



Australian Government

Australian Aged Care Quality Agency

Janolma Nursing Home

RACS ID 5868
10 Holland Street
GREENSLOPES QLD 4120

Approved provider: Clanwilliam 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 three years until 09 December 2018.

We made our decision on 09 November 2015.

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

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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

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Audit Report

Janolma Nursing Home 5868

Approved provider: Clanwilliam Pty Ltd

Introduction

This is the report of a re-accreditation audit from 30 September 2015 to 01 October 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 30 September 2015 to 01 October 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:	Vivienne Jones
Team member:	Erin Gorlick

Approved provider details

Approved provider:	Clanwilliam Pty Ltd
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Details of home

Name of home:	Janolma Nursing Home
RACS ID:	5868

Total number of allocated places:	36
Number of care recipients during audit:	23
Number of care recipients receiving high care during audit:	22
Special needs catered for:	Nil

Street/PO Box:	10 Holland Street
City/Town:	GREENSLOPES
State:	QLD
Postcode:	4120
Phone number:	07 3397 1003
Facsimile:	07 3847 2325
E-mail address:	jqpotts@clanwilliam.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Quality systems and human resource manager	1
Hospitality and environmental services coordinator	1
Client services	1
Registered nurse in charge	1
Enrolled nurse	2
Care recipients/representatives	8
Care staff	6
Administration assistant	1
Hospitality and environmental services	1
Maintenance staff	1
Activities coordinator	1

Sampled documents

Category	Number
Care recipients' files	6
Summary/quick reference care plans	6
Medication charts	6
Personnel files	3

Other documents reviewed

The team also reviewed:

- Accredited food safety program
- Advanced care planning documentation
- Approved supplier list and agreements
- Audits/surveys and results
- Checklists

- Cleaning programs and schedules
- Continuous quality improvement plan
- Controlled drug book
- Decision making tools
- Education resources
- Emergency evacuation plan
- Employee handbook
- Equipment manuals and corrective maintenance folder
- Fire and evacuation instructions records
- Fire evacuations diagrams
- Fire systems maintenance documentation
- Food business licence
- Hazardous substance register
- Home's self-assessment
- Incident data and trending
- Infection control incident data and trending
- Infusion records
- Job descriptions
- Mandatory reporting register
- Minutes of meetings
- Mission statement
- Monitoring charts
- Nursing agency orientation
- Nursing staff checklist
- Policies and procedures
- Preventative and corrective maintenance programs and schedules
- Protocols for clinical management
- Care recipient and relative handbook

- Restraint authorisations
- Safety data sheets
- Staff roster
- Student handbook
- Temperature monitoring records
- User credential list report
- Wound care folders

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Charter of Care Recipients' Rights and Responsibilities on display
- Cleaning in progress
- Colour coded and personal protective equipment in use
- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Fire panel and evacuation diagrams
- Fire/smoke detection and firefighting equipment and inspection tags
- Hand washing facilities
- Individual menus for care recipients
- Interactions between staff, care recipients and visitors
- Internal and external living environment
- Meal service and practices
- Menu on display
- Noticeboards and brochures on display
- The organisation's mission and values on display
- Use of personal protective equipment
- Visitor sign in/out registers

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

Janolma Nursing Home (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Suggestions for improvements are captured through multipurpose forms, meetings, audits, surveys, compliments and comments, clinical data indicator analysis and direct feedback from care recipients, representatives and staff. Continuous improvement activities are monitored electronically by the Facility Manager and further support is provided by organisational staff. Feedback to care recipients, representatives and staff relating to progress, status and review of improvements is communicated through meetings, noticeboards, newsletters, verbally and via electronic media.

Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development, implemented by the home include:

- Following the management's review of the home's content of staff training, an external educational provider is now facilitating training for the staff. This is contributing to the home's education program being contemporary and taught by trained educators. Staff are able to gain qualifications whilst attending these educational sessions. Management indicated this has enhanced the staff's knowledge and skill level.
- In response to an observation of staff practice and to ensure staff are familiar with the home's policies related to health and personal care, educational questionnaires were developed on a range of topics and to reflect the policies and processes of the home. Each month a different policy is featured and an associated questionnaire is given to staff. Staff have to familiarise themselves with the relevant policy to answer the questionnaire and management can alter the planned questionnaire to address deficiencies in practice or audit results. This is corrected by the principal team leader and discussed with individual staff. Management indicated staff knowledge and practice has improved.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an organisational system to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated to reflect change and are accessible to all staff. Changes are communicated to staff via the home’s electronic information system, staff meetings, noticeboard, training sessions and education questionnaires. Changes are also communicated to care recipients/representatives where appropriate. Compliance with legislation is monitored through regular monitoring by management, the audit process, feedback from care recipients and staff and observation of staff work practices.

In relation to Standard 1 Management systems, staffing and organisational development, compliance with legislation includes systems to ensure all staff have a current police certificate which is monitored for expiry updates, registered staff have appropriate qualifications and registration, each care recipient and their representative are advised of re- accreditation audits and care recipients and other stakeholders have access to internal and external complaints mechanisms.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and training. Commencing staff undertake an orientation period including mandatory education and buddy shifts.

The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the four Standards. Staff training and education is identified through changes to legislation, performance planning reviews, changing needs of care recipients, clinical data indicator analysis, observation of practice and surveys. Staff are satisfied that education provided is relevant to their work and that management is supportive to staff to attend external training opportunities and upgrade their qualifications.

Staff have the opportunity to undertake training sessions relating to Standard 1 Management systems, staffing and organisational development. For example:

- Frontline management
- Orientation
- Documentation
- Accreditation
- Funding submissions
- HR policies

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 a comments and complaints mechanism that is accessible to care recipients, representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to care recipients/representatives and staff. Complaints can be raised at meetings, through surveys, feedback, improvement and comments and compliments forms or directly to the Facility Manager. A locked suggestion box, located in front reception area, provides an avenue for confidential comments and complaints. All comments and complaints received are recorded in the comments and complaints register. Appropriate feedback, either verbally or in writing is provided. Staff are aware of the internal and external complaints process. Care

recipients/representatives are satisfied with the comments and complaints processes and are comfortable in expressing any issues of concern.

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 vision, mission and values statement is displayed in the home and in information provided to care recipients/representatives, staff and other interested parties.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure there are appropriately skilled and qualified staff, sufficient for the delivery of services. This includes recruitment, selection, an orientation program, education and competency assessment, buddy shifts, mentoring and mandatory training. Processes to monitor adequacy of staffing levels include the current needs of care recipients, staff feedback and audits/surveys. Position descriptions are provided to staff, duty lists are available to guide staff on required tasks appropriate to their shift and job roles. Staff performance is monitored via appraisals, feedback mechanisms, audits/surveys and clinical data analysis indicators. A registered nurse is rostered on each shift and flexibility in the rostering system allows for replacements for leave and absences. Staff are satisfied they have sufficient time and appropriate skills to carry out their duties effectively. Care recipients/representatives are satisfied with the responsiveness of staff and adequacy of 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 and processes to ensure there are sufficient supplies of goods and equipment for the delivery of services. Equipment needs are identified and ongoing purchases, repairs and maintenance are based on current needs and annual budgets.

Agreements with suppliers and contractors are used to guide purchases and to maintain goods and equipment. Education is provided to staff in the use of equipment and corrective and preventative maintenance of equipment is undertaken in accordance with the programmed maintenance schedule. Care recipients/representatives are satisfied that appropriate goods

and equipment are provided by the home and are available for the delivery of services to meet the needs of the care recipients.

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

The home has systems, guided by policies and guidelines, to enable staff and management access to sufficient and reliable information. Processes exist to manage the storage, archiving and destruction of documentation to ensure privacy and confidentiality are maintained. Care recipients/representatives and staff receive information in a variety of forms including handbooks, agreements, staff orientation, noticeboards, electronic media, education sessions, meeting minutes and communication diaries. Staff use assessments, care planning, progress notes, and communication at handovers to ensure care recipients' needs and preferences are identified and reviewed for consistency. The home uses an electronic clinical care management and paper based system to record and store information. Locked rooms and cabinets are used to store private and confidential paper based information. Electronic information is secured by individual password access and systems are in place for daily back up and offsite storage. Staff are made aware of their confidentiality obligations on recruitment. Care recipients/representatives are kept informed regarding care and other matters that are appropriate to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home follows established procedures and practices to ensure external services are provided to meet the residential care service's needs and service goals. The home has written service agreements in place with external services to ensure goods and services are of a high standard, agreements are reviewed annually or as required. Contractors who do not enter a written agreement have signed quotations and organisational acceptance. External service contractors providing service at the home are required to sign in/out and must report to the maintenance personnel prior to commencing work. Performance is regularly evaluated through observation and visual inspection of works carried out and through staff and care recipient feedback. Care recipients/representatives and staff are satisfied with the quality of services provided by external service providers.

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.

Recent examples of improvements in relation to Standard 2 Health and personal care, include the following:

- The home has introduced a yellow envelope to facilitate communication between the home and external specialists and hospitals. The envelope contains current copies of medication charts, care plans and relevant information including recent pathology and next of kin contact details. The envelopes are recognised by local hospitals and serves to identify the care recipient as being from a residential home.
- The clinical staff at the home have commenced utilising a hospital based program that provides complex clinical support to residential homes and acts as a point of contact when care recipients are transferred to hospital. The program allows the home to consider care recipients with complex needs as they are now able to access appropriate clinical expertise in a timely manner and receive training in the clinical skills. The program has reduced hospital admissions for care recipients and increased the scope of clinical care at the home.

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 for information about the system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 2 Health and personal care, compliance with legislation includes a system to ensure specified care and services are provided to care recipients, medications are stored and provided in line with regulations and guidelines and that reporting guidelines in the event of unexplained absences of care recipients are monitored and maintained.

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 system and processes.

Staff have the opportunity to undertake training sessions relating to Standard 2 Health and personal care. For example:

- Continence care
- Pressure injury and skin tears
- Palliative care
- Hygiene and grooming
- Dementia

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Appropriate clinical care is provided to care recipients in accordance with individual health needs and preferences. Assessments are conducted and individual care plans are developed in consultation with care recipients/representatives, staff and allied health specialists. Changes in care needs are communicated daily through handover processes, communication dairies and care plan updates. Ongoing review of care plans is conducted at regular scheduled intervals to ensure the currency of information used to guide staff practices. Incidents are documented and collated to identify trends requiring further actioning and/or referral. The clinical care system is further evaluated through care recipient feedback, internal and external audits and observation of staff practice. Care recipients/representatives are satisfied with the clinical care provided by the home.

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

Through assessment and communication with external service providers, registered staff develop specialised care plans to address the complex care needs of care recipients. Clinical staff receive education reflective of the clinical needs of the care recipient cohort through the

home's education and development program. Specialist clinical care is sourced from the local hospital and resource material and clinical protocols guide and inform care planning and interventions. Care plans are reviewed regularly and in consultation with care recipients/representatives. Care recipients/representatives are satisfied with the specialised care provided by the home and the support care recipients receive for specialised nursing 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

Clinical staff at the home make referrals to specialist services in consultation with the medical officer and care recipient/representative. Allied health services that visit the home regularly receive referrals and review requests via established communication folders and update care plans accordingly. External specialist services are sourced in accordance with individual care recipient/representative preferences and the home assists with transport/medication escort as needed. Copies of medication charts and care plans are provided to external specialists and the registered nurse liaises as needed to ensure changes to care are actioned in a timely manner. Care plans reflect instructions and treatments developed in consultation with care recipients/representatives and staff and are reviewed as health care needs change and in line with regular planned health reviews. Care recipients/representatives are satisfied with the choice and access to other health specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home employs a multi-dose medication system to ensure safe management of care recipients' medication. Assessments identify the level of assistance required for correct administration of medications with medication charts reflecting special instructions for administration. Pharmacy services include audits of care recipients' medication charts, management of imprest medication and access to afterhours delivers. Ongoing education is provided to staff to ensure contemporary practice and the home conducts ongoing audits to evaluate the correct administration of medications. Treatment plans are available to guide the correct administration of variable dose medications including insulin and warfarin and complex medication regimes are supported by resources and instructions. Medication incidents are evaluated to identify trends in incidents and opportunity for further training and instruction prior to being discussed at regular medication advisory meetings. Care recipients/representatives are satisfied the home's medication system is safe and correct.

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

Pain assessments are conducted on all new care recipients to establish a baseline for pain management and interventions, reassessments are then conducted routinely in response to changes in health needs and during scheduled care plan reviews. Both verbal and non-verbal assessments are used to identify pain and to review the effectiveness of pain relief interventions. Care planning incorporates triggers and diagnoses that impact on pain and outlines both pharmaceutical and non-pharmaceutical interventions which may include massage, the application of heat packs and pressure area care. Physiotherapy staff develop treatment plans to support pain management and review interventions at scheduled care plan reviews. Staff receive education on correct manual handling practices, pain management interventions and pharmaceutical treatments. Care recipients/representatives are satisfied care recipients’ pain is managed effectively and staff respond to identified 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

Information is collected and documented during entry to the home and on an ongoing basis to ensure the end of life preferences of care recipients are incorporated in care planning.

Information on substitute decision makers, documented health planning and spiritual and cultural needs are recorded in palliative care plans. Clinical staff support care recipient/representatives through advanced health planning options and conduct care conferences to ensure effective communication and sharing of information. A palliative care pathway is used to provide a structured approach to care planning that includes clinical, comfort and emotional care interventions. External specialist are available to support clinical staff through access to resources and equipment and the provision of ongoing education. A palliative care kit is available at the home and includes comfort interventions such as aromatherapy while staff provide ongoing hygiene and comfort interventions including eye and mouth 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

On entry to the home, care recipients/representatives are invited to document individual food likes and dislikes, preferred meal size and individual requests related to hydration and nutrition. Additional assessments are completed by registered staff to complete the nutritional profile of the care recipient. Monthly monitoring of weight identifies care recipients with

unplanned weight fluctuations and those requiring further assessment and/or review by external specialist services including dietitians and speech therapists. Strategies to maintain care recipient weight include the introduction of high energy high protein diets, supplementary nutrition and changes in meal service to ensure an effective environment to support nutritional intake. Care planning includes individual strategies, special diets, thickened fluids, nutritional supplements and modified cutlery available to care recipients to support independence. Care recipients/representatives are satisfied with the quality of the meals and drinks provided by the home and the interventions employed to maintain adequate nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Assessments completed by registered staff in conjunction with ongoing review and monitoring identify care recipients at risk of impaired skin health and those care recipients requiring wound care interventions. Diagnosed skin conditions, impairments to skin health including diabetes and previous history of impaired skin integrity are reflected on care planning and interventions. Staff have access to appropriate soap free alternatives to promote the ongoing health of skin of care recipients and staff employ proactive measures including the use of pressure relieving devices, exercise groups and review of nutritional and hydration needs. Care staff review hair and nail care and report changes to skin conditions to registered staff. Protocols exist for the ongoing review and monitoring of wound care, complex wounds can be reviewed by external services as needed. The incidence of skin tears, rashes and wounds are recorded and analysed for trends and evaluation of interventions by staff. Care recipients/representatives are satisfied with the skin care and wound care interventions provided to care recipients.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has services contracted to provide a range of continence products, education and support for staff in ensuring care recipients continence needs are managed effectively. A trained, designated staff member coordinates the continence program through liaising with contract services, ensuring accurate ordering processes, supporting staff education and instruction and monitoring and reviewing changes in continence needs. Daily continence aid prescriptions are delivered to individual care recipients and staff have access to additional stock as needed. Changes to continence needs are captured via an interim book before being reviewed by designated staff and the registered nurse, monitoring charts and reassessments are conducted in response to identified changes. Daily continence monitoring is reviewed by registered staff for appropriate interventions and specialist care including catheter and stoma care is completed by appropriately skilled staff. Proactive management of healthy bowel and urinary function includes scheduled toileting, appropriate hydration, daily access to fruit and fruit juices and reviews of nutrition and medication. Care recipient/representatives are satisfied with the continence management system delivered by the home.

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

Assessment and ongoing monitoring conducted by staff at the home identifies care recipients with challenging behaviours and ensures care planning is effective in managing the individual needs of care recipients. Initial assessments incorporate relevant discharge and transfer documentation, previous diagnosis and history while allowing for each care recipient to adjust to a new living environment. Relevant authority is obtained and reviewed regularly for the use of protective restraint including environmental measures and bed rails. Care planning includes known triggers to behaviours and interventions employed by staff to lessen the impact of challenging behaviours on the home’s community. Referrals are made to external specialist services as needed and in consultation with the medical officer and representatives. Staff receive education on dementia management, incident management and effective interventions and documentation of changing care needs. Care recipient/representatives are satisfied with the interventions employed to manage challenging behaviours and the support provided by staff.

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 mobility and dexterity needs of care recipients are assessed by the home’s physiotherapist during entry to the home, during planned reviews of care and following changes in health needs. Care plans are developed to maintain mobility and incorporate proactive exercise and walking programs. Manual handling care plans guide staff in the correct mobility equipment and level of assistance required to support care recipients access to all areas of the home. Falls prevention strategies are implemented to ensure safety and in response to identified trends in incident data. Incident data is collated monthly and can be reviewed by care recipient, the area of the home the falls occurred and the number of individual falls documented to ensure strategies address any identified causes or triggers resulting in a fall. Staff have access to appropriate levels of equipment including hip protectors, hoists, walk belts, adjustable beds and sensor mats/beams. Further external support is available for complex care and/or rehabilitation planning and interventions following referral by the medical officer or registered nurse. Care recipients/representatives are satisfied with the mobility program and assistance they receive from staff and specialist services.

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 accessed dental services to review and attend to care recipients’ dental and oral health needs. Assessments identify impaired oral health and interventions including assistance with daily cares, the use of appropriate and specialised products and planned reviews for oral care. Staff have access to dental equipment and products including toothbrushes and lip care and receive instruction on correct oral hygiene. Care recipients are supported to attend external dental specialists as needed including the dentist of their choice. Texture modified meals and drinks are available to assist care recipients and clinical staff refer to speech therapist as needed. Care recipient/representatives are satisfied with the dental services and oral health strategies provided by staff at the home.

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

Clinical staff at the home assess care recipients’ sensory losses to ensure care plans effectively manage sensory impairment. Initial assessments identify vision and hearing loss with care plans reflecting the type of aid used and the assistance required from care staff to ensure appropriate use. Ongoing assessments and interventions from allied health services and specialists identify impairment to sensation and touch, physiotherapy staff assess individual care recipient’s response to hot/cold prior to the application of heat/cold packs and podiatry services assess impaired sensation resulting from diagnosed conditions including diabetes. Aromatherapy is employed as a comfort measure during palliative care and the home’s lifestyle program further supports care recipients sense of smell through themed meals and activities. Care recipient/representatives are satisfied with the home’s management of sensory loss and the support provided by staff.

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 supported to achieve effective natural sleep patterns through flexibility in daily routines, monitoring of interrupted sleep and care planning that includes individual sleep requirements and comfort measures. Diagnosis and medications are considered when developing sleep care plans. Environmental considerations are addressed including temperature, lighting, reduced noise and the use of privacy curtains. Strategies to manage sleep disturbances include offering drinks and light meals, comfort measures including warm baths and toileting care recipients. Care recipients state the home is quiet at night and staff strategies are effective in assisting them to achieve restful sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 3 Care recipient lifestyle, implemented by the home include:

- In response to the information gathered following a care recipient’s ‘outing survey’, it was identified care recipients would like to have an outing to a coffee shop. The lifestyle staff investigated the suitability of a local coffee shop and an outing was organised. Staff are rostered to assist with the coffee outing and both staff and care recipients walk to the coffee shop. Feedback from care recipients and families was so positive an outing to the coffee shop is now a regular activity.
- The home, in conjunction with the funeral director, instigated a memorial service to be held at the home for a care recipient who did not have any family or friends. This facilitated the care recipient being remembered amongst staff and fellow care recipients. Following positive feedback from care recipients and staff the home will now organise memorial services to be held at the home for any care recipient who may not have family or friends.
- A seamstress has been employed, a sewing room has been organised and an overlocker has been purchased to attend to the clothing repairs for all care recipients. This has especially supported those care recipients without representatives. Care recipients’ clothing repairs are now attended in a timely manner. Care recipients and staff feedback has indicated support and dignity for all the care recipients is being provided.

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 for information about the system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 3 Care recipient lifestyle, compliance with legislation includes a system to ensure staff are aware of mandatory reporting guidelines, care recipients are aware of their rights and responsibilities as per *The Charter of Care Recipients’ Rights and Responsibilities* and are offered an agreement and have security of tenure.

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 system and processes.

Staff have the opportunity to undertake training sessions relating to Standard 3 Care recipient lifestyle. For example:

- Privacy and dignity
- Advocacy services
- Hearing aid care
- Mandatory reporting

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

The home has processes to support the transition of new care recipients entering the home. New care recipients/representatives are offered a tour of the home and are provided with information on key personnel and processes at the home. Accompanying documentation assists staff to identify possible emotional, social and health care needs and where possible staff plan interventions to support the transition. Assessments completed at the home by registered staff and lifestyle staff identify support needs and guide staff through documentation

of social and biographical information. Care recipients are introduced to the home's community and oriented to the environment and staff of the home. Care recipients are encouraged to explore the common areas of the home and bring in personal items and furnish/decorate their rooms. Care recipients/representatives report satisfaction in adjusting to the homes environment and the emotional support offered by the staff at the home.

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' interests as well as their emotional, cultural, physical and social needs and preferences are identified to ensure individual health goals are incorporated into care planning. Care plans include preferences for daily routines and care interventions and care recipient meetings provide an opportunity for care recipients to discuss issues and voice suggestions and/or concerns. Lifestyle staff support care recipients to vote and access outside social activities and care recipients are supported to develop and maintain relationships within the home's community and within the wider community. Care recipients/representatives are satisfied with the support provided to enable an optimal level of independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home's privacy and dignity policies are reflected in the orientation of new staff and the ongoing education provided. Management at the home observe staff practices and monitor feedback from care recipients/representatives and visitors to ensure the continued respect of individual care recipient's privacy, dignity and confidentiality. On entry to the home care recipients are provided with information about privacy and confidentiality which is contained in the care recipient handbook. Staff ensure the use of privacy curtains and capes during the provision of care and communicate with care recipients in a respectful manner. Care recipients' personal, clinical and financial information is stored in a secure manner that protects their confidentiality. Care recipients/representatives are satisfied care recipients' privacy needs are respected and staff ensure that dignity is maintained.

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 provides a lifestyle program based on care recipients' preferences for lifestyle activities and individual interests. Monthly activities calendars incorporate regular activities with

theme days, celebrations and entertainment. Assessments are completed to collect information on individual likes and dislikes and social and biographical histories. Care recipient meetings review the effectiveness of the lifestyle program and the ongoing needs of the current care recipient mix. The lifestyle team develop the monthly lifestyle program to include social activities that reflect the religious and cultural needs of the care recipients and reflect events and activities in the wider community. Programs are further evaluated by review of activity participation and one-to-one interaction with care recipients and the lifestyle team. Care recipients/representatives are satisfied with the leisure and activity programs 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

Care recipients' cultural and spiritual needs and preferences are identified on entry to the home and are documented on care plans developed in consultation with the care recipient/representative. Religious services are conducted at the home and pastoral carers visit individual care recipients. The home has processes to ensure care recipients from culturally and linguistically diverse backgrounds have their cultural and spiritual needs identified and met. Translation services are available and the home develops communication tools for care recipients in a variety of languages. Care recipient surveys and feedback mechanisms identify opportunities for improvement in the provision of cultural and spiritual needs and captures care recipient/representatives satisfaction with the current program.

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 exercise choice and decision making in the planning and provision of care and lifestyle options and are encouraged to be actively involved. Input and feedback is sought through care plan reviews, case conferences, care recipients meetings, the comments and complaints processes, and one-to-one interaction between staff, management and care recipients. Care recipients/representatives are satisfied with choices offered in matters relating to care and lifestyles options.

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/representatives receive information about the home that includes security of tenure and rights and responsibilities. Care recipients are provided a copy of a key accommodation statement outlining the living environment and appointments of the room, prior to being offered a care recipient agreement. Ongoing information is provided through one-on-one meetings, care recipients' meetings and displayed on noticeboards as the need arises. Changes in legislation that impact security of tenure are communicated in writing to care recipients/representatives and annual financial reporting is provided by management as appropriate. Care recipients/representatives are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Recent examples of improvements related to Standard 4 Physical environment and safe systems include the following:

- Recognising the cultural diversity of the care recipients of the home, management has compiled dietary information reflecting specific cultural diets such as Kosher meals, Islamic meals and Hindi meals. Policies pertaining to these specific cultural dietary requirements have been updated and are available to kitchen and care staff. Feedback from staff reflects the meal guide assisted in knowledge of being able to provide the appropriate specific dietary requirements for multicultural care recipients.
- As a result of feedback from care recipients and families they were experiencing difficulty in reading and knowing what was on the day’s menu, individual menus have now been compiled. Menus are placed on each dining table as well as being delivered to care recipient’s room. The menu is laminated and tastefully produced. We observed the menu is placed in care recipient’s room and on the dining tables. Feedback from care recipients and staff is that it is much easier to know what the daily menu is.
- Following a catering review it was ascertained care recipients needed to be able to exercise more independence and choice for meals. Care recipients are now offered a buffet breakfast each morning thus allowing care recipients to choose what they would like to eat and to self-serve if able. Staff assist those care recipients who are unable to self-serve. Management indicated this has contributed to promoting care recipient’s choice and independence. Feedback from care recipients is the food is beautifully displayed and they enjoy looking at the alternate foods available and choosing what they wish to eat.

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 for information about the system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 4 Physical environment and safe systems for example, mandatory fire training is provided to all staff on commencing at the home and annually thereafter and an accredited food safety plan is in place.

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 system and processes.

Staff have the opportunity to undertake training sessions relating to Standard 4 Physical environment and safe systems. For example:

- Chemical training
- Fire safety
- Food handling
- Infection control
- Incidents

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. Processes include an on-site maintenance officer, a preventive and corrective maintenance program, timely response to maintenance requests, regular environmental inspections and hazard and incident reporting. Care recipients are

accommodated in a combination of single and multiple bed rooms with communal bathroom facilities. Staff receive training on monitoring care recipient rooms and common areas to ensure furniture is safe and trip hazards are eliminated where possible. Common areas are easily accessed for meals and lifestyle activities. Incidents involving residents are documented and followed through the incident management system. Care recipients/representatives are satisfied with the maintenance and comfort of the living environment.

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

Work health and safety policies and procedures, risk assessments, regular safety and environmental audits, inspections and education are used to guide the home's safety system which is monitored by the Facility Manager, organisationally and the maintenance officer.

Work health and safety (WH&S) is a standard agenda item at meetings and incidents are documented and reviewed by the Facility Manager with deficiencies discussed at these meetings. Safety data sheets, spill kits, sharps disposal containers and personal protective equipment are available and accessible in work areas; Training is provided in the use of chemicals, manual handling and infection control at orientation, annually and as needs arise. Equipment is maintained and staff are trained in the correct use of equipment pertaining to their work area. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

The home's policies and procedures are documented to manage fire safety, evacuations and other emergencies. A fire evacuation plan is available to guide management and staff in the event of a fire. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Fire drills are conducted and staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Fire evacuation location maps are displayed in key areas of the home. External providers maintain fire systems, equipment and signage. Care recipients are provided with fire and evacuation instructions and an updated care recipient's mobility and fire evacuation list is accessible. Care recipients/representatives are confident staff have the required knowledge of evacuation procedures in the event of an emergency. Security procedures are in place and consistently implemented to protect care recipients and staff.

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 effective policies and procedures to guide the infection control practices of all staff. Education is provided annually, following observation practice and in response to identified trends in documented infections. Infections are recorded monthly and reviewed for identifiable trends in the pathology, source and occurrence of infections, prior to being reported through monthly meetings. Staff have access to appropriate personal protective equipment, spills kits, needle stick kits, outbreak kits and training. Processes exist for the collection and disposal of clinical and general waste and the home has an active pest management program. Catering, cleaning and laundry practices are completed in accordance with standard precautions and infection control guidelines and effective schedules exist to ensure the cleanliness of all areas of the home. Care recipient/representatives are satisfied with the effectiveness of the home's infection control systems and processes.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients' dietary requirements are identified and assessed on entry to the home and/or as changes occur. Information pertaining to their allergies, likes, dislikes, cultural and dietary needs is provided to the kitchen and included in the care recipient's plan of care to guide staff. Meals are cooked fresh on site, and served in the adjacent dining rooms or transported to rooms as required. A dietitian reviews the four week rotating seasonal menu regularly. Cleaning of care recipients' rooms, communal areas and high cleaning is done in accordance with the cleaning schedules and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. Linen and care recipients' clothing is laundered on site using infection control guidelines. Hospitality and environmental services are monitored via regular audits/surveys, observation of staff practice and through care recipient needs and feedback during meetings and comments. Care recipients/representatives are satisfied with the standard of the catering, cleaning and laundry services provided at the home.