



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Glendale Aged Care RACS ID: 3130

Approved Provider: Allity Pty Ltd

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

Reconsideration Decision made on 20 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 21 October 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 29 November 2015 to 29 November 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 20 March 2018

Accreditation expiry date 29 November 2019



Australian Government

Australian Aged Care Quality Agency

Glendale Aged Care

RACS ID 3130

1 Glendale Court

WERRIBEE VIC 3030

Approved provider: Allity Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 November 2018.

We made our decision on 21 October 2015.

The audit was conducted on 08 September 2015 to 09 September 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the care recipient 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.

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:

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.

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: 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 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 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.

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

Glendale Aged Care 3130

Approved provider: Allity Pty Ltd

Introduction

This is the report of a re-accreditation audit from 08 September 2015 to 09 September 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 September 2015 to 09 September 2015.

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.

Assessment team

Team leader:	Andrew Duncan
Team members:	Ann De Pellegrin
	Marian (Sandra) Lacey
	Rosemary Angelotti

Approved provider details

Approved provider:	Allity Pty Ltd
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Details of home

Name of home:	Glendale Aged Care
RACS ID:	3130

Total number of allocated places:	225
Number of care recipients during audit:	202
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	30 – dementia-specific; 30 – culturally and linguistically diverse (Italian)

Street:	1 Glendale Court	State:	Victoria
City:	Werribee	Postcode:	3030
Phone number:	03 8742 8888	Facsimile:	03 9749 6402
E-mail address:	Margaret.Grasso@llprimelife.com		

Audit trail

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

Interviews

	Number		Number
Management	7	Care recipients/representatives	29
Clinical and care staff	16	Hospitality staff	4
Allied health professional	2	Contractors	3
Lifestyle staff	3		

Sampled documents

	Number		Number
Care recipients' files	24	Medication charts	22
Summary/quick reference care plans	14	Blood glucose chartings	8
Incident reports	17	Personnel files	7
Care recipient agreements	6	Contractors agreements	4

Other documents reviewed

The team also reviewed:

- Activity calendar and noticeboard displays
- Approved supplier lists
- Audits, audit schedule and third party audits
- Care recipient dietary profile and related summary information
- Care recipient information handbook and surveys
- Care recipient monthly activity schedules and attendance records
- Care recipient wandering folder
- Cleaning and laundry resource information and other related documents
- Cleaning schedules
- Clinical documentation, review schedules and charting
- Communication diaries and doctor's book
- Continuous improvement plan
- Cultural diversity folder
- Data and trend analysis
- Diabetic management plans and charting
- Dietician referral book
- Drugs of addiction medication register
- Education, training and competency records
- Food safety plan and related documentation

- Handover folder, handover sheets and bed lists
- Hazardous substance, dangerous goods and chemical register
- Human resource documentation, including position descriptions, rosters, recruitment policies and procedures
- Infection control guidelines, gastroenteritis outbreak records and infection control flip charts
- Instructions on modification of fluids
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes, memoranda and correspondence
- Menu and kitchen service records
- Newsletter and 'special edition' publication
- Oxygen checking charts
- Pest control records
- Policies, procedures and associated flow charts
- Preventative and corrective maintenance records and reports
- Regulatory compliance certification and other documentation
- Risk assessments
- Self-assessment
- Staff handbook and information pack
- Survey and results
- Temperature records related to hospitality and clinical equipment
- Weekly seasonal menu and care recipients meal preference information.

Observations

The team observed the following:

- Activities in progress
- Adaptive cutlery and mobility aids in use
- Agency staff induction
- Care recipient and staff noticeboards
- Cleaning in progress
- Clinical, transfer and lifting equipment
- Handwashing facilities
- Equipment and supply storage areas
- Firefighting equipment, egress areas and evacuation box
- Interactions between staff and care recipients
- Living environment – internal and external
- Meal and refreshment service
- Suggestion boxes, feedback forms, information and brochure displays

- Re-accreditation audit notices on display
- Personal protective equipment
- Short group observation in dining room
- The 'Charter of care recipient's rights and responsibilities' on display
- Treatment rooms, storage of medications and oxygen
- Vision, values and mission statement on display
- Whiteboard detailing clinical interventions
- Wound trolley.

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

Local management, in conjunction with the wider organisation, actively pursues continuous improvement across the Accreditation Standards. Organisational and management initiatives, staff suggestions, and comments and complaints feed into the continuous improvement system. Management monitor and evaluate the effectiveness of improvement processes with progress communicated through memoranda, newsletters and at relevant meetings. Care recipients, representatives and staff are satisfied the organisation pursues continuous improvement.

Examples of improvements implemented by the home relevant to Standard 1 – Management systems, staffing and organisational development include:

- After having identified the need to establish a consolidated approach to incident management, organisational management reviewed and updated incident reporting requirements across its aged care homes. The organisation's quality team, in consultation with its legal department, produced a flip chart to better guide staff in managing incidents and meeting regulatory reporting requirements. Management said the new resource has been discussed at staff meetings and that staff have been advised of its introduction via memo. Management said the new resources made it easier for staff to understand different incident reporting requirements and respond accordingly.
- As a result of a local management initiative, management identified a need to improve communication given the overall size of the home. Management and key nursing, hospitality and activities staff have commenced daily morning meetings and complete a daily operations report which summarises key events and issues at the home. Management advised the new process improves communication among management and staff and anticipates it will better enable them to keep abreast of what is happening in the home on a daily basis.

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 a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to the Accreditation Standards. The organisation receives updates and relevant information from government, industry, professional and peak-body associations. Corporate management

reviews changes, updates policies as required and generally informs management who update associated information or action as required. Management utilise orientation, information handbooks, education, meetings and other communication mechanisms to flag specific regulatory compliance issues. Management monitor continued compliance through observation of staff practice, internal and external auditing systems. Management and staff said they are generally informed of changes to regulations and legislation applicable to their roles. Care recipients and representatives are satisfied they are informed of regulatory changes and were made aware of the re-accreditation visit.

Examples of regulatory compliance in relation to Standard 1 – Management systems, staffing and organisational development include:

- A documented continuous improvement plan.
- A system for ensuring the currency of police certificates and statutory declarations as appropriate for staff, volunteers and contractors.
- A system to monitor the currency of professional registrations.
- Appropriate and secure information storage and destruction systems at the home.

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 the knowledge and skills required to perform their roles effectively. The organisation provides an overarching education calendar, which is adapted at site level to allow management to add additional topics in response to stakeholder feedback, audit results, changes in care recipient needs and on request from staff. An attendance record is kept relating to the sessions held and sessions are evaluated. Staff complete a variety of competency assessments appropriate to their roles to ensure maintenance of their skills and knowledge. In addition, management provide six minutes intensive training sessions at site level at the commencement of handover around specific subjects. Management encourages staff to attend both internal and external training to ensure they have opportunities to maintain existing skills or gain new skills. Staff said they are generally satisfied with the education opportunities offered to them at the home.

Education conducted in the last six months relating to Standard 1 – Management systems, staffing and organisational development includes:

- electronic care planning
- management of payroll.

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

Internal and external complaints mechanisms are accessible to care recipients, representatives, staff and other stakeholders. Information regarding complaint management and advocacy services is included in the care recipient information package provided by

management on entry to the home. This information is also contained in residential agreements. Feedback forms inviting suggestions and comments by stakeholders are on display and locked suggestion boxes are situated in main areas throughout the home. Easier to resolve complaints are recorded and tracked in an onsite folder, while those that require further follow up are logged in an online system which corporate personnel monitor and discuss with local management until finalised. Care recipients and representatives are generally aware of the comments and complaints processes available to them.

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 vision, values and mission statements which document its approach to providing care and services at the home. This information is on display and is included in information packages 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 appropriately skilled and qualified staff to meet care recipients' needs. The organisation's human resources personnel support local management in overseeing the recruitment process. Staff are recruited based on position descriptions, minimum qualifications, reference checks and current criminal record checks. Successful applicants sign a contract and undertake an orientation program including "buddy" shifts. The general manager monitors the roster and has scope to make changes according to care recipient needs. There is access to a casual staff bank and agency staff to cover staff absences. Monitoring of staff practice occurs through observation, competency testing, education sessions and annual performance appraisals. Care recipients and representatives are generally satisfied about the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management ensure stocks of appropriate goods and equipment are available to provide quality service delivery. Contracted maintenance staff maintain and service all equipment through a scheduled and preventative maintenance program. Designated staff order clinical, continence, housekeeping and catering supplies through preferred suppliers using stock assessment and rotation processes. All supplies are stored in clean and secure areas in the home. Management purchase items of equipment after trial and seek evaluation and

feedback from staff and other professionals. Care recipients and staff said they are satisfied with the availability 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 generally effective information management systems. Documented policies and procedures, as well as defined roles and responsibilities, assist staff in fulfilling their duties. Electronic documentation systems and associated paper-based documents provide staff with the relevant information required to deliver appropriate care and services. Each care recipient receives information that details the care and services available at the home including through a handbook and care recipient agreement. Meetings, staff handovers, communication books, newsletters, memos and electronic messaging assist with communication among stakeholders. Care recipients' clinical and financial information is securely stored and computer systems are password protected. Care recipients and representatives are generally satisfied with access to information and with communication processes.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management have arrangements with externally sourced services to meet their needs and service quality goals. The organisation maintains a list of preferred external suppliers and contractors on an electronic system which is overseen by corporate procurement management. The system has the functionality to record police certification and insurance requirements. Local management are able to access local contractors as required, maintaining a record of the contract onsite and notifying corporate staff for its inclusion on the electronic system. In conjunction with local management, corporate procurement personnel review contractual arrangements to determine the continuation of each service and sources new providers if required. Care recipients, representatives and staff are satisfied with the quality of external services provided by external contractors.

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

There are systems to support the pursuit of continuous improvement in relation to care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the continuous improvement system.

Examples of improvements relevant to Standard 2 – Health and personal care include:

- In order to provide additional training and support to staff, the home accesses a residential in-reach service from the Werribee hospital. The in-reach service works in conjunction with nursing staff, medical practitioners, the hospital emergency department and families to coordinate care for care recipients at the home, preventing the need for transfer to hospital. Services provided include areas such as catheter care, wound care, intravenous antibiotics, drug and alcohol behaviour management, advanced care planning and palliative care. Management said the service allows care recipients to remain in the home and has improved staff skills and confidence in these areas.
- As the result of a suggestion from nursing staff, management has improved oral care at the home, particularly for care recipients with dementia and those with high care needs. The home recently purchased special “surround” toothbrushes and toothpaste for care recipients with specific oral hygiene needs. Management said this recent initiative has enhanced the provision of oral care for identified care recipients at the home.

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

The organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Management and staff generally have knowledge and document regulatory requirements and guidelines relevant to their roles.

Examples regulatory compliance in relation to Standard 2 – Health and personal care include:

- A registered nurse plans, supervises and undertakes specialised nursing care and oversees care recipients with high care needs.
- Management and staff demonstrate knowledge and practise of legislative obligations in relation to medication management, storage and relevant protocols.

- The organisation has policies and procedures for the compulsory reporting of a care recipient's unexplained absence.

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 systems and processes.

Education conducted in the last six months relating to Standard 2 – Health and personal care includes:

- advanced care planning
- alcohol dependence and related behaviours
- catheter care
- continence
- dementia training
- pain 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

Care recipients receive appropriate clinical care. On entry to the home, a suite of assessments are completed to identify care needs and preferences and this information is used to develop individualised care plans. Care plans, handovers and task lists are used to guide the delivery of care, identify care recipients' individual needs and the level of support required. Care interventions are generally documented in clinical charts and progress notes. Clinical care is monitored under the management of registered nurses, who ensure that care plans are evaluated quarterly or in response to observed changes in care needs. Care recipients and their representatives stated they were generally happy with the level of consultation and clinical care delivered.

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

Appropriately qualified nursing staff assess, plan and deliver care recipients' specialised care needs. All specialised care needs are identified on entry to the home and appropriate clinical documentation is put in place to assist staff in the timely delivery of specialised care needs. The provision and monitoring of specialised nursing is undertaken by registered nurses and guided by medical directives as appropriate. Specialised nursing care includes diabetic blood

glucose monitoring, medication management, wound management, stoma management, oxygen administration and catheter care. Staff state they have appropriate access to advice, equipment and supplies. Care recipients and their representatives stated they are satisfied with the specialised care provided to care recipients.

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

Management and staff ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Care recipients are managed by a medical practitioner of their choice and care recipients regularly access the services of podiatrists, physiotherapists and dieticians. Other specialist services such as palliative care, psychogeriatric services, residential in-reach services, speech pathologists and dental services are utilised as required to provide staff with support and advice on clinical management issues. Staff demonstrate they respond to advice in a timely manner and advice is appropriately documented in care plans. Care recipients and their representatives stated they are satisfied with the access care recipients have 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

The home demonstrates that care recipient medication is managed safely and correctly according to the home’s policies and procedures. Medications prescribed by general practitioners are clearly documented in medication charts and are reviewed appropriately. Medication charts contain photo identification and information on allergies and the assistance required for care recipients to take medication. Medication is administered by registered nurses, enrolled nurses and personal carers who have been deemed competent to administer medication. Registered nurses monitor the medication system including follow up of medication incidents and assess and supervise the administration of as necessary medication such as analgesia. Care recipients and their representatives are satisfied with the way in which care recipients’ medications are managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

All care recipients are as free as possible from pain. Initial and ongoing assessments are conducted by registered nurses and physiotherapists to identify care recipients who may be experiencing pain. Pain intervention strategies are implemented in collaboration with the general practitioner and external consultants such as palliative care specialists are utilised where necessary. Pain management interventions include the use of physiotherapy interventions, position changes, massage, heat packs and analgesia. Pain management effectiveness is monitored through care reviews, medication use, audits and feedback. Care

recipients and their representatives stated they are satisfied with the pain management provided to care recipients.

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

Staff maintain the comfort and dignity of terminally ill care recipients. Staff in discussion with care recipients and their representatives establish and document end of life wishes. At the time of palliation, staff review these wishes and document care support required. General practitioners and external palliative care specialists are consulted routinely to provide advice and support. Comfort measures include the use of positional changes, mouth care, massage, music, aromatherapy and analgesia. Qualified staff directly monitor care including review of progress notes and medication administration. Feedback from care recipients’ representatives indicated satisfaction with care in this area.

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 receive adequate nourishment and hydration. Dietary needs are identified on entry to the home and take into account care recipients’ likes and dislikes, cultural preferences and the need for support with meals. Care plans and catering documentation systems support communication of care recipients’ dietary needs and changes. Texture modified diets and assistive devices such as built up spoons are provided. Care recipients’ nutrition and hydration needs are monitored through review of clinical notes, feedback from staff and regular weight monitoring from registered nurses. Care recipients experiencing difficulty, such as swallowing problems or weight management, are referred to specialists such as dietitians and speech pathologists. Care recipients and their representatives are satisfied with the provision of meals and fluids to care recipients.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Staff practices ensure care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity needs are assessed through staff observation and assessment of skin integrity, manual handling and continence needs. Staff state that they encourage care recipients to mobilise and provide position changes for those who are immobile. Pressure relieving aids such as air mattresses and sheepskins are provided and staff apply emollient creams as required. Staff observe for problems with skin integrity and report problems to the registered nurses who oversee management of skin problems and wounds. Registered nurses monitor skin integrity issues through direct supervision and through progress notes

and incident forms. Care recipients and their representatives are satisfied with care in this area.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Staff demonstrate systems for effective management of care recipients’ continence. Care recipient needs are assessed on entry to the home and staff identify the need for continence support, continence aids and medication or dietary interventions. Staff demonstrated knowledge of care recipients’ continence requirements and have adequate supply of linen and continence aids. Staff discreetly attend to continence needs to maintain care recipient dignity. Care recipients’ and representatives’ feedback indicated they are satisfied with care in this area.

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 behaviours of concern are managed effectively. Care recipients’ behaviours are assessed on entry to the home and as required. Registered nurses refer to general practitioners and external consultants for advice on individual care recipients’ behaviours of concern as required. Care recipients’ particular behaviours are well documented in care plans, include information on triggers and care interventions. Behavioural episodes and care strategies are documented in behavioural charts and progress notes that are then monitored by registered nurses. The home has a memory support unit that includes additional care and activity staff. There are secure exits throughout the facility. Care recipients with cognitive impairments who may be at risk of leaving the home, wear alarm bracelets and staff make frequent observations. Feedback from care recipients and their representatives indicated they are satisfied with the management of 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

Staff practices ensure that optimum levels of mobility and dexterity are achieved for all care recipients. Staff assess care recipients’ mobility and dexterity needs upon entry to the home and on an ongoing basis. A physiotherapist prescribes support required, use of aids and interventions aimed at optimising function. Staff practices ensure that care recipients are encouraged to mobilise and use aids to optimise independence. Falls and incidents are reported to registered nurses who then take appropriate action such as notifying the general practitioner and representatives and referral for reassessment by the physiotherapist. Registered nurses review incidents to identify any additional strategies such as bed alarms

required to prevent recurrence. Care recipients and their representatives were happy with the way in which care recipient mobility and dexterity needs were supported.

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 effectively maintains care recipients’ oral and dental health. Staff undertake oral and dental care assessments with care plans identifying aids, equipment and the level of assistance required. Oral and dental health specialists visit the home or care recipients can visit outside specialists as needed. Management monitor oral and dental care through audits and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives are satisfied care recipients receive assistance as required maintaining their oral and dental care.

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

Assessment and care planning processes ensure staff identify care recipients’ sensory losses and manage them effectively. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Staff make referrals to audiologists and optometrists and care for devices to assist in care recipients’ sensory loss as required. Care plan information includes the level of assistance required, care of aids and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff assist care recipients in maintaining and fitting sensory loss aids. Care recipients and representatives are satisfied with the support and care provided to manage 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

Care recipients are able to achieve natural sleep patterns. Staff identify sleep needs and preferences on entry to the home and on an ongoing basis. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitors care recipients’ sleep requirements through audits and stakeholder feedback. Staff encourage natural sleep patterns, meeting care recipients’ environmental needs, pain management requirements and continence care. Care recipients are able to communicate with staff in relation to their sleep needs.

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

There are systems to support continuous improvement in relation to care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the continuous improvement system.

Examples of improvements relevant to Standard 3 – Care recipient lifestyle include:

- As a result of staff input from another of the organisation’s homes, management have recently introduced cue cards to enable better communication with care recipients from culturally and linguistically diverse communities. The cards include basic words and phrases in German, Italian, Maltese, Thai and Portuguese. While some current staff speak other community languages, management said this recent initiative will improve communication and staff responsiveness to care recipients who speak languages other than English.
- As a result of an initiative by local management, drumming therapy has recently been incorporated into the activities program at the home. Sessions have been scheduled twice a month. Management said the addition of drumming improves the range of activities offered to care recipients. Management advised that the first session attracted good numbers of care recipients and anticipate it will continue to be well-received.
- As a result of an initiative by local management, additional sensory and stimulation items have been purchased to enhance activities available for care recipients with dementia. Management said feedback has been positive with care recipients getting pleasure out of the new resources and activities.

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

The organisation has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding care recipient lifestyle. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Staff said management inform them of regulatory changes in relation to care recipient lifestyle.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- The organisation has processes to manage compulsory reporting obligations. Management maintains a consolidated reporting record.

- The organisation has policies and procedures and management and staff uphold privacy principles and the confidentiality of care recipient information.
- Care recipients have access to information in a range of languages, if required.
- Management offers a residential agreement to all care recipients and/or their representative and demonstrates compliance relating to the provision and signing of residential agreements.
- Management displays the 'Charter of care recipients', rights and responsibilities' in key areas and within documentation.

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 systems and processes.

Education conducted in the last six months relating to Standard 3 – Care recipient lifestyle includes:

- dementia mapping
- elder abuse
- how to talk to grieving people
- person centred care
- privacy and dignity.

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 organisation demonstrates staff support care recipients in adjusting to the new environment and care recipients' emotional needs are identified and met on an ongoing basis. Family members and care recipients tour the facility prior to entering the home. The management team is supportive and provides appropriate information to stakeholders. Staff identify the effects of unknown events on care recipients' and provide emotional support. Staff encourage care recipients to bring personal items into the home to personalise their rooms. Care recipients and representatives confirm support provided is appropriate and effective in meeting care recipients' individual needs and preferences.

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 organisation demonstrates staff encourage care recipients' to achieve maximum independence, maintenance of friendships and participation in the life of the community, appropriate to their needs and preferences. Staff assess all care recipients entering the home for their abilities to maintain independence. Staff actively encourage care recipients to maintain independence through encouragement of tasks within their capabilities. There is provision of assistive devices for care recipients who require them. Care recipients and representatives are satisfied with the assistance provided in relation to independence, maintenance of friendships and participation in the life of the community within and outside the home, according to care recipients' individual needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's privacy, dignity and confidentiality is recognised and respected. All records are stored and archived as per legislative requirements. All confidential information is kept in a secure area. The Charter of care recipients' rights and responsibilities is located in prominent position within the home and care recipients representatives have access to information when they first enter the home. Staff practices ensure privacy and dignity is maintained at all times. Clinical handover takes place behind closed doors and staff ensure all care is provided away from public areas. Staff knock on doors prior to entering. Care recipients and representatives are satisfied care recipients' privacy, dignity and confidentiality is respected in accordance with individual needs and preferences.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The organisation demonstrates lifestyle staff are aware of care recipients' leisure interests and activity needs and this information provides input to leisure planning and programming. There are effective processes in encouraging and supporting care recipients to participate in a wide range of interests and activities of interest to them. Lifestyle staff ensure each care recipient's interests and activities are determined, documented in care plans and regularly reviewed. Staff complete social profiles to determine any barriers to participation and support required. Care recipients are supported to participate in activities and interests appropriate to their needs and preferences.

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

Management demonstrates its processes, systems and external relations are effective in valuing and fostering each individual care recipient's interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify care recipients' interests, customs, beliefs and cultural and ethnic backgrounds to assist in the planning process. The home employs a multicultural staff mix and the home has access to interpreters as required. Communication aids are available when required. Church services are held in-house for care recipients on a regular basis including Catholic and other Christian denominations. Staff consult with care recipients and representatives about each care recipient's observation of interests, customs and beliefs. Care recipients and representatives are satisfied the home values and fosters care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient or relevant representative participates in decisions about services and care recipients' exercise choice and control over their lifestyle without infringing on the rights of other care recipients. Assessments record choices and preferences and staff use a range of strategies including offering choices, inviting participation and responding to requests to support choice and decision-making. Care plans, dietary likes, dislikes, and records of activities document personal preferences which activity and care staff review regularly. Care recipient and representative discussions occur. The home communicates information informally, by display, by newsletter or providing written information. Care recipients and representatives are satisfied staff respect care recipients' choices and preferences and they are encouraged to participate in decisions about care and give feedback.

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

Management ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Staff provide written information to care recipients and representatives regarding security of tenure and relevant financial matters. Residential agreements include details on relocation circumstances, complaints resolution and care recipients' rights and responsibilities. Room changes occur when required to ensure care recipients receive the appropriate level of care. Care recipients and representatives feel secure in care recipients' tenure at the home and are aware of care recipients' 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

There are systems to support the pursuit of continuous improvement in relation to physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the continuous improvement system.

Examples of improvements relevant to Standard 4 – Physical environment and safe systems include:

- In response to a strategic review by corporate management, the home has commenced a refurbishment program. The facility has been recently re-painted and the main staff room revamped. Management have purchased a number of items including new chairs and princess chairs for care recipients, high-low beds, five wheelchairs, and a new cleaner’s trolley. The refurbishment has incorporated the recent re-paving of an external walkway in response to a complaint from a care recipient. The refurbishment of four respite rooms is currently underway to incorporate single bathrooms and replacement of the carpet is scheduled for later this month. Management said the current refurbishment was improving the living and working environment for care recipients and staff respectively.
- Management identified that dining areas in the home were being under-utilised and have improved the dining environment and experience at the home. Management consolidated the dining areas and emphasised to staff the importance of the dining experience for care recipients. An illuminated menu board has been introduced to better advertise the meal service to care recipients. Management have added new plates, placemats and vases with flowers in the dining areas to create more of a home-like environment. Management said the changes have been well-received by care recipients.
- In response to recurring feedback from care recipients, management have recently introduced a hot breakfast at the home. Management discussed the issue with the hospitality manager and recently introduced a weekly hot breakfast for care recipients. Management said care recipients have enjoyed this addition to the menu with the positive feedback reflected in recent meeting minutes.

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

The organisation has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding the physical environment and safe systems. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance in relation to Standard 4 – Physical environment and safe systems include:

- The organisation actively promotes and monitors occupational health and safety with policies, processes, resource information and safety representatives accessible to guide management and staff.
- The maintenance of fire-fighting equipment by qualified service personnel.
- Staff attendance of mandatory fire and emergency training.
- Monitoring and maintenance of fire and safety regulations and displays a current annual essential safety measures report.
- Monitoring of the home's compliance with Australian government infection control guidelines and outbreak reporting processes.
- Current food premise registration, an approved food safety program and third party audit demonstrating current compliance.

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 systems and processes.

Education conducted in the last six months relating to Standard 4 – Physical environment and safe systems includes:

- bug control
- cardiopulmonary resuscitation
- chemical training
- correct mopping
- fire and emergencies
- fire warden training
- mandatory reporting
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment consistent with care recipients' needs. Care recipients are accommodated in single bedrooms with ensuites, with shared rooms available if required. Staff assist care recipients to personalise their rooms with small items of furniture and personal mementos. Bedrooms

have independent controls for ceiling fans, heating and cooling systems with comfortable temperature maintained in living areas. There are several dining rooms, lounge rooms, leisure and therapy rooms located around the home, with smaller sitting areas and secure internal or outdoor areas. Management monitors the safety and comfort of the living environment through observations, regular inspections and maintenance, quality activities and stakeholder feedback. Care recipients and representatives expressed satisfaction with the comfortable and safe environment provided to care recipients.

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 organisation has systems to provide a safe working environment consistent with policy and regulatory requirements. Processes that reinforce occupational health and safety include policy and procedure, meetings, hazard and incident reporting mechanisms, maintenance requests, risk assessments and environmental audits. Staff have access to appropriate inventory, equipment, education and information resources to promote safe work practice. The occupational health and safety committee meets regularly and is comprised of staff drawn from various work areas. Meeting minutes demonstrate actions are taken as a result of feedback, discussion and reporting mechanisms. Chemicals are stored appropriately and securely with current material safety data sheets available. Staff expressed an understanding of work health and safety requirements and their involvement in reporting hazards and maintenance issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe environment and incorporate safety services and practices to minimise fire, security and emergency risks. Maintenance and specialist services regularly service and maintain emergency and firefighting equipment. Egress areas are free from obstruction, exit signage, evacuation maps are clearly identified and annual fire training regularly occurs. Staff have access to evacuation kits containing a current list of care recipients and to documented emergency procedures relating to internal and external threats. Care recipients have evacuation procedures displayed in their room. The home has keypad security with perimeter doors checked at night. Management considers stakeholder feedback, inspections, internal and external audits to identify risks. Staff receive training in emergency response and have knowledge of evacuation procedures. Care recipients are aware of what to do in the event of an emergency and would follow staff directions.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management demonstrates they have an effective infection control program. Infection control processes include policies and procedures, staff education and training, audits, food safety, cleaning and vaccination programs, routine pest control, waste management and monitoring of infection data and trends. The clinical manager and infection control officer monitor the program, collect data on infections to identify trends and make interventions as required. Management reports monthly to corporate management. Outbreak kits and a ready supply of personal protective equipment are available with amenities and equipment to implement hand hygiene, standard precautions, sharps, blood spills and contaminated waste. Staff attend annual infection control and complete hand wash competencies annually. Management monitors the infection control program through quality activities, external audits, infection control consultants and observation of staff practices. Staff know infection control guidelines and organisational procedures in response to outbreaks, standard precautions and infection control related to their duties and use personal protective equipment when required.

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

Management has systems to provide hospitality services that support care recipients' quality of life and enhance the working environment for staff. All meals are freshly prepared in line with the food safety program, menu rotation, dietitian review, care recipients' input and consideration of their cultural, dietary or changed needs. Food and refreshments provided include all meals, snacks, supper and fresh fruit. The cleaning program includes regular cleaning of care recipients' rooms, living and staff work areas with additional cleaning requests promptly attended. An external contractor launders flat linen. Care recipients' clothing is laundered on site and a labelling and ironing service is provided. Staff described processes for minimizing lost property. Hospitality staff perform their duties guided by documented schedules and infection control guidelines and use personal protective equipment when required. Management monitor the hospitality services through observation, feedback, quality activities and satisfaction surveys. Care recipients, representatives and staff are satisfied with the hospitality services provided at the home.