



Australian Government

Australian Aged Care Quality Agency

Blue Care Mackay Homefield Aged Care Facility

RACS ID 5122
87-95 George Street
MACKAY QLD 4740

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 05 May 2018.

We made our decision on 27 March 2015.

The audit was conducted on 17 February 2015 to 19 February 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
Australian Aged Care Quality Agency

Audit Report

Blue Care Mackay Homefield Aged Care Facility 5122

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

Introduction

This is the report of a re-accreditation audit from 17 February 2015 to 19 February 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 17 February 2015 to 19 February 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted three 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:	Chris South
Team member/s:	Kimberley Reed Mary Allen

Approved provider details

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

Details of home

Name of home:	Blue Care Mackay Homefield Aged Care Facility
RACS ID:	5122

Total number of allocated places:	69
Number of care recipients during audit:	34
Number of care recipients receiving high care during audit:	33
Special needs catered for:	Wandering dementia

Street/PO Box:	87-95 George Street
City/Town:	MACKAY
State:	QLD
Postcode:	4740
Phone number:	07 4951 4966
Facsimile:	07 4953 4595
E-mail address:	homefield@bluecare.org.au

Audit trail

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

Interviews

Category	Number
Residential Service Manager	1
General Manager	1
Clinical Nurse	1
Registered staff	4
Care staff	8
Activities Officer	1
Speech Therapist	1
Chaplain	1
Human Resource Manager	1
Care recipients/representatives	11
Volunteers	2
Hospitality staff	4
Maintenance staff/contractor	4
Administration Officer	1
Cluster support officers	3
Physiotherapist	1
Safety staff	2

Sampled documents

Category	Number
Sets of care recipients' clinical and lifestyle records	8
Personnel files	7
Medication charts	10

Other documents reviewed

The team also reviewed:

- Activity descriptions and evaluations
- Agency staff orientation folder

- Audit reports and action plans
- Cleaning program and duties list
- Client evacuation lists
- Complaints, compliments and complaint investigation reports
- Consumer protection: reporting requirements
- Correspondence with external service provider
- Decision making flow charts
- Deed to vary agreement document
- Emails
- Emergency contact lists
- Emergency evacuation plans
- Evacuation improvement assessment forms
- Facility emergency response and evacuation coordination
- Fire detection systems: maintenance and record reports
- Fire safety defect notifications
- Food safety program external audit report
- Food temperature monitoring records
- Incident and infection data
- Incident register, reporting and trending
- Learning and development feedback forms
- Legislation/standards monthly compliance report
- Local disaster management plan
- Maintenance program, work requests and records
- Mandatory reports folder
- Memoranda
- Menu and meal selection records
- Minutes of meetings
- Monthly policy updates

- New resident welcome pack
- Newsletter
- Pest preventative service records
- Position descriptions
- Procedure for backfilling staff
- Resident agreement
- Resident handbook
- Resident list
- Resident movement documentation
- Risk register
- Safety data sheets
- Staff information documentation
- Staff orientations and inductions information
- Staff training records
- Technical service call reports
- The home's self assessment.

Observations

The team observed the following:

- Activity program on display and activities in progress
- Administration of medication
- Emergency assembly points
- Equipment and supply storage areas
- Fire fighting equipment
- Handover processes
- Information about internal and external complaint mechanisms, advocacy services and Charter of Care Recipients' Rights and Responsibilities on display
- Interactions between staff and residents
- Internal and external environment

- Meal and beverage service
- Operation of catering and laundry services
- Reaccreditation audit notices on display
- Secure suggestion/feedback boxes accessible
- Short group observation
- Sign in/out books
- Staff rooms
- Storage of medications.

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 Mackay Homefield Aged Care Facility (the home) has a quality action plan to capture suggestions for improvement, actions taken, responsibilities and outcomes achieved. Multiple mechanisms assist in the active pursuit of continuous improvement including completion of improvement forms, surveys, clinical indicator analysis, meetings and audits.

Feedback relating to improvements is communicated through meeting minutes, memos and display of the Quality Plan. Residents, representatives and staff are satisfied improvements continue to be implemented at the home and their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- The Residential Service Manager (RSM) identified an opportunity to enhance the accessibility of self-paced learning opportunities for staff by making provision for staff to borrow digital video discs (DVDs) to use at home. Following viewing of DVDs staff complete questionnaires which are submitted for assessment. In addition, incentives are offered to staff for completing the training sessions and the RSM advised staff are responding well to the initiative.
- Through observation and review, the Support Officer Care (SOC) identified staff were not consistently reviewing information in relation to regulatory and legislative changes impacting on their area of responsibility. In response, a folder containing policy and legislative updates has been created and is stored in the nurses' stations and main kitchen providing easier access for staff. Changes are also being communicated via memos and at staff meetings. Staff knowledge is also being audited on a twice yearly basis to ensure their knowledge remains current.
- Following a suggestion from a staff member an electrolyte drink for staff to use during the hot weather has been made available. A cooler was purchased to store the drinks and following staff feedback a second cooler to improve staff access to the drinks has been purchased. Management advised availability of the drinks has enhanced staff hydration levels.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has a policy review and development process in place which includes input from the home. The home receives electronic alerts relating to updates and changes and personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines via a fortnightly electronic staff newsletter, memos, staff meetings, email and education sessions. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. There are systems to monitor compliance; to notify residents and their representatives of the re-accreditation audit; to present self-assessment information and to ensure all relevant personnel have registrations and a current police certificate.

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 organisation’s Learning and Development Framework (L&D) consists of programs and guidelines for staff orientation, mandatory training, performance development and review. The home provides an education program for management and staff based on identified needs, legislative and organisational requirements. Rostering strategies, self-directed learning packages, organisational and external specialists are used to improve access to education and training opportunities. Staff have an obligation to attend mandatory education and their attendance is monitored by key personnel; measures are taken to action non- attendance at essential training. Management monitor the skills and knowledge of staff using audits, competency assessments, a staff training needs analysis and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations. Residents and/or their representatives are satisfied with the performance of management and staff.

Examples of training and education topics relevant to Standard 1 include:

- human resources people development
- discrimination and harassment
- orientation, code of conduct and values
- consumer protection
- continuous improvement
- documentation.

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

Residents, their representatives, staff and interested persons have access to internal and external complaint mechanisms. Information about how to access complaint mechanisms is provided in documents such as the resident agreement, resident handbook and newsletter. In addition, brochures and posters from the Aged Care Complaints Scheme, advocacy services and the organisation are on display. Residents may also provide feedback to management about care and services through resident meetings. Facilities are available to enable the submission of confidential complaints. Complaints are investigated by senior staff and feedback is provided to complainants. Information obtained through complaints mechanisms is an input to the organisation's continuous improvement system.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has a range of hardcopy and electronic documents that reflect the service's vision, values, philosophy, commitment to quality and sustainability.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has recruitment and selection processes for employing staff which identify their skills and qualifications. An electronic program is used to manage recruitment processes from the vacancy notification to the personnel appointment stage. Staff receive position descriptions, undergo a process of orientation and ongoing education and training to acquire and/or maintain the skills and knowledge required to perform their roles effectively.

Sufficiency of staff is monitored through benchmarking of hours of service delivery, staff turnover, sick leave, overtime, use of casual staff and leave liability. Staffing hours and rosters are adjusted and reviewed to meet residents' needs and in consultation with staff. The home has processes for replacing staff on planned leave or unexpected staff absences. Residents and/or their representatives are satisfied there are sufficient staff responsive to resident needs and requests.

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

Staff and residents and/or their representatives are satisfied with the availability of goods and equipment at the home and that the equipment is well maintained. There are processes for the ordering of goods with quality checked on delivery. Stock is rotated and use-by-dates are monitored as appropriate. There are processes to monitor and maintain equipment and key personnel authorise purchase and repairs of equipment. Where relevant, staff are provided with education when new equipment is purchased. Maintenance schedules identify timeframes for scheduled maintenance and maintenance requests submitted by residents and staff are recorded and signed off when the work has been completed.

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

There are systems to enable staff and management to access sufficient and reliable information for appropriate decision making. Policies, procedures and forms are reviewed regularly and updated as required. Confidential information is stored securely and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as a back-up system for computer records with access to residents' and staff records being restricted. Meetings are held regularly to support information sharing. An activity calendar, newsletters and personal communication opportunities are used to inform residents of daily activities. The archiving process is managed in accordance with regulatory, organisational and work station storage requirements. Staff and residents and/or their representatives are satisfied communication of information is timely and management regularly communicate with them to ensure they have current information.

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

Service agreements and contracts are established and reviewed for externally sourced services. A tender process is used for all external service contracts with service agreements developed for external service providers. Performance of external service providers is monitored and feedback is obtained from staff and residents or their representatives. New contractors complete an induction process and service providers sign in/out when visiting the home. An organisational help desk is available to assist the RSM to action out of hours requests for services. Management and staff are satisfied external service providers are responsive to the needs of the home.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system in relation to residents' health and personal care. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- An audit and review of three monthly care planning reviews conducted by the SOC identified inconsistency in the timeframes for the reviews. As a result, a calendar for reviews has been developed to ensure a time is allocated for each review and that multiple reviews are not planned for the same day. The reviews due are discussed at the daily staff meetings and the Clinical Nurse (CN) is responsible for monitoring the completion of reviews. The SOC advised that at the end of January 2015 all three monthly reviews had been completed within the timeframe.
- The home has implemented a handover process which includes a daily teleconference with the home's regional Support Officer (SO) and the registered staff on duty. The teleconference is held each morning and includes a discussion relating to relevant clinical issues occurring at the home and provides support and guidance for the registered staff. The SO is able to remotely access the home's electronic management system and is kept up to date with incidents, progress note entries and other supported documentation. We observed this handover process during the audit and registered staff interviewed stated it is a valuable and informative process.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to health and personal care. There are systems for checking nursing and allied health practitioner registrations, and systems for storage, checking and administration of medications. Registered nurses assess, plan and evaluate resident medication and care needs. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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

The home provides management and staff with a learning and development program to enable the maintenance and improvement of clinical skills. Education in clinical issues is derived from changing resident needs and through continual review of training needs.

Competencies for clinical skills are conducted annually or as required. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system.

Examples of training and education topics relevant to Standard 2 include but are not limited to:

- cardiopulmonary resuscitation
- dealing with challenging behaviours
- memory support
- stomal therapy
- medication management
- pressure injury
- wound dressing training
- glucometer control test
- cytotoxic therapy.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ clinical needs are assessed on entry to the home through interviews with residents and their representatives, and discharge summaries as provided. A baseline assessment 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. Registered staff review care plans every three months following a review of resident details including weight, incident and dietary information and input from staff across all shifts. Care staff are knowledgeable of individualised resident requirements, and their knowledge is consistent with care plans. Information relating to residents’ health status is discussed at shift handover, daily teleconferences with support staff and recorded in progress notes and handover sheets. Incident reports are created following interruptions to the delivery of clinical

care. Incident reports remain active until resolution. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required.

Residents and/or their 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 residents. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, oxygen therapy, anti-coagulant therapy, dialysis care, wound management, pain management and palliative care. Registered staff assess initial and ongoing specialised nursing care needs and establish residents’ preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are generally evaluated regularly or as required.

Registered nurses are available 24 hours a day, and oversee and assess specific care requirements. Residents and/or their 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 residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including podiatry, dietetics, physiotherapy, pathology, speech pathology and dental services. Some services are provided on site and assistance for residents 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. Residents and/or their 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

Residents’ 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. Medications are administered by registered staff. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Residents who prefer to self-administer their medication have relevant and current authorities. 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 generally monitored for appropriate storage temperatures. Medication incidents capture information related to medication errors and staff or pharmacy practices are reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to residents. Residents indicated 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 residents 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, massage, heat packs, gentle exercise 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. Residents receiving regular pain medication are reviewed weekly by registered staff to ensure regimes are current and adequate. 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. Residents 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 residents or representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and advance health directives are located in the resident records if required. The home is supported by its own palliative care resources and local hospital services as required.

Specific care instructions are communicated to staff using care planning guidelines, handover processes and progress notes. Staff have access to palliative care resources such as syringe drivers, specialised bedding, mouth care products and pain relief to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

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

Residents’ 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 dietary profiles to guide staff practice. Residents’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents 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 dietician and speech pathologist if required. Registered staff review all changes recommended by the dietician and speech pathologist and update all relevant documentation to ensure accuracy of information. Staff have a general understanding of residents’ dietary requirements. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, specialised cutlery and dietary supplements. Residents 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

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ 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 electronic wound care pathways. Wound care is delivered in accordance with directives and reviewed weekly by registered nurses. External advice or assistance is sourced from wound specialist services if required. Staff have an understanding of factors associated with risks to residents' 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. Residents 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

Residents' continence needs are assessed on entry to the home and on an ongoing basis. Residents' 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 residents' 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. Residents 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

Residents 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 resident needs and risks. Staff support residents 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 residents 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 residents with challenging behaviours. Residents and/or their 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

Residents’ mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following identified issues relating to mobility. Care plans are developed and reviewed regularly and as required. Staff provide assistance to residents with exercise, balance and range of movement activities. 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 hip protectors and low set beds. Staff are provided with mandatory training in manual handling techniques. Residents 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

Residents’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the residents’ care plans to guide staff practice. The effectiveness of care plans is reviewed regularly and as care needs change. Dental services are provided predominately by the local hospital and/or assistance is provided to access the resident’s preferred dental provider when required. Resources such as mouth care products are utilised to meet residents’ oral hygiene needs. Residents 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

Residents’ 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. Residents identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care. The lifestyle program includes activities to stimulate residents’ senses such as 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 residents with sensory loss by the use of specific storage areas. Staff assist residents to clean and fit sensory aids. Residents 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

Residents’ 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 residents to settle and remain asleep. Staff have access to snacks for residents who require additional nourishment overnight. Residents’ medical officers are consulted if interventions are considered to be ineffective. Residents 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

The home has a continuous improvement system in relation to residents’ lifestyle. Refer to Expected outcome 1.1, Continuous improvement for details on the home’s overall system.

Examples of recent improvements relating to resident lifestyle include, but are not limited to:

- The home has introduced a pet therapy program with a dog visiting individuals and groups of residents on a daily basis. A board has been established to display photos of the dog interacting with residents with photos also being made available to families. During our visit we observed residents asking to see the dog and interacting with her. Residents and staff provided positive feedback in relation to the program.
- In order to inform clinical and care staff of the names of residents going on bus outings the activities staff have developed a ‘bus outing form’. Following implementation and evaluation the process has been improved with the development of a ‘bus outing trip sheet’. Residents participating in external activities are listed on the sheet and feedback from staff in relation to the improvement has been positive.
- In response to a suggestion from the RSM a monthly happy hour for residents commenced in November 2014. As a result of positive feedback received from residents the frequency of the happy hour has been increased and is now offered weekly. In addition, a happy hour/barbeque group for men, facilitated by male staff, has also been established.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to resident lifestyle. Residents and/or their representatives are provided with a resident agreement and resident welcome pack. The resident information materials detail information relating to resident security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and residents’ rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

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

Education in leisure and lifestyle issues is derived from changing resident needs and through review of training needs. Staff are offered opportunities to access continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of training and education topics relevant to Standard 3 include:

- mandatory reporting
- loss and grief
- elder abuse.

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

Residents and/or their representatives are satisfied with the support provided by staff when moving into the home and are satisfied with ongoing support. New residents are provided with a 'welcome' information pack. Assessment processes, including interviews conducted by the Chaplain are used to identify residents' personal history and emotional support needs or preferences. This information is integrated into care plans and care records and communicated to care, lifestyle and hospitality staff. The type and level of support provided is individualised for each resident. Staff including the Chaplain, regularly review care records to ensure emotional support information is current. The support provided is adjusted as residents' needs change.

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

Assessment processes are used to identify residents' needs or preferences in relation to independence. This information is integrated into care plans and care records and communicated to care, lifestyle and hospitality staff. Staff regularly review care records to ensure information is current. The type and level of assistance provided is individualised for each resident and adjusted as needs change. The home has links to numerous community

visitor and interest groups. Bus trips to local shopping centres are a regular event on the home's activity program. Residents and/or their representatives are satisfied with the assistance provided to maintain independence, friendships and community participation.

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

Assessment processes are used to identify residents' needs or preferences in relation to privacy and dignity. This information, individualised for each resident is integrated into care plans and care records and communicated to care, lifestyle and hospitality staff. Staff regularly review care records to ensure this information is current. As staff deliver care and services, they use practices designed to maintain residents' privacy and dignity. Design features of the living environment support residents' privacy. Residents' information is generally confidentially managed. Staff discuss care issues and meet with residents in private. Residents and/or their representatives are satisfied with the standard of privacy, dignity and confidentiality provided at the home.

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

Residents and/or their representatives are satisfied with the encouragement and support to participate in leisure interests and activities. Assessment processes are used to identify residents' needs or preferences in relation to their past and present interests and activity preferences. Lifestyle staff regularly review care records to ensure this information is current. The home's activity program is based on residents' interests and activities. The program includes single person activities, group activities, activities based on common interests such as music, games or gardening and community based activities. The program is discussed with residents and evaluated to ensure they meet residents' requirements. Copies of the monthly activity program are provided to residents and they are also informed daily.

Residents are encouraged, supported and assisted to choose what they want to do and how to participate.

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

Residents and/or their representatives are satisfied the home values and fosters cultural and spiritual life. Assessment processes, managed by the home's chaplain are used to identify

residents' needs and preferences in relation to their interests, customs, beliefs, culture and ethnic backgrounds. This information is incorporated into residents' care plans and regularly reviewed to ensure it is current. The home recognises culturally commemorative events and special days. Religious services from a range of denominations are held in the home's chapel. Residents are assisted to attend services and cultural events in the community and pastoral care is provided. Residents' customs, beliefs and ethnic background are considered within the home's palliative care program.

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

Residents and/or their representatives are satisfied they participate in decisions about care and services received and are enabled to exercise choice and control. Residents and/or their representatives are satisfied other residents do not infringe on their rights. The home has processes to obtain consent from residents or their next of kin about care and services received. Where a resident has chosen to appoint a person to make decisions on their behalf by making an enduring power of attorney this information is available to staff and this person is contacted when required. Residents and representatives are consulted in assessment and care planning processes and are enabled to exercise choice. Residents participate in meetings that enable communication with management and reviews of key processes such as catering services and lifestyle activities. Staff assist residents to make choices during the daily delivery of care and services.

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

The organisation has established a range of systems to ensure residents have security of tenure and understand their rights and responsibilities. Residents are offered a Resident Agreement and this agreement establishes residents' security of tenure. There is a process to amend an agreement through consultation if residential needs or preferences change.

Additional information about security of tenure is provided through the resident handbook and associated documents. In addition, residents are provided with a 'Welcome' pack which includes information about their rights and responsibilities, advocacy, privacy and complaints mechanisms.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement for details on the home’s overall system.

Example of recent improvements in the physical environment and safe systems includes:

- In response to observations and suggestions from care staff that resident and staff safety could be improved at the intersections of thoroughfares in four areas of the home, dome mirrors have been installed. As these areas are approached the mirrors reflect staff or residents who may be entering from around the corner. Installation of the mirrors has reduced the potential of staff and/or residents colliding as they enter the wings.
- Following a cleaning shift review undertaken by the RSM, the length of time cleaning staff are available has been extended. This change has ensured cleaners are available in the home for a longer period of time. In response to the review, duties lists have been updated, the cleaning schedule has been colour coded and staff provided positive feedback in relation to the changes.
- A review of emergency evacuation information conducted by the SOC identified duplicate documents, some hand written and others created from the electronic care management system, were being stored in disaster management boxes. In order to ensure currency of documentation, printed copies from the electronic management system are now being held in the disaster management boxes and are updated when changes are recorded in the electronic system. This improvement has reduced double handling of documents and improved accessibility for staff.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an audited food safety program, systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

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 relating to the home's education and staff development systems and processes.

Examples of training and education topics relevant to Standard 4 include but are not limited to:

- fire safety
- hand washing competencies
- workplace health and safety
- manual handling
- infection control
- evacuation coordination
- food safety
- chemical safety
- emergency first response.

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

Residents are satisfied with the safety and comfort of the living environment. Residents are encouraged to take ownership of their environment by personalising their room. The home is secure, clutter and odour free, and provides private indoor and outdoor seating areas available to residents and their families. A system for reporting hazards is available.

Maintenance requirements reported by staff or residents are attended to by maintenance staff and/or external contractors. Residents requiring protective assistive devices have relevant authorities which are reviewed regularly. Security measures are in place to ensure security in the home. The safety and comfort of the environment is monitored through audits, review of resident incidents and visual inspections.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe working environment using the organisational workplace health and safety framework. Safety systems have been implemented which include regular assessments and reporting of risk and potential hazards. Processes enable notification and control of hazards; managing exposure to risks; reporting and investigation of staff incidents; management of chemicals; regular safety audits and the rehabilitation of injured staff to support their return to work. Workplace health and safety is monitored through safety governance meetings where incidents, hazards, near misses and lost time to injuries are reviewed. Staff receive education on their responsibilities in relation to work health and safety in a safe working environment.

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 processes for the identification and actioning of risks associated with fire and other emergencies. Emergency and evacuation procedures have been documented and are available to staff along with resident mobility lists. Fire systems, equipment and signage are maintained by an external provider. Internal environmental and maintenance audits are conducted to monitor emergency systems and equipment and identified deficiencies are actioned accordingly. Evacuation diagrams are located across the site. Staff receive instruction on fire/emergency requirements and non-attendance is followed up. Staff are aware of evacuation procedures, assembly points and location of resident evacuation lists. Residents are provided with information and are confident staff have the required knowledge of evacuation procedures in the event of an emergency.

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. The program is managed by senior clinical staff and is based on contemporary infection control practices. Processes are in place to identify and manage residents' infections, including referral to their medical officers, diagnostic testing and the provision of appropriate treatments. Staff are informed about residents with an infection and are aware of how to apply standard and additional precautions. The incidence of infections forms part of the home's quality monitoring system. The home offers a vaccination program and has outbreak management procedures. Staff are trained in infection control, including correct hand washing technique and safe food handling. There are

effective practices to minimise risk of cross infection in clinical care and hospitality. The home has an accredited food safety program.

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

Assessments, care conferences and a menu selection process identify residents' catering needs such as food allergies, special diets and food preferences. Meals are served in dining rooms or in residents' rooms and when necessary residents are assisted with their meal.

Resident committees assist the home's management to monitor and review catering services. The cleaning of residents' rooms, common areas, kitchens and treatment areas is undertaken by the home's staff. Cleaning staff are provided with a duties list, cleaning guidelines and specialised cleaning equipment. The home has a main laundry and small laundries in each care area. Residents' clothing is collected by laundry staff, washed and dried, and then folded, hung or ironed and returned to each resident's room. There is a system to identify residents' clothing to minimise loss/misplacement. Residents and/or their representatives are satisfied with laundry services and generally satisfied with catering and cleaning services. Management are aware of resident/representative feedback about catering and cleaning and have taken action to improve these services.