



Australian Government

Australian Aged Care Quality Agency

Campbelltown Nursing Home

RACS ID 6907
565 Lower North East Road
CAMPBELLTOWN SA 5074

Approved provider: Italian Benevolent Foundation SA 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 25 March 2018.

We made our decision on 27 January 2015.

The audit was conducted on 15 December 2014 to 16 December 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

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Audit Report

Campbelltown Nursing Home 6907

Approved provider: Italian Benevolent Foundation SA Inc

Introduction

This is the report of a re-accreditation audit from 15 December 2014 to 16 December 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 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 15 December 2014 to 16 December 2014.

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:	Robert Hughes
Team member:	Daniel Mitroussidis

Approved provider details

Approved provider:	Italian Benevolent Foundation SA Inc
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Details of home

Name of home:	Campbelltown Nursing Home
RACS ID:	6907

Total number of allocated places:	39
Number of care recipients during audit:	37
Number of care recipients receiving high care during audit:	37
Special needs catered for:	People with culturally and linguistically diverse backgrounds

Street:	565 Lower North East Road
City:	CAMPBELLTOWN
State:	SA
Postcode:	5074
Phone number:	08 8360 9100
Facsimile:	08 8360 9111
E-mail address:	admincampbelltown.officer@bene.org.au

Audit trail

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

Interviews

Category	Number
Management/ administration	7
Clinical and care staff	6
Lifestyle staff	3
Hospitality staff	2
Care recipients/representatives	12
External consultants	2
Allied health	2
Maintenance staff	2

Sampled documents

Category	Number
Care recipients' files	5
Care plans	5
Residential care service agreements	3
Medication charts	5
Personnel files	5

Other documents reviewed

The team also reviewed:

- Audit schedule and audits
- Comments and complaints information
- Continuous improvement plans, reports and registers
- Doctors book
- Duty statements and work instructions
- Education plans, orientation checklists and assessment records
- Environmental swab results
- External service provider contracts

- Food safety audit
- Human resource management documentation
- Job descriptions
- Lifestyle documentation
- Lifestyle monthly calendars
- Mandatory reporting register
- Memorandum, notices, newsletters
- Ministers specifications SA 76
- Nursing registrations
- Organisational chart
- Pest control folder
- Police check records
- Preventative and reactive maintenance records
- Recruitment policies and procedures
- Resident admission package including residents information handbook
- Surveys
- Rosters
- S4 and S8 drug licence
- Staff handbook
- Temperature charts
- Triennial Fire Certificate
- Various communication books, diaries
- Various meeting minutes
- Various policies and procedures

Observations

The team observed the following:

- Accreditation notice on display
- Activities calendars and notices on display

- Activities in progress
- Chemical, equipment and supply storage areas
- Electronic care management system
- Evacuation plans on walls
- Fire suppression equipment
- Infection outbreak cupboard
- Interactions between staff and care recipients
- Internal and external complaints and advocacy information on display
- Internal and external living environment
- Meal service
- Medication round
- Noticeboards, whiteboard
- Palliative care room
- Pamphlet racks
- Personal protective equipment in use
- Sensory assessment kit
- Short group observation in the main dining and activities room/area
- Staff room
- Storage of medications
- Visitors and contractors sign and out register

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

The home actively works towards improving the care and services it provides for care recipients, the working environment for staff, and reviewing care and services. The quality system includes audits, care recipient and staff feedback, resident/staff meetings, complaints and suggestions and incident reporting. Management analyses data which is compared to other sites in the organisation. The home maintains plans for continuous improvement and quality initiatives that require further planning are noted on these documents. Feedback about the outcome of improvement activities is discussed in management, resident and staff meetings. Staff are aware of improvement activities and are able to describe the benefits for care recipients and staff.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Staff commented they had difficulty remembering verbal information provided during education sessions and competencies. To improve the retention of information from education sessions a brochure was developed detailing topics presented. Following a recent annual training day staff were provided with a brochure, including topics such as bullying and harassment, fire and evacuation, hand wash techniques and continuous improvement. Staff stated they were happy with this resource.
- Following a compliance audit, it was decided to include legislative updates as a standing agenda item at operations and staff meetings. This is now a feature of these meetings. Staff indicated they are satisfied with the level of legislative updates they receive.
- Following a review of orientation and induction processes, a corporate induction day was implemented. There was a need to ensure all new staff were orientated to corporate policies and procedures. Corporate induction days are scheduled for all new staff employed within six months of recruitment. Evaluation forms completed by inductees after each session indicate a very high satisfaction rate with the induction process.

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’s management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The home subscribes to a legislative up-date service and receives newsletters and information from aged care industry associations and relevant government departments. Changes to legislation are communicated to staff via memoranda, at staff meetings and on a senior management level. Management review any impact these changes may have on work practices. The home uses its internal and external auditing processes to monitor staff compliance with legislation, regulatory requirements, professional standards and guidelines. Policies and procedures are reviewed and updated with review dates.

In relation to Standard 1 Management systems, staffing and organisational development, there are systems to ensure staff, volunteers and contractors have current police certificates and care recipients and their representatives were informed of changes to financial obligations and requirements.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The organisation provides an education program for staff based on identified clinical and lifestyle needs, legislative requirements, organisational needs, performance appraisals and training needs. There are annual mandatory topics, including infection control, fire and evacuation, manual handling and workplace, health and safety. Management maintain records and use a program to monitor staff attendance at these sessions. Measures are taken to follow-up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff are satisfied with the training and education opportunities and documented information to be able to perform their roles. Care recipients and their representatives are satisfied staff have the skills and knowledge to perform their roles effectively.

Examples of recent education and staff development relating to Standard 1 Management systems, staffing and organisational development include:

- People and culture
- Bullying and harassment
- Continuous improvement
- Information systems

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient (or his or her representative) and other interested parties have access to feedback mechanisms for compliments, complaints and suggestions. Complaints information is contained in the resident handbook and agreements. Information on external complaints mechanisms is displayed at the home. The home receives feedback from care recipients and representatives either verbally or in writing. Complaints, compliments, and comments are logged on a register, and monitored, trended and analysed by management. All feedback and complaints are evaluated. The home monitors the feedback process through resident meetings, continuous improvement meetings and audits. Care recipients, representatives and staff said they are comfortable in raising complaints and providing feedback to 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 has vision, mission, and values statements that are documented and displayed throughout the home. The commitment to quality is reflected in these statements. The commitment to quality has also been documented in policy and procedure documents pertaining to quality management.

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 to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of the care recipients. Position descriptions define staff qualifications, and roles and responsibilities required to undertake specified roles. There is a process for the recruitment, selection and orientation of new staff. Staffing levels and skills are monitored through staff and care recipient feedback, and annual performance appraisals. The education program provides staff with the opportunity to increase their knowledge and skills relevant to their areas of work. Staff interviewed confirmed they were orientated on commencing employment and receive regular ongoing training. Care recipients and representatives are satisfied that staff have appropriate skills and knowledge.

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

Care recipients are satisfied that the home provides sufficient and appropriate goods and equipment for their care and received services. Goods and equipment are ordered and purchased by designated personnel according to routine requirements or assessed needs. Goods with expiry dates are monitored through routine staff schedules or stock rotation practices. Suitability of equipment is determined through trials before purchase, with instructions for use provided to staff. There are preventative and corrective maintenance processes utilised to monitor and maintain equipment. Staff are satisfied that they have access to sufficient supplies and equipment to provide for care recipients' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are processes to ensure that key information is available to management, staff, care recipients and relatives. There is assessment and planning of care needs, lifestyle activities, quality activities, competency assessments, staff and care recipient communication, safety systems, complaint mechanisms and administration. Reporting processes are used to inform the management and staff of issues in relation to continuous improvement, regulatory compliance and other relevant aspects of service. Information is either in hardcopy or electronic form and stored so that only authorised personnel can access this information.

Staff are satisfied that they are provided with all information required and that they are consulted in relation to issues which affect them and their work practices. Care recipients and representatives are satisfied care recipients' are provided with information which assists them to make decisions about their life in 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

Care recipients within the home are satisfied with the externally sourced services. Corporate management negotiate and monitor contractors' contract arrangements and agreements. This includes their registrations and requirement for police checks. Terms, conditions and expectations for the quality of the services required are detailed in the agreements. A formal induction process is utilised for all new contractors to enable awareness of specific corporate and facility requirements, including legislative compliance. All contractors are required to sign-in and sign-out when undertaking work within the home. Feedback is monitored to ensure

quality services are provided by utilised contractors. Staff understand and utilise processes to source external services when required.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, staff record clinical incidents relating to care recipient falls, skin tears, medications, infection rates and absconding care recipients. This information is then collated and analysed for trends. Care recipients and staff said they are satisfied that the organisation actively promotes and improves care recipients' physical and mental health.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following staff feedback that it was difficult to immediately locate resuscitation orders, a red coloured sheet protector was implemented for easy identification. This red coloured sheet protector contains a care recipient's resuscitation orders, as part of their advanced directives, and has been placed in the care plans and case notes. Staff are positive about it being easy to locate.
- A review of medication incident trends and monitoring of wound dressings identified gaps in clinical care delivery. It was determined clinical staff required additional information. A white board was placed in the treatment room with simple prompts for clinical staff for treatment information and follow-ups. There has been positive feedback from clinical staff and no further incidents reported since introduction of this whiteboard.
- An occupational therapist was contracted by the home to assist care recipients with hand contractures. The occupational therapist developed and implemented specific treatment regimes for these care recipients. Five care recipients with hand contractures have shown improvement as contractures are reduced. Staff stated they are now able to maintain care recipients' hand hygiene and splints are easy to apply

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

There are processes to ensure legislative updates are distributed to staff. Management monitors regulatory compliance in relation to Standard 2 through various meetings, observation of staff practice, and staff and care recipient feedback. Nurses’ registrations are obtained prior to commencing employment and monitored annually. Staff are aware of regulatory requirements relating to care recipients’ health and personal care. Schedule 4 and 8 medication licences are maintained and these medications are stored according to legislative requirements. The home has policy and procedures for the notification of unexplained absences of care recipients and has a system for recording these incidents.

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 for information about the home’s education and staff development systems and processes.

Training undertaken by staff in Standard 2 Health and personal care includes:

- Behaviour management
- Continence management
- Medication updates
- Diabetes.

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 and their representatives are satisfied with the care provided within the home according to assessed needs and requirements. Consultative assessment and care planning processes are undertaken on entry to the home and reviewed at regular intervals or if identified care needs change. The home utilises an electronic care management system that

all staff can access. Hard copy care plans are also available for care staff to utilise. Staff are informed of changes in individual care recipient health and care needs through handover processes, electronic alerts, progress note entries, communication books, meetings and individual discussions. Care recipients are referred for specialist treatments and services when changes in health and care needs are identified. Staff practices are monitored through regular audits, clinical indicator trends, care review processes and direct observation. Staff were observed providing care to individual care recipients consistent with document plans.

Staff are aware of individual care needs and provide these according to their role within the home.

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

Care recipients and their representatives are satisfied that individual specialised care needs are met. Care planning and review processes identify care recipients specialised care needs.

Specialised treatments and care management are included in individual care plans for appropriate staff to follow. Registered nursing staff provide specialised care according to their professional scope of practice. A registered nurse is available at all times. Procedure manuals are available for staff to utilise. External nursing specialists are accessed if further assistance is required, such as with wound management. Staff practices are monitored through audits, clinical indicator trends, care review processes and observation. Staff interviewed are aware of their clinical limitations according to their role within the home.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients and their representatives are satisfied with the referrals to appropriate health specialists according to individual needs and requirements. Care assessment and review processes identify individual specialist needs. Health and allied health specialists visit the home at regular intervals or when required. External appointments are made for specialist treatments outside the home. Specific specialist folders or referral forms are utilised by clinical staff to facilitate individual care recipient management. Treatments and ongoing management are documented for staff to follow. Care recipient satisfaction with referral services are monitored through care review processes, surveys and individual conversations. Staff are aware of the referral processes utilised within the home.

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 and their representatives are satisfied that medications are managed safely and correctly. Individual medication management needs are assessed on entry with medication charts formulated by the assigned medical officer. Medication charts are regularly reviewed by the medical officers and the visiting pharmacist. Nursing staff administer medications via a blister pack system according to professional guidelines and specific organisational policies and procedures. Reason and subsequent effect is noted for administration of ‘as required’ medications. No care recipients self administer their own medications, although there are procedural guidelines for staff to follow if this is requested.

All medications are stored safely and securely. Staff skills and practices are maintained through regular competency assessments and training. A Medication Advisory Committee oversees medication management issues and incident trends within the home. Staff practices are monitored through medication incidents, care review processes, audits and observations. Clinical staff were observed administering medications in a safe and appropriate manner.

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

Care recipients and their representatives are satisfied with the management of individual pain and comfort needs. Specific pain assessments are integrated into all the care domains of the home’s electronic care management system. Pain assessments allow pain identification in both cognitive and non-cognitive care recipients. Pain management strategies developed through the consultative assessments are documented within individual care plans, including specialist treatments. Individual care recipient pain management is monitored through the routine care plan reviews or if needs change. Treatments include the use of analgesics, massage, pressure area care or physiotherapy. Staff practices are monitored. Staff are aware of individual pain management requirements.

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

Care recipient representatives are satisfied with processes used in the home to maintain the comfort and dignity of terminally ill care recipients. Entry and care review processes include discussion about individual care recipient terminal wishes. Palliative care plans and directions for future treatments are documented. A colour coded dot system is utilised on care recipient folders as a quick visual reference for staff to highlight individual management. A specific room

with appropriate resources has been allocated to manage terminally ill care recipients and their family members when required. External palliative care services are accessed if required. An on-site chapel and visiting clergy provide spiritual support. Staff are aware of the management and responsibilities to maintain the comfort and dignity of care recipients during terminal care.

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 and their representatives are satisfied individual nutrition and hydration needs are met. Initial and ongoing assessment processes identify individual medical issues, food and drink preferences and level of assistance required. Developed care plans identify individual care recipient requirements. Dietary requirement forms are utilized to inform kitchen staff of individual food and drink needs and preferences, as well as changes as they occur. Routine care plan reviews, individual preferences or change in needs and weight monitoring determines ongoing management. Specialist reviews or management are utilised if individual needs change, such as speech pathologist or dietitian. Staff are aware of individual food and fluid needs and preferences.

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 and their representatives are satisfied with the care provided in relation to skin integrity needs. Consultative assessment processes identify individual skin integrity risk factors, needs and preferences. Electronic and printed care plans identify individual skin care management based on the assessment process. Individual management includes position changes, use of emollients, pressure relieving devices or limb protectors. Wound care charts are documented within the electronic care management system and a print out each day is utilised by clinical staff to ensure ongoing management of individual care recipients.

Specialist services are utilised when required, including wound management or improving diets. Skin integrity management is monitored through regular audits, incident trends and wound healing rates. Staff are aware of skin integrity management according to their role and clinical skills.

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 and their representatives are satisfied individual continence is managed effectively. Assessment processes identify individual needs and requirements and these

formulate the ongoing care plans. Care plans describe toileting management and schedules, aids required and any extra treatments. Additional dietary supplements or fluid promotion strategies are utilised to facilitate regular bowel and urinary habits. Bowel habits are monitored daily. Continence management is monitored through consultative care reviews, audits, bowel charts, incontinence aid usage and individual discussions. There was no malodour observed during the visit and care recipient representatives confirmed this was typical of the home. Staff were aware of individual continence management strategies and requirements.

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 and their representatives are satisfied that challenging behaviours are managed effectively. Assessment processes identify individual behaviours and triggers for these. Individual behaviour strategies are developed from the assessment process and documented within the care plans for staff to follow. Staff are able to access specialist behaviour management services if resident needs escalate to require this. Behaviour management strategies are monitored through care reviews, incident reporting, chemical restraint audits, and staff and family consultation. Staff are aware of individual behaviour management strategies and these practices were observed during the visit.

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 and their representatives are satisfied with approach within the home to optimise individual mobility and dexterity. All care recipients are assessed by a physiotherapist when entering the home who develops management strategies for staff to follow. The physiotherapist as well as an occupational therapist visit the home regularly each week and provide ongoing specialised management and treatments for those requiring this. Mobility aids are accessed when required. Staff practices are monitored through incident reports and trends, care plan reviews, feedback, and direct and indirect observations. The physiotherapist monitors staff manual handling skills and regularly audits individual staff members. Staff were observed providing active and passive exercises, and assisting care recipients mobilise around the home.

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 and their representatives are satisfied with the support provided to maintain oral and dental health. Entry and ongoing assessment processes identify dental and oral care

preferences which are documented within the care plan. Appointments for external or visiting dental services are made when required. Staff practice is monitored through care reviews, audits, feedback and observation. Staff are aware of individual oral and dental needs according to their assigned clinical roles.

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 and their representatives are satisfied that individual sensory needs are identified and managed effectively. Assessment processes identify sensory deficits across all five senses. A sensory assessment kit assists staff with the assessment process and facilitates care plan strategies. Lifestyle programs include activities to provide sensory stimulation. A sensory room has been developed to promote management of care recipients assessed as requiring this. Practices are monitored through ongoing assessment and review processes, activities records, feedback and observation. Staff are aware of individual care recipient management according to their specific sensory deficits.

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 and their representatives are satisfied with individual management to promote natural sleep patterns within the home. Assessment processes identify individual care recipient patterns of sleep and requirements to settle. Strategies to promote sleep include creating a quiet environment, warm drinks, pillow selections and other bedding requirements. Staff practices are monitored. Staff are aware of individual care recipient requirements to promote sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, resident meetings and surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff contribute to improvements to care recipient lifestyle through surveys and feedback. Staff encourage and support care recipients and representatives to provide feedback and suggestions.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Resident lifestyle include:

- Following feedback from management and staff, a sensory room was established to assist care recipients with challenging behaviours. The sensory room has been decoratively painted and provides a quiet environment. Staff and relatives indicated the new room has assisted with behaviours and the care recipients are observed to be more settled.
- Following feedback from care recipients wanting to participate in outings to the local Italian club, more volunteers were recruited to assist with this activity more often. It was identified there was a restriction in the number of care recipients that could be sent to the local Italian club due to the lack of volunteers. As a result, more care recipients are able to enjoy and participate in cultural and lifestyle activities whilst promoting their independence.
- Following an audit it was identified that there was a need to have the activity program published in Italian. Nearly all care recipients at the home are Italian and whose primary language is also Italian. Care recipients stated they wanted to be aware of what activities are available and when they taking place. Care recipients are satisfied with the activity program which is now in Italian and located in each care recipient’s room.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 3 through various meetings, comments and complaints processes, surveys and care recipient feedback.

Residential care services agreements, including rights and responsibilities are discussed with care recipients and representatives on entry to the home. Staff are aware of regulatory requirements relating to care recipient lifestyle, including protecting care recipients’ privacy and there is a system to ensure the home meets the regulatory requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Training undertaken by staff in relation to Standard 3 includes:

- Privacy and dignity
- Loss and grief

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 systems to support care recipients’ in adjusting to life in their new environment on entry and on an ongoing basis. Care recipients are provided with a tour of the home by staff and are provided with information to assist them in settling into their new environment. Lifestyle and care plan assessments support care recipients’ individual emotional needs and support networks. Care, lifestyle staff and volunteers support care recipients and assist them to maintain relationships, recognise significant days and celebrations. Family, friends and community groups are encouraged to visit care recipients. The home monitors care recipient satisfaction with emotional support through surveys, staff observation and verbal feedback.

Care recipients and representatives are satisfied care recipients' emotional needs are supported.

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 assisted to achieve maximum independence and to maintain friendships and connections to the community. The home has initial and ongoing assessment and review processes for identifying care recipient preferences, interests and physical abilities. This information is used by lifestyle and clinical staff to develop individualised care plans. There are strong links with the Italian community. Family and friends are welcomed in the home and care recipients are supported to maintain connections with the community through activities and events held in the home or being assisted to attend events outside the home.

The home monitors care recipients' independence through four-monthly care reviews, daily clinical note review, observation and surveys. Results shows care recipients are assisted to maintain their physical and social independence. Staff and volunteers assist care recipients' to maintain their independence, personal interests and friendships in the home and community. Care recipients and representatives are satisfied care recipients' are provided with assistance to aid them in maintaining 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

The home has systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care and lifestyle plans identify care recipients' privacy and dignity needs and requests. Shared lounges and smaller sitting areas are available. Staff support care recipients' privacy, dignity and confidentiality by knocking on doors before entering, signing a confidentiality declaration on commencement of employment and ensuring care recipients' information is stored securely. The home monitors care recipient satisfaction through observation, audits, surveys, planned lifestyle reviews and verbal feedback. Staff are aware of respecting care recipients' privacy and dignity. Care recipient and representatives are satisfied that care recipients' privacy, dignity and confidentiality is recognised and respected by staff.

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 participate in a range of activities and interests appropriate to their needs and preferences. Care recipients and representatives are consulted on entry to the home and individual lifestyle plans are developed to identify lifestyle needs and preferences. Care recipient's interests, ability to participate, cultural and spiritual needs and physical ability are assessed as part of this process. Activities are developed to meet one-on-one and group sessions tailored to meet individual needs and preferences. A wide range of activity programs are included in the monthly calendar. Reviewing and monitoring of the lifestyle program is conducted through consultation with care recipients, planned lifestyle reviews and reviewing of participations records, audits and surveys. Care recipients and representatives are satisfied that care recipients' have a wide range of activities and programs offered at the facility.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. The organisation has strong links with the Italian community and nearly all care recipients at the home are Italian. Care recipients from non-Italian backgrounds are catered for. Through initial and ongoing assessments and church support care recipient's individual cultural and spiritual preferences are identified. Care recipients are assisted to maintain their individual religious beliefs and spiritual support is provided through church services on-site and pastoral services. The home monitors and evaluates care recipients' cultural and spiritual needs through discussions with external pastoral care staff, care recipient feedback mechanisms and surveys. Care recipients and representatives are satisfied that care recipients' individual interests, religious and cultural needs are met.

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 and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided while not infringing on the rights of other people. The home informs care recipients/representatives of choices available and their rights and responsibilities through the residency agreement, and the resident handbook. Examples of

care recipients' choices for care and services include choice of participation in activities; choice of personal items in rooms; choices for activities of daily living; and choice of meals. Mechanisms through which care recipients/representatives can have input into the care and services provided in the home include meetings, management's open door policy, and comments and complaints mechanisms. Care recipients and their representatives expressed satisfaction with their choices and control over the care and services provided within the home.

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

Care recipients are informed of their security of tenure and rights and responsibilities on entry to the home and at regular intervals. Care recipients are explained their rights and responsibilities regarding security of tenure on entry to the home by administration staff. The home's resident handbook, newsletter and residential services agreement inform care recipients of these aspects and provide information on the home's services, including internal and external complaints avenues. The Charter of Residents' Rights and Responsibilities is displayed in the home and staff are aware of this information. Care recipients and representatives are satisfied that care recipients' understand their rights and responsibilities and security of tenure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Following feedback from staff, it was identified the linen service from the external laundry was not acceptable. Linen was being delivered with stains. A joint enquiry involving the hospitality supervisor, the chemical company and the external laundry service identified increasing the water temperature helped to breakdown the stains. As a result the linen service is more acceptable and staff are satisfied with the outcome.
- Reviewing the falls risk interventions during a clinical meeting identified no documentation on falls minimisation was provided to care recipients/representatives on admission to the home. A falls risk minimisation brochure was developed in English and Italian and distributed to new care recipients and their representatives. Staff stated there is now a greater awareness by the care recipients regarding falls management.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home maintains a food safety program, has a current Triennial Fire Safety Certificate and monitors the fire safety equipment. The home has processes to also monitor compliance with work health and safety requirements and infection control. Management and staff are aware of regulatory requirements and responsibilities relevant to their roles.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Training undertaken by staff in relation to Standard 4 includes:

- Manual handling
- Fire and evacuation
- Workplace health and safety
- Infection control.

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

Care recipients and their representatives are satisfied that the home provides a comfortable and safe environment. Care recipients are accommodated in climate controlled single or share rooms. The home has secure internal and external communal areas although most care recipients tend to congregate in the main communal area of the home as a routine. Key pads are utilised through the main exit areas of the home and corridors were observed to be free from clutter to allow care recipients to move freely within the home. Reactive repairs and a preventative maintenance schedule maintain a safe and comfortable environment.

Practices are monitored through environmental audits, maintenance reviews, incident and hazard reporting, feedback and observation.

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

Staff are satisfied that management actively work towards providing a safe work environment. A representative from the home attends the organisation work health and safety committee and is the contact person to report issues. Work, health and safety training is provided to all staff and regular manual handling audits are undertaken. Contracted staff have to complete

induction processes that include work, health and safety requirements prior to commencing work within the home. Standard operating procedures for equipment are available for staff to follow although these are being refined within the organisation as they move towards being a self insured workplace mid 2015. Reactive and preventative maintenance maintain equipment within the home. Testing and tagging of electrical equipment is routinely undertaken according to specific schedules. Safety data sheets are available for chemicals used within the home. Hazards, incidents and infection control reports and trends are regularly monitored, actioned and reported at relevant meetings.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are satisfied the home provides a safe environment and are confident emergency situations would be well managed. The home provides a secure environment with key pad entry to the exit areas. After-hours lockup procedures are utilised. An emergency plan is accessible which documents response to all the various emergency codes. Fire suppression equipment and emergency signs are maintained by an externally contracted service according to specified schedules. A current Triennial Fire Certificate is on display in the home. Staff undertake regular fire drills. Staff are aware of what to do in an emergency, including designated responsibilities and where the evacuation areas are.

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

An effective infection control program is maintained within the home. Specific policies, procedures and guidelines are available to guide staff practices. Staff are made aware of specific care recipient infections through the communication systems within the home and via a discreet coloured dot system on care record folders and bed room doors. A designated cupboard contains supplies to be utilised if an infection outbreak occurs. This is routinely checked to ensure equipment is available. Daily cleaning schedules maintains cleanliness within the home. A food safety plan is utilised and regularly audited. Staff undertake mandatory infection control training each year and have random spot audits to ensure hand washing skills are maintained. The infection control program is monitored through infection rates and trends, environmental swabbing, pest control assessments and audits. Hand washing stations and alcoholic hand gels are available throughout the home. Personal protection equipment is available and staff were observed using these when required.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are satisfied with the hospitality services provided. All meals are prepared daily on-site according to individual needs and preferences. A four week dietitian reviewed menu is used which displays the meals for the day and alternative choices if required. Cultural preferences and significant dates are catered for. Cleaning is provided according to set scheduled routines each day of the week. Cleaning equipment and chemicals are available and securely stored. All laundering is undertaken off-site and processes are in place to manage this. Care recipient satisfaction is monitored through surveys, meetings, changes to the menu and individual conversations.