Cooinda Aged Care Centre

RACS ID 5134
2 Cooinda Street
GYMPIE QLD 4570

Approved provider: Gympie and District Home for the Aged Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 14 December 2018.

We made our decision on 25 November 2015.

The audit was conducted on 13 October 2015 to 15 October 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Australian Government
Australian Aged Care Quality Agency

Audit Report

Cooinda Aged Care Centre 5134

Approved provider: Gympie and District Home for the Aged Inc

Introduction

This is the report of a re-accreditation audit from 13 October 2015 to 15 October 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 13 October 2015 to 15 October 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Mary Tattam
Team member/s:	Diane Parmagos William Tomlins

Approved provider details

Approved provider:	Gympie and District Home for the Aged Inc

Details of home

Name of home:	Cooinda Aged Care Centre
RACS ID:	5134

Total number of allocated places:	126
Number of care recipients during audit:	118
Number of care recipients receiving high care during audit:	81
Special needs catered for:	Care recipients requiring a secured living environment

Street/PO Box:	2 Cooinda Street
City/Town:	GYMPIE
State:	QLD
Postcode:	4570
Phone number:	07 5482 1900
Facsimile:	07 5482 1946
E-mail address:	manager@cooinda.org

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Management	5
Registered staff	8
Administration staff	1
Lifestyle staff	3
Allied health staff	2
Care recipients/representatives	18
Volunteers	4
Care staff	9
Laundry, catering, cleaning staff	8
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	17
Personnel files	12
Medication charts	15

Other documents reviewed

The team also reviewed:

- Approved suppliers list

- Assessments – leisure and lifestyle and 'My Life Story'

- Audits

- Behavioural appraisal forms

- Bowel records

- Clinical incidents and analysis reports

- Competencies

- Complaints log

- Contractor induction process

- Controlled drug register

- Dietitian's report

- Education records

- Emergency evacuation list

- Emergency response procedures

- Entry diet sheet

- Falls report

- Fire maintenance records

- Food safety program

- Hazard alerts

- Immunisation records

- Infection control monthly work program and anti-biotic analysis records

- Interview assessment form

- Job descriptions

- Maintenance duties list

- Maintenance request book

- Mandatory reporting register

- Medication management manual

- Memorandum

- Menus

- Minutes of meetings

- Mission/vision/values

- Nurses' handover sheets

- Orientation program

- Pathology reports

- Performance appraisal

- Pest control records

- Policies and procedures

- Professional registration records

- Reference check form

- Residents' handbook

- Restraint authorization evaluation records

- Safe work methods

- Safety data sheets

- Self-assessment

- Service agreements

- Staff handbook

- Staff immunization records

- Suggestion for improvement/comments/concerns log

- Surveys

- Temperature records- food/equipment

- Venue risk assessments

- Weekly activities program – 'What's Happening This Week'

- Weight records

- Wound assessment reports

- Yearly outings schedule

Observations

The team observed the following:

- Activities in progress

- Brochure holders

- Care recipient and staff noticeboards

- Chemical storage

- Cleaning operation/cleaner's trolley/cleaner's room

- Cold storage/dry storage

- Colour-coded equipment

- Diabetic hypo kits

- Equipment and supply storage areas

- Evacuation assembly areas

- Fire detection/firefighting equipment

- Fire first aid box

- Fire panel

- Hand washing facilities and anti-bacterial gel dispensers

- Information brochures on display for care recipients/representatives

- Interactions between staff and care recipients

- Kitchen operation/kitchenette operation

- Laundry operation

- Living environment

- Meal distribution

- Medication administration, management and storage

- Nurse practices

- Outbreak management kits

- Personal protective equipment

- Secure suggestion boxes

- Short observation at mealtime

- Spill kits and sharps containers

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

Cooinda Aged Care (the home) has a continuous improvement system with multiple mechanisms to assist in the active pursuit of continuous improvement. Opportunities for improvement are identified through audits, comments and complaints, clinical indicator data, surveys, meetings, suggestions forms, operational reviews, and risk and hazard reporting. The senior management team meets monthly to ensure continuous improvement activities are reviewed and progressed. Feedback on and review of improvements is communicated through meetings, memoranda, newsletters and noticeboards. Care recipients, their representatives, and staff are satisfied improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- Management was receiving reports from staff and supervisors of lack of team work and lack of cooperation between departments. A decision was made to begin a culture change program with training the "leaders" in the organization in better communication skills and a recognition of different personalities. This group comprised senior supervisors and peer group leaders. Management stated that even though culture change will take a few years there is already evidence of more cooperation and team work, and also increased confidence amongst managers.

- The home was successful in its application for federal funds to be "reform ready" prior to changes planned for in the industry in July 2014. These funds were used partly for computer systems to provide integrated financial management and reporting, and also to improve corporate governance using the Australian Government System (TAGS). These projects resulted in a reorganization of senior management, creating more senior roles, and management stated this has "helped to successfully bring on stream the 26 extra beds and the new 24-bed secure dementia building".

- Following the culture change program introduced to senior leaders, management decided to involve all staff in something similar. Meetings involving all staff agreed a set of "culture core values" of empowerment, nurture, alliance, bettering, laughing, empathy and safety

– spelling ENABLES. This program is in its' infancy and management stated it is hoped to eventually have it form an important part of the performance appraisal. They stated they are already using it in discussions with staff whose performance needs to be managed and that staff are responding positively because of their involvement in its development.

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 implemented systems to identify and ensure compliance with regulatory requirements and manage compliance with relevant regulations. Information relating to legislative and regulatory changes is obtained through the home's membership of peak organisations, subscriptions to specialists in health and safety, industrial relations, and legislative changes, and subscriptions to relevant government agencies. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines through dissemination from heads of departments via memos, newsletters, meetings, notices and training sessions. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. There are systems to monitor compliance; to notify care recipients and their representatives of the re-accreditation audit; to present self-assessment information and to ensure all relevant personnel have registrations and a current police certificate.

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 provides an education program for management and staff based on identified needs, as well as legislative and organisational requirements. The home supports training and education by providing a range of training opportunities including on-line and self-directed learning packages, in-service training days, and short semi-formal "info-byte" sessions. Internal and external specialists and some suppliers are used to deliver education and training opportunities. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

Examples of training and education topics relevant to Standard 1 include:

- Leadership skills

- Making change happen

- Critical incident debriefing

- Documentation

- Computer skills training

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 other interested parties have access to internal and external complaints mechanisms. Information is discussed when care recipients first enter the home, details are contained in the care recipient handbook, in brochures and information displayed at the home. Care recipients are reminded of the complaints process at care recipient meetings. Processes are available to ensure confidentiality of complainant if this is their preference.

Complaints are actioned and communication occurs with the complainant via verbal and/or written format. Staff are aware of ways to assist care recipients lodge a complaint. Care recipients/representatives are satisfied they have access to complaints processes and that management are responsive to issues raised.

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's mission, vision, values philosophy and strategic directions are reflected in policies and procedures and underpin information provided at interview, orientation and in staff and care recipient handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has recruitment and selection processes for employing and managing staff. Staff receive position descriptions, undergo a process of induction/orientation and ongoing education and training to acquire and/or maintain the skills and knowledge required to perform their roles effectively. Staff skills are monitored through performance reviews, competency assessments, care recipient and staff feedback and observations by team leaders. Staffing levels are monitored to ensure care recipients' changing care needs are being met and rosters are adjusted as needed. The home maintains a casual pool for replacing staff on planned leave or unexpected staff absences. Care recipients/representatives are satisfied there are sufficient staff who understand and are responsive 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

There is a purchasing process to ensure sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. New equipment is purchased in accordance with the home's purchasing policy to ensure equipment is evaluated in a consistent manner and maintenance requirements are checked. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, and housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There are approved suppliers, and contracts are reviewed annually or when there are concerns and stakeholders are asked for their input where appropriate. A contractors' induction process provides information to providers regarding the home's policies procedures and systems. A planned maintenance program ensures ongoing reliability of equipment and infrastructure, and a corrective maintenance program attends to minor items needing attention. Care recipients/representatives and staff indicated they are satisfied with the availability and appropriateness of the goods and equipment provided.

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

Processes are in place to ensure information is relayed to relevant stakeholders, including management, staff, volunteers, care recipients and their representatives. Management committee members are provided with reports from the senior facility staff to enable them to be informed of the operations of the facility for purposes of decision-making. Policies and procedures are in place and accessible to staff in electronic and hard copy formats. Staff access information in relation to care recipients via the electronic software program utilised by the facility. A verbal handover system is in place and pertinent information in relation to care delivery and changing care needs is also entered as alerts and/or progress notes on the electronic system in use. Care recipient information is stored securely on computer files with restricted access to authorised personnel. Staff interviewed indicated that information is available to enable them to perform their roles. Care recipients and their representatives are provided with information when moving into the home, including being provided with a resident handbook and a service agreement. Monthly care recipient meetings are held and these are minuted. Information is also provided on notice boards, via mail-outs, newsletters, and verbal reminders from staff.

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

Externally sourced services are contracted in order to meet the home's care service needs and service quality goals. Allied health services sourced external to the home include exercise physiology, podiatry, dental and dietician. Other services sourced externally include hairdressing, pest control, chemicals, waste management, and fire equipment maintenance. External services are covered by the purchasing policies of the home and service agreements are in place and performance reviewed as required. Care recipients and staff indicated satisfaction with the services provided.

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

The home has a continuous improvement system in relation to care recipients' health and personal care. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- With the building of a 24-bed secure dementia unit management wanted to move to a model of care where care recipients had more flexibility around meal times, shower times, even medication times, and what and when they did things. Staff were trained to allow care recipients to do the things they were still able to do and to help them with the things they had forgotten. They have adopted a mantra "look at the person not the disease". Management stated that of the original sixteen care recipients who went into this unit fourteen have had a "reduction in reported behaviours", including one care recipient who had regular incidents previously but has not had an occurrence since entering the unit with this model of care.

- An analysis of falls data indicated to clinical management that there were gaps in the system and a falls prevention project was established. The assessment tool was redesigned to give better risk data on new care recipients. The incident report was redesigned to capture more data on when and where falls were occurring, and the exercise programs to improve mobility and balance were better targeted to care recipients' specific needs. Management stated falls data indicates a decline in numbers of care recipients having falls, and also improvements in those who are categorised as "frequent fallers".

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, and

systems for storage, checking and administration of medications. Registered clinical staff assess, plan and evaluate care recipient medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care recipients, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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

The home provides management and staff with a learning and development program to enable the maintenance and improvement of clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of staff training needs. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of training and education topics relevant to Standard 2 include but are not limited to:

- Wound care

- Palliative care

- Diabetic nursing

- Reducing anti-psychotics and sedatives

- Oral care

- Pain management

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Care recipients at the home receive appropriate clinical care. Assessment, care planning and review processes identify the initial and ongoing clinical care needs of care recipients. The clinical care system is overseen by the Clinical Manager and clinical nurses with the support of registered staff. Medical officers and other health professionals attend the home to support a collaborative model of care. Processes are in place to communicate care recipients' current care needs to staff. Care recipients and/or their representatives have input into care recipients' care planning through consultation with registered staff and other health professionals. Monitoring mechanisms include the conducting of care plan reviews, audits and surveys, observation of staff practices and the collation, trending and analysis of clinical incident data. Care recipients/representatives are satisfied care recipients' clinical care needs are met.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses complete assessments, develop care plans and evaluate effectiveness of care interventions. Medical officers and other health professionals are consulted and their recommendations incorporated into care recipients' care planning.

Specialised equipment can be accessed and registered staff are competent in its' use. Specialised nursing care is monitored through care plan reviews, observations, care recipient/representative feedback and analysis of audit data. Staff have access to education and clinical practice resources. Care recipients/representatives are satisfied with specialised nursing care provided.

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 are referred to appropriate health specialists in accordance with their needs and preferences. Referral processes are followed by registered staff to access mental health professionals, specialised health clinics, podiatrist, speech pathologist, dietician, optometrist, audiologist and dental services. Health professional reports and recommendations are documented and where indicated care plans updated and relevant staff notified. Care recipients are assisted to attend external appointments and health specialists visit the home to meet the needs of the less mobile care recipients. Care recipients/representatives are satisfied care recipients are referred to other health specialists if a need is identified and assisted to attend external appointments.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Care recipients' medication is generally managed safely and correctly. Care recipients' medication needs are assessed on entry to the home and on an ongoing basis. Registered staff administer medications and undertake medication assessment to ensure competency of practice. Care recipients' medication regimens are regularly reviewed by their medical officer and the pharmacy. Processes to monitor the use of 'as required' (PRN) medication and safe medication storage are in place and generally followed by staff. The medication management system is monitored through audits, observation of staff practice and incident reporting processes. Monitoring mechanisms are generally effective in ensuring

medication management processes are being followed by staff. Care recipients/representatives are satisfied with medication management processes at the home.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are supported to be as free as possible from pain through assessment and individual care planning processes. Non-verbal pain assessment tools are available for care recipients unable to articulate their pain. Medical officers and allied health professionals are involved in the management of care recipients' pain. Care plans reflect strategies to manage pain including non-pharmacological strategies such as exercise and massage. The effectiveness of interventions, including the use of PRN medication is documented and monitored and referrals for medical officer review are arranged when indicated. Staff are aware of nonverbal cues to assist in identifying care recipients' pain or discomfort. Care recipients/representatives are satisfied with care recipients' current pain management strategies and the provision of alternative interventions if and when pain persists.

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' end of life care options are discussed on entry to the home or at a later stage if this is the preference of the care recipient and/or their representative. Directives are recorded to guide staff practice. As a care recipient's needs change the care team have regular conversation with the care recipient/representative to ensure the care recipients' physical, spiritual, cultural and emotional needs are respected and provided for. Consultation with the care recipient's medical officer and other health professionals ensures the care recipient's comfort is managed and their dignity is maintained. Staff are aware of end of life care interventions to ensure the comfort and dignity of care recipients. Documentation viewed indicated representative satisfaction with care recipients' end of life care and the support of management and staff.

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, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected on dietary profiles and care plans are in place to guide staff.

Care recipients' dietary requirements are reviewed every three months and as required. Care recipients are weighed monthly (or more frequently as required) and changes in weight are monitored by registered staff. Weight monitoring processes guide staff in appropriate actions to be taken as a result of care recipients experiencing weight loss or gain such as, dietary supplements and or referral to other health professionals. Care recipients/representatives are satisfied care recipients receive adequate nutrition and hydration.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Care plans are developed to guide staff practice and staff receive education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, re-assessed every three months and changes are communicated in daily handover sessions, care plans and progress notes. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Staff are aware of care recipients' individual skin management interventions and demonstrated practices to maintain the integrity of care recipients' skin. Care recipients/representatives are satisfied with interventions to care for care recipients' skin.

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 is managed effectively. Initial and ongoing assessment and review processes identify and manage care recipients' continence needs. Registered staff assess and monitor changes to care recipients' continence needs and preferences. Bowel management interventions may include dietary intervention and, following medical officer referral, regular and PRN medication. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Processes are in place to ensure sufficient stock of continence products to meet the individual needs of care recipients.

Monitoring processes include daily monitoring of bowel patterns and regular care plan reviews. Care recipients/representatives are satisfied care recipients' continence is managed 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

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' responsive behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. Clinical staff refer to mental health services as required. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan reviews and audits. Staff are aware of interventions to support those care recipients who have challenging behaviours. Care recipients/representatives interviewed are satisfied with the home's approach to managing challenging behaviours.

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 receive care that optimises their mobility and dexterity. The home has an onsite allied health team who undertake mobility and function assessment and develop individual care recipient care planning, treatment and exercise regimens. Treatment and exercise regimens are undertaken by the allied health team. Aids to maintain and improve care recipients' mobility and dexterity such as walking aids and dietary assistive aids are available. The collaborative team of onsite allied health professionals and clinical care team ensure optimum levels of mobility and dexterity is achieved for care recipients. Monitoring processes include falls incidence data, care plan reviews, clinical audits, observations and physiotherapy reviews. Care recipients/representatives are satisfied with the assistance care recipients receive in achieving optimum levels of 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 are assisted to maintain their oral and dental health. Care recipients' dental history and preferences relating to the management of their oral and dental health are identified on entry to the home through interview and assessment of their oral health status. Care staff monitor care recipients' ability to self-manage their oral care and assist when required. Registered staff co-ordinate dental referral when the need is identified and transport is arranged to enable care recipients to attend external appointments. A dental service can be accessed to attend to the dental requirements of those care recipients who are less mobile. Adequate stocks of equipment and products to meet care recipients' oral

hygiene needs are maintained. Care recipients/representatives are satisfied with the assistance provided by staff to maintain care recipients' 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

The home has processes to ensure that care recipients' sensory losses are identified and managed effectively. Care recipients' hearing, vision and speech needs and preferences are collected through initial and ongoing assessment processes. Care interventions are developed with consideration of care recipients' hygiene and leisure care planning. Care recipients are referred to specialists which include an audiologist, optometrist and speech pathologist as needs indicate. The home can access hearing and vision equipment repair services should this be required. Staff assist care recipients to manage assistive devices, such as spectacles and hearing aids to maximise sensory function and demonstrated an awareness of care recipients' individual requirements. Care recipients/representatives are satisfied with management strategies and the assistance provided by staff to meet the needs of care recipients with 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

The home has processes to assist care recipients achieve natural sleep patterns. The environment is monitored to provide adequate lighting and minimal noise levels are maintained. Staff provide assistance when care recipients have difficulty sleeping which includes the provision of refreshment and snacks, re-positioning and attending to hygiene cares. Staff are aware of the individual assistance care recipients require to support their sleep and settling routines. Care recipients/representatives indicated satisfaction with interventions to manage the sleep patterns of care recipients.

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

The home has a continuous improvement system in relation to care recipients' lifestyle. Refer to Expected outcome 1.1, Continuous improvement for details on the home's overall system.

Examples of recent improvements relating to care recipient lifestyle include, but are not limited to:

- A "breakfast club" was started following a request from care recipients that they have more choice and more involvement in getting their own breakfast. This happens twice a week where care recipients are involved in cooking and preparing the breakfast. Management stated this idea has been carried over in the design of the new secure unit where a lower bench allows care recipients to serve their own cereal. Staff stated this has improved socialising as well as independence.

- Following requests raised at care recipients meetings there has been an increase in resources allowing gardening activities. There is a potting shed and men's shed area in the secure unit which can be accessed by all care recipients who wish to. We witnessed planter boxes and other raised garden beds being tended by care recipients and were told the herbs and tomatoes presently being grown are used in the home's kitchen.

- Under the model of care adopted in the new 24-bed secure dementia unit there is an emphasis on maintaining independence. The lifestyle program has a strong component of "meaningful functional activities" e.g. allowing a care recipient to butter their own toast, set the table, clear the table, as well as fun things to do. Management stated there has been a decrease in agitation scores and an increase in the independence scores.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients/ representatives are provided with a resident agreement and information, including a handbook. The resources detail information relating to care recipient security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and care recipients' rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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

Leisure and lifestyle staff and care staff support care recipients in relation to their leisure and lifestyle needs. Education in leisure and lifestyle issues is derived from changing care recipient needs and through review of training needs identified by staff. Staff are assisted to attend external education and are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of training and education topics relevant to Standard 3 include:

- Montessori for dementia

- Elder protection

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 assessed in relation to their emotional support needs when they first enter the home. The results of the assessment are recorded in care recipient care planning. The leisure and lifestyle team assist care recipients to become familiar with their new setting and are guided around the home and introduced to staff and other care recipients. Care recipients are informed in relation to the program of activities and

encouraged to personalise their rooms with their own furniture and mementos. Family members are welcomed and an open visiting policy is in place. Care staff provided examples of identifying increased emotional needs to registered nurses who will monitor the need for additional support and refer care recipients to relevant allied health professionals as necessary. Counselling and psychology services are available as the need is identified. Care recipients and their representatives indicated that they are satisfied with the support provided during the settling in period and the ongoing support provided to care recipients.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assessed in relation to their functional abilities, preferred level of independence, care choices and lifestyle options. Independence is encouraged; and care recipients are enabled to maintain connections in the community and continue activities previously followed. Regular exercise programs assist care recipients to improve their physical strength, balance and mobility. Staff assist care recipients to maintain their preferred lifestyle and exercise their individual choices and preferences. Volunteers assist care recipients to continue with community activities and attend social events as requested. Care recipients and their representatives indicated satisfaction with assistance provided and the approach in place to maintain care recipients' 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

Policies and procedures are in place to ensure care recipients' privacy, dignity and right to confidentiality is maintained. Upon entry to the home information is provided to care recipients and their representatives about their right to privacy and confidentiality. Processes are in place to obtain consent from care recipients prior to release of information and referral to allied health practitioners. Care staff interviewed relayed that at orientation they are informed of their responsibility to respect care recipients' privacy and dignity, this is also reiterated in ongoing training, and their acknowledgement of this obtained. A range of areas are available for care recipients to receive visitors or to enjoy on their own. Care recipients and their representatives were observed utilising these areas. Staff interviewed demonstrated awareness of the importance of maintaining confidentiality. Care recipients and representatives confirmed that confidentiality is maintained and that staff treat care recipients with respect and maintain their dignity.

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

The home has policies and processes in place to ensure a comprehensive leisure and lifestyle program is available to care recipients. This includes the employment of a team of leisure and lifestyle staff, access to a group of volunteers, access to a community bus and appropriate use of resources and venues. Assessment and collection of information relating to care recipients' past and current interests and social profile are gathered and used to develop program activities on offer in the home. A weekly program is distributed to inform care recipients and representatives of upcoming activities. Group and individual activities form part of the program as well as theme days and outings. Staff support and assist care recipients to participate in activities of their choice. Care recipients are satisfied with the range of activities offered and staff assistance to access 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 religious beliefs are identified through initial and ongoing assessment processes. Aspects in relation to cultural background and beliefs are integrated in the care plan to guide staff practice. Regular visits from religious leaders from various denominations are arranged and care recipients are assisted to attend church services in the community. The home facilitates a bible study group and celebrates special events and days of cultural significance with appropriate food and decorations provided on these occasions. The program of activities offered take into account where possible the cultural traditions and religious beliefs of all care recipients; and specific areas and resources are sourced to allow care recipients to continue with customary practices if preferred. Care recipients indicated they are satisfied that their 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

Care recipients participate in decision-making in regard to their individual care and lifestyle preferences and consulted in relation to the home environment within which they reside.

Where a care recipient's decision-making abilities are impaired, staff consult their representatives and/or alternative decision makers. Feedback is sought from care recipients through participation in care recipient meetings, case conferences, surveys, suggestions and complaints processes. Care recipients retain the right to refuse care and medication and processes are in place to obtain informed consent. Care recipients are provided with a copy of the Charter of Residents' Rights and Responsibilities and the care and services offered at the home on entry. Care recipients are satisfied they are able to make informed decisions in matters relating to care and services at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients residing at the home have secure tenure and understand their rights and responsibilities. Care recipients and or their representatives are provided with information regarding care recipients' rights and responsibilities and security of tenure prior to and on entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and the care recipients' rights and responsibilities. Care recipients and or their representatives are consulted about any changes to their security of tenure, rights or responsibilities through correspondence, verbal one on one and group meeting as the need arises. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of their rights and responsibilities.

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

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement for details on the home's overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- A catering computer program has been installed which assists with menu planning, quantities of ingredients required for the number of meals, and balancing the daily dietary requirements of each care recipient when changes are made. Management stated this has reduced waste, saved staff time, and kept dietary needs balanced.

- Fifteen rooms in one part of the home have been fitted with the overhead hoist system. Staff stated this gives more space to move around in compared with using a lifter in the room and makes it safer for staff. Management stated there is less damage caused by lifters hitting walls and therefore fewer maintenance issues.

- It was suggested at a care recipients' meeting that a permanent artificial turf bowling green be built as part of the new secure unit but outside to be more accessible to all care recipients. Staff stated this is often in use and when a planned shade covering is installed will be even more so. Wide walking paths were also included as part of this development and care recipients in wheel chairs were seen using these paths.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a food safety program, and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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 relating to the home's education and staff development systems and processes.

Examples of training and education topics relevant to Standard 4 include but are not limited to:

- Fire safety and evacuation

- Work health and safety

- Infection control

- Safe food handling

- Falls prevention

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 actively working to provide care recipients with a safe and comfortable living environment consistent with their care needs. Care recipients are encouraged to personalise their spaces with their own belongings with an emphasis on their own and staff safety in moving about the room. Communal lounge/dining areas and external garden areas provide care recipients with places to meet with visitors and other care recipients. Routine scheduled maintenance, daily corrective maintenance and cleaning schedules and audits, hazard identification and risk assessments ensure a safe environment both internally and in outdoor areas. Authorisation is obtained for those care recipients who may require protective assistance. Lock down procedures, sensor lighting and secured car parks optimise the safety of care recipients and staff after daylight hours, and a security firm is contracted to check the home during the night. Care recipients/representatives report satisfaction with the safety and comfort of the internal and external living areas of the home.

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's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and education programs. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of supervisory staff and by annual mandatory training programs. Monthly safety meetings monitor incidents/accidents and hazards to plan and implement improvement strategies. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in safe working condition. Personal protective equipment is provided for use in appropriate situations.

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

Procedures are in place and staff are trained and understand the processes to follow in the event of fire or other emergency. Training sessions are conducted as required and training records indicate all staff have completed their annual statutory fire training. Fire drills are carried out to ensure all staff on all shifts are confident of the procedures to follow in the event of an emergency. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, smoke and fire doors, exit lights, and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building and assembly areas are signed and easily accessible. A certificate of maintenance regarding fire safety is held. A lock down procedure is followed each evening. Care recipients are notified of the safety procedures to follow when they enter the home and through their meetings and stated they are satisfied with the safety of their environment and the ability of staff to handle an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. A clinical nurse has overarching responsibility for the home's infection control program. Infection surveillance processes ensure incidents of infection are captured, analysed, trends identified and appropriate actions implemented where required. Interventions to reduce cross infection include the use of hand washing facilities, personal protective equipment and colour-coded

equipment. The home has a food safety program, waste management system, monitoring of laundry and cleaning practices and outbreak management planning. Preventative measures include education for all staff and specific education and training relevant to staff positions and roles. Immunisation is offered to care recipients and staff. Staff providing health and personal care services to care recipients and support services staff, including catering and cleaning staff, demonstrate an awareness of infection control relevant to their work area.

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 needs and preferences are identified through assessments and this information is effectively communicated to catering staff. The home has a four-week menu that is based on input from care recipients and a dietician and all meals are cooked fresh on site. The dining rooms, dining tables and table settings support care recipients' quality of life. An on-site cafe provides additional options for care recipients, visitors and staff and was observed to being well patronised. Rooms and communal areas are regularly cleaned.

Cleaning staff follow a schedule and use specialised cleaning equipment and products which they have been trained to use safely. Care recipients' clothing is collected, laundered at the on-site laundry and returned to their rooms folded or hung. There are processes to label clothing to minimise loss. Catering cleaning and laundry staff are aware of their role in ensuring high standards of infection control practice. Care recipients/representatives are satisfied with catering, cleaning and laundry services provided by the home and staff are satisfied with the working environment.