



Australian Government

Australian Aged Care Quality Agency

Cunningham Villas

RACS ID 5298
1 Tollington Rd
BOWEN QLD 4805

Approved provider: Scartwater Trust

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 22 September 2018.

We made our decision on 04 August 2015.

The audit was conducted on 30 June 2015 to 01 July 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Cunningham Villas 5298

Approved provider: Scartwater Trust

Introduction

This is the report of a re-accreditation audit from 30 June 2015 to 01 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 30 June 2015 to 01 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:	Kathy Prain
Team member:	Meredith MacLeod

Approved provider details

Approved provider:	Scartwater Trust
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Details of home

Name of home:	Cunningham Villas
RACS ID:	5298

Total number of allocated places:	48
Number of care recipients during audit:	46
Number of care recipients receiving high care during audit:	40
Special needs catered for:	Care recipients diagnosed with dementia and other related conditions

Street/PO Box:	1 Tollington Rd
City/Town:	BOWEN
State:	QLD
Postcode:	4805
Phone number:	07 4791 3999
Facsimile:	07 4786 6978
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Residential Manager	1
Clinical Manager	1
Clinical Coordinator	1
Registered staff	3
Care/therapy staff	6
Care recipients/representatives	9
Regional Hotel Services Manager	1
Hospitality staff	3
Maintenance staff	2
Administration staff	2

Sampled documents

Category	Number
Care recipients' files	12
Care plans	12
Medication charts	10
Personnel files	5

Other documents reviewed

The team also reviewed:

- Accident and incident register
- Activity calendar, attendance records and evaluations
- Audit and survey results
- Audits and results
- Bowel charts
- Chemical register
- Cleaning schedules

- Clinical governance reports
- Clinical observation forms
- Comments and complaints information
- Consent forms
- Controlled drug register
- Cyclone disaster action plan
- Dietary lists and menu preference sheets
- Dietitian /nutrition summary of reviews
- External contracts
- Fire inspection reports
- Fire system reports and records of maintenance
- Food safety plan and license
- Handover sheets
- Hazard alerts and register
- Hazard and incident analysis reports
- Job descriptions and duty statements
- Lifestyle assessment
- Mandatory reporting register
- Meeting minutes
- Memoranda and email communication
- Menu
- Notice of re-accreditation site audit
- Orientation records
- Pest control records
- Police certificate monitoring reports
- Policies, procedures and guidelines
- Preventative maintenance records
- Professional registrations

- Quality action reports
- Quality improvement plan 2015
- Reactive maintenance records
- Resident agreement
- Resident information pack
- Restraint authorisations
- Restrictive practice forms
- Risk assessments
- Rosters
- Safety data sheets
- Self-assessment
- Service detail reports
- Temperature monitoring records
- Training records
- When required (PRN) stickers
- Wound management records

Observations

The team observed the following:

- Activities in progress
- Charter of Care recipients' Rights and Responsibilities
- Equipment and supply storage areas
- External complaints and advocacy information on display
- Feedback forms on display
- Fire-fighting and detection equipment
- Hand sanitiser and hand washing facilities
- Hazard signage
- Interactions between staff, care recipients and visitors
- Living environment

- Meal/beverage service and delivery
- Notice boards and information on display
- Personal protective equipment in use
- Sharps and waste disposal
- Short group observation
- Sign in/out registers
- Medication storage and administration
- Storage of medications
- Utility rooms and spill kits

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

Cunningham Villas (the home) has systems and processes to identify improvement opportunities, plan and implement actions and monitor outcomes. Care recipients/representatives, staff and other stakeholders have input through suggestions, improvement forms, meeting forums, surveys or through the complaints mechanisms. An auditing schedule across the four Accreditation Standards, regularly reviews the effectiveness of systems. Analysis of Incident/accident and hazard reports and clinical indicators provide additional sources of improvement opportunities. Results and outcomes of continuous improvement activities and progress of actions taken are communicated to care recipients/representatives and staff through established forums and documentation.

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

- Following the introduction of the organisation's 'Ideal Behaviours', four key areas were utilised by staff to rate one another. The areas include: being true to self and others, unlocking potential, seeking better ways and charting their own course. Management report there has been an increase in staff engagement in this process from 55 percent to 75 per cent.
- A recent review of the role of volunteers in supporting care recipients has resulted in a recruitment process including local promotions during seniors' Week. Four volunteers have been interviewed and orientated to the home. Management and staff report this has increased the ability of the home to support care recipients through one-to-one contact and during planned activities.

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

Management identifies and monitors changes to relevant legislation, regulatory requirements, professional standards and guidelines through organisational systems, access to internet websites, attendance at professional seminars and education sessions and through relevant government departments. Changes are communicated to staff through education sessions, emails, meetings, noticeboards and memoranda. Staff and volunteer police certificates are monitored and care recipients/representatives are advised of the re- accreditation audit through letters meetings and posters. Staff indicated they are provided with adequate information on changes to legislation and regulatory requirements relevant to their work area and that compliance with these changes is monitored through the audit process, staff appraisals/competencies and observation.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Management and staff have access to initial and ongoing learning opportunities and are kept informed of training obligations. Management utilises the performance appraisal process, analysis of incidents and accidents, and observation of practice to identify specific education needs. The home provides a range of education through planned sessions and at point of care or services. Competency or assessed skill levels are monitored at commencement and for new staff and through ongoing staff performance. Staff are satisfied they have access to educational opportunities such as performance appraisal training and training in the use of equipment to support them in their roles.

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/representatives and others have access to internal and external complaints mechanisms, are satisfied with the processes in place and are confident to raise issues or concerns with management. Written information (including relevant contacts) is provided in the care recipient handbook, the residential agreement, posters and brochures. Complaints are registered and actioned by management until resolved. Staff and care recipients receive information and education on the role of advocacy. Staff are aware of the processes to assist care recipients to communicate their concerns to management, if they are unable to do so independently.

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, values and strategic directions are documented, reflected in policies, procedures and orientation for staff and in information provided to care recipients/representatives.

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 appropriately skilled and qualified staff. Staffing levels are maintained through rostering practices and are based on care needs and feedback from 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 practice is monitored through performance appraisals, care recipient/representative and observations by team leaders. The home has processes to manage planned and unplanned leave. 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 are processes 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 organisation's policy to ensure equipment is fit for purpose. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, housekeeping and cleaning materials. Goods are examined for quality on receipt and there are processes to rotate existing stock. Additional inventory of food and supplies is stored on site during the cyclone season. There is a planned program for maintenance of equipment. Care recipients/representatives and staff 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

There are systems to enable staff and management access to sufficient and reliable information for appropriate decision making. Information is stored securely and can be accessed by staff with the relevant authority. Staff have access to documented care plans and progress notes, as well as other necessary information. Electronic information is password protected and access at the appropriate level. Staff are satisfied they have sufficient information to enable them to perform their role. Communication of staff information occurs through meetings, diaries, emails, short message service (SMS) messages, newsletters and noticeboards. Handovers occur in private areas with relevant staff. Care recipients/representatives are satisfied they are informed and kept up to date with information about the home and the day-to-day events through verbal communication, intercom voice overs, newsletters and notice boards. Records are archived at the home and there is a process for retrieval and destruction.

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. The home has approved local suppliers and organisational contracts for other suppliers. Tendering and service agreements are in place and performance is reviewed regularly and as required. The home also utilises memorandums of understanding to detail other arrangements in place, where applicable. Care recipients and staff are satisfied with the external 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 the health and personal care needs of care recipients. Refer to Expected outcome 1.1 - Continuous improvement for details on the home's overall system.

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

- As the home is remote and has previously experienced difficulty in obtaining timely assessments by contracted visiting allied and other health professionals, management has arranged with the local hospital to support assessment processes should the home's contractor be unavailable. This contingency allows for periods when the care recipient requires assessment prior to the next planned visit by the relevant contractor. Management report two care recipients have been reviewed by a speech pathologist under this arrangement.
- With the appointment of an onsite Clinical Manager and Clinical Coordinator, a complex health data form has been introduced to enable the clinical team to monitor the complex needs of care recipients. The clinical team meets weekly to monitor the provision of care and follow up planned care interventions. Management report this has enabled complex care such as replacement of indwelling catheters to be monitored closely.

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 details on the home's overall system. The home has processes to monitor professional registrations and to report the unexplained absence of care recipients.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 - Education and staff development for information about the home’s systems and processes to manage the ongoing education program. In relation to Standard 2 - Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance. Examples include but are not limited to oral health and continence.

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’ clinical needs are assessed on entry to the home through interviews with care recipients and their representatives, assessment information and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of identified assessment tools guide staff in the development of care plans. Registered staff review assessments and care plans. Care staff are knowledgeable of individualised care recipient requirements, and their knowledge is consistent with care plans. Information relating to care recipients’ health status and progress notes is communicated through the home’s documentation system. Care recipients/representatives are satisfied with the clinical care provided by staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, catheter care and pain management. Registered staff assess initial and ongoing specialised nursing care needs, and establish care recipients’ preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered staff are onsite 24 hours a day, and oversee and assess specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences. Referral processes are followed by registered staff to access podiatrist, speech pathologist, dietician, 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 less mobile care recipients. Health specialist visits are monitored by management and registered staff through regular care plan review processes. Care recipients/representatives stated care recipients are referred to other health specialists if a need is identified and are satisfied with the assistance of staff to attend 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 needs are assessed on entry to the home and on an ongoing basis. Registered staff and medication competent care staff administer medications and assist care recipients with their medication from a pre-packaged system using a paper based medication record. Care recipients wishing to self-medicate are assessed by a registered nurse to ensure competency and the outcome is documented. Medications are stored appropriately including controlled medications which are stored within a locked safe. The effectiveness of the medication management system is monitored through auditing processes, incident reporting and discussion at medication administration advisory meetings. Care recipients are satisfied with the management of their 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 pain management needs of care recipients are identified through initial assessments on entry to the home with provision for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massage and heat packs. Medication measures include regular prescribed oral pain relief and slow release patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as

required. Care recipients interviewed stated they are as free from pain as possible and are satisfied with the care they receive to minimise pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Care recipients’ end of life care needs and preferences are discussed on entry to the home and their wishes are recorded and communicated to guide staff practice. As needs change regular consultation with the care recipient and/or their representative occurs to ensure the care recipient’s physical, spiritual, cultural and emotional needs are respected and provided for. The home has access to external palliative care support if this is required. Consultation with the medical officer and palliative care 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.

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

There are systems to ensure care recipients receive adequate nourishment and hydration. Dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and forwarded to the catering staff. Care recipients are weighed on entry and monthly review and variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. Registered staff monitor weight management at the home. Care recipients are assisted with meals and fluids, and special eating utensils supplied as necessary. Care and catering staff are aware of the dietary requirements of care recipients. Care recipients are satisfied their nutrition and hydration requirements are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and planned interventions are included in their care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, protective garments and assistance with personal hygiene. Wound care is directed and delivered by registered staff in accordance with directives. Staff have an understanding of factors associated with risks to care recipients’ skin integrity. The incidence

of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Care recipients are satisfied with the management of their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively through assessment and care planning processes. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Care recipients’ continence is monitored daily and care plans are reviewed every three months or as required. Bowel management interventions may include dietary intervention and, following medical officer referral, regular and ‘as required’ (PRN) medication. Changes to continence regimens are communicated to staff by registered staff communication during handovers and progress note entries. Care recipients/representatives advised staff support care recipients’ continence needs and preferences.

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 on entry to the home and actual or potential indicators for challenging behaviours are identified. Staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that generally identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual’s care needs and risks. Staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist care recipients with challenging behaviours is discussed during handover processes and communicated in progress notes. Care recipients are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients’ mobility, transfer, dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs when there are identified issues relating to mobility and for new care recipients entering the home. Care plans are developed and reviewed regularly and as required. Physiotherapists and care staff provide assistance to care recipients with exercise and range of movement activities. Mobility aids such as wheelchairs

and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques. Care recipients are satisfied with the assistance provided to maintain mobility and maximise independence.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for care recipient preferences. The level of assistance required to maintain oral and dental hygiene is determined and this information is included in the care recipients’ care plans to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Care recipients are assisted to access their preferred dental service. Care recipients are satisfied with the assistance given by staff to maintain 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

There are systems to ensure care recipients’ sensory losses are identified and managed effectively. Assessment processes identify hearing and vision loss and management interventions are captured in care planning processes. Care interventions are developed with consideration of care recipients’ hygiene and lifestyle care planning. Care recipients are referred to specialists including an audiologist, optometrist and speech pathologist as needs indicate. Staff assist care recipients to manage assistive devices, such as spectacles and hearing aids, to maximise sensory function and are aware 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 to 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 care recipients’ sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements relating to the care recipients’ lifestyle include, but are not limited to:

- Following consultation with an established charity organisation in the local area, a clothing sale was conducted at the home. Second hand clothes in good condition were made available for care recipients to purchase. Staff report care recipients enjoyed the experience as well as obtaining additional clothing for the changing season.
- During the summer, the therapy staff arranged for a local ice cream van to stop outside the home. Tables and chairs were set up and care recipients were able to purchase an ice cream and socialise in the grounds of the home. Staff report this activity was so popular, arrangements are being made to incorporate this on a monthly basis.

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 details on the home’s overall system. The home has processes to meet mandatory reporting requirements and to ensure the rights and responsibilities of care recipients are supported.

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 manage the ongoing education program. In relation to Standard 3 - Care recipient lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance including but not limited to sexuality in dementia, supporting LGBTI people and Montessori principles.

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 support in adjusting to life in the new environment and on an ongoing basis. Care recipients and/or representatives are provided with information prior to or on entry which provides an overview of life within the home. Care recipients are assessed for their emotional support needs during the initial assessment process. Care recipients are monitored for ongoing support needs via the care and lifestyle activities staff. Care staff are advised of any ongoing emotional support needs through the handover process. Staff provide care recipients with one to one support and will refer to registered or lifestyle staff for additional support as required. Care recipients/representatives are satisfied with the level of emotional support provided and care recipients are encouraged to furnish their rooms with their personal belongings.

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 assisted to achieve maximum independence. Assessment and re-assessment of care recipients' needs is conducted to ensure they are assisted to achieve maximum independence on an ongoing basis. Regular mobility reviews and review of care recipients' ability to perform activities of daily living are undertaken and inform care planning. Representatives are informed of events at the home and encouraged to participate in the activities program. Staff are aware of interventions to support care recipients to achieve maximum independence. Care recipients/representatives are satisfied with the support care recipients receive to achieve maximum independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home maintains a supportive environment that protects care recipients' 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 aspects of care requirements and personal information. Established administrative processes protect care recipients' personal information. Staff are knowledgeable and demonstrate respect for care recipients' privacy and dignity and individual preferences while providing care and services. Outcomes of care are monitored through care recipient feedback, audits and observation of staff practice. Care recipients are satisfied staff are respectful of their privacy and dignity when caring for them.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home offers care recipients lifestyle options that incorporate a range of interests and activities. Lifestyle and nursing care assessments are completed for each care recipient, capturing information that assists with determining care recipients' individual participation levels. The home offers one-on-one options for care recipients who choose not to be involved in group activities. Group activities are designed around care recipients' preferences and are discussed at care recipient meetings. Care recipient participation is monitored through entries in lifestyle records, progress notes and feedback gained through individual discussions. Care recipients are assisted to participate in activities of choice and are satisfied with the lifestyle options offered at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. Religious services are held regularly and care recipients are assisted and encouraged to attend services as desired. Celebrations are held to mark days of cultural and religious significance. Staff are aware of care recipients' individual spiritual needs and beliefs. Care recipients' cultural and spiritual needs are monitored through feedback and survey processes. Care recipients are satisfied their cultural and spiritual needs and preferences 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 are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Care recipients and their representatives are encouraged to be actively involved in these activities. Care recipients' choices are identified through initial and ongoing assessment processes, surveys, comments and complaints processes and daily contact between staff and care recipients.

Staff respect and accommodate care recipients' choices, encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to care recipient activities. Registered staff assess individual care recipient choices against risk indicators and the rights of other care recipients. Opportunities for care recipients to exercise their decision making rights are monitored through care plan evaluations, feedback and surveys. 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 have secure tenure within the home and understand their rights and responsibilities. Processes are in place to provide information to care recipients/representatives in regard to security of tenure and their rights and responsibilities. The resident agreement and handbook offered to new care recipients contain information about rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about dispute resolution. Care recipients/representatives are consulted should any changes in needs require a room transfer. Care recipients/representatives are satisfied they have been provided with sufficient information in relation to security of tenure and understand 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 review of the assembly point and evacuation route identified uneven ground subject to rain making it a risk in the event of an evacuation. A concrete platform has been built to allow for an effective evacuation and as a consequence of this improvement, the bus is now able to pick up care recipients from the area when going on outings.
- A refurbishment of the laundry has resulted in improved effectiveness of the management of onsite linen; additional storage in a cold room specifically built has resulted in dirty linen being stored appropriately over weekends prior to the week day operations of the laundry.
- In the event of an evacuation related to a cyclone, the home has established a menu with appropriate food supplies/quantities and alternative water sources. Each year at the end of the season, the food and water is utilised to avoid wastage.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 - Regulatory compliance, for details on the home’s overall system. 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.

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 manage the ongoing education program. In relation to Standard 4 - Physical environment and safe systems, education is provided to ensure staff have the knowledge and skills required for effective performance including but not limited to manual handling, fire safety, infection control and food 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 actively working to provide residents with a safe and comfortable living environment consistent with their care needs. Care recipients are encouraged to personalise their living space with their own belongings. Communal lounge/dining areas and external garden areas provide residents with places to meet with visitors and other care recipients.

Routine scheduled maintenance, corrective maintenance, 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. 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

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, buddy shifts, observation by supervisory staff and by annual mandatory training programs. Management monitors and analyses incidents/accidents and hazards to plan and implement improvement strategies.

Preventative maintenance programs ensure equipment is kept in safe working condition. Personal protective equipment is provided for use in appropriate situations and staff are aware of its use.

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

There are systems to ensure the risk of fire and other emergencies is minimised. Staff are trained and understand the processes to follow in the event of an emergency. Mandatory training sessions are conducted training records are maintained. Emergency and evacuations are reviewed to ensure they remain effective. Fire detection and fighting equipment is generally maintained on a regular basis. Evacuation plans are displayed throughout the building and assembly areas are signed and easily accessible. There are procedures to ensure the safety of care recipients and staff after hours and a security firm is contracted to visit nightly at random times. There are contingency plans for the evacuation of care recipients to a safe place in the event of a cyclone. 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 confident of 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 infection control program consisting of preventative procedures and practices, appropriate and sufficient equipment and staff training relevant to their role and responsibilities. A vaccination program is in place for staff and care recipients. Staff have access to hand washing facilities and personal protective equipment located throughout the home. Infection control and outbreak information is located throughout the home to guide staff practice should an outbreak occur. There is a monitoring program that oversees the incidence of infections to identify trends that may occur. Staff attend infection control training on an annual basis and have knowledge of and practise infection control principles during care recipient care and service delivery.

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 dietitian and all meals are cooked fresh on site. The dining rooms, dining tables and table settings generally support care recipients' quality of life. 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. There are processes to label clothing to minimise loss. Catering cleaning and laundry

staff are aware of their role in reducing the risk of infection. Care recipients/representatives are satisfied with catering, cleaning and laundry services provided by the home and staff are satisfied with their working environment.