



Australian Government

Australian Aged Care Quality Agency

Amber Aged Care

RACS ID 6137
58 Avenue Road
PARADISE SA 5075

Approved provider: Amber Aged Care Incorporated

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 31 August 2019.

We made our decision on 01 July 2016.

The audit was conducted on 23 May 2016 to 24 May 2016. 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 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

Amber Aged Care 6137

Approved provider: Amber Aged Care Incorporated

Introduction

This is the report of a re-accreditation audit from 23 May 2016 to 24 May 2016 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 23 May 2016 to 24 May 2016.

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

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

Assessment team

| | |
|---------------------|--------------|
| Team leader: | Judy Silkens |
| Team member: | Kerry Rochow |

Approved provider details

| | |
|---------------------------|------------------------------|
| Approved provider: | Amber Aged Care Incorporated |
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Details of home

| | |
|----------------------|-----------------|
| Name of home: | Amber Aged Care |
| RACS ID: | 6137 |

| | |
|--|---|
| Total number of allocated places: | 32 |
| Number of care recipients during audit: | 32 |
| Number of care recipients receiving high care during audit: | 29 |
| Special needs catered for: | People living with dementia and related disorders |

| | |
|------------------------|--|
| Street: | 58 Avenue Road |
| City: | PARADISE |
| State: | SA |
| Postcode: | 5075 |
| Phone number: | 08 8365 3004 |
| Facsimile: | 08 8365 3723 |
| E-mail address: | manager@amberagedcare.com.au |

Audit trail

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

Interviews

| Category | Number |
|--------------------------|--------|
| Management | 2 |
| Clinical and care staff | 7 |
| Administration assistant | 1 |
| Allied health | 1 |
| Care recipients | 6 |
| Hospitality staff | 4 |
| Maintenance staff | 1 |
| Lifestyle staff | 1 |

Sampled documents

| Category | Number |
|-----------------------------------|--------|
| Clinical care and lifestyle plans | 6 |
| Care recipients' files | 3 |
| Medication charts | 5 |
| Personnel files | 3 |

Other documents reviewed

The team also reviewed:

- Audits, audit results and action plans
- Call bell monitoring records
- Care planning documentation
- Clinical handover documentation
- Comments and complaints log and folder
- Continuous improvement plan
- Contractor and visitor sign in/out register
- Corrective and preventative maintenance records
- Dietary needs profiles

- Dietitian review of menu
- Emergency procedure manual
- External contractors folder
- Food safety plan and audit
- Incident, accident and hazard reports and analysis
- Infection register and control guidelines
- Job descriptions
- Mandatory reporting register
- Menu
- Monthly and weekly activity calendars
- Newsletters
- Pest control records
- Regulatory compliance log
- Residential care services agreement
- Risk assessments
- Safety data sheet log
- Staff and care recipient surveys
- Staff and care recipient handbooks
- Temperature monitoring records
- Testing and tagging records
- Training needs analysis and education calendar
- Various meeting minutes, memoranda and emails
- Various policies, procedures, guidelines and flowcharts

Observations

The team observed the following:

- Accreditation notice displayed
- Activities in progress
- Advocacy information

- CCTV
- Charter of Care Recipients' Rights and Responsibilities displayed
- Cleaning in progress
- Comments and complaint information displayed
- Equipment and supply storage areas
- Fire safety equipment
- Hand washing and hand gel facilities
- Interactions between staff and care recipients
- Internal and external complaints information displayed
- Living environment
- Meal service
- Medication round in progress
- Noticeboards
- Outbreak kit
- Personal protective equipment in use
- Secure document storage and disposal systems
- Storage of medications
- Suggestions boxes

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

Amber Aged Care is a not-for-profit aged care home which is governed by a Board of Management. The home has a continuous improvement system to identify improvement initiatives and monitor performance against the Accreditation Standards. Improvements are identified through comments and complaints, surveys, meeting forums, incident and hazard data, audit results, education evaluations and staff appraisals. Management log improvement initiatives onto the continuous improvement plan and are responsible for the planning, implementation, monitoring and evaluation of improvement activities. Results show that the continuous improvement system is responsive to the needs and suggestions of care recipients, their representatives, staff and stakeholders. Care recipients, representatives and staff are provided with information about improvement initiatives through meetings and newsletters and are encouraged to participate in continuous improvement. Care recipients and staff interviewed are satisfied that the organisation is committed to actively pursuing continuous improvement.

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

- A staff member identified an opportunity to improve the monitoring of clinical care through the handover process. A handover sheet for registered and enrolled nurses was developed for use during handover to assist with clinical monitoring and follow-up. A handover form was also developed for care staff to make notes during handover to assist in their provision of care. Staff were provided with questionnaires to evaluate this improvement. Results show staff have observed that the communication between shifts has improved and that they find the handover sheets/forms easy to use.
- Management identified an opportunity to improve the tracking and monitoring of feedback forms in January 2016. An improvement log was developed to track the progress of improvement initiatives and feedback forms. Feedback forms from July 2015 were retrospectively logged onto the improvement log to ensure each were followed-up and actioned. Evaluation of the improvement shows that all feedback forms were logged onto the improvement log and each were followed-up and actioned.
- As the result of an incident in January 2016 where staff were unable to access the electronic care system due to a power failure, a hardcopy documentation system was developed. Staff were informed via a memo about the new hardcopy documentation system. Another incident in February 2016 occurred where staff were unable to access the electronic care system. In this instance staff used the hardcopy documentation system to document information about care recipient care.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Through membership with a peak industry body, management are informed of legislative updates electronically. This information is reviewed by management and documented on the home’s regulatory compliance log, including updating relevant policies and procedures. Regulatory compliance is a standing agenda item at all staff and resident meetings. Monitoring processes include internal and external audits. Results show the home’s processes are effective in monitoring compliance with regulatory requirements and actions are implemented where deficits are identified. Staff interviewed are satisfied they are informed about regulatory compliance relevant to their role. Care recipients interviewed are satisfied they are informed about regulatory compliance information relevant to them.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives were notified in writing of the re-accreditation audit
- Current police certificates and statutory declarations maintained for all relevant staff, contractors and volunteers
- Information about the new Aged Care Complaints Commissioner was disseminated to care recipients, representatives and staff. This information is displayed around the home and has been updated in relevant documentation
- Professional registration for clinical staff is monitored.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively. New employees are provided with an orientation and induction to familiarise them with the organisation’s policies and procedures. A staff training needs analysis was recently conducted to identify ongoing training and education needs and requests. This information has been used to develop an education calendar. Staff have access to online education which include topics relating to the four Accreditation Standards. Monitoring processes include audits, comments and complaints, education evaluations, incident data and surveys. Results show that staff have access to relevant education provided both online and through face-to-face training. Management have recently developed a

spreadsheet to monitor staff compliance with the home's mandatory training. Staff interviewed said they have access to appropriate training and education. Care recipients interviewed are satisfied staff have appropriate skills and knowledge to provide care and services.

Examples of education conducted in the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Electronic care system training
- Accreditation
- Customer service.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. On entry to the home, care recipients and/or representatives are provided with a handbook which includes information on internal and external complaints mechanisms and advocacy services. Comments, complaints and suggestion forms and complaints information is displayed in various areas of the home. Suggestions boxes are available for the lodgement of a confidential or anonymous comment or complaint. Monitoring processes include audits, surveys and trending and analysis processes. Results show that care recipients are encouraged to use the home's comments and complaints processes. Management are responsible for complaints investigation, resolution and correspondence with the complainant and relevant parties. Feedback forms show that complaints are followed-up, resolved and continuous improvement initiatives implemented where applicable. Staff interviewed are aware of the home's comments and complaints processes and document care recipients'/representatives' verbal concerns on feedback forms. Care recipients interviewed feel comfortable to raise issues and concerns with staff and management and are satisfied with follow-up actions.

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 a documented mission and vision statement. It also has a documented philosophy which includes the organisation's commitment to quality throughout the home.

This information is consistently documented in the care recipient and staff handbooks and is displayed in the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are adequate numbers, types and appropriately skilled staff to ensure services are delivered in accordance with the Accreditation Standards and the organisation's mission statement and philosophy. Management have recently reviewed the home's roster to identify opportunities to improve the roster for present and future care recipient needs. As a result management are currently recruiting to assist in minimising Agency staff usage and to meet future needs for care recipients. A new orientation process for staff has been implemented and new staff are supported to perform in their role through 'buddy' shifts and regular performance reviews. Monitoring processes include audits, comments and complaints, call bell response monitoring, performance appraisals and surveys. Results show that management are responsive to feedback about staffing skills and levels and interventions are implemented to address identified issues. Staff interviewed said they are supported to perform their role and that staff numbers and skill mix are appropriate. Care recipients interviewed are satisfied with the responsiveness and skills of staff and with the care and services provided.

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 and processes for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home uses a preventative maintenance program which includes external contractors to monitor goods and equipment. Designated staff are responsible for ordering supplies of stock and

a process of stock rotation is used to ensure quality of goods. Monitoring processes include comments and complaints, corrective and preventative maintenance, audits and surveys. Results show the home's monitoring processes are identifying deficits in goods and equipment and that actions are taken to rectify identified deficits. Staff and care recipients are consulted about new equipment and have opportunities to trial equipment before purchase. Staff and care recipients interviewed are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

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 effective information management systems in place. The home has processes to provide management and staff with access to information which supports them in meeting the requirements of their roles. Management communicates relevant information to staff, care recipients and representatives through the home's electronic systems, noticeboards, newsletters, emails and memoranda. Shift handover, communication books, policies, procedures and education sessions support staff communication processes. Monitoring processes include feedback from care recipients, representatives and staff, staff meetings, audits, surveys, incident and hazard reporting. Results show the home uses audit tools which record follow-up actions from audits and has processes for the effective storage, archiving, disposal and management of information. Staff interviewed are satisfied they have access to information to guide them in the delivery of care and services. Care recipients interviewed are satisfied they have access to appropriate information to assist them to make decisions about care and lifestyle preferences.

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 uses a variety of external contract services to assist in meeting the residential care service's needs and service quality goals. The home generally has agreements with external contractors which guide service provision and quality. External contractors working in the home are provided with an orientation and administration staff ensure contractors meet regulatory requirements such as police checks and professional licences. Monitoring processes include comments and complaints, audits and surveys. Results show external contract services are monitored and service providers are changed if unsatisfactory service is identified. Staff and care recipients interviewed 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 care recipient incidents, including falls, behaviours, infections, changes to skin integrity, unexplained absences of care recipients and medication errors. This information is then collated and analysed for trends. Care recipients and staff interviewed are satisfied they are encouraged to make suggestions and provide feedback to improve care recipients' physical and mental health.

Examples of improvement initiatives related to Standard 2 Health and personal care implemented over the last 12 months include:

- A staff member in January 2016 suggested that care recipients who did not use their bowels on a daily basis be provided with pear juice with breakfast each morning. Five care recipients were identified as not using their bowels on a regular basis and four of these care recipients participated in the trial of daily pear juice. A review of these care recipients' files in February 2016 showed that they are now using their bowels on a regular or daily basis. Previous to the pear juice, these care recipients were experiencing three to four days without using their bowels. These care recipients are continuing to receive pear juice on a daily basis.
- An audit conducted in August 2015 identified an opportunity to improve palliative care processes at the home. Staff were provided with palliative care education by an external consultant in October 2015. New equipment, including a continuous infusion pump, sheepskins and mattresses were purchased. An end of life care plan, pathway and flowchart has been developed to guide staff practice in the provision of terminal care. Since the implementation of this improvement, there have been no care recipients in the home requiring palliative care. A formal evaluation is planned to be conducted after the new documentation and equipment has been used.

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 systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Assessment and development of care plans by appropriately qualified and skilled staff
- Medication is stored safely and securely
- Current Schedule 4 and 8 drug licence for the possession and storage of these medications
- Policies, procedures and register for unexplained absences of care recipients.

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.

In relation to Standard 2 Health and personal care, management have recently implemented care competencies for enrolled nurses and care staff to assist in monitoring staff skills and knowledge. Management are working to ensure all required staff complete these competencies.

Examples of education conducted this year in relation to Standard 2 Health and personal care include:

- Medication competencies
- Care competencies
- Continence management
- Pain management
- Palliative care
- Behaviour management; aggression minimisation
- Skin care
- Urinary tract infections

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 clinical care appropriate for their needs and preferences. Nursing staff complete clinical assessments in consultation with medical and allied health professionals, the care recipient, representatives and staff attending their care.

Care plans are reviewed regularly, handover processes and progress notes inform staff of changes in care, nursing staff advise medical officers of changes in care recipient health status. Clinical care is monitored through audits, feedback, medical reviews and incident analysis. Results show care needs are assessed and reviewed on a regular basis and changes in health status are referred to the care recipient’s medical officer for review. Staff interviewed provided examples of individual care needs consistent with planned care. Care

recipients interviewed said they are consulted about their care needs and care is provided in a caring, respectful manner.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Registered nursing staff identify, plan, implement and evaluate specialised care needs and documentation includes specific needs and preferences, equipment required and relevant instructions for use. Specialised care provided includes pain management, stoma care, diabetes management, and catheter care. Monitoring occurs through scheduled care reviews, clinical audits and consultation with relevant specialist services. Results show medical and specialist services are accessed as required and treatment orders updated.

Staff interviewed said specialised care is delivered by registered nursing staff in consultation with medical and allied health professionals. Care recipients interviewed are satisfied with the specialised nursing 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 with their needs and preferences. Physiotherapy and podiatry services are provided at the home, a speech pathologist, dietitian and mental health specialists visit the home when required. Audiometry, dental and ophthalmological services are accessed externally. Specialist treatment orders are recorded in progress notes and care plans, and changes in treatment orders are reported in the seven day handover report. External appointments are recorded in handover documents and diaries. The home monitors the referral process through regular consultation with relevant services, feedback from care recipients and representatives, and at the care review. Results show staff make appropriate referrals to specialist services and care documentation is updated as required. Staff interviewed said they are notified of changes in treatment orders and gave examples of instructions consistent with planned care. Care recipients interviewed said they are satisfied they are referred to specialist services when appropriate.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to manage care recipients’ medication safely and correctly. Nursing staff assess and record medication administration requirements. There are procedures for medical officer approved nurse initiated medications, and ‘as required’ medications are recorded on care recipient medication charts with directions for use. Evaluation of effectiveness of nurse initiated and ‘as required’ medications are recorded in progress notes. Pharmacists and medical officers review medications and medication charts on a regular basis. Medication management is monitored through audits, observation of staff practices, pharmacy reviews, clinical meetings and analysis of medication incidents. Results show drugs of dependency are stored and managed as per legislative requirements. Nursing staff interviewed described their practice for safe administration of medication. Care recipients interviewed are satisfied their medications are managed safely and correctly.

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 an approach to pain management that enables care recipients to remain as free as possible from pain. Nursing staff identify and document specific and individual verbal and non-verbal indicators of pain, and strategies to manage pain are included in the care plan. The physiotherapist assists in the assessment and pain management treatments for all care recipients with pain. Nursing staff utilise alternatives to medication when possible, including massage, positioning, heat treatment and complementary therapies such as the use of essential oils. The effectiveness of pain management is monitored through review of ‘as required’ medication, observation of care recipients and formal pain assessment during regular care plan reviews. Results show care recipients’ pain is regularly assessed and interventions implemented are monitored for effectiveness. Staff said pain assessments occur on a regular and as needed basis and gave examples of how individual care recipients indicate they may have pain. Care recipients interviewed are satisfied their pain is 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

The home has systems to maintain the comfort and dignity of terminally ill care recipients and to support staff and representatives. In consultation with care recipients and

representatives, nursing staff identify and document individual end-of-life needs and preferences. End-of-life care and comfort is planned in consultation with the medical officer and documented in care plans, with consideration for maintaining dignity and comfort. The home's process for the provision of appropriate end-of-life care is monitored through observation, feedback from family and friends and care plan review. Results show care recipients' individual needs are identified and documented. The home has not as yet initiated protocols for palliative care for care recipients; however, staff interviewed provided examples of care interventions, such as, skin care, pain management and oral care to maintain comfort and dignity.

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. Nursing staff assess individual nutritional needs and assistive care requirements in consultation with care staff and allied health professionals. Referrals are made to the speech pathologist and dietitian as required and specific orders are communicated to relevant staff via the handover process, in progress notes, dietary advice forms and care plans. Meals and drinks are modified according to specialist advice. Nutrition and hydration is monitored through regular weighing of care recipients, scheduled care reviews and ongoing consultations with the medical officers.

Results show there is ongoing assessment and monitoring of nutrition and hydration needs for care recipients at risk of nutrition and hydration deficiencies. Staff interviewed gave examples of individual nutritional requirements such as modified consistency of foods and supplement use consistent with planned care. Care recipients interviewed said they are satisfied they receive adequate nutrition and hydration.

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 provides effective care strategies to maintain care recipients' skin integrity consistent with their general health. Nursing staff assess skin care needs and record care interventions to maintain skin integrity in the care plan. Strategies to maintain skin integrity include the use of moisturising creams, nutrition and hydration management, regular positioning and protective bandages. Nursing staff assess and monitor skin incidents and provide wound care in consultation with the medical officer when required. Skin care is monitored through care evaluation, review of wound care results and observation of staff practices. Results show nursing staff assess and monitor skin care and document required interventions in the care plan. Staff described strategies and interventions to maintain and improve skin care. Care recipients interviewed are satisfied their skin integrity is managed effectively.

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 a continence management program that is effective in meeting care recipients’ continence needs. Nursing and care staff assess, plan and monitor continence and comfort needs in consultation with relevant health professionals. Care plans include individual strategies and interventions to assist care recipients to maintain effective continence management and personal care and where required appropriate aids are provided. There are strategies to manage and monitor urinary infections, skin condition and fluid intake. Monitoring processes include staff feedback regarding continence aid effectiveness, feedback from care recipients and during care reviews. Results show individual care recipient’s continence requirements are assessed and evaluated on a regular basis and staff report and record changes in care needs. Staff interviewed gave examples of continence management consistent with planned care. Care recipients interviewed said they are satisfied the continence care provided maintains their comfort and dignity.

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 support and manage care recipients with challenging behaviours. Nursing staff assess, plan and evaluate behavioural management needs in consultation with medical officers, relevant specialist services and staff providing daily care. Care documentation includes information regarding triggers that may cause care recipients’ anxiety and discomfort, and interventions to manage individual needs. Behaviour incidents are documented and reviewed and medical officers and specialist services are accessed as required. Monitoring processes include scheduled care reviews, incident analysis, observation and feedback from care recipients and staff. Results show individual needs are assessed and monitored and the medical officers are consulted when care needs change.

Staff interviewed gave examples of strategies used in response to challenging behaviours. Care recipients interviewed are satisfied that other care recipients with challenging behaviours are managed effectively.

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 maintains care recipients’ mobility and dexterity at a level consistent with their general health status. Nursing staff and the physiotherapist assess individual mobility and dexterity needs and document detailed strategies for support in the care plan. The physiotherapist visits regularly to review care and provide treatments and exercise programs and staff provide ongoing mobility support. The physiotherapist assesses the suitability of mobility aids for individual care recipient needs and provides staff oversight regarding complementary and massage therapies. Falls prevention strategies include sensor beams, protective equipment and regular monitoring, and lifestyle activities such as chi-ball encourage mobility and dexterity. Nursing staff monitor mobility and dexterity needs through scheduled care reviews, analysis of fall incidents, observation and audits. Results show staff implement strategies to support mobility and dexterity consistent with planned care needs.

Staff gave examples of strategies to maintain care recipients’ dexterity, such as exercise and therapeutic massage. Care recipients interviewed said they are satisfied they are supported to maintain optimal mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

There are systems in place to assist care recipients to maintain their oral and dental health. Nursing staff assess individual oral and dental care needs and include this information in the care plan. Care recipients are assisted to access dental services when required.

Toothbrushes and denture care products are replaced as required and staff assist care recipients with their daily oral and dental care needs where necessary. Management monitors the home’s oral and dental care program through care reviews, observation of staff practice and feedback from care recipients. Results show regular care review and ongoing consultation processes enable effective management of care recipients’ oral and dental care needs. Staff said they monitor oral and dental hygiene during daily care and report signs of discomfort. Care recipients interviewed said they are satisfied that their 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 identify and manage the impact of sensory loss in relation to the five senses. Nursing staff assess sensory loss for hearing, vision, taste, touch and smell and record relevant information in the care plan. There are assistive aids to support vision and hearing loss and optometry and audiology appointments are arranged when required. The physiotherapist regularly reviews sensory loss in relation to touch. Nursing staff monitor the impact of sensory loss through observation and feedback and staff provide appropriate support to assist care recipients in their daily activities. Results show appropriate aids are provided and maintained, assisting care recipients to participate in daily activities. Staff interviewed gave examples of how they manage the impact of sensory loss for individual care recipients. Care recipients interviewed said staff assist them with their hearing aids and glasses.

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 supports care recipients to achieve natural sleep patterns. Individual preferences for natural sleep are identified and documented in care plans. Staff assist care recipients to achieve natural sleep using strategies including supporting preferred settling routines, warm drinks and reduction of environmental stimuli. Staff document sleep disturbances and what comfort strategies are provided in progress notes. Nursing staff monitor the use of ‘as required’ medications on a regular basis and sleep patterns through the regular care review process. Results show sleep disturbances are identified, reported and interventions are regularly reviewed. Staff described strategies to support individual preferences consistent with documented care plans. Care recipients interviewed said they are satisfied with individual sleep strategies implemented by the home.

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 Care recipient lifestyle, resident meetings, surveys and comments and complaints processes are used to gather suggestions and preferences. Feedback is also gathered from care recipients during lifestyle and care activities. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients interviewed are satisfied there are improvements in care recipients’ lifestyle which are responsive to their suggestions, needs and preferences.

Examples of improvement initiatives related to Standard 3 Care recipient lifestyle implemented over the last 12 months include:

- As the result of a representative’s feedback in November 2015 that some care recipients were having difficulty hearing discussions at the resident meetings, a microphone and speaker were purchased. This equipment is now used at the monthly resident meetings. A questionnaire was distributed to care recipients to evaluate the effectiveness of the microphone and speaker and results show care recipients can hear better at the meetings, now find the meetings more enjoyable and want to participate more in discussions at the meeting.
- As the result of a staff suggestion, a rotunda was purchased to make a photo-booth for care recipients at the home’s cultural events. Care recipients are involved in making decorations and props for each event, and to date have decorated the rotunda for Valentine’s Day, St Patrick’s Day and Anzac Day. The decorated rotunda was used for Anzac Day for the laying of a wreath and was not used a photo-booth on this occasion. For Valentine’s Day and St Patrick’s Day, care recipients said they enjoyed having their photograph taken in the photo-booth. The photographs (with permission from care recipients) were shared on the home’s Facebook page. Feedback from care recipients’ families has been positive and they enjoy seeing their loved ones’ photographs from the events.

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 systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Policies, procedures and register for reporting of elder abuse
- Residential care service agreements
- The Charter of Care Recipients’ Rights and Responsibilities updated to reflect legislative wording changes
- Privacy policies and consents used to protect the use of personal information.

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.

Examples of education conducted this year in relation to Standard 3 Care recipient lifestyle include:

- Elder abuse
- Absconding residents
- Spirituality in practice
- Sexuality and the older person
- Person centred activities.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. The home has processes to identify, assess and monitor each care recipient's emotional needs. On entry, staff provide support to care recipients to assist them to settle into their new environment with one-to-one companionship and introductions to care recipients of similar cultural backgrounds provided. Monitoring of care recipients' ongoing emotional needs is conducted through the lifestyle review process, audits, observation and feedback. Results show general practitioners and mental health services are accessed to provide additional support as required. Staff interviewed gave examples of emotional support provided to care recipients. Care recipients interviewed said they are satisfied with the emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Each care recipient's lifestyle preferences, interests and abilities are assessed on entry and regularly reviewed. Care plans include strategies to encourage independence including civic, cultural, physical, emotional and social aspects. Care recipients are assisted to attend activities outside the home and family members assist care recipients to maintain links with family, friends and the community. The home monitors strategies to support independence through care and lifestyle review processes, audits, observation and feedback. Staff interviewed described strategies to support care recipients' independence consistent with documented plans of care. Care recipients interviewed said they are satisfied the home assists them to maintain their independence according to their 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home identifies each care recipient's privacy and dignity preferences during initial assessment processes. Strategies including preferences for preferred name, activities of daily living and lifestyle are documented in care plans. The home maintains processes to

protect care recipients' privacy and confidentiality including consent to collect and disclose personal information. Care recipients have access to lounge and outdoor areas to meet with family and friends. Monitoring processes include care and lifestyle reviews, audits, observation and feedback. Results show care plans include individualised strategies to support care recipients' privacy, and dignity needs and preferences. Staff interviewed described practices to support care recipients' privacy and dignity. Care recipients interviewed said privacy, dignity and right to confidentiality is respected.

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 wide range of activities of interest to them. The home has processes to identify, and record each care recipient's lifestyle needs and preferences, social history, leisure interests and preferred activities. A monthly activity calendar advertises the home's program of activities and special events which caters to care recipient preferences and includes flexibility to include culturally based activity opportunities. Care recipients are assisted to participate in activities of their choice. The ongoing suitability of activities is monitored through lifestyle reviews, audits, surveys, observation and feedback. Results show care recipients' attendance at activities is monitored and care recipients have opportunities to provide feedback in relation to the activity program. Staff interviewed said they have access to information relating to each care recipient's lifestyle and leisure interests and assist care recipients to attend activities of interest to them. Care recipients interviewed said they are supported to participate in activities of interest to them.

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

Care recipients' individual interests, customs, beliefs and cultural and ethnic background are recognised, valued and fostered. The home has processes to identify, assess, monitor and communicate each care recipient's cultural and spiritual needs and preferences. Spiritual preferences, social history and cultural background are recorded in care plans and care recipients are encouraged to participate in cultural and spiritual events of significance to them. Religious services are held on a regular basis with local churches of various denominations providing services at the home. Significant cultural days are celebrated including Latvian and Lithuanian independence days, Australia day, St Patrick's Day, and Anzac Day. Monitoring processes include lifestyle reviews, audits, observation and feedback. Results show care recipients' individual spiritual and cultural needs are documented and supported. Staff interviewed provided examples of support strategies for individual care recipients consistent with documented care plans. Care recipients interviewed said they are satisfied the home fosters and supports their cultural and spiritual needs and preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are encouraged to make decisions and exercise choice and control over care recipients' care and lifestyle. Each care recipient's needs and preferences are assessed on entry to the home. Care plans identify care recipients' preferences for activities of daily living, meals and drinks, sleep, and lifestyle. Care recipients are provided with information on their rights and responsibilities on entry in residential care services agreements, care recipient handbooks and at resident meetings. Care recipients and representatives are encouraged to raise concerns through feedback forms, at meetings and verbally to staff. Monitoring processes include audits, surveys and through care recipient and representative feedback. Results show care recipients are assisted and encouraged to make decisions and choices about their care and lifestyle. Staff interviewed described their responsibilities in supporting care recipients' choices regarding the services they receive.

Care recipients interviewed said they are supported to make choices and decisions about the services offered, their lifestyle needs and preferences.

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

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Prior to entering the home, care recipients and/or representatives are provided with a residential care service agreement which includes information relating to security of tenure and rights and responsibilities. A permanent room change form is completed in consultation with relevant parties before a care recipient changes room either based on request or requirement. Advocacy services are scheduled to provide an education session for both care recipients and staff. Monitoring processes include audits, comments and complaints and results show residential care service agreements are updated to reflect legislative changes and updates. Staff interviewed are aware of the Charter of Care Recipients' Rights and Responsibilities and this information is documented in various handbooks and is displayed in the home. Care recipients interviewed are satisfied they understand their rights and responsibilities and feel secure in their tenure at the home.

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.

In relation to Standard 4 Physical environment and safe systems, regular internal and external audits are conducted to monitor the safety and comfort of the home. Care recipients and staff interviewed are satisfied they are encouraged to make suggestions to improve the safety and comfort of the environment. Improvements are responsive to the needs, preferences and suggestions of care recipients, representatives and staff.

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems implemented over the last 12 months include:

- A staff member identified in January 2016 that staff were having difficulty in easily identifying care recipients’ dietary requirements at meal service. Meal cards, including colour-coded information have been developed and are placed on care recipients’ meal trays. A random audit of lunchtime meals on 15 February 2016 showed that 12 meal cards and meals were correct and consistent. Staff were also observed checking the meal and meal cards when serving care recipients’ meals.
- As a result of a staff suggestion, the flag pole was moved from the car park and is now located between two houses of the home. The new location of the flagpole is safer for care recipients and staff when they are gathered to celebrate/recognise cultural occasions. Feedback from care recipients show that they feel the new location of the flag pole is safer and make celebrating significant events more enjoyable. Other comments included that this location has more shelter, out of the sun and care recipients can sit in chairs at events.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Current Triennial Fire Safety certificate
- Documented food safety plan
- Current food safety council audit
- Mandatory training policy for manual handling and fire and emergency training for all staff.

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.

Examples of education conducted this year in relation to Standard 4 Physical environment and safe systems include:

- Manual handling
- Fire and emergency
- Chemical safety
- Clean linen storage, transport and handling
- Food safety
- Infection control
- Workplace bullying and harassment.

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 actively works towards providing a safe, clean and comfortable environment that is consistent with care recipients' care needs. Care recipients are accommodated in four separate houses, all have single rooms and ensuite bathrooms and have access to communal living, dining and activities areas. Care recipients are encouraged to personalise their rooms to reflect individual preferences and are assisted to maintain a safe environment. The home uses no physical restraint and any potential application of restraint is required to be in consultation with care recipients, representatives, clinical and medical staff. The living environment is monitored through internal and external audits, incident and hazard reporting, preventative and corrective maintenance programs and comments and complaints processes. Results show maintenance issues are reported, investigated and actioned in a timely manner. Staff interviewed are aware of strategies to use in their roles to assist in maintaining a safe and comfortable environment. Care recipients interviewed are satisfied the living environment is safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has Work, Health and Safety (WHS) policies and procedures which guide staff practice. Staff are provided with WHS information during induction and through ongoing training. WHS is a standing agenda item at all meetings and staff have opportunities to raise WHS concerns at staff meetings. Monitoring processes include incident, accident and hazard reporting, internal and external environmental audits and the preventative and corrective maintenance programs. Results show staff incidents/accidents are reported, actioned, investigated and followed-up. Staff participate in annual manual handling training. Staff interviewed confirmed they have access to personal protective equipment and feel safe working at the home.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe environment through the minimisation of fire, safety and security risks. Emergency procedure manuals and evacuation maps are located around the home to assist staff in the event of an emergency. Internal and external maintenance services ensure fire safety equipment is checked according to legislative requirements. The home's security is maintained through evening lock-down procedures and CCTV. Monitoring processes include fire drills, internal and external audits, incident and hazard reporting and comments and complaints. Results show that a recent external audit identified a number of opportunities to improve the home's fire safety system. An action plan was developed from the audit and all suggestions have been actioned. Staff participate in annual fire and emergency training and clinical and management staff have recently participated in fire warden training. Staff interviewed are aware of actions to take in the event of a fire alarm. Care recipients interviewed said they feel safe and secure living in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home maintains an infection control program that meets Australian Government infection control guidelines. There are processes for outbreak management including care recipient vaccination, pest control, and cleaning programs. Care recipient infections are identified by clinical staff and appropriate interventions implemented. Licensed external service providers and internal maintenance staff manage waste and pest control. The home has an audited food safety plan and has processes to manage infectious outbreaks. The infection control program is monitored through feedback, audits, incident reporting and analysis. Results show care recipients' infections are managed effectively. Staff said they attend training in infection control and food safety and have access to appropriate personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides catering, cleaning and laundry services in a manner which enhances care recipients' quality of life and the staff's working environment. Care recipients' dietary needs are assessed on entry and on an ongoing basis and this information is provided to catering staff to assist in the preparation of meals. Catering staff use a four-weekly

rotating seasonal menu, recently reviewed to offer care recipients two choices of main meals each day. The menu has been reviewed by a dietitian to ensure it meets best practice dietary guidelines. Meals are prepared and cooked on-site, taking into consideration care recipients' cultural and individual preferences. Cleaning is conducted throughout the week for care recipients' rooms and communal areas. Laundry services are available on-site for care recipients clothing and linen has recently been outsourced to an external service provider.

Monitoring processes include comments and complaints, internal and external audits, surveys, meeting forums and incident/accident/hazard data. Results show care recipients' needs, preferences and feedback are identified and used in the provision of hospitality services. Staff interviewed said they are satisfied that hospitality services enhance the work environment. Care recipients interviewed are satisfied that hospitality services are provided in a manner which enhances their quality of life and meets their needs and preferences.