



Australian Government

Australian Aged Care Quality Agency

Caloundra Adventist Retirement Village

RACS ID 5268
64 Sunset Drive
Little Mountain QLD 4551

Approved provider: Seventh - Day Adventist Aged Care (South Queensland) Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 November 2018.

We made our decision on 26 October 2015.

The audit was conducted on 28 September 2015 to 29 September 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

Caloundra Adventist Retirement Village 5268

Approved provider: Seventh - Day Adventist Aged Care (South Queensland) Ltd

Introduction

This is the report of a re-accreditation audit from 28 September 2015 to 29 September 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 28 September 2015 to 29 September 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

| | |
|---------------------|------------------|
| Team leader: | Andrea Hopkinson |
| Team member: | Lyntara Quirke |

Approved provider details

| | |
|---------------------------|--|
| Approved provider: | Seventh - Day Adventist Aged Care (South Queensland) Ltd |
|---------------------------|--|

Details of home

| | |
|----------------------|--|
| Name of home: | Caloundra Adventist Retirement Village |
| RACS ID: | 5268 |

| | |
|--|--------------------------------------|
| Total number of allocated places: | 48 |
| Number of care recipients during audit: | 47 |
| Number of care recipients receiving high care during audit: | 37 |
| Special needs catered for: | Care recipients living with dementia |

| | |
|------------------------|--|
| Street/PO Box: | 64 Sunset Drive |
| City/Town: | Little Mountain |
| State: | QLD |
| Postcode: | 4551 |
| Phone number: | 07 5491 3544 |
| Facsimile: | 07 5491 3958 |
| E-mail address: | Imosely@sdaac.com.au |

Audit trail

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

Interviews

| Category | Number |
|---------------------------------|--------|
| Management | 2 |
| Registered staff | 3 |
| Care staff | 4 |
| Administration staff | 2 |
| Physiotherapist | 1 |
| Care recipients/representatives | 10 |
| Maintenance staff | 2 |
| Cleaning staff | 2 |
| Contract catering staff | 2 |
| Lifestyle staff | 1 |

Sampled documents

| Category | Number |
|-------------------------------------|--------|
| Care recipients' files | 5 |
| Care recipient administration files | 5 |
| Medication charts | 12 |
| Personnel files | 4 |

Other documents reviewed

The team also reviewed:

- Action plans
- Activities program
- Assets register
- Audits reports
- Bowel monitoring
- Care recipients' information handbook
- Care recipients' information package

- Charter of care recipients' rights and responsibilities
- Cleaning schedules and program
- Comments and complaints folder
- Competency assessments
- Compulsory reporting incidents and register
- Controlled drugs registers
- Daily activities program
- Day book / communications /diary
- Diabetes monitoring records
- Dietary information and profiles
- Diversional therapy duties lists
- Education records
- Electronic suggestions, hazards, risk assessments and complaints records
- Evaluation of activities
- Exception reports
- Fire drill records
- Fire list
- Fire safety service reports
- Fire and emergency manual
- Food safety records
- Incident reports
- Maintenance records
- Meeting minutes
- Menu
- Mission, vision and philosophy statement
- Newsletter
- Orientation program checklist

- Performance appraisals and counselling notes
- Police certificate register
- Policies and procedures
- Position descriptions
- Professional nursing staff registrations
- Recruitment and selection documentation
- Roster
- Safety data sheets
- Self-assessment document
- Service agreements
- Service reports
- Sign in and out book
- Staff handbook
- Survey results
- Training evaluations
- Training records and matrix
- Weight and vital signs monitoring records
- Wound resource manual
- 'Your comments' form

Observations

The team observed the following:

- Activities in progress
- Communication boards
- External complaints posters on display
- Equipment and supply storage areas
- Fire exits and evacuation maps
- Information on display

- Interactions between staff and care recipients
- Living environment
- Meal service
- Medication round
- Organisation's intranet
- Short group observation
- Spills and outbreak management kits
- Storage of information
- Storage of medications
- Re-accreditation posters on display

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

Caloundra Adventist Retirement Village (the home) has a framework to assist in actively pursuing continuous improvement. This system is comprised of processes to support the input and consultation with various stakeholders through the 'your comments' form (inclusive of hazards, suggestions and complaints), meetings, one-to-one feedback and satisfaction surveys. An electronic system is used to assist in the management of continuous improvement, with identified opportunities for improvement captured in logs/action plans.

Improvements are actioned, monitored and feedback provided to ensure their effectiveness. A program of internal monitoring activities such as audits, a self-assessment and incident reporting is undertaken to monitor the home's performance against internal requirements and the Accreditation Standards. Management and staff provided examples of improvement across all four Accreditation Standards. Care recipients/representatives and staff are satisfied with being able to raise suggestions and feedback for improvement.

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

- The home has undertaken an upgrade to their call bell system, which has included the installation of enunciators. These enunciators are placed within central areas of the home and display the location of the caller when the call bell is used. Staff and management advised the installation of these enunciators has improved communication as staff are able to easily identify the location of the person making the call and the timeliness of response.
- Following a review of the home's comments and complaints process, it was identified that care recipients were not consistently aware of where to access the 'your comments' form and formal feedback was not always provided. As a result, management created an area in each of the modules to display these forms for care recipients and/or their representatives as well as introduced a new feedback form. Management advised following these changes this has improved ease of access for care recipients as well as ensure formal feedback is provided in response to suggestions or complaints made.

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 implemented systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Corporate personnel identify those legislation and regulations to be complied with and management accesses resources including external support for advice on regulatory compliance issues. Documents incorporate legislative and regulatory requirements and policies/procedures and guidelines are available to staff. A system to communicate changes is implemented and inclusive of meetings, electronic messaging and education relevant to staff roles. Monitoring of compliance occurs through the use of internal registers, the home’s auditing program and external reviews.

Particular to this Standard, management and key staff are aware of their regulatory responsibilities in relation to staff and contractors having a current police certificate and care recipients/representatives being advised of scheduled re-accreditation audits. Processes are in place to ensure these requirements are met.

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

Systems ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Recruitment and selection processes are undertaken to identify the suitability of the staff member for the position. New staff are orientated, provided with ‘buddy’ shifts and ongoing support to ensure an understanding of their roles and responsibilities.

Training needs are identified and provided as part of the home’s education program. The training and assessment of staff is undertaken on commencement, annually or as required. Staff performance is monitored through an appraisal process, observations, internal audits and feedback mechanisms; a process to address performance issues is implemented. Staff are satisfied with the support and access to training to assist them to undertake their roles.

Examples of information topics relevant to Standard 1 include: aged care funding instrument, workplace bullying and harassment, team work and effective and enjoyable communication.

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

The home has processes to support care recipients, representatives and other interested parties in having access to internal and external complaint mechanisms. Information is provided to care recipients, representatives and staff on the home's internal complaints processes and external mechanisms through information packs, orientation and via meetings. 'Your comments' form and information on external mechanisms are on display throughout the home along with a feedback box. Care recipients, representatives and other relevant parties are encouraged to provide feedback either in writing or verbally through meetings or directly with staff/management. There are processes to support the management of an anonymous or confidential complaint; complaints are investigated and feedback provided on the outcomes to the relevant party. Care recipients/representatives and staff are satisfied with access to the complaints system and responsiveness of management.

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's vision, values, philosophy, objectives and commitment to quality have been documented. These documents are available to care recipients, staff and others as well as on display within the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes for ensuring there are appropriately skilled and qualified staff sufficient to provide care and services. The recruitment and selection of staff is undertaken based on the relevant skills, qualifications and experience held. Staff are orientated and provided with ongoing educational opportunities to support skill development. Internal processes ensure staff skills are monitored and evaluated through competency assessments, performance reviews and feedback mechanisms. A process is used to ensure the currency of police certificates and professional nursing staff registrations. Rosters are adjusted to ensure a mix of staff skills and qualifications to provide relevant services and strategies implemented for the replacement of staff. The sufficiency of staff is monitored through feedback mechanisms

and observations; action is taken as required. Care recipients/representatives and staff are satisfied in the sufficiency of staffing to meet individual care and service delivery needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available for service delivery. A designated staff member is responsible for the monitoring and ordering of supplies through the use of preferred suppliers. Equipment needs are identified through various mechanisms, with appropriate action undertaken to the suitability of equipment. Goods are checked on receipt, rotated and securely stored. Staff are provided with instruction on the correct use of equipment and supplies. An electronic and paper based system is generally used for the management of preventative and reactive maintenance to ensure equipment is safe and in good working order. Care recipients/representatives and staff are satisfied there are appropriate and sufficient goods including equipment for service delivery.

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

Effective information management systems are generally in place to support management and staff in undertaking their roles. A combination of electronic and paper based systems are used by the home to assist in the delivery of care and services. Care recipients' care and lifestyle needs are assessed by appropriate staff and this information is used to develop plans of care. Data is collected and information is generally available, accessed and updated to support the home's activities and monitoring processes. Dissemination of information occurs through verbal and electronic systems and via notice boards, electronic messaging and meetings. Information is stored securely to ensure confidentiality is maintained and a process for the storage and management of archived files is in place. Electronic information is regularly backed up to prevent loss of information. Care recipients/representatives are satisfied with information and consultation processes at the home.

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

There are processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. Preferred suppliers are utilised for the provision of services across both clinical and operational areas. Specific service requirements, including

relevant terms, conditions and quality standards are specified through the use of agreements. Designated staff are responsible for the monitoring of external providers to ensure the ongoing currency of agreements, police certificates, insurance and relevant licensing/registrations. There are processes to monitor the performance of providers and provide feedback where performance is not to the required standard. Management, care recipients and staff are satisfied with the provision of externally sourced services.

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 care recipients' 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:

- Following a review of incidents, management identified care recipients' medication patches were falling off. After consultation with the home's pharmacy and review of their processes, the home implemented a new form to identify the location of the patch on the care recipient's body, a monitoring form for undertaking patch checks as well as a product to help ensure the patch stays into position. Management and staff advised as a result, this has reduced the number of incidents of patches falling off and the improved monitoring has ensured there are minimal time delays of replacing a patch should it fall off.
- Following a review of medication signing practices, the home has implemented a new process for the monitoring of non-signing for medications. Night duty staff are now responsible for auditing all staff and reporting non-signing to management. Staff advised this process has improved the overall monitoring and follow up of medications incidents.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to specified care and services, professional staff nursing registrations and unexplained absences of care recipients. There are processes to ensure these requirements are met.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education processes.

Examples of information topics relevant to Standard 2 include: continence management, thickened fluids, skin integrity, dementia care, asthma, hearing aids, palliative care and medication.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients’ clinical needs are assessed on entry to the home and review of documentation from medical officers, hospitals or aged care referral sources. Dietary requirements, mobility assistance and medication needs are identified and managed on entry and a suite of assessment tools are completed to identify individual care recipient needs and guide staff practice. Registered staff re-assess care recipients every three months or more frequently if required and update any changes to care. Care staff are knowledgeable of individualised care recipient’s needs and care requirements. Information relating to care recipients’ health status is recorded in progress notes and advised via the electronic alert system. Incident reports are created following interruptions to the delivery of clinical care.

Incident reports are reviewed by management, entered into an electronic data base and remain active until resolution. Reassessment occurs if indicated; changes are generally actioned and care plans are amended as required. Care recipients/representatives are satisfied with the clinical care provided by staff.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

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

regularly or as required. Registered nurses are available 24 hours a day and oversee and assess specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

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

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged sachet system and individually dispensed items for medications that are unable to be packed. Care recipients requiring ‘as required’ medications are monitored for effects of adverse reactions. Registered staff administer medications including controlled drugs or medications requiring calculations or specialty administration. Personal care assistants assist care recipients with routine medications.

Policies and procedures guide staff in ensuring care recipients’ medication is managed safely and correctly. Medications are stored securely and records of controlled medication are maintained. Those medications required to be stored at specific temperatures are stored within refrigerated confines and are monitored for appropriate storage temperatures.

Medication incidents capture information related to medication errors and staff or pharmacy practices are reviewed following incidents. Care recipients who prefer to self-medicate are assessed for their ability and have relevant authorities. Medication charts contain information to guide staff in the administration or assistance required when administering medication to care recipients. Care recipients 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 care recipients are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massages, exercise, heat packs, repositioning and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use.

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

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

Palliative care strategies and wishes are discussed with care recipients/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney, advance care plans and advance health directives are located in the care recipient records if required. The home is supported by its own palliative care resources and local hospital palliative services. Staff have access to palliative care resources such as 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 care recipients.

2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

Care recipients’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and dietary information forms to guide staff practice. Care recipients’ dietary requirements are reviewed regularly and as required. Contracted catering staff are alerted to changes in diets and fluid requirements. Care recipients are weighed in accordance with their individual requirements and changes in weight and/or changes in oral intake are monitored by the registered staff to support changes in diet, implementation of supplements and/or referral to the medical officer, Dietitian and Speech Pathologist if required.

Strategies implemented to assist care recipients to maintain adequate nourishment and hydration include assistance with meals, fortified meals and dietary supplements. Care recipients are satisfied with the quantity of food and fluid received.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and planned interventions are included in the care recipient’s 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 who are guided by wound management protocols and wounds are photographed at regular intervals to monitor progress with wound healing. Staff have an understanding of factors associated with risks to care recipients’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Care recipients are satisfied with the management of their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence needs are assessed on entry to the home and on an ongoing basis. Individual continence programs are assessed and developed by the registered staff in consultation with care staff trained in continence management. Care plans and continence profiles direct staff practice and ensure individual care recipient’s preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months. Individualised bowel management programs are developed and include medication and other natural methods. Care recipients are satisfied with the assistance by staff to maintain their continence.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

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

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

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

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in

care plans to guide staff practice. The effectiveness of care plans is reviewed regularly and as care needs change. Dental services may be provided onsite using a mobile dentistry service and/or assistance is provided to access the care recipients' preferred dental provider. Resources such as mouth care products are utilised to meet care recipients' oral hygiene needs. Care recipients are satisfied with the assistance given by staff to maintain oral and dental health.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

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

2.17 Sleep

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

Team's findings

The home meets this expected outcome

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- In response to a review, the home has continued to revise their activities program for care recipients in secure unit. This has included an increase in hours for staff to provide activities and the introduction of new activities such as an afternoon walking program and a dog that resides in the unit. Feedback from care recipients/representatives has been positive in relation to the lifestyle program at the home.
- Following feedback, the home has implemented bus outings for care recipients in the secure unit. Bus outings are now provided on a regular basis by the diversional therapist to various areas within the community. Care recipient feedback on this activity has been positive with comments made on how much they enjoy these outings.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to care recipient lifestyle.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to compulsory reporting, privacy and security of tenure. Processes are generally effective in supporting management to ensure these requirements are met.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education processes.

Examples of information topics relevant to Standard 3 include: elder abuse, person centred care and dignity in care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

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

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. Assessment processes identify previous interests and lifestyle as well as their current interests and abilities. The information assists with development of care plans that maximise individual opportunities to maintain independence. The home's lifestyle options offer a range of activities designed to maximise physical strength and independence and include gardening and bus trips. Care recipients are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Care recipients are encouraged to use available aids such as spectacles and walking frames to maintain their independence. Care recipients are satisfied

with the support and encouragement given by staff to enable them to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

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

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

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

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. Representatives from various religions visit the home and provide religious services and spiritual care and care recipients are assisted and encouraged to attend services as desired. Celebrations are held to mark days of cultural and religious significance, with the home able to provide special meals on these occasions. Staff are aware of care

recipients' individual spiritual needs. Pastoral care is provided by the home's chaplain and volunteers who are also available after hours. Care recipients' cultural and spiritual needs are monitored through care recipient/representative feedback and care plan reviews. Care recipients are satisfied their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Care recipients are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Care recipients and their representatives are encouraged to be actively involved in these activities. Care recipients' choices are identified through initial and ongoing assessment processes, comments and complaints processes and daily contact between staff and care recipients. Staff respect and accommodate care recipients' choices, encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to activities. Registered staff assess individual care recipient choices against risk indicators and the rights of other care recipients. Opportunities for care recipients to exercise their decision-making rights are monitored through care plan evaluations, care recipient feedback and case conferences. Care recipients are satisfied with choices offered in matters relating to the care and services they receive.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

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

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- In response to a review of the home’s cleaning process, a new cleaning system was implemented. This included the introduction of specialised colour coded equipment such as mop heads and cloths for cleaning that are designed to be used for specific tasks and then replaced. Staff demonstrated knowledge of this system and advised the new system has improved infection control practices within the home.
- Following a review of the living environment, the home has undergone a refurbishment program. This has included the repainting of the home, purchase of new art work as well as installation of new internal and external furnishings. Care recipients provided positive feedback on the living environment, with staff advising furniture is now more suitable to meet care recipients’ needs.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to physical environment and safety systems.

Particular to this Standard, management and key staff are aware of their regulatory responsibilities in relation to fire and building compliance, food safety and work health and safety. Processes are in place to ensure these requirements are met.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education processes.

Examples of information topics relevant to Standard 4 include: fire, manual handling, infection control, spill kits and chemical safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has processes to provide a safe and comfortable living environment for care recipients in accordance with their care needs. Care recipients are accommodated in single rooms and are encouraged to personalise their rooms. A secure environment is provided for care recipients with an identified need. Safety and comfort needs are assessed when care recipients move into the home and on an ongoing basis. A variety of furnishings and specialised equipment is available along with external seating areas. Care recipients' safety and comfort needs are monitored and assessed through audits/inspections, feedback mechanisms as well as through the hazard, incident reporting and risk assessment processes. Programs for maintenance and cleaning are implemented to provide a safe and comfortable environment. Care recipients/representatives are satisfied with the safety and comfort of the home's living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safety environment that meets regulatory requirements. The home has a safety representative and safety policies/procedures are developed and accessible to staff. Staff are trained in safety requirements at commencement through the orientation program, annual mandatory training program and based on identified risk or need. Hazard, incident reporting and audits are implemented to support the identification, assessment and control of risks inclusive of rehabilitation procedures. The home has a safety committee that meets regularly to discuss any safety issues as well as changes to procedures. Processes are generally implemented to support the safe management of chemicals and staff access personal protective equipment as required. Staff are aware of the

home's safety reporting requirements and are satisfied with management's responsiveness to any safety issues or concerns.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide safe systems of work that minimise fire, security and emergency risks. The home's fire and emergency documentation is generally updated to support staff in responding to an emergency. Staff are provided with instructions on the home's fire system and evacuation procedures through the orientation program and annually; attendance is monitored. Care recipients are provided with information on what to do in the event of emergency, evacuation plans are displayed and emergency exits free from obstruction. Fire safety equipment and detection systems are inspected and maintained by external service providers. Other processes implemented by the home to minimise risk include security procedures, use of security patrols, sign in and out procedures, electrical testing for residual current devices and audits/inspections of the environment. Fire drills are conducted to test staff knowledge of emergency procedures and staff demonstrated knowledge of how to respond to an emergency situation.

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

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that hospitality services are provided in a way that enhance care recipients' quality of life and staff working environment. Care recipients' dietary needs and preferences are assessed and this information is communicated to contract

catering staff. Menus are rotated on a regular basis, care recipients are able to have input into the menu and meals are provided through a cook fresh process. Laundering of all flat linen is undertaken offsite, with care recipients' personal items washed onsite by care staff. A process is established to support the labelling of personal items and to manage unlabelled items. Information and schedules are provided to staff to facilitate effective cleaning services across the home and to ensure these are conducted in line with infection control processes. Monitoring and reviews of the home's hospitality services is conducted through audits, observations and via other internal feedback mechanisms. Staff are provided with ongoing education in respect to hospitality services and safety of the work environment is monitored. Care recipients/representatives are satisfied with the provision of hospitality services at the home.