



Australian Government

Australian Aged Care Quality Agency

Carinya of Bristol

RACS ID 7449
41 Bristol Avenue
Bicton WA 6157

Approved provider: Bansley Pty 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 10 September 2018.

We made our decision on 24 July 2015.

The audit was conducted on 23 June 2015 to 24 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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

Carinya of Bristol 7449

Approved provider: Bansley Pty Ltd

Introduction

This is the report of a re-accreditation audit from 23 June 2015 to 24 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 23 June 2015 to 24 June 2015.

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

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

Assessment team

Team leader:	Philippa Brittain
Team member:	Cristian Moraru

Approved provider details

Approved provider:	Bansley Pty Ltd
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Details of home

Name of home:	Carinya of Bristol
RACS ID:	7449

Total number of allocated places:	40
Number of care recipients during audit:	38
Number of care recipients receiving high care during audit:	36
Special needs catered for:	Extra services

Street:	41 Bristol Avenue
City:	Bicton
State:	WA
Postcode:	6157
Phone number:	08 9438 5333
Facsimile:	08 9319 8589
Email:	tcpreception@carinyacare.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Executive clinical nurse manager	1
Quality consultant and quality coordinator	2
Clinical nurse manager	1
Registered nurses	2
Lifestyle assistant	1
Administration assistants	3
Catering staff	1
Care staff	6
Care recipients/representatives	11
Physiotherapists	2
Occupational therapist	1
Occupational therapy assistant	1
Training and development officer	1
Laundry staff	1
Cleaning staff	1
Maintenance staff	2

Sampled documents

Category	Number
Care recipients' assessments, care plans and progress notes	6
Care recipient palliative care record	1
Care recipients' pain and behaviour assessment charts	6
Personnel files	8
Medication profiles and signing sheets	9
Mobility plan and repositioning charts	4
Care recipients' weights and nutritional supplements lists	5

Other documents reviewed

The team also reviewed:

- Accidents/incidents and hazards file
- Audits and surveys file
- Blood glucose and bowel charts
- Care recipient information package
- Catering menu, dietary advice forms, meal choice selection forms
- Clinical indicators
- Comments, complaints and compliments file
- Continuous improvement logs and improvement activity project sheets
- Fire detection and fire-fighting systems maintenance reports
- Food safety records file, and third party audit and inspection
- Handover form
- Hot packs and massage file
- Human resource matrices including police certificates, visa limitations, professional registrations and performance appraisals
- Job descriptions and duty statements
- Laundry and cleaning folders
- Meeting minutes
- Memoranda
- Nutritional and drinks lists
- Ordering supplies and goods records
- Policies and procedures
- Poisons permit
- Preventative and corrective maintenance records
- Residential agreement, including extra services annexure
- Restraint authorisations forms and register
- Roster, list of available relief staff and allocation sheet

- Service agreements files
- Shower list
- Staff handbook
- Therapy statistics file and activity calendar
- Training calendar and records file, and monitoring matrix
- Wound care charts and wound care lists.

Observations

The team observed the following:

- Access to complaint mechanisms and other sources of advice
- Activities in progress
- Charter of care recipients' rights and responsibilities
- Emergency procedures
- Equipment and supply storage areas
- Hospitality services in progress
- Interactions between staff and care recipients
- Living environment, and physical and safe systems
- Medication administration and storage
- Noticeboards and displayed information
- Outdoor animal farm activity
- Pressure-relieving devices in use
- Safety data sheets
- Short group observation in the top dining room.

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 organisation actively pursues continuous improvement. The framework for continuous improvement includes an overarching quality management system that relates to all Accreditation Standards and encompasses mechanisms for measuring and reviewing performance. There are processes for encouraging care recipients, staff and other stakeholders to make comments and suggestions on the standard of care and services provided by the home. Reporting, feedback and monitoring mechanisms guide staff and management to identify opportunities for continuous improvement. The home has a quality committee to oversee and coordinate the continuous improvement processes, and activity projects and continuous improvement logs are used to plan, implement, measure and track progress of actions. Staff and care recipient documented suggestions confirmed they are encouraged to contribute to the home's pursuit of continuous improvement.

An example of a recent improvement activity in relation to Standard 1 – Management systems, staffing and organisational development is described below.

- Feedback from staff indicated the handover sheet was not user friendly and management identified the need to re-format it in a new template to include consistent, trackable and key care areas to prompt staff for ensuring continuity of care. Registered nurses complete and discuss the information on the sheets at handover, and selected staff interviewed reported they find them easier to follow and the content is accurate. Management reported the long-term plan is to utilise the handover process under the computerised care management system once training and a review is undertaken.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives regular legislative updates and changes via industry group subscriptions and education sessions, and email distribution processes from web-based law publishers and government departments. Management updates policies and procedures as required and provide staff with information regarding changes through education, meetings and memoranda. The home monitors compliance with relevant legislation, regulatory requirements, professional standards and guidelines through auditing programs, consulting services, quality committee meetings and human resource procedures. Management demonstrated how they informed care recipients and their representatives of the re-accreditation audit via correspondence, posters and meetings.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identifies training needs through feedback, requests and surveys from staff, and monitoring and reporting mechanisms including observation of work practices. Site orientation and supernumerary shifts guide new staff. The staff development department monitors staff attendance at training sessions and evaluation of the effectiveness of training is monitored via staff feedback and surveys.

Induction, mandatory, competency and optional training is available via internal, external and online mediums. Staff reported they have access to a variety of internal and external training and education opportunities.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Access to policies and procedures
- Certificate III in Dementia care (three-day course)
- Heat pack application
- Orientation program.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. The home displays information on the processes to access internal and external complaints and advocacy services, and there are provisions to discuss the comments and complaints processes with care recipients when moving into the home, at care recipient/representative meetings and in family conferences. Management action comments and complaints and provide feedback to the originator as appropriate. The home measures the effectiveness of the comments and complaints process via satisfaction surveys and monthly analyses, and identified trends feed into the home's continuous improvement plan. Staff receive information about the home's comments and complaints process during orientation and advocate on behalf of care recipients as required. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision mission and values statement along with the commitment to quality statement in the home's information systems. The statements are displayed around the home. These are communicated within the care recipient and staff information handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. Management reviews staffing levels based on care recipients' care needs and feedback from stakeholders. The home uses organisational processes to recruit and roster staff, and relevant staff monitor staff working visas and professional registrations for currency as appropriate. Staff performance is monitored via performance appraisals and feedback mechanisms, surveys and audits. Staff reported they have sufficient time to complete their duties and have the appropriate skills to conduct their roles. Relief cover is sought electronically and provided from a pool of casual

staff or via an agency. Care recipients and representatives generally reported satisfaction with the skill level and number of staff in place to provide adequate care.

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

There are systems and processes to ensure appropriate stocks of goods and equipment are available for quality service delivery. The home has ordering and stock management systems for goods, supplies and equipment. Therapy staff review the use of suitable aids and equipment for care recipients and make recommendations to purchase equipment to meet care recipients' needs. There are maintenance programs for relevant equipment, the buildings and grounds. Staff receive training for appropriate use of care and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their tasks. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment provided to care recipients.

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

The home has management systems to allow for an effective flow of information including the collection, analysis and dissemination of information related to residential care, business and operational matters. Management routinely collate, analyse/review and table relevant at quality meetings information from clinical records and indicators, monitoring and reporting mechanisms and operational processes. The home schedules meetings specific to roles and groups and minutes are available for review. There are procedures for the storage and maintaining security of information via archiving and back-up of computerised data. Staff reported they have access to accurate information made available to them, receive memoranda and notices, attend regular meetings/handovers and have access to feedback and reporting mechanisms. Care recipients and representatives reported general satisfaction with the access to information relevant to them, including activities and events of 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

The home has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation contracts externally sourced services in response to identified requirements and specify these in written agreements and letters of engagement that set out obligations, compliance and criteria.

There is a process to monitor the currency of externally sourced services' agreements and credentials. Organisation's representatives and the home's management monitor the level of performance with external services through service records, surveys and feedback mechanisms, and deficiencies are addressed. Care recipients, representatives and staff interviewed reported satisfaction with 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

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are generally satisfied the organisation actively promotes and improves care recipients' physical and mental health.

An example of a recent improvement activity related to health and personal care is described below.

- An audit identified the restraint management process for recording and monitoring of restraints was cumbersome. As a result, the process was reviewed and a flow chart was introduced to make staff aware of the process to follow. The aim is to promote evidence-based practice in seeking alternatives to restraint by reducing the number of bed rails and increasing the low bed-to-floor approach with the appropriate 'crash' mattress. Management reported as the initiative is fairly recent, only two care recipients have benefited from low bed-to-floor approach to minimise injury from falls.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure the home meets regulatory compliance requirements in relation to care recipients' health and personal care. Registered staff assess and plan care for care recipients. Professional registrations for nursing staff and allied health professionals are monitored. The home meets care recipients' needs in accordance with the care and services requirements. Management ensures medication and oxygen administration and storage is undertaken in accordance with legislation. Staff demonstrated knowledge of regulatory compliance issues and mandatory reporting requirements. Care recipients reported care services are received in accordance with specified care and services.

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 an overview of the home’s education and staff development system.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- Care worker medication competency
- Continence aids and pad selection
- Dysphagia care
- End of life pathway
- Medication management (pharmacy)
- Recording skin tears and pressure areas
- Restricted fluids protocol
- Skin integrity: preventing pressure ulcers
- Thicken fluids and food supplements
- Use of restraints.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. When care recipients move into the home, the clinical and registered nurses assess their clinical care needs using validated assessment tools and consultation process. Care plans are developed to guide staff in the provision of care recipients’ individual care requirements, and these are reviewed six monthly and as required re-assessment occurs. Care recipients’ general practitioner and relevant allied health practitioners regularly review care recipients. Training and education is provided to ensure staff are competent in the delivery of care recipients’ care. Clinical incidents are reported and analysed to identify risks, trends and opportunities for improvement, and the need for further education. Care recipients and representatives interviewed reported they are consulted about care recipients’ clinical care and expressed satisfaction with the care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Clinical and registered nursing staff plan and direct the implementation of actions to meet care recipients’ specialised nursing care needs. Complex health care plans include information and directives from medical and allied health practitioners. The home provides specialised nursing care to care recipients who require complex wound care, oxygen therapy and continence management. A registered nurse is onsite each shift to provide nursing care. Monitoring of specialised nursing care occurs through care plan review, internal audits and feedback from care recipients and representatives. Care recipients and representatives stated care recipients receive specialised nursing care according to their needs and preferences.

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

Relevant staff refer care recipients to health specialists in accordance with their needs and preferences. A multidisciplinary team with the involvement of the general practitioner contributes to care recipients’ assessments and identifies the need for review by other health specialists. Staff refer care recipients when further specialist input is required to the physiotherapist, occupational therapist, dietitian, speech pathologist and other medical specialists. A podiatrist visits the home regularly and attends to the needs of care recipients. Nursing staff access information and recommendations resulting from specialist reviews, and implement changes to care recipients’ care or medication. Care recipients and representatives stated they are satisfied with the access to specialist health services.

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

Nursing staff and medication competent care staff administer care recipients’ medications via a multi-dose sachet medication management and administration system. Medication profiles contain identification and clear information pertaining to prescription instructions for medication. General practitioners regularly review care recipients’ medications. Medications are stored securely, and policies and procedures guide staff on the correct storage, disposal and administration of medications. Monthly analyses of medication incidents identify areas for corrective actions. Care recipients and representatives stated they are satisfied care recipients’ medications are managed safely and correctly.

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’ pain management needs are identified when they move into the home and on an ongoing basis. There is a multidisciplinary approach to manage care recipients’ pain including the general practitioner, nursing care and allied health staff. Specific pain assessment tools are utilised to assist in the identification of care recipients’ pain. These include non-verbal descriptions for care recipients with cognitive or speech impairment. Care plans contain strategies to alleviate care recipients’ pain including pain relieving medication, heat packs, massage therapy, exercise and repositioning. Staff reported they refer to the registered nurse when pain relief strategies are not effective, or care recipients report a new pain. Care recipients and representatives stated they are satisfied with how staff manage care recipients’ 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

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients are maintained in accordance with their needs and preferences. When care recipients move into the home, or thereafter as preferred, in conjunction with their family discussion occurs on treatment decisions for future and end of life planning. When necessary, nursing staff in consultation with the general practitioner develop a palliative care plan with strategies to manage the care recipient’s care needs such as pain relief and personal care. Care recipients and families have access to a spiritual advisor of their choice, and staff provide emotional support during the palliative period. Staff and families reported satisfaction with the care and provision of services during palliation.

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’ nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients’ care plans outline their dietary requirements, including the level of assistance required. Nurses monitor care recipients’ recorded monthly weights and, where weight loss is identified, care recipients are placed on supplementary drinks, and protein enhanced foods. Swallowing assessments are conducted and care recipients with identified swallowing deficits are ordered appropriately textured diets and fluids. Registered nurses direct care recipients’ nutritional management. Care recipients and representatives reported they are generally satisfied with the menu and satisfied with the nutritional support provided to care recipients.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Staff assess care recipients’ skin integrity, including a pressure injury risk assessment, when they move into the home. Care plans contain strategies and interventions for care staff to follow to maintain care recipients’ skin integrity, hair and nails. Strategies to prevent skin breakdown and maintain integrity include the application of barrier creams and emollients, protective devices, repositioning charts and pressure-relieving equipment. A podiatrist visits the home regularly. Care recipients who require wound management have individual wound assessments to ensure continuity of care and ongoing monitoring. Registered nurses liaise with general practitioners for complex wound care management. Care staff reported they inform nursing staff of any changes in care recipients’ skin integrity. Care recipients and representatives reported care recipients are satisfied with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

An assessment of care recipients’ continence needs occurs when they move into the home, and care plans are developed and reviewed six monthly or as required. Care recipients receive assistance to manage their continence through a range of measures, including scheduled toileting programs and the use of suitable continence aids, and their bowel elimination is monitored and interventions documented. A continence advisor is available to provide support to staff in relation to appropriate continence aids. Monitoring of care recipients’ urinary tract infections occurs through a process of infection control surveillance, and staff implement strategies as necessary. Staff reported they attend training to enable them to manage care recipients’ continence needs. Care recipients and representatives stated staff are effective in meeting care recipients’ continence needs.

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

An assessment of care recipients’ behaviours occurs when they move into the home. Individual care plans identify interventions to assist in minimising or preventing challenging behaviours and their effects on others. Staff consult with general practitioners and refer to specialist services and they implement behaviour management strategies and monitor for effectiveness. There are policies and procedures to minimise and monitor the use of restraint, which includes a process for authorisation and review. Staff attend training in dementia and behavioural management and report on strategies they use to manage the needs of care

recipients with challenging behaviours. Care recipients and representatives stated the behaviours of others generally do not adversely affect care recipients.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Registered nurses and the therapy staff assess each care recipient’s level of mobility and dexterity and falls risk when care recipients move into the home and thereafter. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s physiotherapy and activity programs, including individual and group exercise programs and physical activities to improve independent movement. Appropriate seating and other aids are available to assist mobility and maintaining care recipients’ independence. An incident reporting system includes analyses of mobility incidents to identify trends and implement strategies to reduce care recipient falls. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

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

Registered nurses assess and evaluate care recipients’ oral and dental health care needs when they move into the home, annually and as required. Care plans identify the assistance care recipients require to maintain their oral and dental hygiene. Staff assist care recipients to clean their teeth or dentures, and provide them with toothbrushes and oral cleaning products on a regular basis. Staff support care recipients to attend dental services in the community. Care recipients and representatives stated their satisfaction with oral and dental care provided to care recipients.

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

Registered nurses assess care recipients’ sensory losses when they move into the home, or in response to staff feedback. Care plans include strategies to manage care recipients’ sensory losses and to maximise each care recipient’s independence and interaction in activities of daily living. The activity program includes sensory activities such as massage/pamper sessions and one-on-one sensory stimulation sessions. Care recipients have access to allied health professionals, including the optometrist and audiologist. Staff described the strategies they use to assist care recipients with their sensory losses and to manage their sensory devices. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their sensory losses.

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

The home has established processes to assist care recipients to achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported care recipients are satisfied with the support provided to achieve restful 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 an overview of the home’s continuous improvement system.

In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement activities related to Standard 3 – Care recipient lifestyle are described below.

- Management identified the opportunity to improve the activity program with more family orientated events in response to feedback received. The action plan included a review of the activity planner putting in additional cultural and spiritual events throughout the year, development of newsletters as a forum to communicate upcoming events and facilitating residential meetings at different times of day to encourage more participation. The home commenced this project with a Mother’s day event, which attracted a large turn-out of families and compliments. Management reported they are planning to facilitate similar events and an evaluation date is proposed to be undertaken in December 2015 by way of review of participation records and feedback.
- Feedback from care recipients indicated the need for evening activities and based on consultation, monthly movie sessions are now facilitated on Friday nights. The movies are screened on a large TV screen and the sessions include the provision of ‘drinks and nibbles’. Management reported posters and invites are used to advertise the events, and the first movie night attracted ten care recipients and the second one attracted 13 care recipients and representatives.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure the home meets regulatory compliance requirements in relation to care recipient lifestyle. The home displays the Charter of care recipients’ rights and responsibilities and includes information about care

recipients' security of tenure in the residential agreement and relevant information packages. The organisation reviews the information provided to care recipients to ensure it remains current and meets legislative requirements, including the residential agreement and handling of personal information. Staff sign a confidentiality agreement on employment and promote care recipients' privacy, dignity and confidentiality. There are established policies and procedures for the compulsory reporting of allegations of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below.

- Cultural and religious activities
- Customer service
- Elder abuse
- Privacy and dignity.

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

Staff welcome new care recipients and their families, show them around the home and introduce them to other care recipients. An assessment of care recipients' emotional needs occurs when they move into the home, and they continue to be monitored as they adjust to living in the home. Individual therapy care plans are developed incorporating information relating to their emotional and social wellbeing. Care recipients are encouraged to personalise their rooms, join in activities at the home and in the community, and families are encouraged to visit as often as possible. Staff reported they spend extra time reassuring and orientating new care recipients to the home and encourage their participation at activities.

Care recipients and representatives reported they are satisfied care recipients' emotional needs are supported by staff at the home.

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

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

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

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

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to maintain their interests and activities when they move into the home. Occupational therapy staff assess care recipients and gather information about their personal life history. Relevant staff use identified interests to develop individual therapy care plans and the home's activity program. The program is available throughout the week and includes a range of cognitive, physical, sensory and social group activities. Staff incorporate special events into the program, and families and friends join in special events. Therapy staff evaluate care recipients' participation and enjoyment of the activities they attend. Care recipients and representatives provide feedback on the program via suggestions, meetings and surveys. Care recipients and representatives reported they are generally satisfied care recipients are supported to participate in a range of activities and leisure interests, including bus outings.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

When care recipients move into the home, staff identify individual interests, customs, beliefs and preferences relating to care recipients' cultural and spiritual life, and include this information in the development of their care plans. A chaplain visits regularly, and a church service is held at the home for all care recipients who wish to attend. Therapy staff organise cultural specific activities each month. Care recipients and representatives stated staff respect care recipients' customs, beliefs and culture.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

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

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home, and understand their rights and responsibilities. The home follows an admission process with the care recipients, or their representatives, including discussions on specific financial information, complaint process and access to advocacy sources, security of tenure and privacy matters. Management assists care recipients on moving into the home and management provides care recipients and representatives with consultation prior to room transfers within the home. Meetings and family conferences provide ongoing information about the care recipients' rights and responsibilities. Care recipients receive an information package that includes an agreement outlining the security of tenure, information handbook and independent sources of advice.

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 an overview of the home’s continuous improvement system.

An example of a recent improvement activity related to the Standard 4 – Physical environment and safe systems is described below.

- Following complaints about the quality of fish and chips provided at the home, management identified the need to improve the process of producing a better outcome for care recipients. As a result, the home purchased a deep fryer and sourced different produce, and the fish and chips meal is now cooked onsite. It has been four Fridays since the new process commenced and management reported, and documented feedback showed, improved care recipient satisfaction with the fish and chips.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has management systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets are available for chemicals stored at the home, and infection control guidelines are also available. The home has a food safety program to provide staff guidance. Staff have access to hazard and accident/incidence reporting mechanisms, and are knowledgeable of regulatory compliance requirements and attend relevant mandatory training.

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 an overview of the home's education and staff development system.

Examples of education and training related to Standard 4 – Physical environment and safe systems are listed below.

- Chemical awareness
- Fire and safety
- First aid
- Food safety
- Incident reporting
- Infection control
- Manual handling.

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

Management and staff provide a safe and comfortable environment consistent with the care recipients' needs. The home provides care recipients with single or double rooms with en-suite, and the living environment is equipped to assist care recipients with independence, comfort, privacy and security. Care recipients and their families have access to internal and external private and communal areas for meals, social interaction and activities. Allied health professionals conduct further assessments for care recipients identified at risk of falls and skin integrity, and establish environmental and safety strategies to manage such risks. There are processes to ensure the environment is well-maintained, clean and clutter and odour free. Management undertakes satisfaction surveys and environmental audits, and takes actions in response to identified issues/suggestions, or potential hazards. Staff described ways they manage and report environmental hazards. Care recipients and representatives expressed their satisfaction with temperature, safety and comfort, and reported management generally actively work to provide a comfortable 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

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has processes to educate staff at orientation and on an ongoing basis regarding occupational safety and health responsibilities and in response to identified work practices. The home uses accident and incident reporting mechanisms, audits and inspections, preventative maintenance schedules and feedback forms to monitor and improve health and safety. Communication of information to staff regarding occupational safety and health occurs through meetings and memoranda. The quality committee meets monthly and reviews incidents and safety issues. Staff demonstrated awareness and general promotion of occupational health and safety requirements.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe environment and reduce the risk of emergencies, fire and safety breaches. Fire, security and emergency procedures and evacuation plans are available to staff, care recipients and visitors informing them of how to proceed in the event of a fire and other emergencies. The building is equipped with a range of fire detection and fire-fighting equipment and contracted services carry out routine inspections and the testing of fire systems. The home monitors electrical equipment coming into the home and tagging is completed as appropriate. There is a sign-in/sign-out register for visitors and contractors to the home, an evacuation pack contains updated care recipient and next-of-kin information and entries are controlled by key pad. Staff attend regular fire and safety training and could describe procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel confident staff would assist them during an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an established and effective infection control program. The manager is responsible for infection control and liaises with staff and the external infection control consultant, as necessary. Staff are informed of current practices appropriate to their area of work at orientation and via ongoing education. The home has current information to guide staff in managing infectious outbreaks, and staff are provided with appropriate personal protective equipment. The home monitors and reviews the infection control program through audits, observing staff practice and information on individual care recipient infections is collected and

analysed monthly and outcomes shared with staff. Personal protective equipment, cleaning and laundry procedures, hand washing facilities, disposal of sharps, care recipient and staff vaccination programs and pest control management are some of the measures utilised to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

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 provides catering cleaning and laundry services that generally enhance the care recipients' quality of life and staff's working environment. The home informs care recipients about hospitality services and dining arrangements via information handbook, extra services annexure, noticeboards, meal choice ordering forms and meetings, and there are provisions for care recipients to provide feedback about their experience. The catering services take into account care recipients' preferences, nutritional needs, choices and special dietary requirements. The menu provides hot meal choices and alternatives. Support staff, who are guided by scheduled tasks and manuals, provide detailed and high cleaning and laundry services frequently, and the home has a system to prevent loss of clothing that includes labelling, sorting and distribution processes. Hospitality services encompass the home's food and chemical safety programs and infection control requirements, and management monitor for quality via feedback, internal compliance checks, surveys and audits. Care recipients and representatives reported satisfaction with the cleaning and laundry services and suggested the catering services could be improved.