



Australian Government

Australian Aged Care Quality Agency

Gleneagles Aged Care Facility

RACS ID 6502
1099 Grand Junction Rd
HOPE VALLEY SA 5090

Approved provider: Wambone Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 09 September 2020.

We made our decision on 21 July 2015.

The audit was conducted on 09 June 2015 to 11 June 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

Gleneagles Aged Care Facility 6502

Approved provider: Wambone Pty Ltd

Introduction

This is the report of a re-accreditation audit from 09 June 2015 to 11 June 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 09 June 2015 to 11 June 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:	Joanne Glaze
Team member:	Judith Silkens

Approved provider details

Approved provider:	Wambone Pty Ltd
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Details of home

Name of home:	Gleneagles Aged Care Facility
RACS ID:	6502

Total number of allocated places:	110
Number of care recipients during audit:	104
Number of care recipients receiving high care during audit:	94
Special needs catered for:	People living with dementia and related disorders

Street:	1099 Grand Junction Rd
City:	HOPE VALLEY
State:	SA
Postcode:	5090
Phone number:	08 8396 3167
Facsimile:	08 8396 2138
E-mail address:	spedler@gleneagles.net.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical and care staff	10
Lifestyle staff	2
Care recipients/representatives	17
Ancillary Staff	7
Administration staff	2

Sampled documents

Category	Number
Care recipients' files, assessments, care plans and progress notes	6
Personnel files	3
Medication charts	4
Lifestyle care plans	4

Other documents reviewed

The team also reviewed:

- Activity planner
- Audit schedule and associated monitoring activities
- Charter of residents rights and responsibilities
- Clinical database documentation
- Communication books
- Complaints, comments and suggestion documentation
- Compulsory reporting register
- Corrective and preventative maintenance documentation
- Dangerous drugs register
- Dementia activities program

- Dietary preference records
- Dietitian reports
- Equipment service and electrical testing and tagging records
- External service provider documentation
- Food safety plan, audit, and food handling documentation
- Handover records
- Human resource information
- Incident and hazard data and analysis
- Lifestyle documentation
- Medication management documentation
- Menu
- Organisational vision, mission and values statement
- Plan for continuous improvement and self-assessment document
- Police clearance records
- Resident and staff handbooks
- Resident satisfaction survey and action plan
- Resident, family and friends newsletters
- Restraint documentation
- Safety data sheets
- Schedule 4 & 8 licence
- Staff education records
- Temperature testing records
- Triennial fire safety certificate
- Various audit reports and analysis
- Various meeting minutes, memoranda and newsletters
- Various policies, procedures, guidelines and work instructions

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medication
- Advocacy information
- Care recipient and staff notice boards
- Chemical storage
- Cleaning in progress
- Document archive
- Equipment and supply storage areas
- Fire safety equipment
- Infection control resources
- Interactions between staff and care recipients
- Keypad entry/exit, closed circuit television security system
- Living environment
- Meal and refreshment service
- Personal protective equipment
- Short group observation in secure area dining room
- Waste disposal systems

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

The home actively pursues continuous improvement utilising an established quality system. Opportunities for continuous improvement are identified through incidents, surveys, audits and feedback from staff, care recipients and representatives. An auditing schedule implemented by management ensures that the home's performance across the four Accreditation Standards is monitored. Management and the Safety committee evaluate and trend information from incidents, audits and the continuous improvement plan. Reports are presented to the Board of Directors and discussed in senior management, care recipient and staff meetings. Staff interviewed said they have opportunities to contribute to the continuous improvement process. Care recipients interviewed said they are aware of the process for making suggestions and are able to do so if they wish.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified that prospective care recipients and representatives would benefit from the introduction of a dedicated admissions officer to explain financial and other implications of admission to the facility. An admissions officer was recruited and underwent training to enable them to conduct tours of the facility and to advise all prospective new residents of financial implications and of their rights. A survey of nine new care recipients provided positive feedback about the benefits they experienced prior to and during the admissions process.
- An external audit identified that the home could benefit from the introduction of formal trending and analysis of resident complaints to enable effective evaluation of actions taken. A review of the homes existing process was undertaken and discussed at Quality Management meetings. Trending and analysis of complaints was commenced and specific staff were assigned responsibility for ensuring follow up and outcomes were recorded. A recent review of the complaints log indicated there has been improvement in the evaluation of actions taken and documentation of care recipient/relative complaints leading to better outcomes for residents.

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 organisation’s management has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates through aged care peak body membership, newsletters and government department updates. Policies and procedures are updated by management and disseminated to relevant staff, entered into communication folders and published in policies and procedures. Compliance is monitored through internal and external audits and observation. Results show audits are effective in identifying compliance issues and actions are implemented as required. Staff interviewed said they are informed of legislative updates. Care recipients and representatives interviewed said they have been informed of the accreditation audit.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Notification of re-accreditation audit provided to care recipients and representatives
- Police certificates are current for staff and volunteers
- Registrations are monitored for professional and allied health staff

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 has processes to ensure that management and staff have the appropriate knowledge and skills to perform their roles. There are recruitment and selection processes based on the required qualifications and skills for each position as defined in job descriptions. The home identifies training needs and monitors the efficiency of training conducted through staff appraisals, feedback and audit results. The home has a training schedule which includes mandatory and non-mandatory training. Annual mandatory training for clinical, care and hospitality staff is provided by internal staff and external training providers. Training attendances are recorded and monitored by management. Staff confirmed they have annual mandatory training and opportunities to attend non-mandatory training sessions. Care recipients and representatives are satisfied staff have the appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Bullying and harassment
- Elder abuse and mandatory reporting
- Legislative updates

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes and procedures to provide care recipients, representatives and staff with access to internal and external complaints mechanisms. Information on the home's complaints process is available in the resident handbook, resident agreements and is discussed at meetings. Copies of the home's comments and complaints forms are available throughout the home and a confidential suggestion box is located in the reception area of the home. Compliments and complaints, including verbal complaints, are recorded on the home's complaints system. All complaints are investigated by management and actions taken, including feedback provided, are documented. Complaint information is analysed monthly and information on trends reported in management, staff and care recipient meetings. Audits and surveys monitor care recipients' satisfaction with the home's complaint management process. Staff interviewed said they are aware of how to raise a complaint.

Care recipients and representatives said they are able to provide feedback to management and feel comfortable doing so.

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

Gleneagles Aged Care Facility has vision, mission and values statements which inform care recipients, representatives and staff of the home's commitment to providing a quality support service. The statements are documented in the information provided to prospective care recipients and their representatives, resident handbook, staff handbook and displayed in the home.

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 processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. The organisation has recruitment processes to ensure potential employees have appropriate skills and qualifications. The home has processes to monitor police certificates and professional registrations. Commencing employees are provided with site induction and are buddied with senior staff. The home's management monitors staffing levels and skill mix through staff feedback and review of care recipients' needs on an ongoing basis. Vacant shifts are filled by casual and agency staff as required. Staff are guided in their roles by job descriptions, a code of conduct, work instructions and policies and procedures. Results show processes are effective in managing staff police certificates and professional registrations to ensure currency. Staff interviewed said management review staff numbers and skill mix in relation to changes in care recipient needs. Care recipients and representatives interviewed were satisfied there are sufficient numbers of appropriately skilled staff to deliver care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home uses corrective and preventive maintenance processes and external contractors to monitor plant and equipment. Re-ordering and re-stocking of supplies are delegated to relevant staff from various areas within the home. Monitoring processes include an imprest system for medical, continence and stationery products, observation, scheduled reports and feedback from care recipients, representatives and staff. Results show new equipment is trialled and risk assessed prior to

purchase and stock levels of goods and equipment are reviewed and maintained. Staff, care recipients and representatives interviewed said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

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 information systems to provide management and staff with access to sufficient, accurate and appropriate information enabling them to meet the requirements of their roles. The home has processes to ensure documentation is securely stored and archived. There is a care management system for the collation and storage of care recipient information and appropriate communication systems to inform staff of changes to care recipient care plans and needs and the operations of the home. Monitoring processes include feedback forms, resident and staff meetings, audits, surveys, incident and hazard reporting. Policies and procedures guide staff practice. Results show information is used effectively to communicate with relevant stakeholders. Staff interviewed said they have access to sufficient information to perform their roles. Care recipients and representatives are satisfied they have access to relevant information to assist them to make decisions about their care and lifestyle needs on an ongoing basis.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home uses externally sourced services to assist in meeting the residential care service's needs and service quality goals. The home has agreements with external contractors, including pest control, fire safety and pharmacy. Preferred suppliers are required to meet the organisation's safety standards and service quality goals. Monitoring processes include feedback, incident reporting and observation. Results show processes for ensuring external contractors have appropriate qualifications, police certificates, licences and insurance are effective. Service providers are changed if considered unsatisfactory. Staff, care recipients and representatives interviewed said they 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

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

In relation to Standard 2 Health and personal care, the home identifies improvements from compliments and complaints forms, incidents and care reviews. Staff document incidents, including falls, infections, behaviour, changes to skin integrity and medication errors. This information is collated and analysed for trends. Care recipients and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 2 Health and personal care include:

- Management identified opportunity to minimise the use of restraint within the home. A review of the homes restraint procedures was conducted, a risk assessment process was implemented and a monthly bed rail safety check implemented. Chemical restraint issues were discussed at the Medication Advisory committee and care recipients, representatives and medical officers were consulted. Care recipients who were using chemical or physical restraints were reviewed and minimal restraint procedures trialled. New procedures were implemented for care recipients entering the home who request bed rails. Of three care recipients reviewed, one physical restraint was reduced from bed rails to bed wedges, one physical and one chemical restraint were ceased providing for improved outcomes for the care recipients.
- A clinical staff member suggested the use of a new product for wound care for a care recipient who had a chronic wound. The product was purchased by the home and trialled with the care recipients' wound. The wound was reviewed regularly over the period of one month and results indicated that the wound had reduced in size by 40% in that time. The product has now been introduced into the home on a permanent basis providing improved wound care for care recipients.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 2 Health and personal care through meetings, audits, observation of staff practice, clinical reviews and staff and care recipient feedback.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Medication is safely stored and secured
- Care recipients are assessed by appropriately qualified and skilled staff
- Schedule 4 and 8 drug license

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 education and staff development processes.

Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Care recipients interviewed said they are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Wound care
- Diabetic management
- Medication 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 receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and review processes. A short term care plan is completed for the care recipient on entry to the home followed by a six week assessment to develop a long term care plan that is overseen by qualified staff. The home monitors care recipients’ clinical care through six monthly care reviews, monthly weighs, bowel charts, observation and clinical audits. Changes to clinical needs are communicated to staff through verbal clinical/care handovers and written handover sheets. Medical officers are informed of significant changes in care recipients’ health status and visit the home on a regular basis. Care recipients are referred to specialist services as required. Results show that care recipients’ needs are documented, reviewed and changes to care are implemented as required. Information provided by staff is consistent with care recipients’ care plans. Care recipients and representatives interviewed said they are satisfied with the level of consultation and with the health and personal care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nursing staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients’ care needs change. Individualised care plans are developed in consultation with care recipients’ medical officers and allied health professionals. The home has access to external specialists to assist in meeting care recipients’ individual needs. Monitoring processes include care reviews, observations, handover processes, audits and feedback from care recipients and staff. Results show that care recipients needs are documented and reviewed. Reviews of documentation and interviews confirm staff have access to education, guidelines and clinical practice manuals. Care recipients and representatives interviewed said they are satisfied with the 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 health specialists according to their assessed needs and preferences. Specialist health referrals are identified through care reviews, consultation and observations. Allied health services are provided on-site and assessments are completed on entry to the home and on an ongoing basis. Referrals to a variety of health services, including

podiatry, speech pathology, dietitians and physiotherapists are made as required. Changes to care needs are communicated and documented through the care planning system that is immediately available in progress notes, and care plans are updated to reflect these changes. Monitoring processes include audits, care reviews and consultation with care recipients and representatives. Results show that care recipients' needs are documented and reviewed. Staff interviewed said they are informed of changes through handover and the care planning system. Care recipients and representatives interviewed said they are satisfied they have access to health specialists according to individual needs and preferences.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients' medication needs are identified on entry to the home and care recipients who self-administer medication are assessed and monitored for safety. Each care recipient has a medication chart with personal details and administration instructions. Medication is stored safely and securely, pre-packaged in sachets and blister packs and administered by registered and enrolled nurses. Monitoring processes include care reviews, incident reporting, internal and pharmacy audits. Medication issues are discussed at medication advisory meetings. Results show that care recipients' medications are documented and reviewed. Education records and interviews confirm staff undertake training in relation to medication and are provided with medication information. Care recipients and representatives interviewed said they are satisfied with the level of consultation and management of medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. Care recipients are consulted and assessments conducted by registered staff to identify any issues and care requirements in relation to pain. Assessments are reviewed by medical and allied health staff. Care plans are developed and medication charts and treatment directives assist staff in relation to care requirements and treatment needs. Physiotherapy services develop specific pain management therapy programs. Treatment nurses assist in implementing pain management strategies. Further interventions include positional changes, exercise regimes and massage. These interventions are monitored by nursing and allied health staff. Monitoring of care recipients' pain management includes audits, regular care reviews, observation and feedback from staff, care recipients and representatives. Results show staff undertake training and are aware of strategies to assist with pain management.

Care recipients and representatives interviewed said they are satisfied that pain issues are managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the end stage of life. The home has processes to capture individual palliative care wishes and a palliative care plan is endorsed as required. Care recipients are consulted regarding particular preferences to aid comfort and care. The home assists representatives to maintain their comfort and provision of hospitality services is available as required.

Consultation occurs with external palliative care services to assist with pain management and pastoral care is arranged according to individual preferences. Results show monitoring of palliative care processes is conducted through consultation with care recipients and representatives and through staff feedback processes. Staff education is available relating to palliative care. Staff are aware of care recipients care needs in relation to palliative care.

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 receive adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes are used to develop dietary profiles within individualised care plans. Drink supplements and fortified meals are provided as required. Care recipients with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary and consultation with the medical officer takes place. Monitoring processes include monthly weighs, audits, care plan reviews and observations. Results show that care recipients’ needs are documented and reviewed.

Clinical staff update nutrition and hydration care plans and communicate changes to kitchen staff. Care recipients have the opportunity to comment on the meal service at resident meetings and on an individual basis. Care recipients and representatives interviewed said they are satisfied nutrition and hydration needs and preferences 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

There are systems to ensure care recipients are provided with assistance to maintain their skin integrity. Documentation demonstrates that skin care assessments are initiated on entry and skin integrity is monitored on an ongoing basis. Care recipients at risk are identified and plans include strategies to ensure adequate nutrition, change of position to relieve pressure, skin

protection and assistive equipment. Wound assessment and planning is conducted by registered nurses and healing rates are monitored. Daily care plans include nail and hand care and podiatry services attend the home. Monitoring occurs through documented checks, skin tear reporting, care review meetings and audit processes. Results show that skin integrity management is regularly reviewed and evaluated. Observation and staff interviews confirmed there are sufficient supplies and equipment for the provision of skin care. Care recipients and representatives interviewed said they are satisfied with the care provided to maintain 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

There are systems to ensure care recipients’ continence is managed effectively. Continence assessment processes identify care recipients’ normal patterns, support needs and required aids. Staff interviews and documentation confirmed assessment processes include voiding frequency and identification of care recipients’ individual needs and preferences.

Management of care recipients’ continence is supported by the services of an external continence service. Education is provided to staff in relation to continence. Documented urinary and bowel management plans and toilet schedules are regularly reviewed. The home follows dietary strategies to support natural bowel patterns and protocols for identifying and preventing infections. The home monitors continence management through reviews of care plans and internal audits. Results confirm that care recipients’ needs are documented and reviewed. Information provided by staff is consistent with care recipients’ documented continence needs and preferences. Care recipients and representatives are satisfied continence needs are being met.

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 care plans are developed in consultation with care recipients, representatives and a range of external professionals as required. Diversional techniques and individual and environmental strategies are identified and implemented. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews, audits and observations. Results show that care recipients’ behaviours are documented and reviewed. Interviews and observations confirmed staff understand documented strategies to assist with the management of challenging behaviours and that opportunities for training in relation to behaviour management are available. Care recipients and representatives interviewed said they are satisfied with the home’s approach to behavioural management.

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

The home has systems to assist care recipients to achieve optimum levels of mobility and dexterity. Assessments are completed by registered nurses and allied health staff to capture individual needs in relation to mobility requirements and the assistance required to enhance dexterity. Individualised mobility, exercise and transfer plans are developed; these include assistance and mobility aids. Suitable assistive aids are provided including equipment to promote safety, such as walking frames and wheelchairs. The home provides a movement exercise program to assist care recipients to optimise mobility and dexterity. Falls are monitored and analysed for trends. Any immediate change to care recipients’ mobility status is documented in the care system. Monitoring occurs through regular care reviews, reassessment by allied health professionals, audits and observation. Results show that care recipients’ needs are documented and reviewed, and that staff provided care consistent with documented care plans. Staff attend manual handling training and observations confirmed staff members’ understanding of individual care recipients’ mobility needs. Care recipients and representatives are satisfied mobility and dexterity needs are maximised.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain care recipients’ oral and dental health. Oral health assessments are completed on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individualised oral and dental hygiene strategies. Care recipients are provided with options and support to access dental services of their choice.

Oral equipment is replaced every four months or earlier and monitored by care staff. Monitoring of care recipients’ oral care is completed through staff observations, regular care plan reviews, audits, feedback from dental specialists, care recipients and their representatives. Results show that care recipients’ oral and dental care is documented and reviewed. Staff undertake education in oral hygiene and are aware of strategies to support care recipients’ oral and dental health. Care recipients and representatives interviewed are satisfied oral and dental health is maintained.

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 systems to ensure care recipients sensory losses are identified and managed effectively and assessment processes capture care needs in relation to all five senses. Care

plans identify strategies and aids to support and improve care recipients' sensory loss and the home provides a range of activities including cooking and massage to enhance sensory enjoyment. Staff consult with care recipients and representatives regarding referral to audiology and optometry services. Monitoring occurs through regular care reviews, feedback mechanisms and observation. Results show that care recipients' sensory loss is documented and reviewed. Staff are aware of care recipients' sensory care needs. Care recipients and representatives are satisfied with the home's approach to managing their sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients are provided with care to assist them achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and monitor sleep. This information is used to develop individualised care strategies including preferred settling and rising times. Environmental and other preferences, including lighting, repositioning, snacks and warm drinks are offered to support natural sleep patterns. Monitoring processes include care plan reviews, incident reporting, observations and audits. Results show that care recipients' sleep patterns are documented and reviewed. Staff confirm they refer to care recipients' care plans for individual sleep preferences. Care recipients interviewed said they are satisfied the care provided assists them to achieve natural 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

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

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient meetings and continuous improvement forms. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- A care recipient suggested that new care recipients entering the home would benefit from a social group which aimed to assist them settle in to the home. A group called ‘Just Good Friends’ was implemented and new care recipients were invited to attend. Six care recipients who had recently entered the home attended the first meeting and had opportunity to discuss their experiences, concerns and feelings with care recipients who had been living in the home for some time. Evaluation of the group was conducted through care recipient feedback which indicated that the new care recipients found the group assisted them to settle in to the home.
- A suggestion from care recipients from the homes knitting group was that they could gather donations of pet food and pet toys and create hampers which included knitted blankets made by the members of the group. The hampers were then to be donated to the Animal Welfare League. The group arranged for donations to be collected and hampers created. The Animal Welfare League thanked the group for the hampers and provided each member of the group with a certificate of appreciation. Feedback from care recipients from the group was that they gained a sense of purpose from their participation in the activity.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 3 Care recipient lifestyle through meetings, surveys, and care recipient and representative feedback. Staff feedback demonstrates their awareness of their compulsory reporting requirements, including protecting care recipients’ privacy and maintaining confidentiality of care recipients’ information.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Care recipients’ consent to release information
- Residential accommodation agreements
- Policies and procedures for mandatory reporting

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 education and staff development processes.

Care recipients interviewed said staff have appropriate skills and knowledge to perform their roles and observations of staff engaging care recipients in the lifestyle program supported this.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Person centred care
- Depression management

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

Individual preferences and support needs are identified on entry to the home with the care recipient/representative and documented in the care plan to guide staff in supporting care recipients. Staff ensure care recipients become familiar with the physical layout of the home. Registered nurses and lifestyle staff monitor care plans; emotional support is provided through staff, volunteers and pastoral support. Care recipients are supported to develop new friendships and are encouraged to participate in activities of choice. Care recipients' and their families are encouraged to individualise care recipient rooms with personal items including religious ornaments, family photographs and furniture. The home monitors care recipient satisfaction with emotional support through comments and complaints, lifestyle and care reviews and surveys. Results show that the home's assessment processes are effective in capturing care recipients' emotional support needs. Staff confirm they are aware of care recipient's emotional needs and communicate changes. Care recipients and representatives interviewed said they are encouraged and invited to attend special events held at the home and are satisfied with the emotional support staff provide on entry to the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients' preferences, support needs and physical abilities are identified on entry to the home and individual care plans are developed that reflect interventions to promote care recipients' independence. Registered nurses and the lifestyle staff review and monitor care plans regularly. Results show specific aids for continence, dignity, mobility, dietary and transfer required by care recipients is provided to enhance independence. Independence is encouraged through a range of internal and external activities and staff ensure that care recipients maintain community links and friendships by assisting attendance at events, meetings and concerts of choice. Care recipients report they are satisfied with the support staff provide to promote and enhance their 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Through the home's assessment processes, care recipients' wishes and preferences are

identified. This information is used to develop individualised care plans. Care recipients and representatives are informed about the home's policies and procedures in relation to personal and care information on entry to the home. Staff are informed about care recipients' rights to privacy, dignity and confidentiality when commencing employment at the home and through ongoing education programs. Monitoring processes include comments, complaints and audits. Results show the home's policies and procedures are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff are aware of strategies to maintain care recipients' privacy and dignity, including the appropriate use of private and confidential information. Care recipients and representatives are satisfied with strategies staff use to respect and recognise their right to privacy, dignity and confidentiality

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's process on entry involves the lifestyle team completing a social/cultural profile in consultation with the care recipient/representative. A lifestyle and leisure care plan is developed from this information. Staff assist care recipients with activities and provide one-to-one support that includes conversation, massage and assistance with games. The home's activity program includes a range of activities, celebration of theme days, concerts, special interest groups, regular church services and community visits. Care recipient satisfaction is monitored through activity evaluations, internal audits, comments and complaints processes and meetings. Results show that activity attendance and evaluation sheets are completed and used to enhance/change programs for care recipients as required. Staff are aware of strategies to support care recipients' leisure interests and activities. Representatives are informed of the home's events by written or verbal information. Care recipients and representatives interviewed said they are satisfied with the activity program offered by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The cultural and spiritual needs of care recipients' are assessed on entry to the home and communicated to staff through care plans, progress notes, one-to-one discussion, and communication diaries. Spiritually significant and cultural days of remembrance are observed and care recipients are encouraged to maintain links with the community to support their needs. Chaplaincy and religious services are provided upon request. The individual beliefs and customs of care recipients are observed and known by staff. Staff are aware of processes to access culturally specific support services to determine resource requirements and available support networks when required. Care recipient satisfaction is monitored through activity evaluations, internal audits, comments and complaints processes and meetings. Results show the home is able to support care recipients with specific cultural dietary needs if required. Staff interviewed are aware of care recipients' cultural and spiritual needs which effect the provision of care and lifestyle. Care recipients and their representatives interviewed said they are

satisfied with the activities provided in relation to care recipients' cultural and spiritual life within the home and consider staff to be respectful of their choices.

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

The home's process identifies care recipients' individual choices on admission in consultation with the care recipients/representatives. Preferences are communicated to appropriate staff and documented on the care plan. Monitoring processes includes care plan reviews, surveys and audits. Care recipients' legal representation is documented. Management encourages an 'open door' policy to care recipients/representatives as their first point of contact for any concerns or questions. Results show care recipients participate in the home's functioning via; attendance at regular meetings, feedback and viewing resource material on noticeboards and newsletters. Care recipients are able to exercise and control choices provided to them from staff and allied health professionals regarding their treatments and specialised care.

Care recipients have input into meal preferences and can verbalise complaints to staff or use the home's feedback system. Staff interviewed are aware of care recipients' rights to make informed choices where appropriate and are able to provide examples of how this right is respected. Care recipients and representatives interviewed said they are satisfied they are supported to exercise choice and their involvement in decisions regarding their care.

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 are assisted to understand their rights and responsibilities. Care recipients and/or representatives are informed of their security of tenure and rights and responsibilities on entry to the home. They are provided with resident information and a residential agreement. Care recipient and representative satisfaction is monitored through meetings, surveys and verbal feedback to staff and management. Contact details for independent sources of advice and advocacy are available within the home. Results show care recipients and/or representatives are provided with agreements on entry to the home. Staff are aware of care recipients' rights and responsibilities. Care recipients interviewed are satisfied their tenure is secure and the home supports their individual needs and preferences.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through corrective and preventive maintenance processes, incident and hazard data, compliments and complaints and audits. Care recipients and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- A review of the secure unit of the home identified that the living environment could be improved with some renovation and a reduction in numbers of care recipients in the area. Following an environmental review corridors were widened, the unit was reduced in size from 26 to 12 care recipients and carpet tiles installed in place of the existing floor coverings. Representative feedback indicated that the renovations had improved the living environment for care recipients and that care recipients were calmer and their mobility had increased.
- A document review conducted by management found that the existing incident report forms did not include provision for a full description of the incident being reported or investigation outcomes such as causal factors. A new reporting form and spreadsheet for recording and analysis of data were designed and implemented. Quarterly reporting utilising the new system has enabled targeted training to be provided to staff and actions to be tracked enabling the provision of better care to care recipients.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 4 Physical environment and safe systems through meetings, audits, staff and care recipient feedback. Policies and

procedures relating to fire safety, infection control and work health and safety are available. Staff interviewed described regulatory requirements relating to the physical environment and safety systems, including their responsibilities in the event of an emergency.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Current Triennial fire certification
- Audited food safety plan
- Work, health and safety policies 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 education and staff development processes.

Staff interviewed said they are satisfied with the ongoing training opportunities they receive and the support provided to them in the development of their knowledge and skills. Care recipients interviewed are satisfied management and staff have the required knowledge and skills to perform their roles effectively.

Examples of education provided to staff over the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Fire and emergency training
- Manual handling
- Chemical 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 a safe and comfortable environment consistent with care recipients' care needs. The home provides single and shared accommodation with private ensuite and shared bathroom facilities. Care recipients have access to communal living, dining and activity areas including courtyard gardens and are encouraged to personalise their rooms to enhance their private space. The living environment is monitored through environmental audits and safety inspections, incident reporting, feedback, preventative and corrective maintenance programs and observation. The home has a minimal restraint approach with

physical restraint used in consultation with the care recipient and/or their representative, clinical staff and a general practitioner. Results show incident and hazard minimisation strategies are documented and regularly reviewed. Staff interviewed said they are aware of their responsibilities in maintaining the safety and comfort of the environment in the home. Care recipients interviewed said they are satisfied with the safety and comfort 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 has systems and processes to provide a safe working environment that meets regulatory requirements. Inspection results, audit outcomes and incident and hazard data are discussed at Work Health and Safety Committee meetings. The home has access to rehabilitation and return to work services to assist staff affected by workplace injuries.

Monitoring processes include audits, incident and hazard reporting, environmental and safety inspections, preventative and corrective maintenance programs and observation. Staff receive training in work, health and safety responsibilities at induction and mandatory manual handling training is provided annually to all staff. Staff interviewed said they have access to personal protective equipment, policies and procedures, guidelines and training.

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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps and instructions are located throughout the home. The home has 'chief warden kits' containing care recipient evacuation information and procedures for facilitating the safe evacuation of care recipients and staff in the event of an emergency. The fire and emergency systems are monitored through external contracted services and internal maintenance processes. The home's security is maintained through recorded closed circuit television systems and key pad operated doors which are locked down in the evenings and checked by staff at night. The home's security, fire and emergency processes are monitored through system tests, audits, observation and incident and hazard reporting. Fire system testing records are up-to-date and maintenance requests are actioned promptly. Staff interviewed said they attend annual fire and emergency training and are aware of their responsibilities in the event of an emergency. Care recipients and representatives interviewed are satisfied the staff would know what to do in the event of 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

There is an effective infection control program in the home. Infection data is collated, analysed, trended and interventions implemented as needed. Infection control is managed through the home's policies and guidelines, outbreak management procedures and resources available. Staff and care recipients are offered vaccines to prevent influenza. There are processes for the appropriate disposal of contaminated waste and sharps. A food safety plan guides catering staff practice and an external contractor provides a pest management program. Management monitors infection control by scheduled audits, infection data analysis and staff competency completion. Results show an effective infection control system is in place. Staff interviewed said there is adequate personal protective equipment available and they are aware of infection control guidelines. Care recipients and representatives interviewed said staff were observed maintaining infection control practices when needed

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

The home provides hospitality services in a way that enhances each care recipients' quality of life and the staff's work environment. Care recipient needs are assessed on entry to the home and hospitality services are planned, implemented and reviewed according to the needs of each individual. The home uses a four week rotating menu which is reviewed by a dietitian and provides choices of meals and deserts. Meals are prepared and cooked on-site and catering staff are guided by care recipient nutritional information forms provided by clinical staff for specific dietary needs. Cleaning and laundry services are guided by infection control procedures, cleaning schedules and safety data sheets. Cleaning is carried out daily in accordance with work instructions for care recipients' rooms and communal areas.

Laundry services are available on-site to cater for care recipients' personal clothing and linen requirements are catered for by external contractors. Monitoring of hospitality services includes care recipient and representative feedback, meetings, comments and complaints and observation. Results show care recipients' needs in relation to catering, cleaning and laundry are documented and reviewed on a regular basis. Staff interviewed said they are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients and representatives interviewed said they are satisfied with hospitality services.