



Australian Government

Australian Aged Care Quality Agency

Churches of Christ Care Moonah Park Aged Care Service Mitchelton

RACS ID 5061
28 Blaker Road
MITCHELTON QLD 4053

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 14 August 2015.

The audit was conducted on 06 July 2015 to 08 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



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Audit Report

Churches of Christ Care Moonah Park Aged Care Service Mitchelton 5061

Approved provider: Churches of Christ in Queensland

Introduction

This is the report of a re-accreditation audit from 06 July 2015 to 08 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 06 July 2015 to 08 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:	Susan McLellan
Team member:	Elizabeth White

Approved provider details

Approved provider:	Churches of Christ in Queensland
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Details of home

Name of home:	Churches of Christ Care Moonah Park Aged Care Service Mitchelton
RACS ID:	5061

Total number of allocated places:	98
Number of care recipients during audit:	93
Number of care recipients receiving high care during audit:	87
Special needs catered for:	Care recipients living with dementia

Street/PO Box:	28 Blaker Road
City/Town:	MITCHELTON
State:	QLD
Postcode:	4053
Phone number:	07 3513 9010
Facsimile:	07 3855 3233
E-mail address:	mary.clarkson@cofcqld.com.au

Audit trail

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

Interviews

Category	Number
Area Manager	1
Service Support Coordinators	2
Service Manager	1
Care Manager	1
Clinical Care coordinators	3
Registered nurses	4
Care staff	7
Administration officer	1
Environmental services supervisor	1
Catering staff	2
Fire safety officer	1
Volunteers	1
Laundry staff	2
Cleaning staff	2
Maintenance staff	1
Care recipients/representatives	11

Sampled documents

Category	Number
Care recipients' files	15
Summary/quick reference care plans	15
Medication charts	10
Personnel files	6

Other documents reviewed

The team also reviewed:

- Action plans-continuous improvement
- Assessment and care plan documentation

- Audit folder
- Bomb threat checklist
- Care recipient evacuation lists
- Care recipient dietary requirements
- Care recipient profile information sheet
- Care recipient weight management
- Care conference documentation
- Care recipients' information handbook
- Code of conduct-staff
- Cleaning schedules
- Clinical assessments
- Clinical indicator data and analysis
- Competency assessments
- Compliments and complaints
- Continence records
- Contract folders
- Dietary information
- Duty lists
- Emergency procedures checklist
- Feedback improvement forms
- Fire emergency checklist
- Fire safety monitoring logs
- Food business licence
- Food safety plan
- Health and safety compliance audit tool
- Handover sheets
- Imprest lists
- Improvement forms

- Incident summary reports
- Infection control documentation
- Learning program evaluations and attendance records
- Letters and correspondence to residents
- Maintenance logs
- Mandatory education tracking spreadsheet
- Meeting minutes
- Memoranda
- Menus
- Monthly activity calendar
- Monthly lifestyle reports
- Monthly summary reports
- Newsletters
- Observation charts
- Orientation program and checklist
- Performance development plan
- Position outcomes statements
- Preventative maintenance program
- Reportable incidents register
- Professional nursing staff registration register
- Risk assessments
- 'Resident' survey – May 2015
- Residential care agreement
- Risk assessments
- Roster
- Safety data sheets
- Satisfaction survey
- Security checks

- Self-assessment
- Service agreements
- Sign in and out registers
- Staff handbook
- Training records and matrix
- Terms and conditions of employment
- Vision, mission and values statement
- Workplace audit and inspection checklist

Observations

The team observed the following:

- Activities in progress
- Advocacy, internal and external complaints brochures on display
- Cafe
- Charter of care recipients' rights and responsibilities on display
- Church services
- Comments and complaints information on display
- Equipment and supply storage areas
- Facility pets
- Fire equipment and exit signage
- First aid station
- Hair salon
- Hand washing notices and facilities
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen and catering procedures
- Laundry and laundry practices
- Meal and beverage service and practices
- Medication administration and storage

- Menu on display
- Notice of re-accreditation displayed
- Personal protective equipment in use
- Resources for activities
- Short group observation
- Sign-in/out registers
- Storage and administration of medications
- Whiteboards/noticeboards

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 Moonah Park(the home) actively pursues continuous improvement and uses a quality management system to identify opportunities for improvement, to implement improvement initiatives and to evaluate the home's performance against the Accreditation Standards. The program is monitored by the home's Service Manager and other senior staff, with support from corporate staff who monitor and approve ongoing improvements from an organisational perspective. Feedback is actively sought from care recipients, representatives, staff and other stakeholders regarding the delivery of care and services. This information is incorporated into the continuous improvement system through mechanisms such as audits, care recipient/staff meetings, observation of staff practice, incident and hazard reporting/analysis and complaints management and feedback processes. Deficiencies identified through monitoring mechanisms are entered onto continuous improvement plans to ensure action, follow up and evaluation. Care recipients/representatives and staff are satisfied the home actively pursues continuous improvement.

Examples of improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Care staff reported to management they were feeling pressured to complete their work in the early part of morning shifts when they needed to shower care recipients and to serve breakfast. They indicated this was due to care recipients' increasing frailty and care needs; care staff did not want to rush residents when providing care and as a result were regularly unable to take their rostered breaks. Management involved care staff in problem solving discussions and a senior clinical nurse reviewed/amended care staff duty guidelines to incorporate suggestions from care staff. As a result care staff report the morning workload is more manageable and they are able to have breaks as rostered.
- Registered staff responsible for the morning medication round in the home's high care area reported problems with completing the round in a timely manner due to the increasing number of residents with insulin dependent diabetes. In response, management implemented a trial wherein the registered nurse from a lower care area provided assistance with medication administration in the high care area. This initiative produced a positive outcome and was adopted as a permanent strategy. Registered staff reported the amended process allowed morning medications to be given within an appropriate timeframe.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines. The home is supported by corporate personnel/processes to ensure management is informed of current legislation with regular updates and the development of policies and procedures to guide staff practices.

Staff are informed of legislative changes through meetings, memoranda and training. Monitoring of the home’s regulatory compliance systems occurs through observation of staff practices by key personnel and prompts regarding key review dates. Training mandated by regulation is scheduled and staff attendance is monitored.

Particular to this Standard, the home has systems to ensure police certificates are current and care recipients/representatives are advised of scheduled accreditation visits. There are systems in place to ensure these responsibilities are met.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. Key personnel identify staff education needs through legislative requirements, staff and care recipient feedback, complaints, improvement mechanisms, audits, incident records and observation of staff practices. The home has an education and training program based on skills development, regulatory requirements, continuous improvement activities or strategies to meet the changing needs of care recipients. A range of training delivery modalities is used to ensure all staff have access to a learning style suited to their needs, including face to face sessions, e-learning and external education/training opportunities. The competency of staff in key tasks is assessed. All staff complete orientation and annual mandatory training sessions; education records are maintained. Staff are satisfied with the support they receive from the home to identify and develop their skills to enable them to perform their roles effectively.

Care recipients are satisfied with the skills and knowledge of management and staff.

Particular to this Standard, staff have been provided with education in quality and continuous improvement, leadership, incident management, the management of complaints and the organisation’s vision and values.

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

Care recipients and/or their representatives are provided with information about internal and external complaints mechanisms prior to care recipients entering the home. Internal and external complaints processes are reinforced at meetings and in newsletters, with care recipients encouraged to raise any concerns via audits and surveys, at meetings, in writing or personally with management. Staff orientation includes information relating to comments and complaints processes. Concerns, suggestions, compliments and complaints are reviewed by management and logged electronically; this system enables management to follow up complaints and identify trends. Review of relevant data demonstrates complaints are investigated and action taken to resolve complaints promptly, with implementation of improvement actions where necessary and provision of feedback. Feedback forms, processes for confidential lodgement and information explaining external complaint and advocacy mechanisms are available at the home. Care recipients/representatives stated they are satisfied any concerns they expressed would be dealt with promptly and to their satisfaction.

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 documented its vision, values, philosophy, objectives and commitment to quality. These are provided to staff at orientation, in meetings and are displayed within the home. Management and staff were knowledgeable about the home's vision, values and commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has established processes to ensure there are sufficient skilled and qualified staff to ensure it delivers care and services in accordance with the Accreditation Standards and the home's philosophy and objectives. Management monitors care recipients' level of care required, care recipient/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. A registered nurse is onsite 24 hours a day to guide registered, qualified and care staff in the delivery of care. The home has established relief and on-call processes. New staff are aware of the requirements of their positions through orientation processes, duty statements and ongoing mandatory education sessions. Key personnel

conduct annual staff performance appraisals to ensure education/training needs are identified; staff are aware of their performance requirements. Care recipients/representatives are satisfied with staff's skill levels and responsiveness of staff to care recipients' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home monitors the performance, suitability and maintenance of equipment and stock. Equipment needs are identified through staff requests, identification of care recipients' needs, audits and asset management processes. The home has procedures for assessing risk, trialing, purchasing and replacing equipment. An assets register is maintained and monitored by the organisation's corporate procurement department. When necessary, staff receive onsite training in use and maintenance of new equipment. Preventative and corrective maintenance programs ensure equipment is serviced on a regular basis by maintenance staff and external contractors. Staff identify and remove unsafe equipment for modification or repair, such equipment is returned to use only if/when safe and functional. Maintenance records, observations and feedback from care recipients and staff indicated there are sufficient stocks of supplies and equipment and that equipment is well maintained.

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

Information is disseminated to care recipients and representatives, staff and other service providers through policies and procedures, written and electronic documentation and staff education and training. Information is also communicated through email messages, noticeboards, newsletters, meetings, staff handover processes, handbooks for care recipients and staff and correspondence. Minutes of meetings, activity calendars and daily menus are displayed throughout the home. The organisation's intranet provides staff access to policies, procedures, key documents and other information. Computers are automatically backed up externally and are password protected, with access restricted according to designation. The home securely stores clinical records, other care recipient information and staff personnel files. A project is underway to implement an electronic care management system in November 2015. Records are securely archived and organisational processes guide destruction of documents no longer required. Staff and care recipients/representatives stated they are kept informed and are consulted about matters relevant to them.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The home ensures externally sourced services are provided in a way that meets the home's needs and quality goals through agreements or contracts with relevant external contractors and service providers. The organisation's procurement department manages and monitors agreements and contracts that specify the organisation's expectations and requirements including quality, criminal history checks, insurance and education/training for staff. The home provides induction to local contractors prior to commencing work and monitors contractors' compliance with regulatory requirements. Quality of work and performance are monitored through supervision, observation, review and feedback from staff and care recipients; this information is taken into account when purchasing supplies or renewing contracts. Action is taken if/when quality of supplies does not meet the home's required standards. Care recipients, staff and management are satisfied with the quality of goods and services provided by external service providers. Staff are confident management will take action if goods and services provided do not meet acceptable standards.

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 recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- In June 2015, the home implemented a ritual to farewell deceased residents from the home, as an extension to its palliative care program. Care recipients were surveyed about the proposal prior to implementation and family members invited to attend. Management reported care recipients, family members and staff commented positively on the initial ritual held.
- The home's nurse practitioner in aged care has developed 'flash cards' for registered staff, providing them with ready access to information relating to care recipients' changing clinical status. Use of the cards enables registered staff to respond in an appropriate and timely manner to developments in care recipients' clinical condition. Feedback from registered staff on this improvement is positive.
- In response to care recipients' increasing palliative care requirements all staff have undertaken palliative care education; staff said their knowledge and understanding of pain and symptom control along with spiritual care strategies to meet the needs of dying care recipients has increased as a result.

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 systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard management are aware of the regulatory responsibilities in relation to specified care and services, nurse registrations, medication management and reporting

guidelines in the event of unexplained absences of care recipients. There are systems in place to ensure these responsibilities are met.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

Particular to this Standard, staff have been provided with education sessions relating understanding and responding to challenging behaviours, skin integrity/pressure area care, medication management and oral hygiene.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Processes are established for assessment of care recipients’ physical, emotional, social, cultural and spiritual needs, utilising a range of health and social assessment tools to develop individualised care plans. A nurse practitioner and team of registered nurses analyse clinical baseline information gathered during the initial assessment processes and develop care plans, with care reviews held every three months or as required to guide care interventions. Evaluation of care outcomes occurs regularly in consultation with the care recipient and/or their representatives along with care staff, the medical officer, the physiotherapist and relevant health care specialists. Annual care conferences are conducted to support a comprehensive review process. Clinical lead roles support care management and include oversight of dementia care, palliative care and practice development areas.

Continuity of care is maintained through verbal and written handover, written progress notes and other staff communication processes. A number of internal clinical audits and indicator-based reviews are in place to monitor compliance requirements and practices, with monthly reporting in place. Care recipients/representatives are satisfied with the care and 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

Care recipient’s specialised nursing needs are identified in consultation with the care recipient and/or their representatives along with their medical officer and other health professionals. Care conferences are coordinated annually and as required to support team based clinical decision processes. Detailed care plans identify and include the specialised nursing care needs of individual care recipients and are developed and reassessed by the nurse practitioner and registered nurses as required. Provision of specialised nursing care is undertaken by registered nurses, with care regimes developed to ensure specialised care is carried out in accordance with each care recipient’s identified needs. Specialists and health professionals are available for consultation and assessment. Care recipients are satisfied their specialised nursing needs are identified and met by appropriately qualified staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has an established system for referral to medical and allied health professionals including optometry, podiatry, dietetics and occupational therapist, with assessments undertaken for individual residents as required. The physiotherapist develops and implements mobility and pain management plans. Outcomes of referrals, including health advice for ongoing care are documented appropriately and retained in the care recipient’s clinical records. Staff report changes in care recipients’ clinical status to the registered nurses. Care recipients/representatives stated they are referred to appropriate health specialists in accordance with the residents’ identified needs and preferences.

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

Registered and medication competent care staff administer medications from a pre- packaged system. Medication charts and care plans contain information to guide staff regarding allergies and assistance required when administering medication. As required medications are administered after consultation with a registered nurse and monitored for effectiveness. Medications are stored securely and records of controlled medications are maintained; those medications requiring storage at specific temperatures are stored within the appropriate environment. Policies and procedures guide staff in administration, ordering and disposal of medications. An imprest system is available for commonly used medications; and its supply and expiry date review is managed by the pharmacy. Effectiveness of medication

management is monitored through follow-up progress notes documentation, incident reporting, medical officer review, discussion at medication management advisory committee and relevant staff meetings. Care recipients are satisfied with the management of medications and with the assistance provided by staff.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

The home has processes for the identification, assessment, care planning, review and ongoing management of care recipients’ pain. Care plans for pain management are developed in consultation with the medical officer, nurse practitioner, physiotherapist and with other health professionals as required. Individual pain management programs and care plans are monitored and evaluated to determine the effectiveness of strategies such as exercise, positional changes, pressure relieving devices, therapeutic massage, administration of pain relieving medication and use of topical creams. Care recipients stated they are comfortable and that staff respond in a timely manner when they report pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed upon entry and as required if their clinical status changes. Their wishes concerning end of life issues and appropriate interventions are documented in advance health directives and individualised end of life care plans. Care recipients are supported to have their terminal care needs met in the home whenever possible, and staff support privacy requirements. A range of specialised nursing equipment is available including a syringe driver. Support for the comfort and dignity of terminally ill care recipients and their relatives is provided by staff and pastoral care representatives. Representatives have expressed satisfaction with the home’s approach to their relatives’ palliative care needs.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients’ dietary needs and preferences, including special requirements and food allergies are identified upon entry to the home. Initial information and any dietary changes are recorded in dietary assessments and forwarded to the catering services. Care recipients are assessed when swallowing difficulties are identified, with texture modified diets/fluids introduced according to assessed needs. Care recipients’ weights are recorded monthly with variations assessed, actioned and interventions monitored for effectiveness. Monitoring of food intake, maintenance of fluids, introduction of food supplements and/or special diets occurs;

dietician and/or speech pathologist review is initiated as required. Care recipients are assisted with meals and fluids, with special eating utensils supplied according to assessed need. Environments and seating arrangements have been considered to facilitate a positive dining experience. Care recipients/representatives are satisfied with the support provided to meet 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

The home’s assessment processes identify care recipients’ risk levels for compromised skin integrity. Strategies to prevent skin breakdown in individual care recipients are developed, documented in care plans, implemented and monitored for effectiveness. Strategies implemented include use of pressure relieving devices, monitoring nutritional status and other potential causes of skin breakdown. A bed bath system also provides skin care and a relaxing process for care recipients. Wound management processes include actions to monitor and evaluate progress of healing with wound care managed by registered nurses. All wounds, skin tears and pressure injury incidents are reported for trending and strategy development. Care recipients/representatives feedback indicates that care recipients’ skin condition is consistent with their general health.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence status is assessed upon admission and monitored regularly for reassessment if changes occur. Individualised strategies to promote and manage continence are developed in consultation with the care recipient to ensure supportive care and maintenance of independence. Continence patterns are monitored with interventions initiated by registered staff as required. Bowel management programs include dietary interventions, encouragement of regular exercise and administration of prescribed medication as required. Established processes monitor, assess and provide care recipients with an adequate supply of appropriate continence aids to meet their individual needs. Care recipients are supported to manage their continence issues and maintain an optimal level of independence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed upon entry to the home and indicators for challenging behaviours are identified. Staff monitor challenging behaviour using assessment tools, with care plans developed and revised through behaviour review processes, discussion with

representatives, medical officers and psychologists/pyschiatrists as required. Care plans identify possible triggers for challenging behaviour and strategies for intervention; staff are knowledgeable of individual care recipient needs. The lifestyle and leisure team facilitate leisure activities and social activities, with a supportive program also designed for care recipients with dementia. Staff are aware of their reporting responsibilities in the event of a behavioural incident and documentation supports appropriate nursing and medical intervention.

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 able to mobilise freely around the home either independently or with the assistance of mobility aids and/or staff as required. The home has processes for assessing care recipients in relation to their mobility, dexterity and rehabilitation needs. A mobility assessment is conducted by the physiotherapist. Individualised exercise programs and mobility/transfer care plans are formulated and supported by the care staff. Staff and health professionals collaborate to implement aspects of their individual exercise programs aimed at minimising functional decline and maintaining independence. Falls prevention and walking programs are also in place. A range of manual handling equipment is provided and staff are trained in its use. Care recipients’ falls are monitored, associated data is collated and analysed, with actions taken to reduce incidence of falls. Care recipients/representatives are satisfied with strategies to maintain or improve care recipients’ 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’ dental history is assessed upon entry to the home, including assessment of their preferences relating to oral health care. Care plans are developed to guide staff practice and effectiveness of care is reviewed as care needs change. Amendments to care are communicated through verbal and written handover processes, written progress note documentation processes and updating of care plans. Referrals to external dental services are facilitated by the home where necessary and include a visiting service where preferred.

Care recipients/representatives are satisfied with assistance provided in relation to oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory needs are assessed on entry to the home; where indicators of impairment are identified, including in hearing, smell, vision, taste and sensation.

Appropriate care interventions are subsequently developed to assist in achieving/maintaining their optimal potential and desired lifestyle. Visiting optical and hearing services are provided for care recipients, with external visits facilitated in response to identified needs and preferences. Sensory activities are provided through a range of leisure activities, pamper program and during daily care routines. Responses to care strategies are reviewed as part of the handover processes, care plan evaluations and/or as needs change. Staff assist care recipients to manage their sensory deficits where needed and to achieve effective management of sensory aids. Hearing impairment training has been organised for staff in July 2015 to assist with care management strategies. Care recipients are satisfied with the support they receive to manage their sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipient sleep patterns, preferred routines and requirements are assessed and documented upon entry to the home. Care plans are developed to reflect care recipients’ associated needs and preferences. Staff ensure care recipients’ pain and comfort needs are addressed to assist in supporting restful sleep. Prescribed medication is administered as required and a quiet environment is maintained at night. Staff monitor care recipients’ sleep patterns. Care recipients are satisfied with the assistance they receive to have appropriate amounts of sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken in relation to Standard 3 Care recipient lifestyle include:

- The visiting hairdresser advised that some residents were having difficulty in leaning back to have their hair washed; when investigations into different models of basins and chairs did not produce a satisfactory solution, management discussed the issue with care recipients and staff. As a result, staff now wash the hair of these care recipients who report they are satisfied with this result.
- To provide ongoing evaluation and enhancement of the home’s lifestyle program, the lifestyle coordinator reviews the monthly program and themed activities through the detailed monthly report; changes to the following month’s program of activities are scheduled as part of this review.
- Care recipients have the opportunity to meet with exchange students from the United Kingdom, Canada and the United States of America as part the programing of the lifestyle program in conjunction with a local church. The program provides a cultural exchange opportunity and facilitates interactive discussions, musical, reading and poetry events. Care recipients have positively reviewed this activity and have stated they enjoy the cultural linkages.

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 recipient lifestyle.

Particular to this Standard management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems in place to ensure these responsibilities are met.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Particular to this Standard staff have been provided with education in care recipient rights, privacy and dignity and choice and decision making.

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 receive a pre-admission pack and information about the home upon entry; and through planning processes are assisted with their adjustment to the new environment. Ongoing assessment, planning and evaluation systems identify care recipients’ social needs and preferences for emotional support. Individual care plans detail care interventions and preferred support mechanisms, both internal and external. Family members and friends are welcomed as part of the supportive network and encouraged to visit the home. Care and leisure staff provide emotional support and are involved in monitoring care outcomes through reassessment/care plan evaluation processes. A chaplain service is also available. Care recipients are satisfied with support received during their settling in period and with the ongoing support provided by management and staff.

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 home's system for the assessment, planning and delivery of care and services identifies care recipients' previous social interests and lifestyle as well as their current interests and abilities. A 'Caring for Me' profile has been developed to support this level of understanding. The collated information assists with the development of care plans that maximise opportunities for individual care recipients to maintain independence according to their capacity. Care recipients are assisted with those aspects of personal care and other activities they are unable to manage on their own. Staff assist care recipients to maintain their civic and legal rights and to exercise their independence to their optimal capacity. Care recipients said they are encouraged and supported to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has established processes and maintains a supportive environment to protect residents' privacy and dignity. Entry processes provide care recipients with information about their rights, including their right to privacy; staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality regarding their knowledge of individual care recipients. Established administrative processes protect care recipients' personal information. Outcomes of care are monitored through care recipient feedback, surveys and observation of staff practice. Care recipients/representatives stated staff are courteous and respectful of their privacy and personal preferences.

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

Initial and ongoing assessment processes identify care recipients' past and current leisure interests. Individual care plans reflecting residents' physical, sensory and cognitive abilities and identified interests are developed and regularly reviewed by relevant staff. Ongoing processes for planning and evaluating individual and group lifestyle programs consider care recipients' interests and capabilities, choices for group activities and spiritual needs. Leisure staff inform care recipients of activity options through notice boards, newsletters and resident meetings processes; activities are monitored and evaluated through individual feedback, surveys and consideration of participation rates. Care recipients are satisfied they are able to

choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans that assist staff to foster and value individual beliefs and customs. Care recipient support processes involve assistance and guidance provided by the chaplain, management and staff according to each care recipient's preferences. Care recipients are assisted to attend religious observances; the home celebrates special events and provides appropriate catering services on these occasions with specific dietary needs addressed as required. A new dementia focused church service has been developed and has proven to be well attended and enjoyed by care recipients in their own cottage environment. Outcomes of support are monitored through feedback, regular care plan evaluation and complaint processes. Care recipient cultural and spiritual needs are respected and supported

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient and/or their representative participates in decisions about the services the care recipient receives and is enabled to exercise choice and control over his or her lifestyle. Care recipients and their representatives are provided with opportunities to participate in decision making through information relating to lifestyle choices and services available at the home. Choices are identified through initial and ongoing assessment processes, care interviews and daily communication between staff and care recipients. Staff respect and accommodate care recipients' choices and encourage, within their capacity, choices regarding activities of daily living. Care recipients are satisfied with choices offered in matters relating to the care and services they receive.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and representatives receive written and verbal information regarding care and service provision prior to and upon entering the home and are encouraged to seek legal advice

in respect to their commencement at the home. Documents including a residential care agreement and care recipient handbook provide information about terms and conditions of their tenure, fees and charges, dispute resolution and care recipients' rights and responsibilities. Key personnel are available to ensure there is shared understanding of the terms of the agreement. The home's established processes ensure the information communicated to care recipients about care and service obligations, accommodation fees and charges and legislative changes remains current. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that 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 recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- As a risk management strategy relating to infection control in the home’s secure units, antibacterial solution has been replaced with sanitising hand wipes at the hand wash stations. Staff report this strategy has improved environmental safety for care recipients in the units.
- Staff and visitors reported they had observed flies in the secure units; while investigating the cause, management had automatic fly spray dispensers installed at the entrances to the secure cottages. The probable cause of the increase in flies observed was also identified. No further sightings of flies have been made.

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 e, 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 physical environment and safe systems.

Particular to this Standard management are aware of the regulatory responsibilities in relation to workplace health and safety, fire safety systems and food safety. There are systems in place to ensure these responsibilities are met.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Particular to this Standard staff have been provided with education in manual handling, food and chemical safety, infection control, fire safety and workplace health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is working to provide a safe and comfortable environment consistent with care recipients' needs. Processes include a workplace health and safety system, a planned preventive maintenance schedule, regular environmental inspections and hazard and incident reporting processes. Care recipients and their visitors have access to communal areas including lounge and dining areas, external gardens and a walking area. Staff monitor care recipients' rooms to provide an environment that is clean and free of odour and clutter. Communal areas, corridors and bedrooms are easily accessible to care recipients with mobility aids. Environmental audits identify risks and monitor care recipients' comfort and safety. Preventative and corrective maintenance programs are in place, hazards are identified, documented and corrected promptly. Care recipients are satisfied the home maintains a comfortable environment and that temperatures are adjusted to meet their needs.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment through policies, procedures, hazard identification and management and incident and accident reporting/investigation processes. Hazards, potential risks and staff incidents are recorded and monitored electronically, enabling management to follow up and identify trends. The home's scheduled maintenance program, workplace risk register and safe work practices assist in minimising risk and staff related accidents/incidents. Ongoing education ensures staff understand regulatory requirements and safe work practices. Safety signage is on display and personal protective equipment is available for staff use. Chemicals are stored securely, staff are trained in storage and use of chemicals; and safety data sheets are available for chemicals in use. Workplace health and safety issues are discussed at meetings held for staff and for

care recipients. Staff receive annual manual handling training, are trained in use of new equipment and are encouraged to report potential and actual risks within the home.

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

Fire, security and safety systems are monitored and maintained through policies and procedures, regular fire equipment and early warning system testing and maintenance and mandatory staff fire safety training. Additional measures include hazard identification, safety signage and safe storage of chemicals. The home has an emergency evacuation plan and evacuation procedures that are reinforced at care recipient meetings. Evacuation lists are updated daily and include detailed information about individual care recipients clinical and mobility status. Emergency exits are clearly marked and unobstructed, correctly orientated evacuation plans are in place. Safety data sheets are accessible where chemicals are used and spills kits are available. Evening locking of external doors of the home is practised and the exterior of the home is well lit. Care recipients/representatives and staff are satisfied with safety and security of the physical environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program to identify, document, manage and prevent/minimise infections. The program includes a food safety plan, pest control measures, a vaccination program for care recipients and staff and outbreak management contingency plans. Care recipients' infection statistics are documented and reviewed monthly. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. Personal protective equipment and colour coded equipment is in use, hand washing facilities, hand sanitisers, sharps waste disposal containers, contaminated waste bins and spill kits are readily accessible. Infection control measures, including appropriate use of personal protective equipment and hand hygiene procedures are in place; and staff receive infection control training at orientation and as part of ongoing education programs.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients' dietary requirements, preferences and any food allergies are identified and conveyed to catering staff in writing; registered nurses update information when care recipients' dietary requirements or preferences change. The home has a rotating menu which takes into account care recipients' preferences and nutritional requirements. A food safety

program is in place, catering staff follow risk management and critical control point principles (HACCP) including the use of colour coded equipment and personal protective equipment.

Temperature monitoring includes food at point of delivery and from storage through to consumption. Staff follow cleaning schedules and duty statements; care recipients' rooms, bathrooms and communal areas are clean, tidy and clutter free. The home has a system for identification, collection and delivery of care recipients' personal items of clothing and handling of soiled linen. Care recipients' personal items of clothing are labelled to minimise risk of loss during laundry procedures. Care recipients/representatives are satisfied with catering, cleaning and laundry services at the home.