the home and care recipients and staff decided it could be best spent on new outdoor furniture for the front entrance of the home. The new furniture was purchased and has created an attractive outdoor setting for care recipients and their visitors. The care recipients appreciate the new setting and it is being well utilized.
- In response to the high level of staff who have English as their second language a new guide for staff in emergencies has been prepared. This Emergency management first response guide is customised for the home and provides a simplified pictorial guide with instructions that are easy to read and understand. It is in the form of a flipchart and supplements the standard emergency procedures flipcharts. It aims to provide a simple tool that all staff can use for the first response to emergencies.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training and the annual fire safety statement is on display in the home.
- The home is fitted with a fire sprinkler system as required by NSW State Environmental Planning Policy 2012.

- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- The home has developed a work health and safety management system in line with the Work Health and Safety Act 2011.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Four included such topics as: fire safety and evacuation, infection control, outbreak management, chemical and manual handling, workplace health and safety, risk management, incident and hazard reporting, food safety, first aid, and Fire Safety Officer training.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' needs. All care recipients are accommodated in individual rooms with ensuite bathrooms and residents have personalised their own rooms. There are a number of communal areas and lounge rooms as well as a courtyard and garden areas. The living environment is clean, comfortably furnished and free of clutter. It is well lit and is maintained at a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, care recipient/representative feedback, incident/accident reports, audits and observation by staff. Care recipients/representatives interviewed express their satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. There is a work health and safety officer and work health and safety committee, which has staff from all departments of the organisation, and has regular meetings to oversee work health and safety within the home. All staff are trained in work health and safety and their responsibilities during orientation and on an on-going basis. Equipment is available for use by staff to support safe work practice, minimise risks and

assist with manual handling. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. A chief fire warden and trained fire safety officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems and external contractor records and equipment tagging confirms the fire safety systems are regularly inspected and maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. There is an emergency evacuation management plan for the site and an emergency evacuation pack. Security is maintained with a surveillance system, electronic access, security lighting and lock-up procedure at night. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say they feel safe in 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

The home has an effective infection control program with a system for identifying, managing and minimising infections. This includes staff education, audits, use of colour coded and personal protective equipment and provision of sufficient hand washing facilities. The infection control system includes outbreak management plans, a food safety program, a vaccination program for care recipients and staff, pest control and waste management processes. The deputy care manager is the infection control coordinator at the home. Staff complete mandatory training in infection control and hand washing. Staff said they attend education on infection control and have access to sufficient stocks of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of care recipients and are enhancing their quality of life. All care recipients are assessed for their dietary preferences and needs

when they move into the home. There is a rotating menu that has been assessed by a dietician, caters for special diets and provides choice and variety for care recipients. The chef is responsive to suggestions regarding the meals and to the changing dietary needs of care recipients. The home is cleaned by full time contract cleaners. The cleaning is carried out according to a schedule and the quality of the cleaning is monitored by the management and staff of the home and the contractor supervisor. Personal clothing and linen is laundered regularly at the home according to a schedule. Washing machines are also available to allow care recipients to wash their own clothes if they choose. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Care recipients/representatives say they are satisfied with the hospitality services provided.