



Australian Government

Australian Aged Care Quality Agency

Alwyndor Aged Care

RACS ID 6931
52 Dunrobin Road
HOVE SA 5048

Approved provider: City of Holdfast Bay

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 14 November 2016.

We made our decision on 18 September 2014.

The audit was conducted on 11 August 2014 to 13 August 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Alwyndor Aged Care 6931

Approved provider: City of Holdfast Bay

Introduction

This is the report of a re-accreditation audit from 11 August 2014 to 13 August 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 August 2014 to 13 August 2014.

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

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

Assessment team

Team leader:	Cherie Davy
Team member:	Diane Mogie

Approved provider details

Approved provider:	City of Holdfast Bay
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Details of home

Name of home:	Alwyndor Aged Care
RACS ID:	6931

Total number of allocated places:	134
Number of care recipients during audit:	130
Number of care recipients receiving high care during audit:	82
Special needs catered for:	People with dementia or related disorders

Street:	52 Dunrobin Road
City:	HOVE
State:	SA
Postcode:	5048
Phone number:	08 8177 3200
Facsimile:	08 8298 9025
E-mail address:	alw_reception@holdfast.sa.gov.au

Audit trail

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

Interviews

Category	Number
Management	4
Nursing, care and lifestyle staff	12
Care recipients/representatives	13
Hospitality and ancillary staff	5

Sampled documents

Category	Number
Nursing and lifestyle care plans, assessments and progress notes	13
Medication charts	13

Other documents reviewed

The team also reviewed:

- 'Alwyndor' strategic plan
- Audit schedule and audits
- Care recipients' entry information package and survey results
- Care review schedules
- Cleaning schedules
- Clinical monitoring information
- Comments and complaints data
- Communication diaries/handover records
- Confidential log
- Contractor electronic database
- Council inspection report
- Dietitian review
- Disaster management plan
- Drugs of dependency register

- Education records
- External service provider contracts
- Feedback logs/register
- Food safety plan
- Fridge monitoring records
- Human resources documentation
- Incident and hazard management system
- Legionella testing documentation
- Lifestyle evidence folders and documentation
- Meal and drinks profile
- Memorandum folder
- Menus/Modified diet guide/thickened fluids
- Newsletters
- Policies and procedures
- Procurement Plan
- Quality improvement documentation
- Regulatory compliance folders
- Residential care agreement
- Restraint assessment
- Safety data sheets
- Self-administration of medications
- Surveys
- Triennial Fire Safety Clearance Certificate and fire documentation
- Various meeting minutes
- Visiting allied health professionals
- Work health and safety documentation
- Wound assessments

Observations

The team observed the following:

- Activities in progress, including Art classes
- Café with care recipients, representatives and staff
- Care recipients and staff notice boards
- Chemical storage/spill kits
- Cleaning in progress
- Electronic call bell system in use
- Electronic key pad system
- Equipment and supply storage areas
- Feedback stations/secure boxes
- Interactions between staff and care recipients
- Internal and external living environment
- Internal/external complaints advocacy information displayed
- Mobility aids/pressure relieving equipment
- Personal protective equipment
- Short group observation of art class
- Storage of medications/medication administration

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement and has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. Care recipients, representatives, staff and other stakeholders have input in to the continuous improvement system via the use of the improvement feedback forms and verbal feedback with staff and management. Improvements are also identified through comments and complaints information, surveys, audits, observations and analysis of incident/hazards data. Improvements are entered into the electronic data management system and reviewed and evaluated through the continuous improvement management committee. Continuous improvement is discussed relevant management meetings and information is provided to all staff and relevant parties. Care recipients receive updates through newsletters and resident meetings. Care recipients and staff said they are satisfied that the home actively pursues continuous improvement.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified the need to increase awareness of the home's feedback process in relation to continuous improvement. After consultation with staff, six feedback stations have been placed on walls around the home. These stations include new easier to use feedback cards, a poster with photographs of senior management and their contact details. The poster advises care recipients and representatives on how the feedback system works. A secure box has also been fitted onto the feedback station. Results show the system is working well and the improvements suggested are now initiated at the home. Staff and care recipients' feedback was very positive and all parties are aware of the new process.
- Management identified the need to improve information management to care recipients and representatives. An in-house channel has been activated through care recipients' televisions, communal TV's and a television located in the café area. The lifestyle monthly calendar now appears on the TV. As part of this initiative, in-house movies selected by the home are available weekly including radio stations. Representatives said this has enabled them to talk to their loved one regarding what activities they participate in and this has improved communication.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Senior management receive legislative updates from subscriptions, training and networking with local and state authorities, professional, legal and peak bodies. Policy and procedural updates and / or changes relevant to the home are communicated to staff via memorandum, meetings and training. Internal and external auditing processes assist the home to meet their legislative requirements across the Standards. Management and staff interviewed are aware of the legislative responsibilities and their requirements affecting their role and responsibilities.

In relation to Standard 1 Management systems, staffing and organisational development:

- The home monitors work related registrations, licences and police certificates for staff and external contractors.
- Care recipients and representatives were notified of the Re-accreditation audit.
- The home meets all requirements for building certification.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems to provide management and staff with the appropriate knowledge and skills to perform their roles effectively. Entry and induction processes and the annual mandatory training, including educational DVD's assist in maintaining staffs skills and knowledge. The training calendar displays all education sessions offered, external training is offered and staff are supported to attend, non-attendance at mandatory training sessions is followed-up. Additional education sessions are offered based on care recipient acuity and staff feedback. Staff are satisfied with the opportunities provided to support their on-going skills development. Care recipients and representatives are satisfied with staffs knowledge and skill level.

Examples of training in Standard 1 Management systems, staffing and organisational development over the last 18 months include:

- Complaints management training
- Information technology
- Leadership training
- Accident/incident investigation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to inform care recipients and representatives of internal and external complaints mechanisms. Feedback stations are provided throughout the facility, these stations include feedback forms, identified management staff to speak too and internal and external advocacy information. Care recipients and staff are able to lodge confidential complaints through the feedback boxes provided. Care recipients are provided information on external complaint mechanisms thorough the admissions pack on entry to the home.

Complaints are monitored through the electronic feedback register and quarterly feedback reports are generated to analyse feedback, these are discussed at the management committee meetings. Staff said their concerns are addressed in a timely manner. Care recipients and representatives are generally satisfied that concerns they raise are managed effectively.

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

Alwyndor has a strategic plan in place that includes their vision, pillars of service and strategic objectives and key performance indicators. The pillars of service are based on governance, innovation and best practice, a skilled workforce and respect and recognition. The home has a corporate focus area based on financial viability, compliance with local government and aged care acts, information systems, human resources and service development and resident amenity. The vision statement is to honour the legacy, vision and intent of the Dorothy Cheater Trust by providing high quality community and residential services, offering a viable and flexible mix of personalised care and support services to older people in the local community. These are documented throughout the service and information provided to stakeholders.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has systems to monitor staff are appropriately skilled and qualified. There are establish processes to monitor the staffing level and skills mix on each shift, a registered nurse is available each shift, leave and absentees shifts are filled by regular staff or through a preferred agency supplier. Management screen and select staff based on the job description, interview process and a pre-employment medical, all staff meet the legislative requirements to work in aged care. Staff receive a site induction and undergo a probation period to review their performance, mandatory training, performance appraisal and care recipient feedback assists the home to monitor staff skills and identify further training needs.

Ongoing monitoring of care recipients acuity has seen recent increases in the staffing model across care and lifestyle areas. Staff are satisfied with the education and training offered and said they have enough time to perform their duties. Care recipients and representatives are satisfied care recipients' are provided care appropriate to the homes service's philosophy and objectives.

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 systems for identifying that stocks of appropriate goods and equipment for quality service delivery are available. The home maintains a preferred supplier's arrangement

with various vendors to ensure quality, cost competitiveness and back-up service delivery. There are established stock levels for most items and for the rotation and replacement of goods and equipment. Goods and equipment are maintained in a safe and functional working order through the maintenance program and various external service providers. Staff receive education in safe work practices and have access on-line to safe operating instructions. Recent care recipients and representatives survey results show a high level of satisfaction with the goods and equipment supplied. Staff and care recipients are satisfied there are adequate and appropriate stocks of goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to provide effective information management. Information services are provided through the home's electronic system. The electronic system provides staff with access to care information, policies and procedures and relevant updates for staff to perform their role. Further updates to assist in care provision include handovers, memorandums, communication diaries and information displayed on noticeboards. Care recipients and representatives are provided with access to information through noticeboards, television channel, newsletters, calendars, meetings, brochures and posters. Information systems are monitored through audits and surveys, feedback mechanisms and regular quality and management meetings. Information is stored securely and staff said they are provided with up-to-date information to enable them to perform their role. Care recipients and representatives are satisfied they have access to relevant information to assist them to make decisions informed decisions.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems for identifying and monitoring for specific externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Contract management is maintained with a range of suppliers and maintenance contractors through an ongoing tendering process. This competitive process meets specific quality and key performance indicators, relevant regulatory requirement, including codes of practice, professional standards and guidelines and safety provisions. Consultation and negotiation processes exist to rectify deficiencies where failure to meet contractual obligations are identified, where ongoing issues are identified another service provider will be sourced. Care recipients' have access to on-site medical and allied health professionals, such as podiatry, physiotherapy, dental and medical services. The home monitors stakeholder satisfaction with external services through verbal feedback and surveys, recent results show a high level of satisfaction. Care recipients, representatives and staff 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 continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, staff record clinical incidents relating to care recipient falls, skin tears, medications, infection rates and absconding care recipients and this information is then collated and analysed for trends. Care recipients and staff said they are satisfied that the home actively promotes and improves residents' physical and mental health.

Examples of recent improvements initiatives related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- To improve staff capacity in providing care to palliative care recipients, palliative care trolleys have been implemented. Stored on these trolleys are; all equipment relating to care recipients comfort care, brochures and information for families regarding the end stage of life. Staff said trolleys are stored in the care recipients' bathrooms and they have easier access to the equipment resulting in fewer disturbances to the care recipient.
- To improve follow up and capture all care recipients who are attending the on-site dentist or who wish to, a dedicated staff member has been allocated to this role. Care recipients now receive an appointment slip in advance for up and coming dental appointments. The staff member monitor's follow up and ensures further appointments are attended by the care recipients. Management said this has resulted in an increase of care recipients using the dental service and improved follow up of care.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes. In relation to Standard 2 Health and Personal Care:

- The home maintains a Schedule 4 and Schedule 8 drug licence.
- Staff professional registrations and medication competencies are monitored.
- Management and staff interviewed are aware of their legislative requirements relating to reporting guidelines for absconding residents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes. In relation to Standard 2 Health and staff have completed:

- Wound care
- Responding to behaviours
- Pain management
- Medication management.

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 systems to deliver clinical care that is appropriate for care recipients’ individual needs and preferences. Clinical and risk assessments are conducted and in relation to care recipients individual health, personal care needs and preferences upon entry and on an ongoing basis. A detailed care plan is developed and care requirements are continually recorded in the progress notes. Care is monitored and evaluated through clinical tool box meetings, audits, regular care reviews, consultation with care recipients, their representatives

and staff contribute to the care review process. Staff said they have access to care plans and progress notes. Care recipients and representatives are satisfied with the clinical care that care recipients receive.

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 receive specialised nursing care from appropriately qualified nursing staff that is appropriate to their identified needs and preferences. Registered nursing staff assess care recipients and review specialised nursing needs on an ongoing basis through consultation with health specialists and staff. Specialised care needs are documented in care plans, medication charts and staff provide care in accordance with these documented requirements. Monitoring occurs through the home’s audit process, regular care reviews, clinical surveillance data, clinical tool box meetings and informal feedback through the handover process. Results show staff have the knowledge to perform specialised care and care recipients and representatives are satisfied with the specialised care provided.

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

Care recipients are referred to appropriate health specialists in accordance to their health needs and preferences. Care recipients are assessed on entry and referred to identified specialists, including regular reviews to identify further health issues requiring attention. Care strategies are reviewed and updated in line with allied health and specialist recommendations, in consultation with care recipients and their representatives. Care is coordinated and provided by other health specialists including physiotherapists, speech pathologists, nurse practitioner, dietitian and behaviour management specialists. Monitoring occurs through regular care reviews, handover processes and feedback from care recipients and staff. Results show staff said they have access to information from health specialists and care recipients and representatives are satisfied that care recipients have access to health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medications are delivered by qualified staff and managed safely and correctly. The home has a process for assessing, managing and monitoring care recipients’ individual medication needs and these are documented and evaluated regularly. Medications are kept in secure storage and drugs of dependence are stored as per legislative requirements. ‘As

required' medication are generally monitored for effectiveness. Monitoring of medication management occurs through the Medication Advisory Committee, monthly audits, pharmacy and medical reviews, medication incidents data, education and observation. Staff are aware of legislative requirements in relation to care recipients' medications needs. Care recipients and representatives are satisfied that the home manages care recipients medication needs.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. A pain assessment is undertaken on entry to the home and reviewed in consultation with the medical practitioner, physiotherapist and representatives. Assessments include assessing care recipients with cognitive deficits regarding their levels of pain. A plan is developed, implemented, evaluated regularly as needs change. Interventions include medication, position changes, exercise regimes and massage and these interventions are monitored by nursing and allied health staff. Management of complex pain has been improved by the use of pain relieving patches. Further monitoring of pain management includes audits, regular care reviews, observation and feedback from staff and care recipients and representatives.

Results show staff are aware of strategies to assist with pain management and care recipients and representatives are satisfied that care recipients pain issues are managed effectively.

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

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. The home has processes to identify individual palliative care pathways for care recipients when required and an interim palliative care plan is completed. Palliative care trolleys are supplied with equipment to assist care recipients' comfort care needs according to their individual needs. Aromatherapy oils, music and other individual requests are accommodated by the home. Representatives are assisted with hospitality services as required. Referral to external palliative care services are made where required and pastoral care is available and arranged according to care recipient's preferences.

Palliative care is monitored through feedback mechanisms and regular care reviews. Staff are aware of care recipients care needs and representatives feedback confirms they are satisfied with the care that care recipients receive at the end stage of their life.

2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration. Care recipients are assessed upon entry through a consultative process which identifies current and ongoing nutritional and hydration needs. Monitoring process includes regular weights performed and referral to identified specialists if required. Each care recipient’s dietary needs, food textures and requirements are communicated to the kitchen to guide staff. Staff assist care recipients with supplementary requirements and assist those care recipients with swallowing difficulties. Nutrition and hydration is monitored through audits, regular care reviews, and feedback from the allied health specialists and staff.

Results show staff are aware of care recipients needs in relation to hydration and nutrition. Care recipients and representatives are satisfied with the home’s approach in meeting the care recipients’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Registered nursing staff assess care recipients on entry and a risk assessment is performed. Care plans and wound assessments guide staff in relation to treatments identified to assist with maintaining skin integrity. Care is provided to assist with maintaining and improving skin integrity, this includes pressure relieving devices, moisturising creams, positional changes and nutritional supplements. Wound management is delivered by qualified staff and reassessed weekly or earlier. Staff have access to specialist practitioners and resources when needed. Skin integrity is monitored through audits, incident data, regular care reviews, observation and feedback from staff. Staff are aware of care recipients care needs in relation to maintain skin integrity. Care recipients and representatives are satisfied that care recipients’ skin care management is met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to identify care recipients’ continence is managed effectively. Care recipients individual continence needs are assessed by nursing staff and a detailed history is taken on entry. Care plans identify individual levels of independence, assistance required and dietary needs as required. The continence nurse advisor monitors and assesses continence aids required and relay’s this information to relevant staff. Continence training and advice is

sought from the product specialist. Monitoring occurs through regular care reviews, feedback mechanisms, audits, and observation. Staff are aware of care recipients individual continence requirements and are aware of care recipients privacy and dignity needs. Care recipients and representatives are satisfied that care recipients continence needs are met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to identify the needs of care recipients with challenging behaviours are managed effectively. Individual assessments and behaviour monitoring is conducted to identify triggers and strategies to assist with care recipients’ behaviour management and care needs. Care plans identify strategies and interventions to assist staff in managing challenging behaviours. Planned strategies and interventions include lifestyle activities and equipment to support safety such as sensor mats and low beds. The home has a secure unit to provide a safe environment for care recipients and a minimal restraint policy. Behaviour management is monitored through clinical tool box meetings, monthly incidents reviewed at the clinical management subcommittee, observation tools, regular care reviews, and medical/specialist reviews. Staff are aware of individual strategies in relation to care recipients behaviours of concerns. Care recipients and representatives are satisfied with the home’s approach to managing behaviours of concern.

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

The home has systems to assist optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients are assessed on entry to the home and on an ongoing basis by the physiotherapist, occupational therapist and nursing staff. Individualised mobility and transfer plans are developed and include assistance and mobility aids required. Prescribed exercise plans are developed by the physiotherapist. Suitable assistive aids are provided including equipment to promote care recipient safety such as low beds, sensory mats and call pendants. Monitoring occurs through regular care reviews, reassessments by the physiotherapist, occupational therapist, audits and observation. Falls are monitored monthly and analysed for trends. Staff attend manual handling training annually and are aware of care recipients care needs. Care recipients and representatives are satisfied that care recipients mobility and dexterity needs are maximised.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home has systems to assist care recipients’ oral and dental health is maintained. Oral health assessments are conducted on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual oral and dental hygiene strategies. Care recipients are referred to the on-site dental service and hygienist including external services if required. A coloured coded system is used to track replacement of tooth brushes. Oral care is monitored through audits, observation, regular care plan reviews, feedback from dental specialists and hygienist and care recipients and representatives. Staff are aware of strategies and the on-site services to support care recipients’ oral and dental health. Care recipients and representatives are satisfied that care recipients oral and dental health is maintained.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems to assist care recipients sensory losses are identified and managed effectively. Nursing staff assess care recipients on entry to identify any sensory loss and care needs required in relation to hearing, vision, touch, taste and smell. Care plans identify strategies and aids to support and improve sensory loss. Activities are promoted to enhance sensory enjoyment. A visiting optometrist attends the site twice yearly and care recipients are assisted to attend external appointments with the audiologist. Staff monitor and assist care recipients with maintaining and fitting aids to support sensory function. Monitoring occurs through regular care reviews, medical reviews, feedback mechanisms and observation. Staff are aware of care recipients sensory care needs and care recipients and representatives are satisfied with the home’s approach to managing care recipients sensory loss.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

The home has systems to assist care recipients are able to achieve natural sleep patterns. Nursing staff complete an assessment on entry to the home to identify care recipients’ natural sleep patterns, preferred settling times and routines. Individual care plans are formulated and include interventions and strategies to assist sleep patterns. Preferred settling and rising times and comfort interventions are identified. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address any issues identified. Regular care reviews, audits, observations and feedback from care recipients assist in the evaluation of care needs. Staff are aware of strategies to assist care recipients needs in relation to sleep management. Care

recipients and representatives are satisfied with the assistance care recipients receive to aid their sleep management.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, resident meetings and surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle reviews and activities. Staff assist in contributing information in relation to improvements for care recipient lifestyle needs through surveys, care recipient feedback and sessions attended.

- Following a survey conducted, care recipients’ and representatives requested more lifestyle activities. The lifestyle program was reviewed in June 2014, resulting in all areas of the home now have a dedicated lifestyle staff member seven days a week, from 9am to 4.30pm. This has increased activities and results show care recipients are very positive regarding their lifestyle program.
- Following feedback from care recipients, art classes commenced at the home in April 2014. An art teacher was sourced by staff and a program developed. Art classes are now conducted on Tuesday at 10am and 2pm. Family members also attend the sessions. Care recipients’ said they are enjoying learning new techniques; it brings back memories of their youth and happy times. An art display from care recipients’ was conducted during the visit.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes. Management and staff are aware of their legislative requirements. In relation to Standard 3 Resident lifestyle, the home has processes to monitor:

- Mandatory reporting procedures and
- Providing care recipients with a residential care service agreement.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes. In relation to Standard 3 Resident lifestyle, staff have attended training in:

- Person centered care
- Grief and Loss and
- Certificate IV in leisure and lifestyle.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. The resident liaison officer and other key staff assist new care recipients in settling and adjusting to their new home. Entry processes include gathering key information through the assessment process, a welcome card, providing a tour and the introduction to other care recipients. Additional support provided by the home includes volunteers, pet therapy and counselling and mental health specialists. The home monitors care recipient satisfaction with emotional support through feedback and staff observation, recent survey results show a high level of satisfaction with the support provided. Care staff could describe strategies to provide emotional care to care recipients. Care recipients' and representatives are satisfied that staff provide appropriate emotional care to meet individual care recipient's needs.

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 systems to assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the home and community. Nursing, allied health and lifestyle entry and ongoing review processes identify individual needs and preferences. Care recipients are supported to maintain their independence through on-site voting, self-administration of their medication, medical and allied health services and equipment, the café, social leave and access cab vouchers. The home monitors care recipients' independence

needs through observation, review processes and feedback. The recent survey results show care recipients and representatives are satisfied with the level support provided to maintain their independence. Care staff could describe strategies to maintain care recipients' independence. Care recipients' and representatives are satisfied staff assisted care recipients to maintain their 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 systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. Initial and ongoing assessment, review and consultation processes identify individual special needs and requests for privacy, dignity and confidentiality.

Employment terms and conditions and ongoing staff training and development promote staff practice in maintaining care recipients confidentiality privacy and dignity. Staff were observed to knock on doors before entering and information is stored securely. The home monitors care recipients' satisfaction through observation, reviews and feedback. Recent survey results show care recipients and representatives are satisfied that staff respect their privacy and dignity. Care staff could describe strategies to maintain care recipients' privacy, dignity and confidentiality. Care recipients' and representatives are satisfied staff maintain care recipient's privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a range of activities and interests appropriate to their needs and preferences. Initial and ongoing assessment, review and consultation processes identify individual preferences for activities of interest, cultural and spiritual needs and any barriers that may impact on participation. Lifestyle staff use this information to develop a program that provides a range of complimentary activities, concerts, entertainment and local outings. The calendar is displayed in each area of the home and through the in-house television channel; there is a specialised lifestyle program for the secure area. Lifestyle staff monitor and evaluate the lifestyle program through verbal feedback, participation and regular lifestyle reviews, the recent survey shows a high level of satisfaction with leisure activities offered. Staff could provide examples of how they support care recipients to attend their preferred leisure interests and activities. Care recipients' and representatives are satisfied care recipients are supported to participate in activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial and ongoing assessment, review and consultation processes identify and support care recipient's individual cultural and spiritual preferences.

Religious, spiritual and traditional celebrations, regular ecumenical church service, visiting special ministers and community volunteers and access to local clubs and community groups support individual preferences. Lifestyle staff monitor and evaluate care recipients' cultural and spiritual needs through feedback and reviews. Recent surveys results show care recipients are satisfied they are able to maintain their individual customs and beliefs. Staff could provide examples of how they support care recipients to maintain their individual cultural and spiritual needs and preferences. Care recipients' and representatives are satisfied staff help care recipient's to maintain their individual interests, religious and cultural needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient or their representative participate in decisions about the services the care recipients receives, and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Initial and ongoing assessment, review and consultation processes identify and support individual preferences for care, lifestyle, cultural, spiritual and religious choices. Individual choices related to authorised representatives, medical and palliative care wishes and choices that affect care recipients daily living are documented in care plans to guide staff service delivery. A range of brochures and pamphlets relating to various Aged Care Services are displayed and the Aged Rights Advocacy Service visits the home annually to provide information. The home monitors and evaluates care recipients' satisfaction with their choice and decision making processes through feedback and reviews. Recent survey results show care recipients are highly satisfied with the support provided. Staff are aware of how to encourage and promote care recipients to exercise choice and control in their daily lives. Care recipients' and representatives are satisfied staff support care recipient's to exercise choice and control in their daily lives.

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

The home has systems to assist care recipients' to understand their rights and responsibilities and security of tenure. The resident liaison officer provides prospective clients with a tour of the home, a residential care agreement and other relevant information such as fees, charges, level of care and services provided, rules of occupancy, rights and responsibilities and complaints information. Changes to care recipients tenure is in consultation with the care recipients and or their authorised representative, this is documented in progress notes. Care recipients and their authorised representatives are notified of fee increases or changes in legislation that affect their tenure. Internal entry checklists assist the home to monitor their legislative requirements. Care recipients and representatives are satisfied that care recipients feel secure in their tenure and are assisted to understand their 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvements are identified in relation to Standard 4 Physical environment and safe systems through incident/hazard data and reporting, feedback from staff and care recipients and audits performed.

Examples of improvement initiatives implemented by the home over the last twelve months include:

- In response to feedback from care recipients in the north wing, eighteen split system individual air conditioners were installed in care recipients’ rooms. Management said this has improved climate control and care recipients now have the freedom to choose a comfortable temperature for their rooms. Results show positive feedback from care recipients’ and representatives in relation to this improvement.
- To improve monitoring of fridge temperatures used for storing medications, an electronic temperature monitoring probe is now used in all medication fridges. This system provides 24 hour computerised monitoring and provides alerts when a fridge temperature falls out of the identified safe range. Management said this has resulted in two fridges being replaced and results show a 100% compliance in all fridges temperature identified in the optimal range.

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

In relation to Standard 4 Physical environment and safe systems, the home has processes to monitor:

- The food safety program, infection control and health safety and welfare requirements.
- The home has a current Triennial Fire Safety Certificate
- Management and staff are aware of their legislative requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development processes. In relation to Standard 4 Education and staff development, staff have attended:

- Manual handling
- Safe food handling, including infection control
- Fire and emergency 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

The home has systems to provide a safe and comfortable environment consistent with care recipients' care needs. The home has undertaken a major redevelopment and refurbishment program which has provided spacious rooms with ensuite bathrooms, extensive grounds and numerous private areas. A secure area is available for care recipients at risk of wandering, restraint where used is assessed, monitored and administered in consultation with authorised representatives and medical specialists'. The home is secure with on-site security and staff have access to a duress alarm system. The home maintains a safe and comfortable living environment through various external service providers, audits, scheduled cleaning, preventative and corrective maintenance and monitoring incidents and hazards. Staff are aware of and understand their role and responsibility in providing a safe and comfortable environment. Care recipients' and representatives are satisfied with the living environment and recent survey results show they are highly satisfied with the physical environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe working environment that meets regulatory requirements. Staff are orientated in safe work practices and receive annual training in manual handling and undergo a pre-employment medical. There are established systems to provide a safe work and living environment for all stakeholders, which include the maintenance program, scheduled audits, testing and tagging and external service providers. There are procedures to

report on risks, accidents, incidents and hazards, significant events are risk assessed, actioned and reported at the bi-monthly Work Health and Safety Committee. The home is responsive to identified trends and has implemented a major project to promote safe manual handling practices and additional education in behaviour management has been implemented. Alwyndor has a healthy lifestyle program for staff, an on-site gym and a return to work program for injured workers. Staff understand their legislative responsibility for providing a safe living and work environment. Care recipients' and representatives are satisfied that staff maintain the home's 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 provides an environment and safe systems of work that minimise fire, security and emergency risks. There are established systems, equipment and environmental controls for the detection and acting on fire, security and other emergency risks. The home has a current Triennial Fire Safety Certificate, emergency signage, equipment and evacuation maps are visible and displayed throughout the home. There is an on-site generator in the event of a power failure and there is a disaster management plan for other emergencies. Staff and external contractors maintain a safe and secure environment through the scheduled maintenance program. Entry into the building is through secure entry points and lockdown and security procedures promote a safe environment. Staff said they attend mandatory training and understand their responsibilities in the event of a fire or other emergency. Care recipients and staff are satisfied the home is providing a safe environment.

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 systems to assist effective infection control program is in place. Infection control is managed through the home's policies and guidelines. Coloured coded cards are used to identify relevant infection status for individual care recipients' and placed on their room doors. This alerts staff on what precautions they may need to take. There are outbreak management procedures and resources available including personal protective equipment. Care recipients and staff are offered influenza vaccinations. Refrigeration and food temperatures are tested and food is generally stored as per the home's policy. Clinical staff monitor current infections, identify and analyse data and trends through monthly incident reports and infections are discussed at the clinical management meetings. Staff generally demonstrated an understanding of the home's policies and procedures in relation food storage. Care recipients and representatives are satisfied with staff practice at the home to minimise the incidence of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients quality of life and the staff's working environment. A seasonal menu offers variety to meet care recipients' individual dietary needs and preferences and is reviewed by the dietitian. Care recipients' current dietary requirements, food allergies and preferences are identified and communicated to kitchen staff as required. A food safety plan guides staff in their practice and is generally adhered to. Care recipients rooms and communal areas are cleaned according to cleaning schedules. A labelling service is in place to assist with missing clothing and dedicated laundry staff process personal clothing, while all linen is managed by off-site. Housekeeping and catering services are monitored through audits, surveys, resident meetings and feedback mechanisms. Staff said they have access to work schedules and care recipients are generally satisfied with the hospitality and laundry services provided by the home.