



Australian Government

Australian Aged Care Quality Agency

Brightwater Joondalup

RACS ID 7187
6 Jolstra Crescent
JOONDALUP WA 6027

Approved provider: Brightwater Care Group (Inc)

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 13 December 2017.

We made our decision on 28 October 2014.

The audit was conducted on 24 September 2014 to 25 September 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Brightwater Joondalup 7187

Approved provider: Brightwater Care Group(Inc)

Introduction

This is the report of a re-accreditation audit from 24 September 2014 to 25 September 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44/44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 September 2014 to 25 September 2014.

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

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

Assessment team

Team leader:	Steven Allison
Team members:	Niky (Nikole) Parry Patricia Canning

Approved provider details

Approved provider:	Brightwater Care Group (Inc)
---------------------------	------------------------------

Details of home

Name of home:	Brightwater Joondalup
RACS ID:	7187

Total number of allocated places:	20
Number of care recipients during audit:	20
Number of care recipients receiving high care during audit:	15
Special needs catered for:	Nil specified

Street:	6 Jolstra Crescent
City:	JOONDALUP
State:	WA
Postcode:	6027
Phone number:	08 9404 9300
Facsimile:	08 9404 9404

Audit trail

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

Interviews

Category	Number
Facility manager	1
Registered nurses	2
Occupational safety and health representative	1
Administration assistant	1
Nurse practitioner	1
Physiotherapist	1
Care staff	6
Care recipients/representatives	10
Quality coordinator	1
Hotel services staff	1
Volunteer	1
Enrolled nurses	2
Occupational therapist	1
Therapy assistants	2

Sampled documents

Category	Number
Care recipients' medication profiles and sign sheets	10
Care recipients' assessments, files and care plans	10
Blood glucose monitoring records and behaviour charts	5
Residential agreements	4
Personnel files	6
Authorisations for care recipients to self-medicate	5
Advanced health directive and care plan	1
Therapy intervention and leisure and lifestyle activity attendance records	10
Wound assessment and evaluation charts	4
Restraint authorisations	1

Other documents reviewed

The team also reviewed:

- Activity planner and leisure and lifestyle monthly activity calendar
- Audits and surveys
- Clinical indicator folder
- Comments and complaints file
- Communication books, handover sheets and diaries
- Electronic corrective and preventative maintenance records
- Electronic policies and procedures and hard copy flowcharts
- Emergency response plan
- Employee handbook and orientation file for temporary staff
- External contractors' schedule and approved contractors list
- Fire maintenance log book
- Incident, accident and hazard reports for staff and care recipients
- Kitchen files and pest management reports
- Meeting minutes, memoranda and newsletters
- Order files and stock replacement lists
- Pharmacy file and poison's license
- Physiotherapy statistics
- Police certificates, professional registrations and visa status
- Position descriptions and duty statements
- Safety data sheets
- Site welcome and corporate admission packs for care recipients
- Staff rosters and performance evaluations
- Temperature and equipment monitoring records
- Training file, matrix and staff competency records
- Vaccination records

- Wellbeing profiles and mapping folders.

Observations

The team observed the following:

- Access to external/internal complaints and notice boards for care recipient and staff information
- Activities in progress and interactions between staff and care recipients
- Administration and storage of medication
- Charter of residents' rights and responsibilities and information about re-accreditation visit displayed
- Emergency exits and fire fighting equipment, fire panel and location maps
- Internal and external living environment
- Meal preparation areas and mealtime/refreshment services
- Short group observation of staff interaction with care recipients in main activity area
- Storage of goods and equipment including wound care, continence products, and personal protective equipment including sharps disposal, linen skips and pan rooms
- Suggestions/feedback box.

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

An established continuous improvement framework monitors performance, identifies opportunities to improve and demonstrates progress towards defined outcomes. There are various methods for identifying areas for improvement including audits, clinical indicators, hazard and incident reporting. Staff, care recipients and representatives contribute to the home's continuous improvement plan through meetings and surveys, and individually via the home's 'Bright Idea' initiatives. The management team either promptly addresses deficits identified from the monitoring processes, or if broader implications are noted, adds to the plan for continuous improvement as required. Staff have the opportunity to discuss the home's continuous improvement plan as a standard agenda item at quality meetings. Care recipients and representatives reported awareness of planned improvements through their own meetings.

Examples of current or recent improvement activities related to Standard 1 are described below.

- The clinical team identified a gap in the communication process, as there was previously no structured handover system in place. Management has implemented formal handover sheets and a new system including the use of a whiteboard as a communication tool. The registered nurses evaluated this process, and staff gave positive feedback. Management has scheduled further evaluation on this system for the end of the year.
- The organisation is in the process of implementing a new laundry system for the care recipients' linen. This will improve infection control practices by introducing new trolleys where staff can separate soiled linen from other linen. Evaluation of the new system is still underway and results so far have indicated that half the staff do not like the trolley as it is difficult to manoeuvre. Management stated that the trial is due to continue for another few months then they will provide feedback to the equipment review committee. Care recipients reported they are happy with the quality of their linen following management's implementation of the new system.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has established systems to ensure relevant stakeholders have access to information related to legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative changes from various government agencies and departments, and from the industry groups to which it subscribes. The management team disseminates this information to staff and other stakeholders via internal compliance bulletins, memoranda, meetings, and training sessions as appropriate. The organisation uses third party electronic systems to record and monitor police certificates, professional registrations and an individual’s visa status. Management reviews the results from audits, surveys, incident reporting and individual feedback, which assists the management team to monitor compliance with legislation and the home’s policies and procedures. Management informed care recipients and representatives of the re- accreditation visit via meetings, notices and through individual written communication to each care recipient or their representative.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles. A training calendar displays the mandatory and recommended training available to staff. Management organises additional training for staff, as highlighted through the process of staff appraisals or following on from individual requests. Management invites participants to evaluate training sessions, and the management team uses this information to develop and structure future education delivery. Management monitors the ongoing skills and knowledge of staff via observation, incident reporting, clinical indicators, comments and complaints and verbal feedback. An on-site trainer coordinates site-specific orientation and oversees the training program, including competency-based assessments for care staff. Staff expressed satisfaction with the opportunities offered in accessing continuing education. Care recipients and representatives stated they felt confident in the knowledge and skills displayed by staff in the home.

Examples of education and training relating to Standard 1 are listed below.

- Computer training and file management
- Documentation
- Elder abuse
- Transformational leadership program.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives have access to internal and external complaints and advocacy services via customer feedback forms, direct access to management and care recipient and representative meetings. Management provides information regarding comments and complaints mechanisms via the 'welcome pack,' and care recipient and representative meetings. Management maintains confidentiality throughout the complaint's process. The organisation monitors comments and complaints via an electronic customer feedback system, which is used to trend capability and benchmarks the home's performance within the group via a three monthly report. Staff stated they understand the components of the complaints mechanisms, and they are encouraged to adopt an advocacy role on care recipients' behalf. Care recipients and representatives reported they are confident to voice their concerns, and are generally satisfied with the feedback they receive from management in regards to comments and complaints.

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 displays the mission, vision, philosophy, values, objectives and the Charter of residents' rights and responsibilities in a range of documents, including care recipient and employee information packs. Documentation and training to staff at orientation provides an awareness of the organisation's overarching purpose to "enable wellbeing." Management ensures care recipients and representatives are made aware of the organisation's mission, vision and philosophy through literature provided upon entry to the home, during regular meetings and through written communication. The organisation's philosophy forms an integral part of the performance evaluation process. The home's commitment to the provision of quality throughout the service is established and maintained in all components of the home's continuous improvement framework.

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 access to appropriately skilled and qualified staff to ensure care recipients receive services in accordance with their needs. The home has formalised processes via an electronic recruitment system to respond to changing needs in staffing levels or skill mix.

New staff are supernumerary to the roster when they commence employment, during which time they are orientated to their role by senior staff following a 'buddy book' process. The management team accesses casual staff if required from an associated home within the organisation. Management obtains details regarding police certificates, professional registrations, immunisation history and visa status, which they then monitor as required.

Management monitors staff knowledge and skills via annual performance appraisals and feedback mechanisms such as complaints, surveys and audits. Staff reported they have sufficient time to complete their duties, or have the opportunity to request additional time as required. Staff stated they have the appropriate skills to conduct their roles effectively and care recipients and representatives generally reported satisfaction with the care provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. The home has preventative and corrective maintenance systems, and relevant staff and third parties maintain, repair or replace equipment as needed. Staff have responsibilities for maintaining adequate stock and equipment levels. Ordering occurs using scheduled deliveries or as required via a list of preferred suppliers. The management team ensures the home has goods and equipment stocked, and the registered nurse is currently reviewing the levels of 'as required' items to ensure there are sufficient levels to continue to meet the needs of care recipients at all times. Staff, care recipients and representatives reported they are satisfied with the amount of supplies and the quality of the equipment provided.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

Management maintains hard copy information and electronic systems to manage all aspects of the home. The home's computers are password protected and relevant staff back up the system according to organizational procedures. Current staff and care recipient information is stored in secure areas, which is only accessible to authorised personnel. All staff have access to policies and procedures relevant to their daily tasks. The management team maintains a limited amount of archived material onsite. Communication takes place via meetings, handovers, newsletters, memoranda and internal electronic messaging systems.

Communication channels are available for the collection and dissemination of information to and from care recipients and staff.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has established systems and processes to ensure all externally sourced services meet the care recipients' needs and the home's quality of service. A list of preferred suppliers and contractors assists management in the purchasing of goods and services. The organisation ensures external service providers have signed service agreements and negotiates and reviews contracts as required. Service contracts specify quality standards, financial and legal obligations. Management has a process to monitor the currency of contractors' police certificates. Contractors sign in and out of the home, and management monitors their presence as required. Staff, care recipients and representatives stated they are satisfied with the quality of the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of current or recent improvement activities related to Standard 2 are described below.

- Two years ago, the home received government funding to access a nurse practitioner. At the conclusion of this pilot, the home continued to fund the services of the nurse practitioner to assist with the case management of care recipients with complex health problems. The nurse practitioner has identified the need for care recipients to be assessed by a specialist in a timelier manner, and liaised with local geriatricians and care recipients' representatives to enable better access to services for the care recipients. Staff and care recipient feedback of this has been positive, and evaluation shows the amount of medications prescribed to care recipients, and the number of transfers to hospital emergency departments has decreased.
- Management recently introduced a new education module into the medication-training package. Staff have received training incorporating this new information, and have implemented it into practices improving medication management. Review of clinical incidents showed that medication incidents have decreased from 34 in July, to six in August 2014. Management's review of incidents reported so far in September 2014 indicates that the downward trend of medication incidents is continuing.

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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 2. Management provides care recipients with care and services according to their assessed needs.

Registered and enrolled nurses carry out the initial and ongoing assessment of care recipients, and are available to oversee the planning and delivery of this care. Medication competent care

staff administer medications according to the directions of general practitioners and ensure they are stored safely and correctly. Relevant staff monitor and maintain professional registrations for currency. There are policies and procedures for managing incidents requiring mandatory reporting.

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 Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of recent education and training related to Standard 2 are listed below.

- Continence management
- Dysphagia management
- Palliative care
- Wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. Relevant staff develop processes for assessing, reviewing and evaluating care needs in consultation with care recipients/representatives, general practitioners, allied health and nursing/care staff. The medical practitioner and allied health staff record consultations and changes to treatment in the progress notes. Trained nursing staff regularly review and update the nursing care plans. Staff confirmed they are informed when changes in treatment take place, and these changes are reflected in the progress notes, care plans, and in handover records. Care recipients/representatives reported satisfaction with the clinical care provided.

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

There are processes in place to ensure all care recipients are assessed on admission, and appropriately qualified nursing staff review care recipients on an ongoing basis to identify

specialised nursing care needs. Specialised nursing care plans are developed in consultation with the care recipient /representative, the medical practitioner and/or other specialised services, and are available to guide staff. Nursing staff provide care according to these specialised care plans. Nursing staff have the knowledge and skills to carry out specialised nursing care and staff refer care recipients to specialist and allied health professionals as needed. Care recipients and representatives advised they are satisfied care recipients receive the specialised nursing care they require.

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 facilitates a multidisciplinary team approach to care recipient care, and the physiotherapist, occupational therapist and nursing staff assess all care recipients when they move into the home, and as required thereafter. Staff refer care recipients with identified needs to audiology services, dental services, dietetic services, optometry services, podiatry services and specialist medical services. Care recipients confirmed staff assist them to access external health services, and use other services such as reflexology and massage, in accordance with their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The management team undertakes regular reviews of the medication management system. An internal auditing program is in place to ensure that medications are ordered, stored, and administered in accordance with care recipient’s needs, and legislative requirements.

Medication competent care staff administer medications from a pre-packaged container as prescribed by the care recipient’s general practitioners. An accredited pharmacist undertakes regular reviews to identify issues from the over use of medications, and provides recommendations to the care recipients’ general practitioner for their review and action. Staff complete a medication incident as required and ensure a reporting variance occurs. There is a process to assist care recipients, who are assessed as competent by their general practitioner, to manage their medications independently. Care recipients stated they are satisfied with the way staff manage their 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

Relevant staff assess care recipients’ pain needs on moving into the home, and as required, identifying the cause, location and severity of pain. Staff implement strategies to manage care recipients’ pain, including prescribed analgesia, the application of hot or cold packs, exercise programs, repositioning and rest, massage, and topical applications as ordered by the general practitioner. Staff record the effectiveness of these strategies in the progress notes, medication charts, and/or treatment charts, and care recipients’ care plans are amended to reflect the most appropriate pain management regime. Staff refer to specialist pain management services as necessary, and allied health services are accessed as required to assist with the management of pain. Care recipients advised that staff assist them to remain as pain free as possible.

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

There are systems and processes that direct staff to identify and document care recipients’ terminal care wishes and preferences for funeral arrangements in the form of an advanced care-planning document. Policies and procedures are available to guide staff in their provision of palliative care and to maintain the comfort and dignity of palliative care recipients. Additional support is available through the palliative care resource team at the neighbouring health service. Pastoral care services are readily available and on call to attend to care recipients/ representatives spiritual needs as required.

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

Staff identify care recipients’ dietary requirements and food preferences when they move into the home and on an ongoing basis. Special diets, such as diabetic meals and modified textured meals are accommodated, and care recipients’ individual preferences are catered for. Staff refer care recipients with swallowing impairments for specialist review, and they are managed according to the recommendations made. Care recipients have access to assistive cutlery and crockery as required. Care recipients are encouraged and assisted to drink adequate amounts of fluid, and staff administer drinks to those who require supplementary nutritional drinks. Staff monitor care recipients’ weights to identify those with significant weight loss or weight gain. Care recipients/ representatives advised they are satisfied with the meals provided, and commented on the presentation and quality of the food.

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

Staff assess care recipients’ skin integrity when they move into the home and on an ongoing basis, to identify potential or actual skin impairment. Relevant staff develop strategies to minimise skin impairment for ‘at risk’ residents, including the use of elasticised stockings, sheepskin rugs, the use of emollient creams, and referral to specialist services, including podiatry, as required. The registered nurse in consultation with the nurse practitioner assesses care recipients with impaired skin integrity, and develops treatment sheets and care plans for managing the affected areas. The management team regularly reviews data related to the incidence of skin breakdown, including skin tears and infected wounds, to identify trends and plan preventative action. Staff receive education about wound management, infection control, and how to manually handle residents to minimise the risk of skin impairment. Care recipients advised that staff apply emollient or prescribed creams to assist them maintain appropriate 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

There are processes in place for staff to identify, assess, document, review, and evaluate care recipients’ continence care needs, in consultation with care recipients and representatives, general practitioner, nursing and care staff. Staff assist care recipients to manage their continence with regular toileting programs, provision of suitable continence aids, diet, and bowel preparations. Care recipients confirmed they receive assistance with managing urinary and/ or bowel continence issues, and that they are satisfied with the assistance they receive to manage 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

The home has established processes to identify and manage care recipients’ challenging behaviours and ensure their needs are met. Staff carry out systematic assessment, planning, implementation, review and evaluation of care recipients’ behaviours. Staff refer care recipients with behaviours of concern to the mental health services for assistance with ongoing management and development of specific care plans. Staff monitor care recipients’ behaviours, and strategies are implemented both to assist them and to minimise the effects of their behaviours on others. Care recipients and representatives stated the behaviours of others do not adversely affect care recipients.

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

A multidisciplinary team assesses care recipients’ mobility, dexterity and falls risk upon entry to the home, annually or as required. Management monitors and investigates equipment, medication regimes and environmental factors contributing to falls. Changes in care recipients’ mobility status initiates a re-assessment of mobility and dexterity needs, and the care recipients’ mobility and physiotherapy care plans document current strategies.

Interventions to maintain care recipients’ mobility and dexterity include provision of assistive devices, daily exercise classes, walking programs and pain management strategies. Care recipients and representatives expressed satisfaction with the home’s approach to optimising the care recipients’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

When a care recipient moves into the home, care staff are involved in the assessment of care recipients’ oral and dental health to identify any relevant care needs, and any potential impact on their swallowing and eating. There are processes in place to refer care recipients to a speech pathologist for further assessment. Staff offer dental examinations to care recipients with follow up treatment arranged in consultation with the care recipient and their representative. Staff report the care plan guides them with the amount of assistance care recipients require to maintain their oral and dental hygiene, and appropriate equipment is readily available. Care recipients and representatives reported they are satisfied with the home’s approach to managing care recipient’s 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

Staff follow processes to systematically identify and assess care recipients’ sensory losses. Staff implement strategies to reduce the effect of sensory losses and care recipients are referred to other health specialists as required. Specific care needs, relevant to care recipients’ sensory losses, are documented on care plans to guide staff in care provision.

Care recipients are satisfied with the assistance they receive from staff to manage their sensory losses. Care recipients advised that staff assist them with cleaning their glasses and hearing aids as required.

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’ settling routines are recorded when they move into the home and their sleep patterns are assessed. Individualised care plans include their settling routines and strategies to assist them to sleep, including their choice of time to retire, rise and nap. Staff described the strategies they routinely use to assist care recipients to settle, which includes regular bedtime routines, offering of a warm drink and repositioning. Care recipients stated they are satisfied with the assistance staff give them to sleep well.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system

Examples of current or recent improvement activities related to Standard 3 are described below.

- Best practice recommendations lead to the implementation of the wellness mapping process. This process takes a holistic approach to learning about all the needs of the care recipient through a collaboration of all staff, the care recipient and their representatives. The approach gives information to the staff about the care recipient, which is more than just their diagnosis. Staff report this information aids them in understanding the needs, wants and behaviours of the care recipient and allows them to better care for the care recipients’ needs.
- Care recipient input at meetings identified a need for activities on a larger scale in which the care recipients could have something to look forward to. Last year the home, in conjunction with another home from the organisation, held a ball for all the care recipients. In the lead up to the ball, the care recipients and the staff held a fete to fundraise for the event. Staff displayed posters and sent invitations personally to each care recipient. Written and verbal feedback from staff and care recipients indicated that everyone enjoyed the event, and following on from the ball a dinner dance was held this year, with plans of repeating the ball every second year.

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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 3. Management provides the Charter of residents’ rights and responsibilities to care recipients and representatives via a formalised agreement upon their entry to the home. The home’s agreement outlines fee and tenure arrangements, and management informs care recipients via appropriate correspondence if any changes arise. Staff sign confidentiality agreements and

are mindful of care recipients' privacy and dignity when carrying out daily tasks within the home. Staff understand the regulatory guidelines for the reporting and management of elder abuse.

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

See Education and Staff Development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Art workshop
- Therapy assistant study day
- Wellbeing, care mapping.

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

Relevant staff support care recipients to adjust to life at the home when they first move in and on an ongoing basis as required. The activities team completes profiles on the care recipients' background, likes and dislikes. Other staff also have the opportunity to contribute to the initial and ongoing assessments of the care recipients' social and emotional needs.

Care recipients are encouraged to personalise their rooms and reported that staff maintain a nurturing environment and provide support during times of emotional duress.

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 of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. Care plans identify the support care recipients require to be as independent as possible, maintain friendships and participate in the life of the community. The occupational therapist and physiotherapist provide specific equipment to

maintain care recipients' independence. Care recipients are encouraged to maintain friendships and regular social outings are organised. Care recipients and representatives stated staff and volunteers provide care recipients with assistance to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and only accessed by authorised personnel. Staff approach and interact with care recipients in a respectful manner. Care recipients and their representatives have access to activity rooms, lounge rooms and shared spaces in the home. Staff reported how they maintain care recipients' privacy and dignity and are aware of the confidentiality of care recipient information. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality are maintained and respected.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to maintain their interests and activities when they move into the home. Lifestyle staff assess care recipients and gather information about their personal life history and any interests to develop individual leisure and lifestyle care plans and the home's activity program. The program includes a range of cognitive, physical, sensory and social group activities. Staff incorporate special events and outings into the program, and families, friends and volunteers join in special events. Lifestyle staff evaluate care recipients' participation and enjoyment of the activities they attend. Care recipients and representatives provide feedback on the program via suggestions, meetings and surveys.

Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

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

When care recipients move into the home staff identify individual interests, customs, beliefs and preferences relating to care recipients' cultural and spiritual life, and include this

information in the development of their care plans. Members of mainstream religious organisations conduct services and personal visits for care recipients in the home for those who wish to attend. Staff incorporate cultural specific events into the program each month, and families, friends and volunteers join in. Relevant staff provide care recipients with their cultural dietary preferences as required. Care recipients and representatives stated staff respect care recipients' customs, beliefs and culture.

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

Management and staff encourage and support care recipients' individual choices and decisions. There are processes to assess care recipients' individual needs, preferences and wishes across all areas of care and service delivery. Care recipient meetings and regular care conferences provide opportunities for care recipients and representatives to participate in decisions about the services care recipients receive. Staff reported strategies for supporting care recipients' individual preferences, including their choice of meals, participation in activities and refusal of care. Care recipients and representatives reported staff support care recipients to make choices in all aspects of their daily life.

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

Organisational processes ensure care recipients have secure tenure within the home, and understand their rights and responsibilities. Management offers a care recipient agreement to care recipients or their representatives when a care recipient moves into the home. The agreement outlines security of tenure, internal and external complaint mechanisms, and care recipients' rights and responsibilities. Care recipients and representatives access external advocacy and guardianship/administration as required. Staff reported they attend education and training regarding care recipients' rights. Care recipients and representatives stated they are satisfied care recipients have security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system

Examples of current or recent improvement activities related to Standard 4 are described below.

- Management identified the need to update and rearrange furniture. Staff conducted research and consulted the care recipients when determining furniture arrangement. Feedback from care recipients was that they enjoyed the sense of belonging they felt when determining how their living space would be arranged.
- Management implemented new emergency procedures following an evaluation of staff awareness of required procedures. The home has increased the amount of safety drills that it runs, and expanded the drills from fire evacuation to bomb threat, security breaches and other types of evacuation. Staff participation has increased and a recent audit of evacuation time showed a significant decrease in the amount of time taken by staff when evacuating care recipients.

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 organisation has systems and processes to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff receive mandatory training in fire safety and the home has regular fire safety checks. There is a food safety program in place, and all staff receive education at orientation and ongoing training thereafter, appropriate to their role. Management provides external contractors with service agreements that outline obligations and responsibilities, and they are required to document their arrival and departure from the home. There are reporting mechanisms for accidents, incidents and hazards, which management analyses as required. Management provides staff with appropriate personal protective equipment, and staff are satisfied with the overall safety of their working environment.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. See expected outcome 1.3 Education and staff development for further information.

Examples of education and training related to Standard 4 are listed below.

- Chemical awareness
- Emergency response training
- Food safe
- Infection control
- Occupational safety and health training day
- Restraint education.

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 provides a safe and comfortable environment consistent with care recipients' care needs. Management makes provision to accommodate care recipients in a single person room with an ensuite bathroom. Staff maintain the security of the home via a swipe card or key code entry. Care recipients have access to garden courtyards, small private lounges and large living areas, with which to gather or meet with visitors. The home is clean and clutter free, and regular audits, maintenance and gardening services ensure it remains comfortable and hazard free. Staff described appropriate procedures to follow in order to ensure the safety and comfort of care recipients. Care recipients and representatives reported satisfaction with the safety and comfort of the home.

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

There are systems and processes to provide a safe working environment, in consideration of occupational safety and health (OSH) responsibilities. Management and OSH resource personnel monitor the safety of the environment using feedback and reporting mechanisms and internal workplace inspections. An onsite OSH representative audits the environment every 60 days. An organisational OSH resource group monitors the reviews of all incidents and safety matters, and communication with staff occurs via alerts, meeting minutes and memoranda. Management commences improvement projects, or action plans as required in response to safety and infection control issues. Secure storage for chemicals is in place, and an external contractor maintains safety data sheets for currency and relevance. Staff reported they are aware of safety management processes through training and meetings, and that management is proactive in providing 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 established processes to maintain a safe environment and reduce the risk of fire, other emergencies and security breaches. Approved professionals carry out regular testing of fire detection systems, fire-fighting equipment, exit lighting and duress alarms. The home has a plan to guide staff in situations that prevent the continuity of business, and a current care recipient evacuation list is maintained. Evacuation maps showing orientation and exit routes are located throughout the home. Staff receive fire and evacuation training at orientation and annually thereafter. Staff described the home's security systems, including the process for maintaining safety at night. Care recipients, visitors and contractors sign in and out to ensure staff are aware of who is in the building. Management informs care recipients and representatives of what to do if they hear a fire alarm, and the home includes care recipients in evacuation drills. Care recipients and staff report feeling safe and secure at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. An external infection control consultant supports the home with infection control advice on an ongoing basis. Staff complete infection control training at corporate orientation and undertake relevant training and competencies with clinical staff. Care recipients' infections are logged and collated monthly, and staff submit

reports to the organisation's head office for monitoring by the clinical quality improvement group. Staff have access to information regarding outbreak management.

Measures to minimise the risk of infection transmission include personal protective equipment, cleaning and laundering procedures, a food safety program, care recipient and staff vaccination programs and pest management services. Staff reported they are aware of processes to minimise the spread of infection, including foul linen procedures and regular hand washing.

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

Management provides information to care recipients and representatives regarding the catering, cleaning and laundry services offered prior to entry to the home. Management explains and describes these services in the care recipient handbook. Catering staff prepare all meals on the day of service according to a rotating menu, which a dietician has approved, and provides care recipients with choice whilst meeting special dietary requirements. Care recipients are consulted regarding their preferred meals, and staff make provision to cater for special dietary requirements as required. Clinical staff forward information identifying care recipients' specific nutrition and hydration requirements, food allergies, food preferences and choices to the kitchen, and staff on kitchen duty incorporates this into the meal service. The home has cleaning schedules that meet individual care recipient and service needs. An external organisation manages the home's laundry off-site and staff provide a service for care recipients' personal belongings in each house. There are processes in place to minimise loss of clothing, including rotating the washing of care recipients' belongings to promote a personalised service. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Care recipients and representatives generally expressed satisfaction with the hospitality services provided.