



Australian Government

Australian Aged Care Quality Agency

Bannockburn Aged Care Facility

RACS ID 3818
71 McPhillips Road
BANNOCKBURN VIC 3331

Approved provider: Bannockburn Aged Care 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 03 November 2017.

We made our decision on 18 September 2014.

The audit was conducted on 12 August 2014 to 13 August 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

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Audit Report

Bannockburn Aged Care Facility 3818

Approved provider: Bannockburn Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 12 August 2014 to 13 August 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 August 2014 to 13 August 2014.

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

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

Assessment team

Team leader:	Rebecca Phillips
Team members:	Cheryl Conder Lorraine Davis

Approved provider details

Approved provider:	Bannockburn Aged Care Pty Ltd
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Details of home

Name of home:	Bannockburn Aged Care Facility
RACS ID:	3818

Total number of allocated places:	120
Number of care recipients during audit:	107
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Care recipients living with dementia

Street:	71 McPhillips Road
City:	Bannockburn
State:	Victoria
Postcode:	3331
Phone number:	03 5281 1991
Facsimile:	03 5251 1240
E-mail address:	office@ocgroup.com.au

Audit trail

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

Interviews

Category	Number
Management and administration staff	5
Nursing, care and lifestyle staff	17
Care recipients/representatives	16
Environmental/Hospitality/Maintenance	5

Sampled documents

Category	Number
Care recipients' files (including assessments, care plans and progress notes)	14
Observation charts	40
Care recipient agreements	7
Medication charts	15
Personnel files	8
Care recipients' lifestyle care plans and associated documentation	6

Other documents reviewed

The team also reviewed:

- Activity calendars
- Allied health folders
- Assessments and authorisations
- Asset register
- Care plan review schedule
- Care recipients' newsletter
- Care recipients' information package including handbook
- Catering records
- Chemicals register and safety data sheets
- Cleaning / laundry guidelines and schedules

- Clinical competency assessments
- Clinical records and charting
- Comments and complaints folder
- Continuous improvement plan
- Corrective action requests
- Drugs of addiction record books
- Education records, feedback and evaluation
- Essential safety measures manual and log book
- Evacuation list
- External contractors' suppliers list and service agreements
- Fire equipment and maintenance records
- Flow charts and guidelines
- Food safety program and certification
- Incidents, trending and analysis
- Independent medication review reports
- Internal audits and evaluations
- Meeting schedule and meeting minutes
- Memoranda folder
- Menu, dietary information and review
- Mission, vision and philosophy statement
- Position descriptions and duty statements
- Preventative and reactive maintenance schedule and records
- Privacy and consent forms
- Regulatory compliance folder, monitoring compliance tools and associated documentation
- Selected policies and procedures
- Staff and care recipient influenza vaccination record forms
- Staff handbook and orientation package

- Surveys
- Temperature records
- Visitor sign in/out book
- Wound register and management plans.

Observations

The team observed the following:

- Activities in progress
- Archive room
- Call bell system in use
- Charter of residents' rights and responsibilities on display
- Cleaning in progress
- Clinical and general waste management and blood spill kits
- Clinical equipment and supplies
- Daily menu displayed
- Equipment and supply storage areas
- External complaints and advocacy brochures
- Evacuation pack
- Feedback forms and suggestion box
- Fire and safety equipment and signage
- Fire egress and access
- Gastroenteritis kit
- Hand wash stations and hand sanitiser units
- Independence aids being used in dining room at meal times
- Interactions between staff and care recipients
- Internal and external living environment
- Key pad access
- Lifting machines and mobility aids in use
- Medication administration in process

- Medication room, storage and trolleys
- Meal and refreshment service
- Oxygen storage and signage
- Personal protective equipment
- Short observation
- Staff and care recipient noticeboards with information on display
- Staff room
- Wound trolley and supplies.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement plan which includes processes to capture information from a number of sources that identify areas for improvement. These sources include audits, incidents, feedback forms, corrective action requests, surveys, meetings and informal interaction with staff, care recipients and representatives. Management maintain a continuous improvement register which documents improvement opportunities actioned, timeframes established and results evaluated for effectiveness and satisfaction.

Management provide feedback individually or through meetings, memoranda, noticeboards, newsletters and at times, written correspondence. Staff, care recipients and representatives stated they are aware of the continuous improvement process and are satisfied ongoing improvements occur of which they are informed.

Management provided the following improvements relating to Standard 1 Management systems, staffing and organisational development include:

- As a result of a government grant and following consultation with the general practitioners, management set up teleconferencing at the facility. Management purchased technical equipment to facilitate teleconferences between care recipients, their representatives, general practitioners and specialists to accommodate such appointments which previously may have been difficult for some to attend due to distance. Feedback regarding the availability of teleconferencing has been positive by all involved with reports that it has assisted with the provision of information without the need to travel to regional and city centres.
- As part of its staff succession plan the organisation has supported those staff who wish to participate, in obtaining their Diploma of Nursing. Management state it has diversified the skill base and recruitment pool whilst assisting staff to enhance their individual professional learning and development. Staff feedback is positive in relation to this program.

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

Management demonstrate there are systems to identify and monitor compliance with relevant legislation, regulations and guidelines, across all four Accreditation Standards. Management receive information regarding any legislative updates and regulatory changes from the organisation’s head office, government agencies and departments and industry bodies and networks. If the legislative or process change is significant, management amend policies and procedures and provide education and training to ensure staff awareness and subsequent compliance to new regulations. Management also communicate legislative changes to staff, care recipients and representatives via dissemination of relevant publications, memoranda and through regular meetings. Management and staff interviewed were aware of their responsibilities regarding regulatory compliance and of the location of relevant information if required.

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

- current police certificates for all staff, volunteers and external contractors
- notification to stakeholders of the reaccreditation audit

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 skills and knowledge to perform their roles effectively. The home operates a projected in-service education planner which includes topics across all four Accreditation Standards. Contributions to the education planner occur from the results of audits, legislative requirements, annual staff training needs analysis, mandatory education days, externally provided televised education programs and added specific topics in response to care recipient needs. Management support staff attendance at seminars, conferences and workshops, mentor students visiting the home and encourage staff to progress their career pathways.

Education conducted relating to Standard 1 Management systems, staffing and organisational development include:

- assessing the standards
- accreditation – introduction to application and self assessment
- fees and changes from July 2014
- bullying and harassment

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

Management ensure all care recipients, their representatives and other interested parties have access to internal and external complaints mechanisms. Handbooks for both care recipients and staff include information regarding the complaint management process and staff, care recipients and their representatives are provided opportunities to offer feedback at respective meetings. We observed brochures regarding the internal and external complaints process and advocacy service on display. We also noted availability of feedback forms throughout the home and the provision of a locked box in which to submit comments anonymously. A review of documentation confirmed complaints are actioned appropriately and in a timely manner. Staff described their role in assisting care recipients and their representatives to access the complaints mechanism where required. Care recipients and representatives were aware of the process in which to raise complaints and advised they felt comfortable in doing so either in writing, or directly with management and staff.

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 clearly displays its vision, values and philosophy prominently throughout the home. We also observed these statements repeated in a variety of publications the home distributes.

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 organisation's system ensures appropriately skilled and qualified staff deliver care and services in accordance with the current needs of care recipients, regulatory requirements, professional guidelines and the home's policies and procedures. The recruitment process includes interviews, reference checks and an orientation period. Position descriptions for staff in all areas of work define the qualifications, roles and responsibilities required to undertake their duties. Duty statements guide all staff in their practices. The roster reflects adequate levels of staff and skill mix to meet the care needs of care recipients. Staff are satisfied with the number rostered to provide care and the way management supports them to maintain their knowledge and skills. Care recipients and representatives are satisfied with the number, skill and responsiveness of 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. Maintenance staff and contractors maintain and service all equipment through a scheduled and preventative maintenance program. Appropriate personnel evaluate new equipment prior to purchase and arrange for training to be provided for relevant staff before use. Designated staff order catering, clinical and environmental supplies through preferred suppliers and stock monitoring and re-stocking systems are in place. Staff stated and we observed adequate equipment and supplies available and stored securely.

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

Management ensure all stakeholders have access to current information to guide their actions and enable them to make informed decisions in their work roles or lives at the home. On entry to the home all care recipients and representatives receive information regarding care and services available and care recipients' rights and responsibilities are outlined in a handbook and agreement. On commencement of employment all staff receive an orientation package regarding the home's philosophy, processes and procedures and have access to appropriate information to help them perform their role. Confidential material is accessible when required, stored securely and disposed of appropriately and there are systems to back up electronic information. Staff said and observations confirmed management provide relevant information via memoranda, communication diaries, staff meetings, and correspondence attached to payroll slips. Care recipients and representatives stated they have access to relevant information through newsletters, handbooks, notices on display and have the opportunity to attend meetings for regular updates.

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 demonstrate there are systems to ensure externally sourced services meet the home's care and service needs. There are contracts for all health professionals and major suppliers. External services at the home include pharmacy, podiatry, dietetics, speech therapy, physiotherapy, pest control and fire service maintenance. There are processes to ensure the currency of service agreements, professional certification, registration, licences and criminal history checks. Contractors are required to record entry and exit at the main reception area. Management and staff monitor contractor performance and there is a process to manage grievances should any issues arise. Staff, care recipients and representatives are satisfied with the quality and 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

The home has a system that demonstrates improvements in the area of health and personal care. For a description of the overarching continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relating to Standard 2 Health and personal care include:

- In response to an identified need, management purchased equipment to be used during the palliative phase of a care recipient's life to minimise pain and optimise comfort. Following the purchase of this equipment management arranged for all nursing staff to participate in training regarding its use. Management report access to this equipment now ensures timely and continuous delivery of medication to ensure the care recipient remains as pain free and comfortable as possible without the need of relying on external providers to deliver this equipment.
- In response to increasing needs of care recipients, management have introduced the position of clinical care co-ordinator seven days a week. Access to one of the two clinical care coordinators provides consistency in approach to clinical matters and additional support for nursing staff. The addition of this position, seven days a week, has been well received.

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

Management has systems and processes to identify and monitor regulatory compliance obligations relating to health and personal care. For a description of the system refer to Expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to Standard 2 Health and personal care include:

- process for checking annual registered nursing certifications
- medications stored and administered according to legislated processes
- systems and processes in the event of an unexplained absence of a care recipient

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 regarding the home’s education and staff development systems and processes. Management has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to care recipients’ health and personal care.

Education conducted relating to Standard 2 Health and personal care include:

- pressure care management
- strategies for care recipients with aggressive behaviour
- continence management
- palliative care.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Management demonstrate there are systems and processes to ensure that each care recipient's care is consistent with their needs and preferences. All new care recipients have

comprehensive assessments commenced on entry and information from these assessments formulates a care plan. Registered nurses review care recipients' needs on a regular basis as part of the resident of the day process or sooner if care needs alter. Care consultations occur with conversations documented. Incidents are recorded in progress notes and dedicated forms. Staff are well versed in each care recipient's needs and advise they use the care plans and policies to ensure appropriate clinical care is provided. Care recipients and representatives state they are happy with the care provided, to care recipients.

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

Management demonstrate there are systems to ensure appropriately qualified staff identify and meet care recipients' specialised nursing care needs. Complex care plans detail instructions from doctors and health professionals such as the care required for care recipients with swallowing difficulties, catheter care needs or reportable blood sugar parameters with care plan reviews regularly, or when care needs alter. Referrals to appropriate health specialists occur as required and instructions from these specialists are noted in care plans. There is access to appropriate equipment and supplies. Care recipients and their representatives report they are satisfied with nursing staff's ability to attend to their specialised nursing care needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate there are processes to identify care recipients' care needs in relation to allied and other health professionals. After entry, discussion occurs to obtain records detailing previous visits to health professionals such as physiotherapists, podiatrists, dieticians, optometrists, speech pathologists, dentists, audiologists and medical specialists. Care plans, allied health notes and progress notes show input and recommendations from appropriate health specialists. The home assists care recipients to visit allied health specialists in nearby towns when the specialists do not visit the home. Staff are able to demonstrate knowledge of care recipients' care needs from other health and related services. Care recipients and representatives confirm their access to medical and other health care specialists as required.

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

Registered nurses oversee the medication management at the home with medications administered by endorsed enrolled nurses. Policies and resources are available to guide staff in medication administration. Care recipients who wish to self administer their own medication are assessed as capable to do so by their doctor on entry to the home and by a registered nurse each three months or as required. These care recipients lock their medication securely in their rooms. Other medications are stored in lockable trolleys in dedicated rooms. Competencies occur annually for the endorsed enrolled nurses and incidents tabled at appropriate meetings. Medication charts have clearly defined allergies; medication reviews occur by an accredited pharmacist on a regular basis and a pharmacist caters for urgent and out-of-hours orders. Care recipients and representatives report they are happy with the way staff manage their medication.

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 have assessments for any presence of pain and its history on entry to the home. Pain assessments include a numerical scale and for those who are unable to communicate their pain levels a dedicated pain scale is used. Information from the assessments populate the care plans which show strategies such as pillow support, massage, heat packs and repositioning in addition to analgesia. Care recipients with severe pain can have the use of a syringe driver, for the delivery of continuous pain relief. Care recipients and representatives report they are happy with the way staff manage their pain levels.

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

Management and staff demonstrate there is a process to ensure the comfort and dignity of the terminally ill resident. Identification of palliative care wishes occur either on entry to the home or during their stay and these wishes are used to enhance end of life. If the need arises, representatives and the medical practitioner are contacted to discuss extra palliative management procedures and palliative care specialists can be contacted for consultation. Staff describe a range of interventions employed when caring for terminally ill care recipients including the use of a syringe driver, pressure care, additional mouth care, adequate pain relief, skin and eye care to ensure that comfort and dignity is maintained at all times.

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

On entry to the home, care recipients’ nutrition and hydration needs, food preferences, food allergies/ intolerances, any swallowing difficulties and weight management requirements are assessed to inform the care plan. Care recipients are reviewed by the dietitian or speech pathologist if indicated. The menu is reviewed by a dietitian on a regular basis and catering staff are notified of specific and relevant dietary information. A range of texture modified meals, thickened fluids and adaptive cutlery and crockery are available at all meal and snack times. Care recipients are weighed regularly as part of the resident of the day process, or as required and unplanned weight loss is monitored appropriately. A range of nutritional supplements are available and administered as necessary. Care recipients and representatives state choice is respected at mealtimes, fluids are readily available throughout the day and that they are satisfied with the quality, quantity and variety of meals provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin care needs and preferences are assessed on entry to the home. Care plans are individualised and include strategies for ‘at risk’ care recipients such as repositioning, pressure relieving devices, dietary supplements and individual toileting times. Care staff monitor each care recipient’s skin condition and observe for bruises, skin tears and excoriations. Injuries are reported as incidents, documented on a wound care chart and followed up through the incident management system. First aid and follow up wound care and referrals to a wound consultant or specialist are made as necessary. Nutritional supplements, regular podiatry attendance and hairdressing services assist staff with good skin care practice. Care recipients and representatives state they are satisfied with the skin care that care recipients receive.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management and staff ensure there are systems to identify, assess and monitor care recipients’ toileting requirements to ensure that continence is managed effectively and with dignity. Initial bladder and bowel assessments are used to formulate continence management plans and toileting programs. Individual requirements are reviewed as circumstances change and an adequate supply of appropriate continence aids are available to maintain dignity and comfort. Behavioural changes, increased confusion and physiological changes prompt investigation for infection. Fresh fruit and adequate fluids are available throughout the day,

while exercise and good dietary practices are encouraged to promote regular bowel patterns. Urinary tract infections are monitored and treated appropriately.

Appropriate auditing is undertaken to ensure care recipients are provided with the correct continence aids and assistance to maintain 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

Care recipients’ behaviour management needs are assessed when moving to the home and when clinically indicated. During assessments, the triggers are identified and appropriate strategies developed and documented in a care plan in consultation with representatives and staff. Effectiveness of behaviour management strategies is monitored and reviewed appropriately. Behaviour incidents are collated to assist with identifying trends or reoccurrences and thereby improve the management of individual care recipient behaviours. Interventions such as diversional therapy, pain relief, toileting times, noise reduction, and previous interests are actioned to address resident needs. Education is provided to staff on the topics of dementia by external aged care dementia specialists to assist with managing challenging behaviour. The home has a dedicated wing for those care recipients living with dementia in which a calm and relaxing environment is maintained. The home employs a range of therapies and strategies to provide care recipients the freedom to move around whilst remaining in a safe environment. Care recipients and representatives state they feel safe and secure in the home and that their privacy is respected.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients are supported to maintain optimum mobility and dexterity levels through mobility assessments, care planning and exercise programs. Care recipient mobility, strength and transfer requirements are assessed in detail on entry to the home and the care plan formulated with the aids required, including level of staff assistance to maintain independence. Falls data are captured, trended and evaluated through the incident documentation system. All care recipients who fall are referred to a physiotherapist who visits fortnightly, as are those whose mobility/dexterity needs change. Strategies for care recipients’ falls management include completion of falls risk assessments, physiotherapy referral, staff education, use of sensor mats, fall out mats, hip protectors and appropriate footwear. The living environment is noted to be clutter free, and care recipients and representatives state they are happy with the support provided for care recipients to achieve optimum levels of 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

Management and staff demonstrate there is a system to ensure maintenance of care recipients’ oral and dental health. Assessment of care recipients’ oral and dental needs occurs on admission with information detailing assistance required and previous visits to a dentist or dental technician. Staff formulate a care plan with this information which is referred to when assisting care recipients with their oral and dental care. Care plans show the care recipients’ ability to clean their own teeth and assistance required from staff. Following consultation with care recipients and/or representatives, staff organise dental service appointments at a nearby town and where family are unavailable to assist, the home will assist the care recipient to access the dentist. Care recipient feedback indicated a high level of satisfaction with the maintenance of their oral and dental care needs.

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

Care recipients are satisfied the home has appropriate measures in place to manage sensory loss. The assessment process includes all five senses using a specific sensory assessment kit, and strategies to manage sensory losses are documented in the care plan. Care recipients have access to visiting specialists for consultations and are assisted with arranging external consultation where necessary. Outdoor areas for care recipients include a vegetable garden and many care recipients tend to their own potted plants. Care staff are provided with information on the care and management of hearing equipment. The registered nurse reviews and evaluates care using information from care staff, the progress notes and care recipient feedback.

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

A sleep assessment occurs for each care recipient on entry to the home which includes the care recipient's preferred settling and rising routines, whether they have a light snack, environmental preferences and other rituals assist in the formulation of an individualised care plan. Specific strategies and interventions are in place to encourage a natural sleep. Staff evaluate the effectiveness of these measures as part of the resident of the day process, where progress notes are reviewed. Care recipients have their own bedrooms and calming routines are encouraged to enhance the feeling of relaxation toward evening to achieve normal sleep patterns. Care recipients and representatives report staff are extremely helpful in assisting care recipients to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of care recipient lifestyle. For a description of the overarching continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relating to Standard 3 Care recipient lifestyle include:

- In response to an identified need, management increased the hours of lifestyle personnel. Specifically, management introduced a four and a half hour shift in the wing in which care recipients living with dementia reside. This shift commences late in the afternoon and assists in the settling of care recipients who in the past exhibit anxiety and/or agitation at this time. Feedback regarding the introduction of the additional shift has been positive.
- In response to a care recipient’s request to have ‘Skype’ facilities at the home, management set up the necessary equipment to facilitate this. As a result this care recipient as well as others have had increased access with friends and family who are unable to visit the home. Management report the introduction of ‘Skype’ within the home has been well received and assists in enhancing care recipients’ social interaction and their independence.

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

Management has systems and processes in place to identify and monitor regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to Expected outcome 1.2 Regulatory compliance.

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

- policies and procedures regarding reportable incidents such as elder abuse
- the Charter of residents’ rights and responsibilities is displayed prominently throughout the home.
- provision of a residential agreement, reflective of recent legislative changes to all care recipients and/or their representatives.

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 regarding the home’s education and staff development systems and processes. There are systems and processes to monitor the knowledge and skills of management and staff to enable them to perform their roles effectively in relation to care recipient lifestyle.

Education conducted relating to Standard 3 Care recipient lifestyle include:

- elder abuse
- dementia and sexuality in dementia
- using iPads in dementia activities
- care recipient comfort and room checks.

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 of the home. Staff identify care recipients' emotional needs upon their entry to the home and on an ongoing basis. Staff encourage care recipients to decorate their rooms with personal items. Family members are welcomed and invited to participate in the home during the settling in phase and on an ongoing basis. Assessment of care recipients' emotional profile, current situation and needs occurs and lifestyle activities are individualised for care recipients' enjoyment to support emotional needs. Volunteers and lifestyle staff visit isolated care recipients to give them comfort and support. Care recipients are satisfied with the emotional support provided by staff to promote their well-being.

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' independence is fostered and encouraged. Assessment of independence includes the care recipient's physical, cognitive, emotional, social and financial status and any subsequent impact. Staff assist care recipients with communication, mobility and cognitive difficulties to maintain independence according to their preferences. Representatives, friends and volunteers are welcome to assist care recipients in maintaining their individual interests, in participating in outings, controlling their financial matters where appropriate, and maintaining their civic responsibilities. Continued links with local organisations including churches and weekly local shopping activities are encouraged and care recipients attend many activities and events held within and outside the home. Care recipients said they are assisted to maintain their independence and the opportunity to continue friendships and links with community groups.

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 said management and staff recognise and respect their right to privacy, dignity and confidentiality. Staff and volunteers are provided with information relating to confidentiality and respect for care recipients' privacy and dignity through orientation, meetings and policy. Staff described ways to promote care recipients' privacy and dignity such as knocking before entering rooms, addressing care recipients by their preferred names and ensuring privacy when delivering personal care. Files containing care recipients' personal information are

stored in locked areas with access limited to authorised staff and visiting health professionals. Care recipients confirmed staff are respectful of their privacy and dignity at all times.

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 lifestyle program supports care recipients to participate in a wide range of interests and activities according to their choice and abilities. Following entry to the home, lifestyle staff complete a profile of the care recipient's social, life history, important events and leisure interests. In conjunction with the assessments undertaken by care staff that details cognitive, social, emotional and physical abilities, an individualised care plan is developed. Care plans are updated regularly in response to care recipients' changing preferences and needs. An activity calendar is on display and staff assist care recipients to participate in activities. A wide range of activities allowing for cultural, cognitive and individual interests is offered.

Volunteers assist and support the lifestyle program. Evaluation of the program occurs through observation, attendance records, formal activity evaluation, newsletters, meetings and verbal feedback. Care recipients said they are satisfied with the activities offered, the lifestyle program is well-resourced and provides positive results for care recipients.

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 cultural, spiritual beliefs and background are respected and fostered. On entering the home staff discuss care recipients' cultural, spiritual and related dietary needs documenting and communicating this information to relevant staff or work areas. Care recipients are supported to maintain contact with cultural groups as their preference. Cultural resources are available to assist staff in fostering and valuing care recipients' customs. The home celebrates culturally specific days and offers activities reflective of care recipients living in the home. Spiritual services are offered for a number of denominations on a monthly basis. Care recipients stated they are satisfied with the support provided to enable care recipients to maintain their cultural and spiritual lives.

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 or their representatives make decisions and exercise choice and control over lifestyle, services and care. Assessments, care plans and records document choices and preferences and are reviewed regularly by clinical and lifestyle staff. Care recipients have input into the services they receive including their personal care, choice of general practitioner, rising and retiring times, food choices, and their level of participation in activities. Care recipients have the opportunity to provide input regarding the care and services the home provides via the complaints and suggestion systems. Care recipients said they are involved in choice and decision making and are encouraged to express their opinions and comments through meetings and face to face 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 demonstrate they provide information on security of tenure to care recipients and representatives during the initial enquiry stage and on entry to the home. The residential agreement and care recipient handbook includes information on the home's internal security of tenure provisions and care recipients' rights and responsibilities. Consultation regarding relocation occurs with the care recipient and or their representative. Care recipients said they felt secure living in the home and had an understanding of care recipients' rights.

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

The home has a system that demonstrates improvements in the area of physical environment and safe systems. For a description of the overarching continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

Management provided the following improvements in relation to Standard 4 Physical environment and safe systems:

- A care recipient submitted feedback to management stating the blinds in their room were not providing adequate block out. In response management replaced not only this care recipients’ blind but all blinds in the rooms which faced that particular aspect. These rooms now have internal block out blinds to more effectively assist in the regulation of temperature and care recipients are satisfied.
- In response to feedback from staff and care recipients, management appointed an additional cleaner five days a week. Staff and care recipients have since reported cleaners now have the opportunity to do more regular, thorough cleaning without feeling rushed and care recipients report they are satisfied with the level of cleanliness in their rooms and in the home in general.

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

There is system to identify and meet regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- safe storage of chemicals with provision of corresponding material safety data sheets
- availability of a food safety program
- ongoing monitoring of the safety of fire and emergency systems.

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 regarding the home's education and staff development systems and processes. Management has implemented systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to the physical environment and safe systems.

Education conducted relating to Standard 4 Physical environment and safe systems include:

- occupational health and safety representative training
- chemical training
- safe food handling
- 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 demonstrate it is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home provides accommodation in primarily single rooms all of which care recipients are able to personalise with their belongings. Management relies upon regular inspections, audits, incident analysis, and feedback mechanisms to monitor the provision of a safe and comfortable living environment. Private and communal areas are available inside and outside which we observed to be secure, clean and well maintained. Further a specific unit accommodates individuals living with dementia which we observed to be calm and quiet with lifestyle staff delivering regular activities. Care recipients and representatives stated they were satisfied with the environment of the home and care recipients reported they felt 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 are actively working to provide a safe working and living environment that meets regulatory requirements. Designated occupational health and safety representatives monitor

for potential risk through audits, incident and hazard analyses, staff feedback and observation. An occupational health and safety committee regularly meet to address any occupational issues and to ensure a proactive approach in providing a safe environment. All equipment in the home is subject to routine and preventative maintenance. Staff complete manual handling training on commencement of employment, and annually thereafter. We observed chemicals stored securely with access to readily available material data safety sheets. Staff stated they are aware of their responsibilities in reporting hazards and incidents and they stated they feel that their working environment is safe.

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 have implemented systems that staff follow to ensure the provision of a safe environment and one which minimises the risk of fire and other emergencies. Exit signs, clear egress routes, evacuation maps and emergency plans are located throughout the home. Approved professionals test fire alarm systems and fire equipment on a regular basis. Staff are orientated to fire and emergencies procedures on induction and annually thereafter. Staff have access to an evacuation list which is updated as care recipient numbers change and includes mobility status, medical requirements and representative contact details.

Policies and procedures also guide staff in responding to critical incidents. Security systems minimise the risk of unauthorised entry and ample car park facilities provide easy and safe access to the home for staff and visitors alike. Care recipients and representatives reported the home provides a safe and secure environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program to identify and manage infection risks and outbreaks. The program includes an infection surveillance program, data collection, review and actioning of identified trends, internal and external audits and a hand hygiene competency program. Procedures for the management of gastroenteritis and influenza are available to all staff. A vaccination program is available to staff and care recipients. There are supplies of protective clothing and equipment for the disposal of sharps and infectious waste. Food safety, pest control programs and environmental services comply with infection control guidelines. Staff said they receive training on infection control including outbreak management.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services enhance care recipients' quality of life and the staff members' working environment. Meals are prepared on-site. Kitchen staff follow an approved food safety plan and the kitchen has current external registration. Documented processes for updating and communicating changes to care recipients' dietary needs and preferences guide staff practices. Cleaning staff follow schedules to ensure regular cleaning of care recipients' rooms and common areas and demonstrate effective cleaning practices. The laundry has collection and distribution processes to ensure the prompt return of linen and clothing that follow appropriate infection control procedures. Staff label clothing and there is a minimal amount of lost clothing. Management ensure staff receive chemical and infection control training and regularly audit hospitality services. Care recipients said they are satisfied with the quality of hospitality services at the home.