Australian Government

Australian Aged Care Quality Agency

Churches of Christ Care Aged Care Service Inglewood

RACS ID 5287
Cunningham Highway
INGLEWOOD QLD 4387

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 29 September 2018.

We made our decision on 31 August 2015.

The audit was conducted on 28 July 2015 to 29 July 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Australian Government

Australian Aged Care Quality Agency

Audit Report

Churches of Christ Care Aged Care Service Inglewood 5287

Approved provider: Churches of Christ in Queensland

Introduction

This is the report of a re-accreditation audit from 28 July 2015 to 29 July 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 28 July 2015 to 29 July 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:	Magdalene Hingst
Team member/s:	Sharon Dart

Approved provider details

Approved provider:	Churches of Christ in Queensland

Details of home

Name of home:	Churches of Christ Care Aged Care Service Inglewood
RACS ID:	5287

Total number of allocated places:	10
Number of care recipients during audit:	10
Number of care recipients receiving high care during audit:	10
Special needs catered for:	Nil

Street/PO Box:	Cunningham Highway
City/Town:	INGLEWOOD
State:	QLD
Postcode:	4387
Phone number:	07 4652 1771
Facsimile:	07 4652 1797
E-mail address:	simon.brew@cofcqld.com.au

Audit trail

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

Interviews

Category	Number
Service coordinator and registered nurse	1
Area business support officer	1
Area manager	1
Hospitality services coordinator	1
Care staff – multi-skilled as activities, catering, cleaning and laundry staff	5
Care recipients/representatives	5
Physiotherapist	1
Chaplain	1
Area maintenance support officer	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' clinical and other files	7
Summary/quick reference care plans	4
Medication charts	10
Personnel files	4

Other documents reviewed

The team also reviewed:

- Assets list
- Audits/survey and audit/survey findings
- Care recipient enquiry package
- Care recipient emergency list
- Care recipient handbook
- Care recipient, visitor and contractor sign in/out books
- Certificate of maintenance and certificate of classification

- Communication books
- Competency assessments
- Complaint, compliment and comments records
- Continuous improvement plan, forms and log
- Controlled drug register
- Dietary profiles
- Dietitian review of the menu
- Emergency and disaster management plans
- 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
- General and kitchen cleaning schedules
- Handover form
- Hazardous substances and dangerous goods register
- Home's self-assessment
- Incident records
- 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
- Mission values and goals statement
- Orientation and general education programs
- Police certificate register
- Policies and procedures
- Position descriptions and duty lists
- Registered nurse qualification records
- Residential care agreement
- Rosters and allocation sheets
- Safe operating procedures
- Safety data sheets
- Service contracts
- Training calendars, attendance sheets, and training needs analysis
- Training manuals

Observations

The team observed the following:

- Accreditation information on display
- Activities in progress
- Activities program displayed
- Archive area
- Charter of care recipients' rights and responsibilities displayed
- Cleaners' trolley and store area
- Colour coded catering and cleaning equipment
- Complaint and advocacy information displayed
- Confidential information disposal bin
- Equipment and supply storage areas
- Evacuation diagrams displayed
- External assembly point identified by signage

- Firefighting equipment and inspection tags
- General and clinical waste bins
- Hand washing facilities and personal protective equipment
- Internal and external environment
- Kitchen and dry/cold food storage areas
- Laundry
- Meal and beverage service
- Medication administration and storage
- Notice boards and notices on display
- Organisational quality statement displayed
- Outbreak and spill kit
- Safety data sheets displayed
- Secure suggestion box
- Small group observation
- Smoking areas
- Staff interactions with care recipients.
- Whiteboards with daily menu on display

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Churches of Christ Aged Care Service Inglewood (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:

- Previously, the home had access to a roving registered nurse and while care recipients' clinical needs were addressed, senior organisational personnel identified that the care recipients' care needs, clinical documentation requirements and on-site human resources management issues at the home required the attention of a full time registered nurse/manager. As a result, a service coordinator role has been implemented and the home now has one full time registered nurse who also serves as the home's manager. The service coordinator works two days per week as a registered nurse on the floor and three days per week as a manager; these roles are flexible. This role commenced in February 2015 and is supported by a position description and senior organisational personnel. Care recipients' clinical care needs and documentation requirements are addressed and documented and human resource issues are managed in a more timely fashion.

- As a strategy to improve communication avenues at the home, all staff now have an electronic mail address. Organisational and local personnel now have the capacity to send electronic messages to a group of staff or to individual staff members. Staff send/receive information such as alerts, notices and memoranda as required. This has enhanced information management at the home and has received positive feedback from staff.

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 and attendance is monitored by designated staff. The need for further education is identified through incident/hazard reporting, risk assessments, audits, legislative updates, performance appraisals, feedback from staff and care recipients, receipt of new goods/equipment, implementation of new processes, observation of staff practice and the environment and care recipients' needs. The home's education program is managed by identified staff and 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, Accreditation Standards, comments and complaints, continuous improvement, bullying and harassment, managing difficult situations, frontline management, organisational values/mission statement and quality systems.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has an organisational system to manage comments and complaints. Care recipients/representatives have access to internal and external complaints and advocacy processes and are advised in the care recipient handbook, the residential agreement and brochures. Feedback forms and a secure suggestion box is 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. Complaint education is provided to staff at orientation and annually or as needed thereafter. 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 that 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 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 home's service coordinator is also the home's registered nurse. Care staff are "multi-skilled" and may also work in the home's kitchen, as cleaners or in the laundry. The recruitment, selection and employment of staff is based on required skills, experience, qualifications, satisfactory reference checks, and current police certificates and completion of statutory declarations 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 roster and a daily shift allocation sheet are maintained and reviewed as required to ensure that sufficient staff are available to meet care recipients' needs and to ensure that the environment is maintained. Care recipients/representatives are 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 a 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 paper based 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:

- As a strategy to enhance palliative care across the organisation and at the home, an end of life care pathway is now in place at the home. This strategy is part of an organisational educational program and training has been provided to relevant staff.

- As a strategy to improve initial and on-going clinical care provided at the home, a computer based video conferencing system has been incorporated at the home. A multi-disciplinary team consisting of health professionals discuss a range of physical, clinical, psychosocial and psychological care needs experienced by care recipients. Medical officers are able to discuss issues with the registered nurse and community nurse and also request further observations, specialists' reviews and/or pathology investigations. This has resulted in positive outcomes for care recipients and supports the delivering of person centred care.

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 and information regarding specified care and services is provided to care recipients.

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 palliative care, dementia care, medication management for registered staff, assisting with medications for care staff, first aid and cardiopulmonary resuscitation, dementia care, 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 for assessing the clinical care needs of care recipients on entry and as their care needs change. Information from a series of assessments is used to develop individual care plans in consultation with care recipients/representatives and they are reviewed regularly by nursing staff. Qualified staff are available at all times. Changes to health status are identified, documented and actioned; assessments and care plans are modified if required. Clinical indicators are collated, analysed and strategies implemented to improve care recipient outcomes. Staff practice is monitored through observation, analysis of data and feedback from care recipients/representatives. Care recipients/representatives are satisfied with the clinical care provided to care recipients.

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 specialised nursing care needs of care recipients are identified and assessed by appropriately qualified staff on an ongoing basis. Information from assessments is used to formulate special needs care plans that are reviewed regularly and as required. Examples of specialised nursing provided at the home include diabetes management, wound care, and catheter care. When necessary, specialist nurses and other health professionals are available to the home for consultation. Staff have access to education, resources and equipment to facilitate the provision of specialised nursing care. Care recipients are satisfied that their specialised nursing care needs are being met.

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 allied health professionals in accordance with their needs and preferences. When the need for allied or other related health professionals is identified, a referral is made. Where the appointment is external to the home, staff assist the care recipient and/or their representative to arrange transport. The capacity to utilise teleconference services to access medical specialists has been established. Allied and other health professionals document their assessments and treatments or recommendations; care staff implement the directives. Follow up occurs in consultation with nursing staff and the care recipient/representative. Examples of allied health and related services accessed by care recipients include physiotherapy, podiatry and dental services. Care recipients are satisfied with access to allied health and other related 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

The home has written processes to guide staff in the safe and correct management of medications. Medications are dispensed using a pre-packaged system and are delivered to the home weekly. Nursing and care staff administer the prescribed medications and record administration on medication charts that also provide information such as allergies, photo identification and any special instructions. The home supports care recipients who wish to manage their own medications and are assessed as being able to do so. Medications are stored according to specific requirements and there are systems to manage and account for controlled medications. If medication incidents occur, these are recorded, reported, investigated and managed. Medication management in the home is monitored by assessment of competence, internal audits and regular review of processes and medication incidents. Care recipients are satisfied with the management of their medication.

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 to the home, care recipients are assessed for the presence of pain; verbal and non-verbal assessment tools are available. The home has a multi-disciplinary approach to pain management. Information from assessments is utilised to formulate care plans in consultation with the medical officer and physiotherapist and these are evaluated on a regular and ongoing basis. Care and nursing staff have access to and utilise a variety of pain relieving equipment and strategies to manage pain symptoms, including massage, application of heat, exercises and the provision of prescribed regular and 'as required' analgesia. The effectiveness of

implemented pain relief strategies is evaluated and documented. Care recipients are satisfied with the management of their pain symptoms.

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 consults with care recipients/representatives regarding palliative care needs and preferences, including cultural and spiritual needs. End of life wishes and/or advanced care directives are documented when possible, through initial and ongoing consultation with care recipients and/or their representatives. When a care recipient reaches the end of life stage, they are monitored continuously for symptom management. Resources and equipment are available to assist with the provision of comfort and pain relief. Nursing and care staff demonstrate relevant skills and knowledge in the management of terminally ill care recipients and are supported when required by the local community health and hospital services.

Emotional and spiritual support is provided or facilitated as required by the home's chaplain or care recipient's preferred support network.

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' needs and preferences in relation to nutrition and hydration, including food allergies, are identified and recorded on entry to the home. Those care recipients at risk of developing malnutrition or dehydration are identified and strategies to manage these are recorded in care plans that are reviewed regularly. Care recipients' general health and body weight are monitored through the clinical records and the weight management protocol. Any unplanned weight loss is identified and addressed through modification of the diet, modification of food and drink textures or provision of food supplements. Where necessary, referral is made to a speech pathologist and/or medical officer. Care recipients are satisfied with the way the home meets their nutrition and hydration needs.

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 at risk of impaired skin integrity are identified on entry to the home and re-assessed on an ongoing basis. The specific needs and preferences of care recipients are documented on a care plan, including preferences in relation to hair and nail care. Referral to podiatry services is made as required. Risks to skin integrity are managed through the use of

application of emollients, limb protectors and pressure relieving devices such as specialised cushions. Skin tears are identified and reported as incidents and treated. Incidents are collated and analysed for trends. Wound care is provided by qualified staff and evaluation of wounds is undertaken by a registered nurse. Care recipients are satisfied with the assistance provided 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

Care needs in relation to continence management are assessed when the care recipient enters the home and as care needs change. Normal bowel and voiding patterns are identified and where indicated, aids are recommended to assist in maintaining or improving care recipients' continence. Bowel monitoring is undertaken by care staff and interventions such as increased fluid intake or provision of aperients are utilised when necessary. Toileting programs are included in care plans and staff assist care recipients as required, giving consideration to privacy and dignity. Staff practice is monitored through observation and feedback from care recipients/representatives. Care recipients are satisfied with the assistance provided to manage their continence effectively.

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

When challenging behaviours are identified, the home consults with staff, medical officers, care recipients and/or their representatives in order to identify triggers for the behaviour and to develop behaviour management strategies. Referral to a psycho-geriatrician via teleconference or other behaviour management specialists may be made if necessary.

Interventions such as redirection, distraction, and one to one activities are documented and evaluated. Staff are knowledgeable of individual strategies identified to prevent or manage challenging behaviours for specific care recipients. Care recipients are satisfied with the support staff provide to minimise behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and falls risk are assessed on entry to the home. The physiotherapist, in conjunction with other members of the health care team, develops a mobility and transfer care plan that directs staff. The care plan is reviewed regularly and as care recipients' mobility and dexterity needs change. Aids are provided to assist care

recipients to mobilise and to maintain their dexterity. Staff are trained in manual handling techniques on an annual basis and as needs are identified. A variety of exercise programs aimed at falls prevention are planned by the physiotherapist and implemented by care staff. Internal audits monitor the environment for clutter and trip hazards to reduce the risk of falls. Falls, should they occur, are reported as incidents, recorded, collated and analysed for trends. Care recipients are satisfied with the assistance provided to maintain or improve 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

The oral and dental health care needs of care recipients, including preferences for daily routines, are identified on entry to the home and as care needs change. Individual mouth care regimes and preferences are implemented, including consideration for the provision of specialised oral care and resources for those care recipients who are palliating. Nursing and care staff oversee the management of care recipients' oral health, with referral to dental services made as required. Care recipients are satisfied with the oral and dental care provided.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Care recipients are assessed for sensory ability and any loss or impairment is identified and a plan of care is developed. Care plans record care recipients' preferences for management including the use and type of aids, their storage and maintenance as well as communication strategies. Staff provide assistance with the cleaning and fitting of aids when required.

Activities, such as the provision of large print library books, support the management of sensory loss. Referrals to specialists are initiated when there is an identified need and assistance to attend external appointments is facilitated if required. Care recipients are satisfied with the support provided by the home to assist care recipients 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

Care recipients' usual sleep patterns are identified soon after entering the home and this knowledge assists staff to support care recipients to achieve natural sleep patterns in the home. Rising and settling times are known and supported by the staff. Strategies used to manage disturbed sleep include the provision of reassurance or warm/cool drinks and a snack.

Any potential impacts on natural sleep are identified and addressed, and noise levels are kept to a minimum at night. Where required, referral may be made to the medical officer if sleep disturbances continue. Flexible routines for care recipients assist in optimising sleep and rest. Care recipients are satisfied with the support provided by staff to achieve their natural sleep and rest patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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:

- After consulting with the local library, a mobile library now regularly visits care recipients at the home. Large print books, games, magazines, audio books and digital versatile discs (DVDs) are available for interested care recipients and these items are rotated monthly. The visiting librarians assist care recipients with selections and care recipients are satisfied with the rotation and availability of visual and audio materials.

- Staff identified that a care recipient enjoyed golf. The home's service coordinator met with personnel at the local golf club and the identified care recipient now plays golf at the club and socialises with members of the club. This has resulted in a positive outcome for the care recipient.

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 welcome 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, positive wellbeing for care recipients, lifestyle forum, care recipients' rights and responsibilities, and certificate IV 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

Care recipients are assisted and supported to adjust to life at the home by being made welcome and being introduced to other care recipients and staff. Initial information about the care recipient is gathered to assist care staff to get to know the care recipient. Information about the home and the daily routines such as meal times is provided on entry to assist care recipients to settle into their new surroundings. The home has processes to identify emotional support needs both on entry and on an ongoing basis; the chaplain visits regularly, providing pastoral and emotional support as it is required. Care strategies are documented in care plans that are reviewed regularly and when required. Care recipients advised they were supported to adjust to life at the home and also continue to be supported 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

The degree of care recipients' desired and functional independence is assessed on entry to the home and when changes to care needs occur through focus assessments. Nursing and care staff, in consultation with the physiotherapist develop and review the care plans to reflect care recipients' abilities and levels of independence. Aids to assist maintenance of independence such as mobility aids are provided or sourced for care recipients. Care recipients are encouraged to maintain contacts within the community external to the home through social outings or activities conducted within the home by groups from the community. Risk assessment processes are utilised for excursions and when there is an identified need to support care recipients' safety and independence. Care recipients are satisfied with the level of support and assistance provided to them to maintain desired levels of independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The individual needs of care recipients in relation to their privacy and dignity are established on entry, including their preferred name. The home provides an environment that supports privacy, such as a small lounge area; care plans reflect the individual needs of care recipients/representatives and friends. Staff are aware of privacy and dignity considerations when attending to care recipients' care needs and knock prior to entering care recipients' rooms. Staff practice is monitored through observation and feedback from care recipients/representatives. Personal information is stored and utilised in a manner that supports privacy and confidentiality. Care recipients are satisfied with the approach used by staff to ensure their privacy and dignity are maintained and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

On entry to the home, information about the care recipient's lifestyle and background is gathered. Lifestyle assessments and interviews with care recipients and their families are used to identify the care recipients' interests and to provide them with meaningful social activities. Care plans are developed with input from the care recipients and these are reviewed regularly to ensure they remain relevant to individual care recipients. Care recipients are encouraged to attend planned activities and their wish not to participate is respected. The monthly activity calendar is displayed and distributed to care recipients.

Attendance is monitored to assist in the evaluation of the program; activities are also evaluated with care recipients individually and at the care recipients' meetings to ensure the program reflects individual preferences and interests as well as the preferences of the wider group. Care recipients are satisfied with the range of lifestyle options and interests that are available to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The identification of care recipients' cultural and spiritual needs occurs soon after entry to the home during the assessment process. Care needs and preferences are reflected in personalised care plans that are developed by nursing and care staff. Resources for communication and other information regarding cultural observances may be accessed if required. Specific cultural and religious activities are included in the social program such as

national days and church services. Care recipients are satisfied that their cultural and spiritual needs and preferences are supported by the home.

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 informed about their rights and responsibilities through interview before and on entry to the home; written information is also provided in the care recipient handbook and the 'residential agreement' offered to all care recipients/representatives. The home has processes to identify and assess choice and decision-making needs on entry and when changes to care needs occur. Information in relation to care recipients' appointed decision-makers or the presence of an advanced care directive is identified and documented. Care recipients have the right to refuse care or treatment offered and such refusal is documented. Access to internal and external advocacy services can be facilitated. The care recipients' meeting provides them with information to support their choices and decisions. Care recipients are satisfied with the approach of management and staff in assisting them to make informed decisions about care and lifestyle issues.

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

All care recipients and their representatives are offered information about the terms of residency prior to and on entry to the home when a written 'residential agreement' is entered into. The agreement provides information on relevant fees and charges, care recipients' rights and responsibilities, and specified care and services. Information about internal and external mechanisms for complaint is provided and displayed. The home has an 'ageing in place' approach to care, but if there is a need for a change of room in order to better meet the needs and safety of the care recipient, consultation occurs with the care recipients and/or their representative prior to any changes being made. Care recipients are satisfied they understand their rights and responsibilities and feel secure in their tenure within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvements in relation to this Standard include:

- While the home has an effective preventative maintenance program, senior staff identified a need to electronically track the resolution status of maintenance issues. As a result, a preventative maintenance spreadsheet has been developed and is now in use by organisational and local staff. Maintenance issues can now be monitored in relation to status and close out. Outstanding issues are discussed and action taken to resolve in a timely manner.

- Following a review of the home's emergency response procedures, 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. These "rescue sheets" facilitate safe removal of care recipients from danger and are a safe manual handling procedure for staff and staff have been provided with training in relation to application and usage.

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 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 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 one unit with two wings that incorporates 10 residential rooms with 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 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. 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 secured and identified by signage. Health and safety issues are discussed at meetings and staff have access to an organisational OHS officer 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 and fire/smoke doors. This equipment is regularly inspected, tested and defects rectified. Fire warden training is provided to relevant staff and staff are trained in how to operate the fire panel, respond to a fire alarm, evacuate care recipients from danger and regular fire drills are conducted. 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 one external assembly point that is 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 home's service coordinator/registered nurse, in conjunction with key staff, oversee 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, 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 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

Hospitality services are provided in a way that enhances care recipients' quality of life and the working environment for staff. 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 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 generally followed by staff. 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 onsite 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.