



Australian Government

Australian Aged Care Quality Agency

Bethesda Aged Care Plus Centre

RACS ID 5144
58 TALFORD Street
ROCKHAMPTON QLD 4700

Approved provider: The Salvation Army (Queensland) Property Trust

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 11 December 2018.

We made our decision on 09 November 2015.

The audit was conducted on 07 October 2015 to 08 October 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the 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

Bethesda Aged Care Plus Centre 5144

Approved provider: The Salvation Army (Queensland) Property Trust

Introduction

This is the report of a re-accreditation audit from 07 October 2015 to 08 October 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 07 October 2015 to 08 October 2015.

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:	Bridgette Lennox
Team member/s:	Magdalene Hingst

Approved provider details

Approved provider:	The Salvation Army (Queensland) Property Trust
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Details of home

Name of home:	Bethesda Aged Care Plus Centre
RACS ID:	5144

Total number of allocated places:	50
Number of care recipients during audit:	48
Number of care recipients receiving high care during audit:	33
Special needs catered for:	Not applicable

Street/PO Box:	58 TALFORD Street
City/Town:	ROCKHAMPTON
State:	QLD
Postcode:	4700
Phone number:	07 4922 3229
Facsimile:	07 4922 3455
E-mail address:	fay.teis@ae.salvationarmy.org

Audit trail

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

Interviews

Category	Number
Centre Manager	1
Clinical, Quality and Compliance Manager	1
RN Quality Advisor	1
Area Manager	1
Hospitality Manager	1
Chaplain	1
Registered staff	1
Care recipients/representatives	15
Care staff	6
Physiotherapist	1
Diversional Therapist	1
Environmental staff including catering, cleaning, laundry and maintenance	8
Maintenance Supervisor	1

Sampled documents

Category	Number
Care recipients' clinical files	6
Care recipient's administration files	1
Medication charts	9
Personnel files	3

Other documents reviewed

The team also reviewed:

- Activities/lifestyle documentation
- Audits and audit schedule and results
- Care recipients' information handbook, package and agreement
- Chemical register, safety data sheets and risk assessments

- Clinical guidelines
- Comments and complaints folder and associated records
- Communication books
- Continuous improvement log and feedback forms
- Controlled drug register
- Criminal history records and professional registrations
- Dietary profiles
- Education matrix, resources and attendance records
- Emergency manual and related documents
- Evacuation lists
- Fire and maintenance service records
- Food safety manual and associated records
- Handover sheets
- Hazard forms, risk assessments and safety information
- Incident data and analysis
- Infection data and surveillance information
- Letter informing care recipients/representatives of re-accreditation
- Maintenance records – internal and external
- Mandatory reporting register and associated records
- Meeting minutes
- Memoranda
- Menus and associated records
- Newsletter
- Orientation resources
- Policies and procedures
- Position descriptions and duties lists
- Privacy notice
- Reaccreditation self- assessment

- Refrigerator temperature monitoring chart
- Roster and staff replacement processes
- Staff handbook
- Visitors' code of conduct

Observations

The team observed the following:

- Activities in progress and activity program displayed
- Catering, cleaning and laundry operations in progress
- Communication boards
- Complaint and advocacy brochures and posters displayed
- Equipment and supply storage areas
- Fire equipment and evacuation diagrams
- Infection control equipment in use
- Interactions between staff and care recipients
- Internal and external living environment
- Meal service and dining experience
- Medication administration and storage
- Menu displayed
- Outbreak and emergency boxes
- Posters displaying notice of re-accreditation
- Safety signage
- Secure boxes for feedback forms
- Short group observation
- Staff work practices

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

Bethesda Aged Care Plus Centre (the home) has systems and processes to identify, implement and evaluate continuous improvements through mechanisms including feedback forms, audits conducted across the four Accreditation Standards, reports and investigation of incidents and hazards, collection of key clinical indicator data and meetings. Improvements are logged and raised as agenda items at relevant meetings, actions are planned and monitored before being evaluated through to completion. Stakeholders are provided feedback via correspondence, noticeboards, and meetings. Care recipients/representatives, staff and contracted staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- Management reviewed the staffing model which considered placement of dedicated staff in each wing of the home. Previously staff were allocated to various wings and did not work with the same care recipients on a regular basis. The review resulted in the recruitment and retention of additional staff and an increase in hours allocated to each wing. Management and staff consultation identified specific roles and responsibilities for dedicated staff and the development of duties lists to guide staff practice. Management advised staff are able to “take care recipients for walks or sit and share morning tea” and “get to know” the care recipients. Staff advised the new staffing model has enabled them to be “more aware” of care recipients' individual needs and preferences and they have “more time” to spend with the care recipients.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated to reflect change and are accessible electronically and hardcopy and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, memorandums, communication books and notice boards.

Care recipients/representatives are notified of re-accreditation audits and the organisation has systems and processes to monitor currency of police certificates and designated personnel receive alerts for staff, volunteers and relevant service providers.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has recruitment processes to ensure that management and staff have the appropriate knowledge and skills to perform their roles. Management identify key roles and support staff to maintain the required personal and professional development and education to sustain these roles and responsibilities. Internal and external education sessions are communicated to staff via education calendars, meetings and notice boards. Management monitor the skills and knowledge of staff through, audits, observation of staff practice, attendance of mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. In relation to this Standard relevant education includes customer service and changes to organisational systems.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients/representatives and other interested parties are aware of how to access the complaint mechanisms within the home. Management and key personnel provide opportunities for care recipients/representatives to voice concerns and management maintain an open door policy. Complaints information is published in handbooks and discussed as a standing agenda item at meetings. Complaints are captured through individual or group meetings and management provides either verbal or written feedback to the complainant until the complaint

is closed. Changed processes or requirements to manage the complaint are communicated to relevant staff. External complaints information is displayed and available for care recipients/representatives to access.

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 home's mission statement and values are documented and displayed throughout the home. Care recipients, staff and other stakeholders are informed about the home's philosophy, mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis.

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

Employment processes at the home, include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at annual performance appraisals, competency assessments, audits and attendance at education/training. The home maintains a roster to ensure that there is appropriate and adequate staffing for all shifts, which is reviewed regularly in response to the care recipients' changing care needs. Planned and unplanned leave replacements are maintained from current staffing numbers or agency staff. Care recipients are satisfied that their needs are met by appropriately skilled 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

Processes to ensure there are appropriate goods and equipment available for service delivery include key personnel being responsible for maintaining stock and ordering procedures. Equipment needs are identified by management, staff and health professionals based on the needs and preferences of care recipients. Equipment and stock for specialised health and personal care, lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or corrective maintenance. Care

recipients/representatives and staff are satisfied that adequate stocks of goods and equipment are provided by the home.

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

Systems and processes ensure that management, staff and care recipients/representatives have access to and use of accurate and appropriate information. Processes to provide information to relevant stakeholders include written and electronic correspondence, individual and/or group meetings and memoranda that are distributed and displayed. Electronic information is password protected with access restricted to appropriate personnel.

Information is stored in established areas within the home. Monitoring of the information management system occurs through internal auditing processes as well as staff and care recipient/representative feedback. Sufficient information is provided to staff to enable their duties to be carried out effectively. Care recipients/representatives are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has systems to ensure external services are provided in a way that meets the home's service needs and quality goals. Processes ensure contract/service agreements and information provided remains current in regards to relevant licences, insurance details, registration certificates and police certificates, within the terms of their agreements. Service agreements are reviewed as required and feedback is sought to ensure consistent quality in service delivery processes. Care recipients/representatives and staff are satisfied with the quality of services provided by external suppliers.

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 this Standard, staff record adverse events and this information is analysed for trends. Care recipients/representatives and staff are satisfied that the organisation actively promotes and improves care recipients' health and personal care.

Examples of improvements related to Standard 2 include:

- Management advised they liaise with the local hospital and have established connections with social workers and specialist groups, to support care recipients to receive services at the home, for example, palliative care and intravenous antibiotic therapy. The external providers visit the home to monitor the care recipients and provide education and guidance to staff. Management advised this enables care recipients to remain in the home and reduces the need to transfer to hospital.
- Management advised the physiotherapy hours provided at the home has increased to provide improved pain management strategies for care recipients. Management advised the subsequent benefits have included care recipients are now able to see a physiotherapist in a timelier manner for review of pain, mobility and aids to maintain independent lifestyle. Management advised the physiotherapist is involved with monitoring staff practices to ensure the appropriate skills and equipment is utilised to support care recipients' needs.
- Management advised the electronic care system has had an upgrade which now enables the transfer of assessment information to be immediately reflected in the care plan where previously this was required to be done manually. Management advised this ensures staff have access to current information in a “more timely” manner.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure

compliance with the legislation relevant to health and personal care. In relation to this Standard, there are established systems to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absence 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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting care recipients’ physical and mental health. In relation to this Standard relevant education includes clinical education on behaviour management, pain management, palliative care and care recipients’ specific diagnoses.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes for assessing the clinical care needs of care recipients on entry and as care needs change. Information from a series of focus assessments is used to develop individual care plans in consultation with care recipients/representatives; the care plans are reviewed regularly by nursing staff. Changes to health status are identified and actioned; assessments and care plans are modified if required. Clinical indicators are collated, analysed and strategies implemented to improve care recipient outcomes. Staff practice is monitored through audits, observation of practice, analysis of data and feedback from care recipients/representatives. Care recipients/representatives are satisfied with the clinical 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

The specialised nursing care needs of care recipients are identified and assessed by appropriately qualified staff on entry and on an ongoing basis. Information from assessments is included in care plans that are reviewed regularly and as required by registered nurses.

Examples of specialised nursing provided at the home include diabetes management and management of complex wounds. When necessary, specialist nurses and other health professionals are available to the home for consultation. Staff have access to education, resources and equipment to facilitate the provision of specialised nursing care. Care

recipients/representatives are generally satisfied that care recipients' specialised nursing care needs are being met.

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 have access to a range of allied health professionals in accordance with their needs and preferences. Some allied health professionals are employed at the home; others are accessed externally by the home's referral processes. Where the appointment is external to the home, staff assist the care recipient and/or their representative to arrange transport.

Allied and other health professionals document their assessments and treatments or recommendations; care staff implement the directives. Follow up occurs in consultation with nursing staff and the care recipient/representative. Examples of allied health and related services accessed by care recipients include physiotherapy, speech pathology, podiatry and dental services. Care recipients/representatives are satisfied with access to allied health and other related services.

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 a medication management system where medications are dispensed using a pre-packaged system. Appropriately qualified staff administer the prescribed medications and record administration electronically; electronic and hard copy medication charts provide information such as allergies, photo identification and any special instructions. The home supports care recipients who wish to manage their own medications and are assessed as being able to do so. Medications are stored according to specific requirements and there are systems to manage and account for controlled medications. The home has access to an imprest stock of medications for after hours and emergency use. A pharmacist reviews care recipients' medication in consultation with the respective medical officer. Medication incidents are recorded, reported, investigated and actioned; medication management in the home is monitored by internal audits and regular review of processes and medication incidents. Care recipients/representatives are satisfied with the management of care recipients' 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

On entry to the home, care recipients are assessed for the presence of pain; verbal and non-verbal assessment tools are available. The home has a team approach to pain management

with registered nurses utilising information from assessments to formulate care plans in consultation with the physiotherapist and medical officer; care recipients are assessed regularly for the presence of pain and care plans are evaluated on a regular and ongoing basis. Care and physiotherapy staff have access to and utilise a variety of pain relieving equipment and strategies to manage pain symptoms, including massage, application of heat, re-positioning and the provision of prescribed regular and 'as required' analgesia. The effectiveness of implemented pain relief strategies is evaluated and documented. Care recipients/representatives are satisfied with the management of the care recipients' pain symptoms.

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 consults with care recipients/representatives regarding palliative care needs and preferences, including cultural and spiritual needs. End of life wishes and/or advanced care directives are documented when possible, through initial and ongoing consultation with care recipients and/or their representatives. When a care recipient reaches the end of life stage, they are monitored continuously for symptom management; resources and equipment such as syringe drivers is available to assist with the provision of comfort and pain relief at this time. Nursing and care staff demonstrate relevant skills and knowledge in the management of the terminally ill care recipients and are supported when required by local health care services. Emotional and spiritual support is provided by the chaplain at the home or facilitated as required. Care recipients/representatives are satisfied care recipients' end of life care wishes are known and respected.

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' needs and preferences in relation to nutrition and hydration, including food allergies, are identified and recorded on entry to the home. This information is communicated to kitchen staff. Care recipients' general health and body weight are monitored through the clinical records and the weight management protocol. Unplanned weight loss is identified and addressed in consultation with the dietitian through modification of diet, modification of food and drink textures or provision of food supplements. Where necessary, referral is made to the speech pathologist. Eating aids, such as modified cutlery, are provided to encourage independence at meal times. Care recipients/representatives are satisfied with the way the home meets care recipients' nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients at risk of impaired skin integrity are identified on entry to the home and re-assessed on an ongoing basis. The specific needs and preferences of care recipients are documented on a care plan, including preferences in relation to hair and nail care. Referral to podiatry services is made as required. Risks to skin integrity are managed through the use of repositioning, application of emollients, limb protectors and pressure relieving devices such as specialised mattresses. Skin tears are identified and treated; wound care is provided by qualified staff and evaluation of wound management is undertaken by nursing staff; referral to a specialist wound care nurse is made if required. Care recipients/representatives are satisfied with the assistance provided to maintain care recipients’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care needs in relation to continence management are assessed when the care recipient enters the home and as care needs change. Normal bowel and voiding patterns are identified and where indicated, aids are recommended to assist in maintaining or improving care recipients’ continence. Bowel monitoring is undertaken by care staff and interventions such as increased fluid intake or provision of aperients are utilised when necessary. Toileting programs are included in care plans and staff assist care recipients as required, giving consideration to privacy and dignity. Staff practice is monitored through observation and feedback from care recipients/representatives. Care recipients/representatives are satisfied with the assistance provided to manage care recipients’ continence effectively.

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

When challenging behaviours are identified, the home consults with staff, medical officers, care recipients and/or their representatives in order to identify triggers for the behaviour and to develop behaviour management strategies. Referral to mental health specialists may be made if necessary. Interventions such as redirection, distraction, and one to one activities are documented and evaluated. Staff are knowledgeable of individual strategies identified to prevent or manage challenging behaviours for specific care recipients. Care recipients/representatives are satisfied with the support staff provide to care recipients to minimise behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients’ mobility, dexterity and falls risk are assessed on entry to the home. The physiotherapist, in conjunction with the registered nurse, develops a mobility and transfer plan that directs staff. The care plan is reviewed regularly and as care recipients’ mobility and dexterity needs change. Aids are provided to assist care recipients to mobilise and to maintain their dexterity. Staff are trained in manual handling techniques at orientation, on an annual basis and as needs are identified. Exercise and walking activities are offered to care recipients to maintain or improve their mobility and dexterity. Internal audits monitor the environment for clutter and trip hazards. Falls, should they occur, are reported as incidents, recorded, collated and analysed for trends. Care recipients/representatives are satisfied with the assistance and programs provided to care recipients to maintain or improve their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The oral and dental health care needs of care recipients, including preferences for daily routines, are identified on entry to the home and as care needs change. Care plans are developed to guide staff practice and effectiveness of care is reviewed regularly or as care needs change. Referral to dental services occurs and assistance is provided to access services when required. Resources such as mouth care products are available to meet care recipients’ oral hygiene needs and specialised oral care is provided for those care recipients who are palliating. Care recipients/representatives are satisfied with the oral and dental care provided.

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 assessed for sensory ability and any loss or impairment is identified and a plan of care is developed. Care plans record care recipients’ preferences for management of sensory loss, including the use and type of aids, their storage and maintenance as well as communication strategies. Staff provide assistance with the cleaning and fitting of aids when required. Referrals to specialists are initiated when there is an identified need. The activity program includes activities that compensate for sensory loss, for example, use of audio books. Care recipients/representatives are satisfied with the support provided by the home to assist care recipients to manage care recipients’ sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients’ usual sleep patterns are identified soon after entering the home and this knowledge assists staff to support care recipients to achieve natural sleep patterns in the home. Rising and settling times are known and supported by the staff. Strategies used to manage disturbed sleep include the provision of reassurance, warm/cool drinks and a snack, re-positioning and toileting or continence care. Any potential impacts on natural sleep are identified and addressed, and noise levels are kept to a minimum at night. Where required, referral may be made to the medical officer if sleep disturbances continue. Flexible routines for care recipients assist in optimising sleep and rest. Care recipients/representatives are satisfied with the support provided by staff to achieve care recipients’ natural sleep and rest 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to this Standard, meetings and surveys are used to gather suggestions and feedback is regularly evaluated from lifestyle and care activities. Staff contribute to improvements to care recipient lifestyle with regular meetings and encourage and support care recipients and others to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- The home has established raised garden beds to support care recipients who have a current or past interest in gardening activities. Care recipients are able to independently access the area to grow their own preferred plants. Care recipients are satisfied with the support provided by management.
- Management has established a connection with the local school whereby school children now visit the home for scheduled visits and activities. The children engage with activities such as, craft, gardening and board games. Management, staff and care recipients advised “much fun and discussion” is had during these visits. Care recipients have been invited as guests to attend functions and as judges of competitions run at the school. Care recipients advised they “enjoy” the times spent with the school children.
- Management advised research to support care recipients independence who are living with visual impairment has resulted in the acquisition of coloured crockery and specialised lighting. Staff education was provided to raise their awareness. Care recipients are satisfied with the support provided by management and staff to maintain 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with relevant legislation. In relation to this Standard, the home has systems to

ensure reportable and non-reportable events are managed according to legislative requirements.

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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing training and management and staff demonstrate knowledge and skills relevant to their roles in the maintenance of care recipients' rights. In relation to this Standard relevant education includes compulsory reporting, care recipients' rights and responsibilities, advocacy and privacy and dignity.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients are assisted and supported to adjust to life at the home by being made welcome and being introduced to other care recipients and staff. Initial information about the care recipient is gathered to assist care, activity and chaplaincy staff to get to know them.

Information about the home and the daily routines such as meal times is provided on entry to assist care recipients to settle into their new surroundings. Care recipients' families are encouraged to visit and may join in the activity program, or have a meal with them. The home has processes to identify emotional support needs both on entry and on an ongoing basis; care strategies are documented in care plans that are reviewed regularly and when required. The chaplain has an open door approach to care recipients and participates in the daily activities of the home. Care recipients advised they were supported to adjust to life at the home and also continue to be supported on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The degree of care recipients' desired and functional independence is assessed through focus assessments on entry to the home and when changes to care needs occur. Nursing and care staff and the physiotherapist develop and review the care plans to reflect care recipients' abilities and levels of independence. Aids to assist maintenance of independence such as mobility aids are provided or sourced for care recipients. Care recipients are encouraged to

maintain contacts within the community external to the home through social outings or activities conducted within the home by groups from the community. Care recipients are satisfied with the level of support and assistance provided to them to maintain desired levels of independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The individual needs of care recipients in relation to their privacy and dignity are established on entry. The home provides an environment that supports privacy with the provision of single rooms; care plans reflect the individual needs of care recipients. Staff are aware of privacy and dignity considerations when attending to care recipients' care needs and address care recipients by their preferred names and knock prior to entering care recipients' rooms.

Staff practice is monitored through observation and feedback from care recipients/representatives. Personal information, both electronic and hard copy, is stored and utilised in a manner that supports privacy and confidentiality. Care recipients/representatives are satisfied with the approach used by staff to ensure privacy and dignity are maintained and 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

On entry to the home, information about the care recipient's lifestyle and background is gathered. Social/cultural/spiritual assessments and interviews with care recipients and their families are used to identify the care recipients' interests and to provide them with meaningful social activities. Care plans are developed with input from the care recipients and these are reviewed regularly to ensure they remain relevant to individual care recipients. Care recipients are encouraged to attend planned activities and their wish not to participate is respected. The activity calendar is displayed and communicated to care recipients through the monthly newsletter; the daily activity program is displayed through the home. The program includes large group activities, bus trips, one to one and small group activities.

Attendance is monitored to assist in the evaluation of the program; activities are also evaluated with care recipients at their meetings to ensure the program reflects individual preferences and interests as well as the preferences of the wider group. Care recipients are happy with the range of activity options that are available 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

The identification of care recipients' cultural and spiritual needs occurs soon after entry to the home during the assessment process. Care needs and preferences are reflected in individual care plans that are developed by the nursing and activities staff in consultation with the chaplain. Resources for communication and other information regarding cultural observances may be accessed if required. Specific cultural and religious activities are included in the activity program such as national days and a variety of church services. Care recipients/representatives are satisfied that the care recipients' cultural and spiritual needs and preferences are supported by the home.

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 are informed about their rights and responsibilities through interview before and on entry to the home; written information is also provided in the care recipient handbook and an accommodation agreement is offered to all care recipients/representatives. The home has processes to identify and assess choice and decision-making needs on entry and when changes to care needs occur. Information in relation to care recipients' appointed decision-makers or the presence of an advanced care directive is identified and documented. Care recipients have the right to refuse care or treatment offered and such refusal is documented. Access to internal and external advocacy services can be facilitated. The care recipients' meeting provides them with information to support their choices and decisions. Care recipients/representatives are satisfied with the approach of management and staff in assisting care recipients to make informed decisions about care and lifestyle issues.

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

All care recipients and their representatives are offered written information about the terms of residency prior to and on entry to the home when a formal accommodation agreement is entered into; this provides information on relevant fees and charges, care recipients' rights and responsibilities, and specified care and services. Information about internal and external mechanisms for complaint is provided and displayed. The home has an 'ageing in place' approach to care, but if there is a need for a change of room/home in order to better meet the

needs and safety of the care recipient, consultation occurs with the care recipients and/or their representative prior to any changes being made. Care recipients/representatives are satisfied they understand their rights and responsibilities and feel secure in the care recipient's tenure within 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 this Standard, information collected through reporting mechanisms about hazards, incidents, infections, and the environment and is analysed for trends. Staff and care recipients are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- Management identified the dining experience of care recipients could be improved by refurbishing the combined lounge/dining room. Management and care recipients/representatives consulted relating to the choice of furniture and location of the placement of the dining tables, cabinetry, lounge room and television. The refurbishment consisted of windows replaced with sliding doors to provide care recipients with improved access to the external environment. The home removed fluorescent tubes and have replaced with light fittings that care recipients stated “are like the ones I had at home”. Security screens have been replaced with screens that provide improved support for care recipients living with visual impairment. Care recipients expressed satisfaction with the consultation provided by management and the improvements made in their living environment.
- In consultation with care recipients/representatives and management an outdoor area has been established to provide an additional outdoor area for care recipients and their guests. Furniture, plants and umbrellas were purchased and a scheduled activity of “coffee club” is to commence. The home has liaised with a coffee van to visit the home regularly, to provide opportunities for care recipients and their guests to enjoy “real” coffee. Care recipients are satisfied with the support provided by the home.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. In relation

to this Standard the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of care recipients, staff and visitors in safety and comfort. In relation to this Standard relevant education includes mandatory education for fire and emergency response, manual handling and infection control practices.

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

Monitoring of the living environment occurs through the reporting and actioning of hazards and the investigation of incidents. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Where the need for restraint has been identified, assessment and authorisation is documented and monitoring is undertaken. Care recipients are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable environment to support care recipients' lifestyle needs. The home is secured each evening and lighting ensures a safe environment. Care recipients/representatives are satisfied that management is actively working to provide a safe and comfortable environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Processes and procedures identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment and the home provides information to direct staff practice. Staff are generally aware of the safe use of chemicals and report maintenance issues, hazards and incidents.

Workplace health and safety information is provided during orientation and staff meetings and annual mandatory training contribute to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at work place health and safety meetings.

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 documented policies and procedures to manage fire safety, evacuations and other emergencies. Evacuation plans are located across the site in accordance with regulatory guidelines and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. Mandatory fire safety training and education is provided for staff at orientation and annually and is monitored for attendance. Fire drills are conducted and staff have knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation.

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. Generally regular inspections of the home and observation by management monitor cleanliness and staff practice. The home provides personal protective equipment and sufficient cleaning supplies to minimise the incidence of infection. Regular pest control services are provided and there are processes for the disposal of general, clinical and sharps waste. The food safety program and laundry practices support the infection control program and regular training is provided to staff. Care recipients' infections are treated, recorded and analysed for trends. An outbreak management plan and resources are available to provide a rapid response should an outbreak of infection occur.

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

Care recipients expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Care recipients' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. A dietitian approved menu provides guidance for the provision of meal and beverage services and in consultation with care recipients, alternative meal preferences are provided. Care recipients/representatives are invited to forums to discuss menu issues and their satisfaction with the meals is monitored via surveys. Cleaning, laundry and catering services are monitored to ensure services are provided in accordance with infection control practices and in a way that supports care recipients' needs.