

Eldercare Allambi

RACS ID: 6183

Approved provider: Eldercare Inc

Home address: 86 Oaklands Road GLENGOWRIE SA 5044

Decision made on: 22 December 2017

Decision: An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the period of accreditation for Eldercare Allambi. The period of accreditation of the service will expire on 10 February 2019.

Accreditation expiry: 10 February 2019

Number of expected 43 out of 44

outcomes met:

**Important information - Reconsideration of decision following a review audit decision made under section 2.42(1) of the *Quality Agency Principles 2013* to vary the period for which the service is accredited under s 2.42(1)(b).**

A review audit was conducted at this service on 7 November 2017 to 15 November 2017. The assessment team’s report is attached.

Following the audit, an authorised delegate of the CEO of the Australian Aged Care Quality Agency made a decision on 29 November 2017 to re-accredit this service with an accreditation expiry date of 10 June 2018.

Following reconsideration, a delegate of the CEO decided to **set aside** the decision made on 29 November 2017 and substitute a new decision not to vary the period of accreditation for this service.

The Quality Agency will continue to monitor the performance of the service including through unannounced visits

# ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home’s progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the ‘Most recent decision concerning performance against the Accreditation Standards’ listed below.

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# Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 19 March 2018 concerning the home’s performance against the Accreditation Standards is listed below.

## 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 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

### Principles:

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 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: Care recipient lifestyle

### Principle:

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

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 Care recipient security of tenure and responsibilities Met

## 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 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



Audit Report

Name of home: Eldercare Allambi

RACS ID: 6183

Approved provider: Eldercare Inc

# Introduction

This is the report of a Review Audit from 07 November 2017 to 15 November 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# Assessment team’s findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

* 42 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

* 1.4 Comments and complaints
* 1.6 Human resource management

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Review Audit from 07 November 2017 to 15 November 2017.

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

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

# Details of home

Total number of allocated places: 226

Number of care recipients during audit: 223

Number of care recipients receiving high care during audit: 223

Special needs catered for: Care recipients living with dementia

# Audit trail

## The assessment team spent four days on site and gathered information from the following

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 16 |
| Representatives | 23 |
| Clinical leaders/registered nurses | 8 |
| Clinical care managers (registered nurses) | 2 |
| Enrolled nurses | 8 |
| Care staff | 19 |
| Lifestyle staff | 5 |
| Administration staff | 1 |
| Physiotherapist | 1 |
| Nurse practitioner | 1 |
| General manager of operations | 1 |
| Site operations manager | 1 |
| Risk, quality and compliance manager | 1 |
| Accreditation and quality manager | 1 |
| Continuous improvement consultant | 1 |
| Manager of procurement and contracts | 1 |
| Property services manager | 1 |
| Medirest management | 2 |
| Hospitality staff | 4 |
| Hotel services co-ordinator | 1 |
| Work health and safety co-ordinator | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 28 |
| Residential agreements | 6 |
| Medication charts | 34 |

## Other documents reviewed

We also reviewed:

* Allambi expected outcome 1.6 Human resource management action plan
* Allambi expected outcome 1.6 Human resource management action plan-response action plan dated 13 November 2017
* Care recipient entry pack
* Cleaning schedules
* Clinical charting
* Consolidated register of reportable incidents
* Continuous improvement documentation: annual planning day plan, continuous improvement register, logs, audit schedule, reports and results, internal benchmarking data, clinical indicator data, newsletters
* Corrective and preventative maintenance documentation
* Fire and emergency documentation and equipment maintenance records
* Hazard documentation
* Human resource management action plan dated 13 November 2017
* Infection control records, data and analysis
* Job descriptions and duty statements
* Lifestyle documentation
* Pest control records
* Policies and procedures
* Records archiving register
* Register/data bases; accident incident, clinical key performance indicators, contracts, police certificates, staff registrations, staff statutory declarations, staff visas
* Regulatory compliance register including food safety audit, privacy statement, fire inspection safety survey, licence to possess and administer prescription drugs and controlled drugs
* Rosters and staff allocation sheets
* Specialist reports including geriatrician, speech pathology; other allied health documentation
* Staff handbook
* Strategic business plan

## Observations

We observed the following:

* Activities in progress
* Equipment and supply storage areas
* Interactions between staff, care recipients and visitors
* Kitchen service
* Laundry and cleaning processes
* Living environment
* Meal service
* Medication administration
* Noticeboards and information displays
* Nurse call system in operation including care recipient access
* Short observations and observations at other times in memory support units
* Sign in and out books
* Staff practices
* Suggestion/feedback box

# 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 services, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation has a quality framework which includes policies and procedures, stakeholder feedback mechanisms, and monitoring and reporting systems. Opportunities for improvement are identified through a range of sources such as the proactive annual continuous improvement planning day, staff surveys, data collection and audits. The initiatives and results are acted upon in a considered way, and are evaluated for their effectiveness. Most improvement activity is tracked in writing through a plan for continuous improvement (PCI) by the continuous improvement consultant. The home’s management team meet regularly to monitor improvement activity. Staff, care recipients and representatives are made aware of improvements and know of ways to put forward suggestions for improvement.

Recent improvement initiatives relevant to Standard 1 Management systems, staffing and organisational development are:

* The organisation identified the need to bridge the gap between head office staff and the site specific staff and care recipients, representatives. As a result head office staff volunteer time annually and participate/assist staff and care recipients with events held at the home. Head office staff become more engaged in the organisation’s core business. Management gave an example of head office staff helping in the amalgamation of the facilities to Allambi.
* Management commenced informal focus groups with care recipients. Management identified the need to facilitate as they found the resident meeting to be very structured. The focus group is where care recipients identify what is most important to them in regards to living at Allambi. They recently ran the first group and plan to facilitate the informal meeting every two months.

### 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 systems to identify and ensure compliance with all relevant requirements. Head office receives information about new and amended requirements via alerts associated with memberships and subscriptions. Organisational policy and procedure review is initiated as needed. The home receives information about new and amended requirements through emails sent by head office. The home maintains a register of legislations. Staff know where to access policies and procedures and say they are informed of key changes relevant to their work. Support from head office assists in monitoring regulatory compliance at the home.

##### Examples of the home’s monitoring and compliance with regulatory requirements relevant to Standard 1 Management systems, staffing and organisational development are:

##### The organisation ensures all staff, volunteers and contractors, where relevant, have a police record certificate, statutory declaration and are cleared to work at the home.

##### A consolidated record of reportable incidents with all required information is maintained.

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. The organisation determines the mandatory education program and attendance to the sessions are monitored and non-attendance is followed up. The site specific education calendar is developed based on staff training requests, staff performance, quality indicator data, and individual care recipient’s needs. Management said the effectiveness of the education program is monitored through audits, feedback processes, and observation of staff practice. Management and staff are satisfied with the educational opportunities available to them. Examples of education relevant to Standard 1 Management systems, staffing and organisational development provided over the last 12 months includes: management of staff absenteeism; Leadership for enrolled nurses and information systems.

### 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 does not meet this expected outcome

Care recipients, their representatives and other interested parties have access to internal and external complaints mechanisms. Complaints can be lodged verbally, in writing or confidentiality. Records show lodged complaints are responded to. However, eight care recipients and representatives are dissatisfied with the consideration management give to their concerns. Representatives said while they are aware of how to provide feedback, their concerns are not listened to, dismissed or not followed up. Representatives said they have raised concerns with management related to staffing sufficiency, supervision of care recipients, assistance provided to care recipients at meals, clinical care, lost items including dentures and sensory aids.

### 1.5 Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

The organisation has documented the home’s mission, values, vision and commitment to quality. This information is communicated to care recipients, representatives, staff and other stakeholders through a range of documents, including care recipient and staff handbooks.

### 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 does not meet this expected outcome

Twenty seven of 39 care recipients and representatives of interviewed said there are not enough staff to meet care recipients’ needs. They said care recipients are unsupervised for long periods, staff assistance at mealtimes is not adequate and staff are not often visible when care recipients require assistance which impacts on care recipients’ continence needs. Feedback indicated that while management monitor call bell response times, this has created a culture whereby staff turn the call bell off, tell the care recipient they will return, but often do not because they are busy. A number of care recipients and representatives said they have raised their concerns with management about the sufficiency of staff but they feel unheard and dismissed. Not all staff are satisfied with staffing levels across the home. Management said their feedback systems have not identified any negative feedback in relation to staffing and that the home’s staffing ratios are benchmarked to similar aged care services and their ratios are high in comparison. We observed several care recipients who require staff assistance or supervision with meals due to swallowing difficulties were unsupervised at mealtimes. Care recipients were observed calling out for staff assistance in areas where no staff were present. We identified that unplanned leave taken by lifestyle staff is not always replaced. Nursing and care shifts are replaced with agency staff, however, they are booked for a shorter shift. Management said the permanent staff will often extend their hours to cover the shortfall, however, staff said this does not always occur.

### 1.7 Inventory and equipment

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

#### Team’s findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure the appropriate delivery of services. Key staff are responsible for monitoring stock levels, ordering supplies and equipment and undertaking stock rotation of goods where required. There are processes to orientate staff to equipment relevant to their area of work on commencement of employment. New equipment is trialled and feedback sought from staff. The home monitors inventory and equipment through hazard reporting processes, cleaning schedules, observation, audits and inspections to ensure equipment is suitable, operational and safe. Results show equipment is maintained through preventative and corrective maintenance processes. Most staff interviewed are satisfied they have sufficient stocks, supplies and well maintained equipment to deliver care and services to care recipients and to undertake their work. Care recipients and representatives interviewed said appropriate goods and equipment are provided.

### 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 for the creation, storage, archiving and destruction of documentation within the home. We observed that confidential information such as care recipient and staff files is stored securely. Processes are in place to consult with care recipients and/or their representatives and to keep them informed of activities within the home. Information is disseminated through information technology systems which include care recipient records, email and memorandums. Other communication methods include meetings, meeting minutes, newsletters, staff handovers, diaries and informal lines of communication. The computers at the home are password protected and there are processes for the backup and maintenance of the system. There is a system of surveys and audits to identify the need to review policies, procedures and staff work practices. Care recipients and staff state they are kept informed and are consulted about matters that may impact 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

##### Externally sourced services are provided in a way that meets the home’s needs and service quality goals. Service agreements are established with external contractors and reviewed as needed. There is a system to ensure contractors hold relevant and current insurances, licences and police certificates. A range of allied health professionals and a hairdresser provide onsite care and services for care recipients. The home monitors the quality of goods and services provided by external service providers through observation and feedback mechanisms such as meetings. Staff and care recipients and representatives stated satisfaction with current external services.

## Standard 2 – Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

##### Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Standard 2 Health and personal care are:

* Management developed an audit tool for team leaders to conduct. The audit tool monitors staff performance in relation to attending to care recipients’ care needs. The tool allows for recognition of positive care as well as identifying areas for improvement. The results are discussed at the clinical review meetings. Management advised the tool is working well.
* The organisation identified an opportunity to decrease hospital admissions and/or visits. Eldercare is involved in a project with a local ‘GP’ group and university. They group has developed the ‘Dandelion project’. The project is a multidisciplinary approach to provide extended clinical care at home. Registered nurses at the home have been trained in intravenous treatment and cannulation. They have also had training in how to identify, assess and implement a tailored care plan against a ‘consistent’ protocol. A nurse practitioner is available to assist and/or provide advice. The project is ongoing.

### 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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Standard 2 Health and personal care are:

* Registered nurses are responsible for the initial assessment and care planning for care recipients and for their ongoing management and evaluation as required.
* Management ensures care recipients are provided with clinical supplies and equipment as per care recipients’ needs.

### 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 and staff have the appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. For further information about the system refer to expected outcome 1.3 Education and staff development. The nurse practitioner is currently upskilling nursing staff in how to minimise hospital transfers for care recipients who are acutely unwell. Following recent adverse events nursing staff have received training in identifying clinical deterioration, identification of fractures, intravenous cannulation and the administration of intravenous fluids and antibiotics. Other examples of education provided to staff in the last 12 months include medication and falls management; indwelling catheter care and oral and dental 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

The home has mechanisms to ensure care needs are identified on entry and on an ongoing basis through review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by clinical leaders and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including shift planning reports, care plans, progress notes and handovers. Care recipients' clinical care needs are generally monitored, evaluated and reassessed through regular reviews, feedback, and incident review. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers, medical specialists or allied health professionals. Staff have knowledge of and can describe care provision consistent with care recipient’s individual care plans. Care recipients and representatives interviewed stated they are generally satisfied with the clinical care being provided. However, two representatives said that communication and clinical follow up in the Hazelmere area was not timely and one representative is not satisfied with the level of consultation in regards to their relative’s clinical care.

### 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' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by clinical leaders (registered nurses) and endorsed enrolled nurses. This information, together with instructions from general practitioners and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in a care recipient’s needs occurs and on a regular basis. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by clinical leaders, endorsed enrolled nurses and is generally consistent with the care plan. However, we identified a care recipient has not consistently received their prescribed insulin to manage their high blood glucose levels. Management said they will follow this up. Care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with care recipients' needs and preferences. Care recipients are supported to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 2.7 Medication management

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. General practitioners prescribe and review medication orders and medications are dispensed by a choice of pharmacy services. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. Endorsed enrolled nurses and registered nurses administer or assist with medications and they receive ongoing education in relation to this. Care recipients who choose to self-administer medications are generally assessed and reviewed. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely 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

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are satisfied care recipients' are as free as possible from pain. However, we observed one care recipient who appeared to be experiencing pain without the ability to express it verbally.

### 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 home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Care recipients and representatives are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 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' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and generally identify those care recipients who are at risk. The home generally provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Although staff practices are generally monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences, we observed practices that are not in line with assessed care needs. Care recipients and representatives interviewed are generally satisfied care recipients' nutrition and hydration requirements are met. However, a number of representatives raised concerns about the availability of assistance from staff for care recipients to eat their meals. We observed occasions where care recipients were not supervised or actively assisted with their meals in accordance with their assessed needs. Refer to expected outcome 1.6 Human resource management for further information.

### 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' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of continence care, moisturisers, pressure relieving care and safe manual handling techniques. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and generally understand how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. Staff were observed being generally conscientious of care recipients' dignity while assisting with continence needs. Most care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management. A number of care recipients and representatives said the delay in staff responding to care recipients’ requests for assistance impacts negatively on care recipients’ continence needs. Refer to expected outcome 1.6 Human resource management for further information.

### 2.13 Behavioural management

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

#### Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage responsive behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipient’s responsive behaviours. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team’s findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to general practitioners and other health specialists, including occupational therapists and physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to falls and accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Care recipients and representatives interviewed are satisfied with the support provided to maintain care recipients’ mobility and dexterity.

### 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

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented, evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are generally satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene. However, one care recipient/representative raised concerns about the repeated misplacement of dentures.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff said they receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 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' sleep patterns, including settling routines and personal preferences, are identified through assessment processes. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## 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

##### Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Standard 3 Care recipient lifestyle are:

* Lifestyle staff has introduced armchair travel with a difference to the program offered to care recipients. The aim is to provide diversity and knowledge for care recipients. Theme days are run in conjunction with the program. Food relevant to the country and culture is served to care recipients. Lifestyle advised the program is working well and will be facilitated monthly.
* To align with the Royal Adelaide show week, the Allambi residential community held their own show day. This involved events, displays, market produce and wares similar to that of the ‘show’. They received very positive feedback about the event.

### 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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Standard 3 Care recipient lifestyle are:

* Each care recipient is offered a residential agreement.
* Care recipients are given information about their rights and responsibilities on moving into the home.

### 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 and staff have the appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. For further information about the system refer to expected outcome 1.3 Education and staff development. Examples of education relevant to Standard 3 Care recipient lifestyle provided in the last 12 months include cultural diversity; dementia excellence; meaningful activities for care recipients and sexuality in the older person.

### 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 are supported emotionally in adjusting to life in the home and on an ongoing basis. The home has processes to assist care recipients to settle into the home, including the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipients’ needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate allied health and support services. Pastoral care staff and volunteers are available and contribute to supporting care recipients’ emotional well-being as required and visits from family and friends are encouraged. The home monitors and evaluates the effectiveness of emotional support provided to care recipients through surveys, observation, consultation and care and lifestyle review processes. Results show strategies to support care recipients’ emotional well-being are generally implemented. Staff interviewed described how they provide support to help care recipients settle into their environment, including providing companionship and one-to-one support. Care recipients and representatives interviewed said they are satisfied with the level of emotional support provided to care recipients.

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

The home has processes to assist care recipients to achieve independence, maintain friendships and participate in the life of the community within and outside of the home. Care and lifestyle assessment processes identify care recipients’ abilities and preferences in relation to independence and care and lifestyle review processes ensure strategies remain current and reflective of care recipients’ current needs. Care recipients are supported to vote during government elections and attend recreational, social and church activities of their choosing within and outside of the home. Monitoring processes include audits, observations and feedback processes. Results show strategies to support care recipients’ independence are identified and strategies documented. Staff interviewed described strategies to support care recipients’ independence, including during activities of daily living and the use of assistive aids for mobility and meal time activities. Care recipients and representatives interviewed are satisfied with the assistance provided by staff to maintain care recipients’ independence.

### 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

The home has processes to ensure each care recipients’ right to privacy, dignity and confidentiality is recognised and respected. Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for maintaining each care recipients’ privacy and dignity are documented in the care plan. Care recipient information is stored securely and access to electronic information is protected by password. Written consent is obtained from care recipients to access personal information and display photographs. Monitoring processes include surveys, observation, care and lifestyle review and feedback. Results show staff practices generally support care recipients’ privacy and dignity. Staff interviewed described strategies they implement to support care recipients’ privacy and dignity. Care recipients and representatives interviewed are satisfied staff respect and maintain care recipients’ privacy and confidentiality.

### 3.7 Leisure interests and activities

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

#### Team’s findings

The home meets this expected outcome

Care recipients are supported and encouraged to participate in a wide range of activities of interest to them. Entry assessment processes identify care recipients’ preferences in relation to interests and activities, including social history, cultural and spiritual needs and activities of interest. The information gathered is used to develop individualised care plans to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated in line with care recipient feedback to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Monitoring processes include surveys, activity evaluation processes, audits, care and lifestyle reviews, observations and feedback. Results show care recipients’ needs and preferences are identified and supported. Staff interviewed said two lifestyle staff are based in the memory support areas of the home, however, unplanned leave of lifestyle staff is not consistently replaced and this impacts on outcomes for care recipients, specifically care recipients living with dementia. Most care recipients and representatives interviewed are satisfied with activities provided in the home. However, three representatives interviewed said they are not satisfied with the activities provided in the memory support areas of 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 home has processes to ensure each care recipient’s individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. A lifestyle and well-being assessment and a spiritual and pastoral care assessment are completed on entry to the home in consultation with the care recipient and/or their representative. Information gathered is incorporated into an individualised care plan. Care recipients cultural and spiritual care needs are considered in the facilitation of activities and meal planning. Care recipients are assisted to attend cultural activities conducted in the home, including religious services and days of significance. Chaplaincy services are available in the home and support is also provided by other denominations. Monitoring processes include lifestyle care plan review processes, audits, surveys, observation and feedback processes. Results show care recipients’ individual cultural and spiritual needs and preferences are identified. Staff interviewed described examples of supporting individual care recipient’s cultural and spiritual care needs as per documented plans of care. Care recipients and representatives interviewed said staff respect and value care recipients’ cultural and spiritual care needs and preferences.

### 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

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. Care recipients’ ability to make decisions is assessed on entry to the home and on an ongoing basis. Staff are provided with information about care recipients' rights and responsibilities and their practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Monitoring processes include surveys, care and lifestyle review processes, observations and feedback. Results show the home assesses each care recipient’s ability to make decisions and authorised representatives are identified where care recipients are not able to make decisions for themselves. Staff interviewed demonstrated their understanding of care recipients' rights to make choices and described how to support them in their choices when providing care and services. Care recipients and representatives interviewed are satisfied they can participate in decisions about the care and services care recipients receive and that staff respect their choices.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team’s findings

The home meets this expected outcome

There are procedures to ensure care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Care recipients are assisted to understand their rights and responsibilities prior to and upon moving into the home. This includes a resident agreement being offered to each care recipient with information about rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Care recipients and/or their representatives stated they are satisfied with the information provided regarding security of tenure and rights and responsibilities.

## Standard 4 – Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

##### Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Standard 4 Physical environment and safe systems are:

* To improve the safety and wellbeing of staff, care recipients and other stakeholders the home installed closed system televisions in common areas of the memory support units. Management advised this is working well and that they communicated the installation to stakeholders.

### 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

##### Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Standard 4 Physical environment and safe systems are:

* The home has a current annual fire safety statement as required.
* The home has a current licence/audit with the Food Safety Authority.

### 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 and staff have the appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. For further information about the system refer to expected outcome 1.3 Education and staff development. Examples of education relevant to Standard 4 Physical environment and safe systems provided in the last 12 months include fire and emergency training; survive to thrive (stress management for staff); manual handling and hand hygiene.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

The home has systems to provide a safe and comfortable environment which is consistent with care recipients’ care needs. Care recipients are accommodated in single ensuite bedrooms. Communal dining areas and private spaces are available for care recipients to congregate for meals and activities and to meet with family and friends. The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. A preventative and corrective maintenance program is used to maintain furniture and fittings and the internal and external living environment. The home maintains a restraint free environment; where restraint is used, it is consultation with care recipients and representatives, assessed and authorisations completed by the general practitioner. Monitoring processes include audits, feedback processes, inspections and observation. Our observations during the review audit showed care recipients are not always actively supervised to ensure their safety. While management said it is unrealistic to achieve full supervision of all care recipients in communal areas the recent installation of CCTV assists staff with monitoring these areas via the monitors. Staff interviewed said they support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives are generally satisfied a safe environment is maintained.

### 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 demonstrates it is working to provide a safe working environment that meets regulatory requirements. Staff receive training during orientation and on an ongoing basis about key elements of safety, including manual handling, the use of equipment, chemical handling, infection control and incident reporting processes. Work health and safety policies and procedures, chemical safety data sheets and safe operating procedures are available and accessible for staff. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Monitoring processes include incident reporting processes, preventative and corrective maintenance programs, audits, supervision of staff practice and feedback processes. Results show hazards are reported, actioned and analysed for trends. Staff described safe work practices relevant to their role and said they have access to training and well maintained equipment. Staff are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

The home has processes to ensure an environment and safe systems of work that minimise fire, security and emergency risks are provided. Staff are provided training in relation to emergency procedures on commencement of work and on an annual basis. Policies and procedures to further support staff awareness in relation to fire, security and other emergencies are documented and accessible to staff. Evacuation maps are displayed in all areas of the home and a care recipient evacuation list outlining each care recipients’ mobility requirements is available and maintained on a daily basis. The home has closed circuit television and there are processes to ensure the security of the home after hours. Monitoring processes include internal and third party auditing processes, fire drill evaluations, fire inspection records and feedback processes. Results show the fire system and related equipment is monitored and maintained and deficits identified are rectified. Most staff interviewed demonstrated an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency as per the home’s processes. Care recipients and representatives interviewed said they feel safe and secure 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 processes to support an effective infection control program which is in line with Australian Government infection guidelines. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff are provided with training in relation to infection control practices and outbreak management procedures at orientation and on an ongoing basis. Preventative measures used by the home to minimise infections include a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. There is a program for stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment and the home’s food safety program. Monitoring processes include observation of staff practice, internal and third party auditing processes, infection data collection and analysis and feedback processes. Results show a recent outbreak was managed in line with the home’s infection control processes, including referral of care recipients to general practitioners and specialists. Staff interviewed said they are provided with training in relation to infection control processes and have access to outbreak guidelines and 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 home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Most care recipients and representatives interviewed are satisfied the hospitality services meet their needs and make their stay more enjoyable however five care recipients and representatives raised concerns that whole pieces of fresh fruit, such as bananas are no longer made available to care recipients. Management said that there has been a recent change in process, and fresh fruit is now served on platters to each unit to avoid wastage and whole pieces of fruits is available on request**.**