



Australian Government

Australian Aged Care Quality Agency

Blue Care Lawnton Pine Woods Aged Care Facility

RACS ID 5195
260 Francis Road
LAWNTON QLD 4501

Approved provider: The Uniting Church in Australia Property Trust (Q)

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 14 August 2018.

We made our decision on 01 July 2015.

The audit was conducted on 01 June 2015 to 03 June 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



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Audit Report

Blue Care Lawnton Pine Woods Aged Care Facility 5195

Approved provider: The Uniting Church in Australia Property Trust (Q)

Introduction

This is the report of a re-accreditation audit from 01 June 2015 to 03 June 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 01 June 2015 to 03 June 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:	Kimberley Reed
Team member:	Stella Comino

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Q)
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Details of home

Name of home:	Blue Care Lawnton Pine Woods Aged Care Facility
RACS ID:	5195

Total number of allocated places:	93
Number of care recipients during audit:	92
Number of care recipients receiving high care during audit:	92
Special needs catered for:	Care recipients with dementia requiring a secure environment

Street/PO Box:	260 Francis Road
City/Town:	LAWNTON
State:	QLD
Postcode:	4501
Phone number:	07 3881 9489
Facsimile:	07 3882 0721
E-mail address:	l.bartolini@bluecare.org.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Clinical Manager	1
Clinical Nurse Specialist	3
Registered staff	5
Care staff	12
Quality Officer	1
Administration staff	2
Physiotherapist	1
Care recipients/representatives	20
Chaplain	1
Regional Support Officers	3
Hospitality staff	6
Maintenance staff	2
Medical Officer	1
Lifestyle staff	3

Sampled documents

Category	Number
Care recipients' clinical files	11
Care recipients' administration files	5
Medication charts	25

Other documents reviewed

The team also reviewed:

- Accredited food safety program
- Activity description
- Activity schedules/program
- Advance care plan

- Audits and surveys
- Baseline assessment
- Care recipient dietary information
- Care recipient evacuation list
- Care recipients' information handbook
- Catheter change schedule
- Clinical assessments
- Clinical coffee club folder
- Clinical indicator data and analysis
- Communication books
- Complaints register and information
- Comprehensive medical assessment
- Continuous improvement plan
- Contractors' handbook
- Controlled drug registers
- Day sheet
- Deed of variation to move a care recipient
- Dietary assessment/profile
- Direct debit request form
- Duty guidelines and checklists
- Emergency procedure manual
- Evacuation drill records
- Fire system inspection and service records
- Fire warden/emergency officer identification sheet
- Flowchart for suspected urinary tract infection
- Food licence
- Frequency of blood glucose level monitoring and reportable levels
- Handover sheets

- Incident and hazard reports and follow-up
- Incident management plan
- Information folder for on-call registered nurse
- Kitchen temperature monitoring records
- Local emergency evacuation plan
- Mandatory position requirements and training
- Mandatory reporting register and consolidated records
- Manual handling card
- Medication assistance request form
- Meeting minutes
- Memo folder
- Newsletters
- Nurses' registrations
- Orientation program
- Participation list
- Play up program
- Policies and procedures
- Policy amendment information
- Preventive and corrective maintenance records
- Probation and probity 2015 folder
- Quality action plan/checklist
- Residential care service agreement
- Restraint management records
- Restraint observation and intervention record
- Safety data sheets and risk assessments
- Self-assessment
- Self-medicating assessment
- Social and cultural profile

- Spiritual needs assessment
- Staff education records
- Staff roster
- Weight list
- Workbook report
- Wound records/reports

Observations

The team observed the following:

- Activities in progress
- Administration of medication
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen
- Meal and beverage service
- Notice boards
- Short group observation
- Storage of medications
- Utility rooms

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

Blue Care Lawnton Pine Woods (the home) continues to pursue continuous improvement and has implemented improvements in response to the changing needs of care recipients, their representatives, staff and the organisation to meet the requirements of the Accreditation Standards. An annual audit schedule, local checklists, satisfaction surveys and reporting processes for clinical indicators, hazards, incidents and complaints are used to monitor systems and processes. The quality action plan tracks improvement actions to completion and a quality portal allows centralised monitoring of improvement activities at regional and head office levels. Regular meetings for all levels of management, staff and care recipients are used to communicate information about improvements and to evaluate the effectiveness of improvement activities. A staff coach and ongoing staff education ensure staff understand and implement relevant changes and improvements to the home's processes. Care recipients and staff are satisfied improvements continue to be implemented at the home and provided examples to show their suggestions are valued and result in improvements.

Examples of recent improvements relating to management systems, staffing and organisational development include the following:

- The home publishes a monthly newsletter, which includes news and information relevant to all stakeholders. In an effort to improve access to the newsletter and streamline the distribution process, an email database has been developed for all staff, volunteers and care recipients/representatives to enable the newsletter to be emailed to all stakeholders. This has been welcomed by staff, volunteers and by families of care recipients, who now have more information about what is happening at the home.
- Management continually reviews staffing to ensure care recipient needs are consistently met and has increased staffing in response to increased care needs. In addition, staff across the site work as one team and support each other across the seven lodges to ensure that all care recipients' needs are met in a timely manner. Staff feel supported to deliver care in a timely way and care recipients/representatives are satisfied with staff's prompt response to their calls for assistance.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation monitors changes to legislation and regulations and provides information and regular updates to policies and procedures to key personnel on site. Legislative changes and relevant changes to policies and procedures are discussed at all meetings and communicated through the intranet and monthly newsletter to staff at all levels, volunteers and care recipients/representatives, where relevant. Compliance with relevant requirements is monitored through the annual audit schedule, third party reviews, and central registers for monitoring registration and criminal history clearance, registration requirements and competency assessment of staff. Policy and procedure manuals are reflective of legislative requirements, professional standards and guidelines. The home has processes to ensure that staff, volunteers and relevant contractors have a current police certificate and to notify care recipients and their representatives of accreditation audits.

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 accesses organisational educational resources and programs and has a staff coach on site to ensure management and staff have the required knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role-related qualifications; competencies for key duties and operation of relevant equipment are conducted; attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the four Accreditation Standards. Staff training and education is identified through direct feedback from staff, the changing needs of care recipients, observation of practice, audits and surveys. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

Staff have the opportunity to undertake a variety of training programs relating to Standard 1 Management systems, staffing and organisational development, including for example; training in the use of the electronic information systems used by the home, leadership workshops, performance management and quality portal training.

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 encourages feedback from care recipients and their representatives through the use of feedback forms, surveys, regular meetings and an open-door approach.

Information relating to internal and external complaints mechanisms is included in the residential care agreement and handbook. Information about external complaints mechanisms and advocacy services is displayed at the home. Feedback forms are available in the entrance foyer to the home and in the common areas in each of the lodges; locked suggestion boxes are available for confidential complaints. All meetings include complaints as a standing agenda item and a complaints register is maintained. Care recipients/representatives are comfortable approaching management or staff and satisfied the care recipients' concerns are addressed promptly and to their satisfaction.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, values, philosophy and commitment to quality in publications provided to care recipients/representatives and staff and in documents on display throughout the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Day-to-day operation of the home is managed by the Director of Nursing. Permanent staff are employed to facilitate consistent care and services. Sufficiency of staff is monitored through care recipient and staff feedback and adjustments are made as indicated. Staff are employed based on their skills, experiences, qualifications held relevant to the position and positive reference checks. New staff are orientated to the organisation and the home's policies and procedures, values and philosophy, and supported by an experienced staff member until they are comfortable in their role. Position descriptions and duty guidelines are documented to guide staff practice. Ongoing education is provided across a range of topics and staff skills are monitored through observation, competency assessments and regular performance appraisals. Care recipients/representatives expressed satisfaction that staff are prompt and courteous when attending to care recipients' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses organisational approved suppliers and order processes to ensure that adequate stocks of key supplies (linen, food products, medical supplies, chemicals, consumables and continence aids) are available. Orders are checked at the time of delivery to ensure product quality and deficiencies are followed up with suppliers and reported to the procurement office where appropriate. Stocks of goods held on site are appropriately and securely stored. Equipment is purchased through the centralised purchasing process and preferred suppliers to provide a consistent approach across the organisation and ensure equipment is fit for purpose. Equipment is maintained by appropriately qualified personnel through reactive and preventative maintenance programs. Staff and care recipients/representatives are satisfied with the availability of goods and equipment at the home and that equipment is well maintained.

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

Processes are established to ensure information is managed in a secure and confidential manner that includes storage and access to files. Computerised information is password protected and staff have authority to access information relevant to their roles. The home collects and uses key information in relation to care recipient infections, incident data, audits and other care recipient/staff data to assist in the improvement of care and services. Key documents such as policies, procedures and care plans are regularly reviewed and updated. Information is communicated effectively through meetings, memoranda, the organisation's intranet and email communications. Care recipients/representatives are satisfied with consultation processes about issues concerning the care recipients and staff have access to relevant and timely information to perform their roles.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home uses external service providers to provide goods, equipment and specialised services in relation to pharmacy, allied health, equipment maintenance, fire safety and laundry services. The organisation has established a centralised process to manage external service providers through the use of service agreements. Suppliers provide the organisation with relevant licences, insurance details, registration certificates and criminal history checks as required within the terms of their agreements. A monitoring service has been appointed to track service provider documentation and ensure compliance with relevant credentials.

Service performance is monitored on a job-by-job basis and through feedback from staff and care recipients. 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.

Recent examples of improvements in relation to Standard 2 Health and personal care include the following:

- It was identified that staff are disturbed while administering medications to care recipients, thereby increasing the risk of errors. In order to improve safety and timeliness of medication administration processes, management sourced and supplied pink medication vests, which are worn by staff while administering medications to care recipients. Information was provided to care recipients and representatives about the process and its purpose, resulting in improved safety and timeliness of medication administration processes.
- It was observed that some care recipients were having repeated falls, despite the use of bed monitors to alert staff when the care recipient was getting out of bed. Management trialled an under mattress sensor for one care recipient and found this to be effective in preventing falls. More under-mattress sensors were purchased and safety for care recipients has improved as a result.

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 information in Expected outcome 1.2 Regulatory compliance for information about the system to ensure compliance with legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 2 Health and personal care, management ensures that care recipients receive care and services and registered staff are available to provide care as required.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development system and processes. The education program reflects identified training needs relating to Standard 2 Health and personal care. Staff have the opportunity to undertake a variety of training sessions, including for example; A Journey through Dementia, diabetes care and Huntington’s Disease. Clinical staff attend the Clinical coffee club monthly for additional information and education in clinical matters.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients’ clinical needs are assessed on entry to the home through interviews with care recipients and their representatives, and discharge summaries as provided. Baseline assessment data is completed, which guides staff practice until individualised care plans are established. Completion of individualised assessment tools guide staff in the development of care plans. The Clinical Nurse Specialists (CNS) review care plans every three months following a review of care recipient details including assessment data, weight, incident and dietary information and input from staff across all shifts. Care staff are knowledgeable of individualised care recipient requirements, and their knowledge is consistent with care plans. Information relating to care recipients’ health status is discussed at shift handover and recorded in progress notes and handover sheets. Incident reports are created following interruptions to the delivery of clinical care. Incident reports are reviewed by management, entered into an electronic data base and remain active until resolution. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Care recipients/representatives are satisfied with the clinical care provided by staff.

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 home has systems and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, cytotoxic drug therapy, wound management, catheter management, oxygen therapy, pain management and palliative care. Registered staff assess the initial and ongoing specialised nursing care needs, and establish care recipients’ preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered nurses are available 24 hours a day, and oversee and assess

specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised 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

The home has processes to support referral to other health and related services where care recipients’ health needs dictate. Care recipients’ needs and preferences are assessed on entry to the home and on an ongoing basis. Care recipients are supported and encouraged to access other health professionals and health services including podiatry, dietetics, audiology, optometry, physiotherapy, pathology, dementia outreach, speech pathology and dental services. Some services are provided on site and assistance for care recipients to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes are made to care plans and care guidelines as required. Care recipients/representatives are satisfied with the range of and access to allied health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff administer medications and care staff who have completed competency training assist care recipients with their medication. Policies and procedures guide staff in ensuring care recipients’ medication is managed safely and correctly. Medications are stored securely and records of controlled medication are maintained. Those medications required to be stored at specific temperatures are stored within refrigerated confines and are monitored for appropriate storage temperatures. Medications are generally disposed of according to guidelines. Medication incidents capture information related to medication errors and staff or pharmacy practices are reviewed following incidents. Medical officers have developed a list of specific medication which can be administered by registered nurses. Medication charts contain information to guide staff in the administration or assistance required when administering medication to care recipients. Care recipients indicate they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The pain management needs of care recipients are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massages, exercise, heat packs, repositioning and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use.

Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Care recipients are as free from pain as possible and are satisfied with the care they receive to minimise pain.

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

Palliative care strategies and wishes are discussed with care recipients/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney, advance care plans and advance health directives are located in the care recipient records if required. The home is supported by its own palliative care resources and staff trained in palliative care. Specific care instructions are communicated to staff using care planning guidelines, end of life pathways, handover processes and progress notes. Staff have access to palliative care resources such as specialised bedding, mouth care products and pain relief to ensure appropriate care provision. The home has a palliative care support group which provides extra education and support for staff in the delivery of palliative care services. Representatives are encouraged to stay at the home with their loved one and are supported with meals, bedding and pastoral care support as required. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill care recipients.

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’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and menu information forms to guide staff practice. Care recipients’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in diets and fluid requirements. Care recipients are weighed in accordance with their

individual requirements and changes in weight and/or changes in oral intake are monitored by the registered staff to support changes in diet, implementation of supplements and/or referral to the Dietitian and Speech Pathologist if required. Registered staff review all changes recommended by the Dietitian and implements and updates all relevant documentation to ensure accuracy of information. Strategies implemented to assist care recipients to maintain adequate nourishment and hydration include assistance with meals, specialised cutlery and dietary supplements. Care recipients are satisfied with the quantity of food and fluid received.

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 integrity is assessed on entry to the home and planned interventions are included in the care recipients’ care plans to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, pressure relieving mattresses and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in wound documentation, daily handover reports, care plans and progress notes. Wound care is managed by registered staff guided by electronically generated wound care pathways and is delivered in accordance with directives. Staff have an understanding of factors associated with risks to care recipients’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Care recipients are satisfied with the management of their 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 recipients’ continence needs are assessed on entry to the home and on an ongoing basis. Individual continence programs are assessed and developed by the registered staff in consultation with care staff trained in continence management. Care plans and continence profiles direct staff practice and ensure individual care recipients’ preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months. Individualised bowel management programs are developed and include medication and other natural methods. Care recipients are satisfied with the assistance by staff to maintain their continence.

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 are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual needs and risks. Staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist care recipients with challenging behaviours is discussed during handover processes and communicated in progress notes. Behaviour management specialists are accessed when the home requires additional support or advice to support and/or assess care recipients with challenging behaviours. Care recipients requiring protective assistive devices have the relevant authorities and care staff monitor their safety regularly. Care recipients/representatives are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following entry to the home and when there are identified issues relating to mobility. Care plans are developed and reviewed regularly and as required. Staff provide assistance to care recipients with range of movement activities during hygiene cares and through the promotion of regular exercise. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the provision of sensor mats and low set beds. Staff are provided with mandatory training in manual handling techniques. Care recipients are satisfied with the assistance provided to maintain mobility and maximise independence.

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

Care recipients’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in care plans to guide staff practice. The effectiveness of care plans is reviewed regularly and as care needs change. Dental services may be provided onsite and/or assistance is provided to

access the care recipients' preferred dental provider. Resources such as mouth care products are utilised to meet care recipients' oral hygiene needs. Care recipients are satisfied with the assistance given by staff to maintain oral and dental health.

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' care needs in relation to senses such as hearing, vision, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. Care recipients identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care, including hearing aid battery changes and the cleaning of spectacles. The lifestyle program includes activities to stimulate care recipients' senses such as bread making and musical activities. Audiology and optometry specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of care recipients with sensory loss by the use of specific storage areas for large equipment to ensure safe egress. Staff assist care recipients to clean and fit sensory aids. Care recipients are satisfied with the care and support offered to minimise the impact of any sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients' preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist care recipients to settle and remain asleep. Staff have access to snacks for care recipients who require additional nourishment overnight. Medical officers are consulted if interventions are considered to be ineffective. Care recipients are satisfied with the interventions by staff to assist them to achieve their desired 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.

Recent examples of improvements in relation to Standard 3 Care recipient lifestyle include the following:

- In order to better meet the needs of care recipients who are unable or choose not to participate in group activities, the home purchased an electronic tablet for care recipients to use in their rooms. Staff were trained to use the tablet and now one care recipient is involved in an ongoing game of scrabble with staff. The care recipient is satisfied with the challenge and their involvement in an activity of interest to them.
- In line with their approach in providing the least restrictive alternative to ensuring care recipient safety, the home implemented a project to open what was previously a secure wing of the home. Following extensive consultation with care recipients and their representatives, recommendations were made to the organisation to open the secure door to ‘Cypress Lodge’ and install electronic equipment to monitor care recipients who are at risk of becoming lost, should they wander outside unsupervised. The transition was made and care recipients of ‘Cypress Lodge’ are free to wander throughout the home as they choose, while they wear bracelets to alert staff to their whereabouts. Staff have found a significant reduction in challenging behaviours experienced in the Lodge and care recipients are satisfied with their increased ability to choose how/where they spend their time.

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 system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 3 Care recipient lifestyle, for example, the home has processes to manage the reporting of assaults and care recipients’ unexplained absences, to ensure that confidentiality of information is maintained and care recipients are

informed about how their information is used, who has access and for which purpose that access is provided.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development system and processes. The education program reflects identified training needs and staff have the opportunity to undertake training sessions relating to care recipient lifestyle, including for example; person-centred care; "Tailor-Made" and "Play Up".

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients are supported in adjusting to their new home and on an ongoing basis. Care recipients are provided with information about available services prior to entry as well as orientation to the home and their room on entry. Care plans are developed with strategies to assist care recipients emotionally such as one-on-one visits and activities to assist with adjustment to the home. Care recipients are welcomed to the home with a floral arrangement and a greeting card. The maintenance of social, cultural and community links is encouraged by the home as is the inclusion of items of personal significance in rooms. Ongoing emotional support needs are monitored through staff interactions with care recipients, care plan reviews and surveys. Care recipients are satisfied with the support received from staff during their settling in period and with the ongoing support provided by staff and management.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. Assessment processes identify previous interests and lifestyle as well as their current interests and abilities. The information assists with development of care plans that maximise individual opportunities to maintain independence. The home's lifestyle options offer a range of activities designed to maximise physical strength and independence and include craft activities and visits to local clubs. Care recipients are assisted and encouraged to maintain friendships and participate in the life of the

community within and outside the home. Care recipients are encouraged to use available aids such as spectacles and walking frames to maintain their independence. Care recipients are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home maintains a supportive environment that protects care recipients' privacy and dignity. Entry processes provide care recipients with information about their rights, including their right to privacy; staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality regarding aspects of care requirements and personal information. Established administrative processes protect care recipients' personal information. Staff are knowledgeable and demonstrate respect for care recipients' privacy and dignity and individual preferences while providing care and services. Care recipients are satisfied staff are respectful of their privacy and dignity when caring for them.

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 home offers care recipients lifestyle options that incorporates a range of interests and activities. Social and nursing care assessments are completed for each care recipient, capturing information that assists with determining care recipients' individual participation levels. The home offers one-on-one options (including hand massages and reading) for care recipients who choose not to be involved in group activities; these options are often facilitated by volunteers who support the home. Group activities are designed around care recipients' preferences and suggestions and are held in various areas of the home. Staff state that bingo, happy hour and music therapy are popular choices for the care recipients. Care recipient participation is monitored through entries in activity records and satisfaction is gained through meeting forums and surveys. Care recipients are assisted to participate in activities of choice and are satisfied with the lifestyle options offered at the home.

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' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. Religious services are held regularly at the home and care recipients are assisted and encouraged to attend services as desired. Celebrations are held to mark

days of cultural and religious significance, with the home able to provide special meals on these occasions. Staff are aware of care recipients' individual spiritual needs. Pastoral care is provided by the home's Chaplain who is also available after hours. Care recipients' cultural and spiritual needs are monitored through care recipient/representative feedback and survey processes. Care recipients are satisfied their cultural and spiritual needs and preferences are respected and supported.

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 provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Care recipients and their representatives are encouraged to be actively involved in these activities. Care recipients' choices are identified through initial and ongoing assessment processes, surveys, comments and complaints processes and daily contact between staff and care recipients.

Staff respect and accommodate care recipients' choices, encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to activities. Registered staff assess individual care recipient choices against risk indicators and the rights of other care recipients. Opportunities for care recipients to exercise their decision-making rights are monitored through care plan evaluations, care recipient feedback and surveys. Care recipients are satisfied with choices offered in matters relating to the care and services they receive.

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 care recipients have secure tenure within the home and understand their rights and responsibilities. On entry to the home care recipients are provided with information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Residential care agreements are offered to all care recipients and include details regarding security of tenure and care and services provided. Care recipients and/or representatives are consulted where changes may require a move within the home or to another home. Staff are informed of care recipient rights through orientation and ongoing training and care recipient satisfaction is monitored through surveys and feedback. Care recipients are satisfied they have appropriate access to information regarding their rights and feel secure in their tenure.

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.

Recent examples of improvements in relation to Standard 4 Physical environment and safe systems include the following:

- In response to concerns about staff safety at night, management allocated funds to enclose walkways and to install equipment to improve the range of duress alarms worn by staff. Staff report they feel safe at night.
- Maintaining the extensive gardens was proving difficult due to the increasing cost of water. A natural bore at the back of the premises was reinstated and is now fully operational, feeding the irrigation system. Care recipients and their families have expressed satisfaction with the improvements to the gardens, which are now well maintained.

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 system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 4 Physical environment and safe systems, for example, management ensures that staff attend mandatory training in fire safety, safety and safe work practices and infection control. A food safety plan is in place and third party inspections are conducted as required.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development system and processes. The education program reflects identified training needs and staff have the opportunity to undertake a variety of training sessions relating to the physical environment and safe systems, such as safe chemical handling, food safety, supplement thickeners and fire safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment provides for the safety and comfort of its care recipients. The property team on site responds promptly to maintenance requests and is supported by a corporate team that manages external contractors, who attend as required. Care recipients are accommodated in single rooms with ensuite and some shared bathroom facilities; staff monitor the rooms to ensure furniture is safe and trip hazards are eliminated where possible. Common areas are easily accessed for meals and lifestyle activities. Incidents involving care recipients are documented and followed up in the care recipient's care record and through the falls management system as appropriate. Assessment and review processes are in place to ensure care recipients are safe in a minimal restraint environment. Internal temperatures and ventilation are generally comfortable. Secure accommodation is provided for care recipients requiring environmental restraint. All care recipients requiring physical or environmental restraints are assessed and regularly reviewed to ensure the restraint is appropriate and safe. Care recipients/representatives are satisfied with the maintenance and comfort of the living 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

A workplace health and safety framework is established, including a team of advisors who support staff and volunteers to provide a safe workplace. The home's safety system is supported by a site-specific induction program, including safety and safe work practice elements and incident and hazard reporting and management processes. Policies and procedures are updated in response to legislative changes and staff are provided with information and training as required. Issues raised from regular environmental inspections are addressed promptly or included in the quality action plan to ensure significant and systemic

issues are prioritised and tracked to completion. Maintenance is conducted on buildings and equipment to ensure safety and useability. Chemicals are stored securely and current safety data sheets are accessible to staff. Staff are familiar with incident and hazard reporting processes and satisfied with management's response to issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Fire detection and alarm system, fire-fighting installations and equipment, and emergency lighting are regularly inspected and maintained in accordance with the relevant standards. Fire exits and pathways to exit are free from obstacles and exit doors operate in accordance with requirements. Fire evacuation drills are conducted and results discussed at staff meetings. The names of designated fire wardens and emergency officers are recorded daily for all shifts and attached to the roster for easy reference in the event of an emergency. Processes ensure that quick and easy access to current care recipient information is available in the event of an emergency evacuation. All staff have received fire safety training within the last 12 months. Staff have an accurate knowledge of fire and emergency procedures and their role in the event of an alarm and evacuation. Security procedures are in place and consistently implemented to protect care recipients and staff.

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 and is supported by an Infection Control Committee. The program is based on the identification and treatment of infections, staff education in infection control including hand washing and the collation and analysis of infection data. In addition, processes for care, catering, cleaning and laundry are designed to minimise the risk of cross infection. Hand washing facilities are located throughout the home and staff have access to personal protective equipment. Food is stored safely; temperature monitoring of cold food and of heated foods, storage and serving is conducted in accordance with the home's food safety plan. Staff and care recipients are encouraged and supported with regular immunisation programs. The home has policies and work instructions to guide staff in infection control practices and outbreak management. Care recipients are satisfied with the actions of staff to control the risk of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering processes have been revised to provide improved quality control of meals and improved use of staff resources to meet the individual needs of care recipients. Catering staff have been trained and implement quality monitoring processes to ensure food safety. Meals are prepared on site and temperatures are monitored consistently to ensure safety and care recipient satisfaction. Care recipients are consulted about their preferences and their requests are considered and provided where possible. Equipment and supplies of cleaning products are available and in good working order. Cleaning staff are informed about any issues where additional precautions may be required in relation to cleaning of care recipients' rooms. Laundry services are outsourced and the home's laundry staff sorts and distributes care recipients' clothing on return from the commercial laundry. Care recipients are satisfied with the catering, cleaning and the care taken with their clothes. Staff are satisfied with their working environment.