



Australian Government

Australian Aged Care Quality Agency

Churches of Christ Care Aged Care Service Crows Nest

RACS ID 5109
8 Grace Street
CROWS NEST QLD 4355

Approved provider: Churches of Christ in Queensland

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 November 2018.

We made our decision on 17 September 2015.

The audit was conducted on 04 August 2015 to 06 August 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Churches of Christ Care Aged Care Service Crows Nest 5109

Approved provider: Churches of Christ in Queensland

Introduction

This is the report of a re-accreditation audit from 04 August 2015 to 06 August 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 04 August 2015 to 06 August 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:	Vivienne Jones
Team member:	Sharon Dart

Approved provider details

Approved provider:	Churches of Christ in Queensland
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Details of home

Name of home:	Churches of Christ Care Aged Care Service Crows Nest
RACS ID:	5109

Total number of allocated places:	91
Number of care recipients during audit:	82
Number of care recipients receiving high care during audit:	80
Special needs catered for:	Care recipients with a diagnosis of dementia and related condition.

Street/PO Box:	8 Grace Street
City/Town:	CROWS NEST
State:	QLD
Postcode:	4355
Phone number:	07 4698 3555
Facsimile:	07 4698 3500
E-mail address:	lorraine.withington@cofcqld.com.au

Audit trail

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

Interviews

Category	Number
Service manager	1
Clinical care coordinator	3
Registered staff	5
Personal care worker	3
Administration staff	2
Hospitality team leader	1
Environmental service worker	8
Maintenance team leader	1
Occupational health and safety representative	1
Care recipients/representatives	13
Lifestyle team leader	1
Area manager	1
Area service support officer	4
Hospitality services coordinator	1
Business partner for volunteer services	1
Volunteer	1
Fire safety advisor	1

Sampled documents

Category	Number
Care recipients' files	9
Medication charts	9
Personnel files	10
Volunteer personnel files	2

Other documents reviewed

The team also reviewed:

- Activities calendar

- Admission process checklist
- Assessments
- Assets list
- Audits/surveys and results
- Authorisation for restraint
- Blood glucose level records
- Bowel charts
- Call bell response monitoring
- Care recipient emergency list
- Care recipient enquiry package
- Care recipient vital signs monitoring
- Care recipient weights
- Care recipient, visitor and contractor sign in/out books
- Care recipients' handbook
- Certificate of maintenance and certificate of classification
- Chemical register
- Communication books
- Complaint, compliment and comments records
- Consolidated assault register
- Continuous improvement plan, forms and log
- Controlled drug registers
- Dietary profiles
- Dietitian review of the menu
- Emergency and disaster management plans and emergency contact list
- Emergency equipment inspection records
- Emergency training and fire drill records
- Evacuation impairment assessment forms
- External service provider contracts

- Fire safety compliance certificate and occupier's statement
- Food and equipment temperature monitoring records
- Food business licence
- Food safety program and food safety accreditation
- Food safety supervisor training certificates
- General and kitchen cleaning schedules
- General incidents, infection rates data and analyses
- Handover sheet
- Hazardous substances and dangerous goods register
- Home's self-assessment
- Information sheets
- Letter advising care recipients/representatives of re-accreditation audit
- Maintenance records
- Mandatory training programs and attendance register
- Medication weekly checklists
- Memoranda, electronic mail and letters
- Menus
- Minutes of meetings
- Newsletters
- Nurse initiated medication lists
- Orientation, general education programs, assessments and training manuals
- Philosophy, mission and vision statement
- Police certificate register and Commonwealth statutory declarations
- Policies, procedures, manuals and guidelines
- Position descriptions and duty lists
- Recruitment records and interview guides
- Registered nurse qualification records
- Residential care agreement

- Rosters and allocation sheets
- Safety data sheets
- Self-medication assessment
- Service contracts
- Temperature monitoring records
- Training calendars, attendance sheets, and training needs analysis
- Wound assessment and treatment sheets

Observations

The team observed the following:

- Accreditation information on display
- Activities in progress
- Activities program displayed
- Administration and storage of medications
- Advocacy, complaints and other brochures on display
- Charter of care recipients' rights and responsibilities displayed
- Chemical storage
- Cleaners' trolley and store area
- Colour coded catering and cleaning equipment
- Confidential information disposal bin
- Daily menu on display
- Equipment and supply storage areas
- Evacuation diagrams displayed
- External assembly points identified by signage
- Firefighting equipment, inspection tags and signage
- General and clinical waste bins
- Hand washing facilities, anti-bacterial solution dispensers and personal protective equipment
- Interactions between staff and care recipients

- Internal and external environment
- Kitchen and dry/cold food storage areas
- Laundry
- Manual handling and mobility assistive devices in use
- Meal service and practices
- Medication round
- Notice boards and notices on display
- Nurses' stations
- Occupational health and safety committee members list with names and photographs
- Organisational quality statement displayed
- Outbreak and spill kits
- Oxygen storage cages
- Safety data sheets displayed
- Secure file storage
- Secure suggestion boxes
- Short group observation
- Smoking areas

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

Churches of Christ Care Aged Care Service Crows Nest (the home) uses a standardised organisational process to actively pursue continuous improvement activities through monitoring processes including audits conducted across the Accreditation Standards, complaints and risk management processes. Management at the home and organisational personnel conduct, collate and analyse information from audits, hazard/incident reporting processes and feedback processes including forms and meetings. Information resulting from these processes is discussed in a consultative manner between management, staff, care recipients/representatives and other interested parties to identify, action, evaluate and resolve improvement activities. Management utilises an electronic system to record, document action steps, monitor progress and evaluate outcomes as appropriate. Care recipients/representatives and staff are satisfied with improvements implemented.

Examples of improvements in relation to this Standard include:

- Staff identified that administrative time was not managed well when calling staff to replace available shifts. As a result, the home now utilises a short message service (SMS) to notify individual staff or a group of staff regarding available shifts, publication of new rosters, outbreaks, emergencies and upcoming education sessions and meetings. Rather than administrative staff waiting for staff to respond to missed calls, staff can choose to respond to the SMS and accept available shifts. This has resulted in a more efficient method to fill shifts when available and has received positive feedback from staff and management.
- Subsequent to a suggestion from senior organisational personnel, a monthly staff barbe- que (BBQ) is now held at the home. Food is sold to staff at a reasonable cost and may coincide with a staff dress up day. This event has commenced and, when possible, includes care recipients. This has received positive feedback from staff and management.
- Following commencement of the monthly BBQ day, a staff member suggested that a social committee be formed to manage staff events that support the wellbeing of staff and care recipients. Nominations have been received and this social committee has been formed and meetings have been held. This has received positive feedback from staff and management.

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 organisational and local systems and processes to identify and ensure compliance with legislation, regulatory requirements, professional standards and industry guidelines. Organisational personnel provide information to management and staff at the home via electronic alerts, meetings and education; this information is available to staff electronically and in hardcopy. Compliance with legislation, organisational procedures/policies and the Accreditation Standards is monitored through the audit system, performance appraisals and observation of staff work practices. Care recipients/representatives are notified of re-accreditation audits. The home has organisational systems and personnel to monitor currency of criminal history certificates and designated personnel at the home receive renewal alerts for staff and volunteers.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Recruitment processes ensure staff have the skills, ability and relevant qualifications to perform the role. Orientation processes include mandatory and other training programs specific to roles and the completion of identified competencies and assessments. Education is planned, scheduled, advertised and evaluated, attendance is monitored by designated staff and the need for further education is identified through emerging issues. The home’s education program is managed by identified staff, relevant issues are discussed at regular meetings and staff have access to resources at the home and at a sister facility. Staff and management are encouraged and supported to undertake further education and formal qualifications utilising internal and external training processes

In relation to this Standard relevant education includes orientation, code of conduct, customer service, developing leaders, Accreditation Standards, looking after your back, bullying and harassment, managing difficult situations, frontline management, organisational values/mission statement and quality systems. Organisational and local education is planned later in 2015 regarding Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people for all staff.

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 an organisational system to manage comments and complaints. Each care recipient has at least one documented authorised representative and currency of this information is maintained by designated personnel. Care recipients/representatives have access to internal and external complaints and advocacy processes and are advised of these in the care recipient handbook, the residential agreement and brochures. Feedback forms and secure suggestion boxes are available for anonymous submission of complaints and care recipients with special needs are assisted to make complaints. The complaints process is discussed at care recipient and staff meetings and complaints are incorporated into the continuous improvement system. The comments and complaints register is logged, monitored and reviewed by designated personnel to ensure complaints are actioned, evaluated and closed out. Feedback is provided through meetings, electronic communication, memoranda and letters. Care recipients/representatives are aware of the complaints process and are satisfied with management and staff response to their concerns.

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 home has consistent documentation of the organisational vision, mission, values, philosophy and objectives which are published in the residential agreement, handbooks and relevant documents, discussed at orientation and other forums and displayed throughout the home. This information is available to care recipients/representatives, staff and other interested parties.

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

Organisational and local systems, processes and personnel are generally in place to ensure that appropriately skilled and qualified staff are sufficient to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. The recruitment, selection and employment of staff is based on required skills, experience, qualifications, satisfactory reference checks, and current police certificates and completion of the Commonwealth statutory declaration as required. Orientation processes include role specific and organisational information, mandatory training sessions and competencies and new staff

are supported by experienced staff during 'buddy' shifts. Staff skills are monitored through incident analysis, observation of staff practice, a six monthly probationary period, performance appraisals and a performance management process. A registered nurse is available on-site 24 hours per day/seven days per week. Care recipients/representatives are generally satisfied with the timeliness of staff response to care recipients' requests for assistance.

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/representatives and staff are satisfied with the availability of goods and equipment. Effective processes are in place to monitor stocks and reorder goods. Stock management is delegated to key staff at the home. A systemic monitoring system is in place to ensure that equipment is operational and fit for use and key staff monitor stock rotation and expiry dates. Equipment needs are identified through consultation with staff and care recipients, the maintenance program or the safety reporting system. The maintenance process is reviewed by organisational personnel and management at the home and maintenance issues are discussed at relevant meetings. The home has quotation, purchase order and capital expenditure approval processes to manage equipment and furniture purchases. Effective preventive and general maintenance programs are managed by maintenance staff or suitable contractors. Staff have access to the maintenance reporting process and are trained in the use of new equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information management systems are in place to support management and staff in undertaking their roles. Management, care, lifestyle and support staff have access to accurate and current information and identified staff are provided with information technology user names and passwords on commencement of employment. Dissemination of information occurs through notices, memoranda, education/information sessions, communication diaries, electronic mail and meetings. Information management systems that support the home's key systems such as clinical care, lifestyle, human resources, safety and continuous improvement are effective. Policies, procedures and forms are document controlled by key personnel and information is available to staff electronically and in hard copy. Information is collected via audits, meetings, assessments, case conferences, forms, electronic notices and surveys. The home has a process for the archiving and disposal of obsolete records. Access to confidential electronic and hardcopy records is secure. Care recipients/representatives are satisfied with care and service delivery and the home's communication processes.

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, representatives and staff are satisfied with externally sourced services. Professional maintenance services, allied health services and the supply of goods are sourced externally. Organisational personnel maintain a register of preferred suppliers that is accessible to relevant staff as needed. Service agreements are used to specify the organisation's service requirements including the requirement for a current police certificate, work cover coverage and relevant insurances. Contractors are required to sign in/out and the performance of external service providers is monitored by relevant staff.

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.

Examples of improvements in relation to this Standard include:

- A clinical care improvement group has been developed to facilitate networking and review of processes, incidents and practices at the home. This group meets bi-monthly, the manager of quality and compliance attends when possible and meeting minutes are forwarded to this manager for review and comment. In addition, this group works cooperatively with the organisational clinical care improvement group and other relevant organisational personnel. This has resulted in positive outcomes for care recipients and staff.
- While the home has a continence management program in place and training has been provided to staff, four care staff have now been trained as continence champions. This has improved outcomes for identified care recipients.

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 systems and processes to maintain regulatory compliance. The home has organisational systems to ensure compliance with legislation relevant to health and personal care. In relation to this Standard, there are established systems to ensure relevant staff have current professional registration, specialised care is provided by appropriate nursing staff and information regarding specified care and services is provided to care recipients in the residential agreement and in the care recipient information pack.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to this Standard relevant education includes medication management for registered staff, assisting with medications for care staff, nutrition and hydration, hearing aid management, managing difficult behaviours, first aid, cardiopulmonary resuscitation, dementia care, models of care, dysphagia, effective documentation, use of a syringe driver, recognising and responding to pain, managing sleep disorders, managing skin disorders, nasogastric tube insertion, falls prevention, palliative care, skin care and continence care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to assess care recipients’ initial and ongoing clinical care needs and preferences. Care recipients’ baseline assessments are completed on entry to the home from information provided by the care recipient/representative, hospital discharge and/or medical referral notes. Assessments are completed to form individualised care plans that direct the provision of care. Clinical governance is provided by the service manager and clinical care coordinators in collaboration with registered staff. Care recipients’ care is evaluated every three months, or as care needs change. Care recipients/representatives have input into the ongoing provision of their care through case conferences and discussions with registered staff. The effectiveness of clinical care is monitored through audits, incident analysis, meetings and monthly service manager’s report. Staff have an understanding of individual resident care needs and are satisfied with communication processes used to inform them of clinical care changes. Care recipients/representatives are satisfied with clinical care services 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

The needs of care recipients requiring ongoing specialised nursing care are identified on entry to the home and/or as their care needs change. This information is included in the individualised care plans to guide staff practice. Registered nurses are available onsite 24 hours a day, seven days a week, to assess and oversee specialised nursing care requirements. These currently include catheter care, diabetic care, ostomy care, anticoagulant therapy and cytotoxic therapy. Guidance provided by the clinical care coordinators, external specialists and resource material is available to support staff to care for care recipients with

specialised needs. Equipment and supplies to deliver specialised care are available as required. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients have access to a range of health specialists according to their assessed needs and preferences. Initial and ongoing assessment processes identify individual care recipients need for other health and related care, with services provided both internally and externally by medical and allied health professionals. Referrals are initiated by registered nurses and/or the care recipient’s medical officer. Outcomes of referrals are documented and any care changes incorporated into relevant care plans. Effectiveness of care is evaluated through established clinical care evaluation processes and through care recipient feedback. Care recipients/representatives are satisfied with access to other health specialists and the choices available.

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 recipient’s medication is administered by registered staff and care staff who have completed education and competency assessments. Registered nurses are available onsite 24 hours per day, seven days per week for consultation regarding administration of ‘as required’ (PRN) medication. Medications are supplied in sachet packs and individual containers delivered to the home on a weekly basis. Medications are stored securely. Care recipients’ medical officers review medications at least three monthly and the contracted pharmacist conducts regular reviews and provides education and support to staff. Evaluation of the medication management system is conducted through monitoring of medication incidents, observation of staff practice and the auditing processes. A medication advisory committee meets quarterly to monitor the quality of medication administration. Care recipients/representatives are satisfied that medication is administered 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

On entry, consultation is undertaken with the care recipient/representative as part of the initial assessment process in relation to history of any pain experienced to identify triggers and interventions that have been used to manage the care recipient’s pain. Pain management programs include care recipient assessment by registered staff and the physiotherapist, with

interventions such as positioning, massage and heat therapy used in conjunction with administration of prescribed medication. Care recipients receiving scheduled controlled medications are assessed for pain before administration. Re-assessment and monitoring occurs when care recipients experience a new/acute pain and focus assessment tools are available to assist in identifying pain. Pharmaceutical and non-pharmaceutical strategies such as heat packs, repositioning and massage are used in the management of pain and the effectiveness of these strategies are monitored and evaluated. Nursing staff liaise with medical officers and/or physiotherapist where further intervention is required. Care recipients/representatives are satisfied that care recipients' pain is managed effectively.

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 has processes to provide appropriate care and comfort for terminally ill care recipients. End of life wishes and enduring power of attorney matters are discussed on entry to the home. An advanced care plan is initiated where there is agreement with the care recipient/representative. As the care recipient's health status changes, an end of life pathway is commenced through consultation with the care recipient and family members, clinical staff and medical officer. Care recipients are supported to remain at the home during the palliative phase of care and family are able to visit and/or stay with their family member during this time. Pastoral care is offered and provided according to care recipients' wishes. Equipment and clinical supplies are accessible to assist the staff to meet the physical and emotional needs of care recipients. Staff demonstrate awareness of interventions required to provide comprehensive care and comfort for care recipients during their end of life and support for their families.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients' dietary requirements are identified and assessed on entry to the home including their likes, dislikes and dietary needs. Information of care recipients' dietary requirements are recorded on a dietary needs assessment document. Communication processes between nursing and kitchen staff ensure information regarding care recipients' dietary requirements is current, allergies are noted and care recipients receive appropriate diets and textures. Care recipients are routinely weighed on entry to the home and then monthly or more frequently if required. Weight variances are monitored by registered nurses and referrals to a dietitian and speech pathologist are initiated when indicated. Care interventions include provision of special utensils, assistance with meals, provision of thickened fluids, texture modified diets and nutritional supplements. The adequacy of nutrition and hydration is reviewed through clinical monitoring, feedback from staff and care recipients. Staff are aware of processes to report/action concerns regarding care recipients' fluid and/or food intake. Care recipients/representatives are satisfied the home provides adequate nourishment and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and identified care needs are included in the care recipient’s care plan to guide staff. The care plan is reviewed as part of the review schedule or when indicated by changes. Care recipients who have the potential for compromised skin integrity are assessed and preventative strategies such as position change, pressure relieving mattresses and application of emollients are implemented.

Wounds are assessed by registered nurses and in consultation with the medical officer wound plan strategies are established and outcomes are evaluated on an ongoing basis. External wound advisors are available if the need arises. The incidence of injury/skin tears is captured on incident reports, actioned and trended. Care recipients/representatives are satisfied with the support provided to care recipients to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Continence statuses of care recipients’ are assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Care recipients’ individual continence programs, such as regular toileting schedules, assistance with personal hygiene and provision of appropriate continence aids, are developed and detailed on care plans. A daily bowel record is maintained for each care recipient, which registered staff monitor and action according to bowel management protocols. Bowel management strategies include encouraging fluids, increasing dietary fibre, prunes, pear juice and the administration of aperients as prescribed. Registered nurses along with continence link nurses are delegated to continence care management and monitoring ongoing continence aid use for appropriateness. External continence product providers undertake regular education and also provide training components for staff. Nursing staff have an understanding of care recipients’ individual toileting schedules and continence needs. Care recipients/representatives are satisfied with aids and generally with the level of assistance to manage 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

On entry care recipients are assessed and indicators for challenging behaviours are identified through review of medical history, previous assessments and discussion with representatives. Behaviour monitoring assessment is conducted during the settling in period and triggers and effective interventions are identified. Strategies implemented to reduce challenging

behaviours, together with observed triggers are incorporated into the care plan to provide guidance to staff. Referral to external mental health services can be accessed to assist in the management of complex behaviours and provide support and education for staff. Medical officer reviews occur and a multi-disciplinary approach that includes activity staff is used with behaviour management. A secure unit is available which provides management strategies for care recipients with challenging behaviours in a safe environment. Staff are aware of their reporting responsibilities in the event of a behavioural incident. Care recipients/representatives are satisfied the home manages care recipients' challenging behaviours in an effective manner.

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 are assessed for mobility and dexterity needs and fall risk on entry by the physiotherapist and in conjunction with the registered staff, to assist in maintaining and/or enhancing a care recipient's mobility and dexterity. Care recipients use of mobility aids are reviewed by the physiotherapist who also ensures that the aid the care recipient is using or will use is appropriate. Care recipients at risk of falls are assessed and identified; this is recorded on the care plans. A mobility and dexterity care plan is compiled by a registered nurse and/or physiotherapist and is evaluated as per schedule or when care recipients' needs change. Exercise programs are developed by the physiotherapist and carried out by staff. Staff are trained in manual handling techniques to safely assist care recipients to mobilise and transfer using appropriate mobility aids and lifting devices. Falls are monitored by registered staff and the physiotherapist. The incidences of care recipients' falls are recorded and strategies are implemented to minimise the risk of future falls. Care recipients/representatives are satisfied with the support provided by staff to assist care recipients to achieve their optimal mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Care recipients' oral and dental needs are identified through initial and ongoing assessments, review/evaluation processes and care recipient feedback. The level of assistance required to maintain care recipients oral and dental health is included in relevant care plans documenting the presence of dentures or care recipients' own teeth and specific care strategies. Oral hygiene is provided as part of daily personal care processes. Outcomes of oral care are monitored through reassessment, regular care plan evaluation and through reports following referral to dental services. Oral care equipment and products are available to assist in maintaining oral and dental health for care recipients, including maintaining oral comfort for those at the end stage of life. Ongoing education and provision of clinical resource material guide staff practice relating to oral care. Care recipients expressed satisfaction with the level of support and assistance provided to maintain their oral and dental health.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Assessment of care recipients’ sensory needs and/or losses occurs on entry to the home and as care needs change. Care interventions reflect care recipients’ sensory needs and preferences. ‘Talking books’ are able to be accessed to assist and promote communication with care recipients and volunteers assist with reading and writing of letters and electronic communications. The lifestyle program includes activities to stimulate care recipients’ senses such as musical concerts, outings and activities of care recipients’ choice. Nursing staff provide support with activities of daily living and assist care recipients to manage assistive devices such as glasses and hearing aids (including cleaning, care and replacing of batteries), to maximise sensory function. Care recipients’ are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the medical officer. Care recipients/representatives are satisfied with the assistance provided to identify and manage sensory care needs and preferences.

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

Initial and ongoing assessment processes identify care recipients sleep patterns, settling routines and personal preferences associated with sleep; individual care plans document interventions to help them achieve and maintain natural sleep patterns. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Care recipient feedback and ongoing assessment, planning and evaluation processes monitor the effectiveness of interventions provided to assist care recipients achieve/maintain restful sleep. Staff are aware of individual care recipients sleep/rest patterns and personal routines and provide additional support for those with disturbed sleep related to agitation, anxiety or recurrent pain. Care recipients said they are able to sleep comfortably and are satisfied with the support provided by staff.

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.

Examples of improvements in relation to this Standard include:

- Subsequent to a suggestion by a representative, the home is the first organisational aged care home to incorporate the Australian Cultural Elder program; this program was created by the Australian Cultural Library in Toowoomba Queensland. Items that have a local and/or Australian theme such as books of poetry, magazines, children’s books, digital versatile discs (DVDs), long playing records and other items are now available to care recipients on a designated book shelf. The weekly book club is held in this area and this program has been well received by care recipients. As a result, a broad range of topics is now available to interested care recipients.
- As a strategy to support care recipients’ independence, a top loading washing machine has been purchased and is in use in the home by identified care recipients. Relevant staff conduct an assessment of the care recipient’s ability to safely use this equipment and of the satellite laundry regarding environmental risk issues. Care recipients/representatives are satisfied with the installation of the new washing machine and support of their independence.
- Subsequent to a suggestion by organisational staff, a regional lifestyle forum, including lifestyle officers from the home, will be held regularly. Future events and issues of interest are discussed and ideas are exchanged. The first forum was held in July 2015 and received positive feedback from staff and management. While lifestyle officers benefit from this forum, ultimately, care recipients will benefit from an enhanced lifestyle program.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure

compliance with legislation relevant to care recipients' lifestyle. In relation to this Standard, the home has systems to record reportable and non-reportable events according to legislative requirements and organisational procedures. The Charter of Care Recipients' Rights and Responsibilities is displayed throughout the home and is provided to care recipients in the care recipient information booklet and in the residential agreement.

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 systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes elder abuse/mandatory reporting, security of tenure, caring for forgotten Australians, positive wellbeing for care recipients, and diploma in leisure and lifestyle.

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

Information gathered on entry to the home is used to ensure care recipients' emotional needs and preferences are communicated to enable staff to assist their adjustment to life in the home. Ongoing assessment, planning and evaluation systems identify care recipients' social needs and preferences for emotional support. Nursing, lifestyle, and pastoral care staff provide emotional support and are involved in monitoring care recipients' emotional needs.

Care recipients are encouraged to personalise their rooms. Those care recipients preferring to stay in their rooms receive regular visits from lifestyle staff, pastoral carers and volunteers. Ongoing emotional support needs are monitored through staff interactions with care recipients, care plan reviews and care recipient surveys. Care recipients/representatives are satisfied with the emotional support provided to care recipients as they adjust to their new surroundings and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. Assessment processes identify care recipients' previous interests and lifestyle as well as their current interests and abilities. The

information assists with development of care plans that maximise individual care recipients opportunities to maintain independence. Care recipients are encouraged to maintain control over their daily activities, financial decisions where they have the capacity and are assisted to vote if they desire. Care recipients are assisted to maintain friendships and participate in the life of the community within and outside the home. Physiotherapy staff assesses care recipients' requirements for assistive devices and equipment to assist with mobility to help maintain their independence. Care outcomes are monitored through care recipient/representative feedback, observation and regular care plan evaluation. Care recipients/representatives are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

On entry to the home care recipients are provided with information about their rights, including their right to privacy. Care recipients' administrative and care files are stored and accessed in a way that provides security and confidentiality of information. Staff are provided with education about their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality regarding aspects of care recipients' personal information and care requirements. The Charter of Care Recipients' Rights and Responsibilities is displayed and provided in printed formats. Staff interactions with care recipients generally maintain their privacy and dignity. Care recipients/representatives are generally satisfied with the provision of privacy and dignity afforded to them.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in different activities at the home. In conjunction with information that has been gathered on entry and after a settling-in period, the lifestyle staff complete an assessment in consultation with the care recipient/representative. This information assists in developing the care recipient's lifestyle care plan and an activities program that is of interest to them. Volunteers work under the direction of lifestyle staff and assist with planned activities. Scheduled activities are advertised through a monthly calendar that is displayed on noticeboards in communal areas and is included in the newsletter that is provided to care recipients and representatives.

Ongoing evaluation of the effectiveness of the lifestyle care plan and activities, meetings, surveys, audits and feedback ensures care recipients continued interest. Care recipients/representatives are satisfied with the activities offered by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

There are systems to ensure care recipient's individual interests, customs, beliefs, cultural and ethnic backgrounds are fostered and valued. The home uses information gathered on and following entry to the home to ensure that care recipient's specific cultural and spiritual needs and preferences are incorporated in their lifestyle care plan. The availability of the pastoral care chaplain and pastoral care staff reflects the ethos of the home. Church services are held weekly. Representatives from various religious groups and faiths are encouraged to participate in supporting care recipients' spiritual needs and preferences. The activities program enhances cultural care through the celebration of cultural and significant days. The home uses surveys, audits, meetings and feedback to monitor effectiveness of the home's cultural and spiritual life. Care recipients/representatives are satisfied that the home values care recipients' cultural and spiritual life.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients are provided with opportunities to exercise choice and decision making in the planning and provision of care and leisure options and are encouraged to be involved. Input and feedback is sought from care recipients/representatives throughout the care recipient's stay at the home via care plan reviews, case conferences, meetings, the comments and complaints processes, and interaction between staff, management and care recipients. Staff use strategies to incorporate choice into care recipients' leisure interest and daily care routines when able. Care recipients assessed as being unable to make their own decisions have alternative decision makers (such as adult guardian, enduring power of attorney or significant other) identified in their file. Information regarding care recipients' right to choice and decision making is available through the care recipient handbook and the residential care agreement. Care recipients/representatives are generally satisfied individual choices of care recipients are actioned and respected in lifestyle and care delivery at 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 and their representatives are supplied information regarding care and service provision prior to and on entry to the home. Documents including an enquiry package and

residential care agreement provide information about terms and conditions of their tenure, fees and charges, dispute resolution and care recipient rights and responsibilities. Key personnel are available to ensure there is shared understanding of the terms of the care agreement; ongoing information regarding changes to fees and charges and other legislative/regulatory issues is provided. Care recipients are aware of their rights and responsibilities and are satisfied their tenure at the home is secure.

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.

Examples of improvements in relation to this Standard include:

- Subsequent to a complaint from a care recipient indicating that meals were not served at a satisfactory temperature, two plate warmers have been purchased and are in use at the home. Previously, meals were delivered to the dining rooms on plates and the plates were not warmed prior to plating of food. Food is now delivered to two dining rooms in the home in a bain marie and plated on the warmed plates. This has received positive feedback from care recipients and staff.
- Following an organisational review of emergency response procedures, including at the home, it was identified that a procedure was needed to safely remove care recipients from danger who are bed bound. As a result, ‘rescue sheets’ have been placed on all care recipients’ beds and beds with a ‘rescue sheet’ are identified by signage. These ‘rescue sheets’ facilitate safe removal of care recipients from danger and are a safe manual handling procedure for staff. Staff have been provided with training in relation to application and usage of these sheets and this is part of the mandatory training program.
- Staff identified that visitors were going in/out of a satellite kitchen to retrieve milk, tea, coffee and food when visiting care recipients; this was identified as an infection control issue. As a result, a dedicated area has been established that contains tea, coffee, biscuits and an electric jug for use by visitors and a small refrigerator is now available in this area. This has resulted in positive outcomes for care recipients, family members and staff.
- Subsequent to a suggestion from the occupational health and safety group, a ‘red dot’ system has been incorporated at the home. While the home has safety data sheet folders, ‘red dots’ now identify hazardous chemicals included on the safety data sheets in the relevant folders. This has improved safety for everyone at the home.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment, fire safety and safe systems. In relation to this Standard, the home has fire safes, a food safety program and processes for monitoring occupational health and safety requirements and fire safety.

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 systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes use of low/low-low beds, risk management, infection control, manual handling, food safety, chemical safety, occupational health and safety and fire and emergency response education.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

Care recipients/representatives are satisfied with the safety and comfort of the living environment. The home is comprised of three residential units situated on one level and the majority of the residential rooms have an ensuite. The home’s care and lifestyle assessment processes identify care recipients’ environmental needs including preferences, equipment needs and risk factors. There is an effective incident management system to monitor incidents such as falls and skin tears in order to minimise their recurrence. Hazards are generally identified and are either eliminated or controlled. Care recipients are assisted to personalise their room to make it as home-like and as comfortable as possible. Care recipients have access to lounge and dining areas and outdoor sitting areas. Furniture and equipment are consistent with care recipients’ care needs and care recipients have individual control regarding room temperature control and lighting. The home’s maintenance and cleaning programs are effective.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety (OHS) system to assist in the identification, actioning, evaluation and resolution of safety issues. A chemical register is maintained and safety data sheets are available to staff and the hairdresser. Safe work practices and the environment are monitored through audits, hazard identification, risk assessments, observation of staff practices and competencies. Training is provided on the use of chemicals, safe work practices, manual handling and infection control at orientation, annually and as needed. Staff are also trained in the use of new equipment. Equipment is maintained and chemical storage areas are secure and identified by signage. Health and safety issues are discussed at meetings and staff have access to an organisational OHS co-ordinator and a local OHS representative. Safety information is provided to staff in hardcopy and electronically. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

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 organisational and local procedures and equipment to minimise fire, security and emergency risks. Care recipients are advised about emergency procedures at entry and at meetings. Fire risks are minimised through management of electrical equipment and equipment such as the fire detection and alarm system, fire extinguishers, fire hydrant, hose reels, fire blankets, emergency exit signs/lighting, fire compartments and fire/smoke doors; the home plans to install sprinklers by September 2016. This equipment is regularly inspected, tested and defects rectified. Fire warden training is provided to relevant staff and staff are trained in how to respond to a fire alarm, evacuate care recipients from danger; regular fire drills are conducted and the home has one fire safety advisor. The home has a smoking policy and the two designated smoking areas are equipped with accessible emergency equipment. There is access to emergency equipment, evacuation procedures, evacuation diagrams, evacuation lists and emergency exits and the home has five external assembly points that are identified by signage. The home has daytime and overnight security procedures and the police drive by at random times overnight. The home has emergency procedures and disaster management plans.

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 processes to manage infection control in the areas of clinical, lifestyle, catering, cleaning and laundry practices. The designated registered nurse oversees the infection control program and infection control policies are available to guide staff practice, including outbreak management guidelines and supplies. Infections are documented and monitored by the registered nurse and action taken as needed. Staff are provided with infection control education at orientation then annually or as needed. Care recipients are administered influenza vaccinations annually by their medical officer with consent and staff are encouraged to be vaccinated. The home has a food safety program in place and safe food practices are followed by catering, lifestyle, pastoral and clinical staff. The home provides hand washing facilities, anti-bacterial solution dispensers, sharps containers, outbreak/spill kits and personal protective equipment for staff and has processes to manage waste and pest control. The effectiveness of infection control measures is monitored through review of infection statistics, audits and observation of staff practices. Staff are aware of the colour-coded equipment, the use of personal protective equipment and are generally aware of the principles used to prevent cross infection.

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

Catering services are provided to meet care recipients' dietary needs and preferences that are identified on entry and on an on-going basis as needs and/or preferences change with input from allied health specialists. The home has a four week rotating seasonal cook- fresh/cook ahead menu and care recipients have input into the current menu through group meetings and individual discussions with staff. The home has a food safety program in place that is followed by staff and the home has three food safety supervisors. Cleaning of care recipients' rooms and communal areas is completed in accordance with the cleaning duty lists and staff are instructed in the use of personal protective equipment, cleaning equipment and chemicals. Care recipients' personal laundry, linen, mop heads, foul or infected laundry is managed on-site five days per week by staff. The effectiveness of hospitality services is monitored through meetings, audits, the complaints process and surveys. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided.