



Australian Government

Australian Aged Care Quality Agency

New Auckland Place

RACS ID 5646
18 Wicks Street
Gladstone QLD 4680

Approved provider: Johnson Stenner Aged Care Pty Limited

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 24 September 2016.

We made our decision on 07 August 2014.

The audit was conducted on 24 June 2014 to 26 June 2014. The assessment team's report is attached.

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

ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of Most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 13 October 2014 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development

| Expected outcome | Quality Agency's latest 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

| Expected outcome | Quality Agency's latest 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

| Expected outcome | Quality Agency's latest 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

| Expected outcome | Quality Agency's latest 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

New Auckland Place 5646

Approved provider: Johnson Stenner Aged Care Pty Limited

Introduction

This is the report of a re-accreditation audit from 24 June 2014 to 26 June 2014 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes: 2.7 Care recipients' medication is managed safely and correctly

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 June 2014 to 26 June 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

| | |
|-----------------------|--------------|
| Team leader: | Gayle Wain |
| Team member/s: | Erin Gorlick |

Approved provider details

| | |
|---------------------------|---------------------------------------|
| Approved provider: | Johnson Stenner Aged Care Pty Limited |
|---------------------------|---------------------------------------|

Details of home

| | |
|----------------------|--------------------|
| Name of home: | New Auckland Place |
| RACS ID: | 5646 |

| | |
|--|--|
| Total number of allocated places: | 157 |
| Number of care recipients during audit: | 117 |
| Number of care recipients receiving high care during audit: | 104 |
| Special needs catered for: | Care recipients requiring a secure environment |

| | |
|------------------------|--|
| Street/PO Box: | 18 Wicks Street |
| City/Town: | Gladstone |
| State: | QLD |
| Postcode: | 4680 |
| Phone number: | 07 4978 9000 |
| Facsimile: | 07 4978 9000 |
| E-mail address: | jvs1@jindalee.net.au |

Audit trail

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

Interviews

| Category | Number |
|--|--------|
| Facility Manager | 1 |
| Director of Nursing | 1 |
| Registered staff | 6 |
| Lifestyle staff | 3 |
| Hospitality staff | 3 |
| Workplace Health and Safety Representative | 1 |
| Residents/representatives | 17 |
| Administration staff | 1 |
| Care staff | 4 |
| Environmental Services staff | 4 |
| Maintenance Supervisor | 1 |
| Physiotherapy Assistant | 1 |

Sampled documents

| Category | Number |
|-------------------|--------|
| Residents' files | 24 |
| Personnel files | 5 |
| Medication charts | 57 |

Other documents reviewed

The team also reviewed:

- 'Individual Complaint Tracker Form'
- 'We Value Your Feedback' forms
- 'Welcome pack'
- Activity plan and evaluations
- Admission pack
- Asset register

- Audit schedule, audits and surveys
- Care plan review schedule
- Cleaning manual
- Cleaning schedules, checklists and records
- Clinical indicators report
- Comments and complaints information
- Communication books
- Controlled drug register
- Daily folder
- Dietary requirements list
- Disaster management plan
- Doctor's folder
- Duties lists/position descriptions
- Emergency response procedures
- Feedback register
- Fire equipment maintenance and monitoring records
- Food business license
- Food safety manual
- Handbooks
- Handover folder
- Hazardous substances register and risk assessments
- Imprest drug register
- Laundry manual
- Letters from representatives
- Mandatory reporting folder
- Medication self-administration assessments
- Memoranda
- Menu

- Minutes of meetings
- Monitoring charts
- Occupier's statement
- Pharmacy documentation
- Physiotherapy folder
- Plan for continuous improvement
- Police certificates
- Preventative and reactive maintenance records
- Professional registrations
- Re-accreditation self-assessment
- Resident activity preference choices matrix
- Resident agreement
- Resident intention to participate in activity sheet
- Resident list
- Resident newsletter
- Restraint authorisations and monitoring records
- Roster
- Safety data sheets
- Shower lists
- Staff orientation packs
- Stores order forms
- Training calendar, matrix and attendance records
- Treatment records and wound care records

Observations

The team observed the following:

- 'Ladybug' and 'purple butterfly' motifs in use
- Accreditation information displayed
- Activities in progress

- Advocacy, internal and external complaints brochures and posters on display
- Charter of Residents' rights and responsibilities on display
- Colour coded cleaning equipment
- Emergency assembly areas
- Emergency kit
- Equipment, chemical and supply storage areas
- Fire panel
- Fire/emergency evacuation instructions, signage and maps
- Hand washing facilities
- Interactions between staff and residents/representatives
- Internal and external living environment
- Laundry and cleaning processes
- Meal and beverage service
- Medication administration and storage
- Notice boards and notices on display
- Personal protective equipment in use
- Residents' pets
- Short group observation (dining area)
- Spills kits
- Suggestion box

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 residents, 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

New Auckland Place (the home) has a continuous improvement system that identifies improvement opportunities through mechanisms such as meetings, comments and complaints processes, hazard and incident reporting processes and feedback forms. The home's systems and processes are monitored through internal and external audits, surveys and observation by management and 'heads of department'. A resident survey is conducted annually with results communicated to staff. The Facility Manager oversees and manages the overall improvement system entering opportunities for improvement onto the home's continuous improvement plan. Improvements are discussed and monitored through daily 'heads of department' meetings and/or monthly resident/staff meetings prior to being actioned, evaluated and completed. Any opportunities for improvement identified through monitoring mechanisms are followed up and actioned in a timely manner.

Residents/representatives and staff are satisfied the home actively pursues continuous improvement.

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

- In response to concerns regarding the need for increased clinical monitoring, the Facility Manager has revised the management structure at the home. The Facility Manager stated the new structure commenced 14 May 2014 and where previously the oversight of clinical care was completed by two Clinical Managers, this is now undertaken by a Director of Nursing with assistance from a Deputy Director of Nursing. While the home is currently recruiting for a Deputy Director of Nursing, the Facility Manager stated the new structure is “working well”.
- To assist with the tracking of allied health visits, management has introduced a spreadsheet to monitor the dates when residents have their last allied health appointment. The Facility Manager stated the spreadsheet has been “really good” and assists with resident case conferences as it “gives a snapshot of information” without having to search for the information.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify changes to legislation and regulatory requirements. Management receives electronic mail notifications of any legislative changes from government subscriptions, relevant membership bodies, regulatory bodies and other industry specialists. Staff are informed of relevant legislative changes through meetings, education sessions and memoranda. Policies are updated to reflect legislative changes and are accessible to staff. Compliance with legislation and the Accreditation Standards is monitored through audits, surveys and observation of staff practice by key personnel. The home has a system to monitor police certificates and professional registration requirements.

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

There are processes to ensure staff have the appropriate knowledge and skills to perform their roles. Education and training needs are developed in response to legislative requirements, audit results, performance appraisals, resident/staff feedback and observation of staff practice. Staff are encouraged to attend external training opportunities. A monthly education calendar is developed through consultation with the 'heads of department' and communicated to staff. All staff attend a two day orientation and complete competency assessments relevant to their role. Staff attend annual mandatory education in topics such as fire, infection control, manual handling and food safety. Attendance and evaluations are recorded for training sessions. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

1.4 Comments and complaints

This expected outcome requires that "each resident (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

Residents and representatives have access to internal and external complaint processes. Information relating to internal and external complaint mechanisms is provided through the resident handbook, monthly resident newsletters, regular meetings and brochures displayed throughout the home. Management has an 'open door' policy or alternatively residents and representatives can complete feedback forms and place them in the suggestion box located in the foyer of the home. Staff are informed of complaints processes at orientation and in the staff handbook. Relevant complaints are discussed at the daily 'head of department' meetings for

action and resolution. Residents/representatives and staff indicated they are aware of, and have confidence in the complaints process.

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 organisation has documented the home's vision, values, philosophy, objectives and commitment to quality. This information is available in the residents' handbook, staff handbook and displayed throughout the home. The information will also be available to residents in the newly developed 'welcome pack' that will be distributed to residents on entry to 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 a system to manage human resources that is based on regulatory requirements including the recruitment, selection, orientation and training of staff. The two day orientation program includes mandatory topics and training specific to their role. All staff receive one to three 'buddy' shifts depending upon their skills and experience. All staff have a current criminal history clearance prior to commencement of work and alerts are provided to staff prior to expiry. To ensure there is appropriate and adequate staffing for all shifts a roster is maintained which is reviewed regularly in response to the acuity of residents care needs. Planned and unplanned leave replacements are maintained from the home's current staffing numbers. Staff appraisals are conducted annually and staff complete competencies relevant to their role to ensure their skills remain current. Staff have access to a registered nurse 24 hours seven days a week. Staff state they have adequate time to complete their duties. Residents/representatives are satisfied with the timeliness of staff response to requests for assistance.

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 systems and processes to ensure appropriate goods and equipment are available for service delivery. Equipment and stock is monitored in line with legislative requirements, infection control and work health and safety practices. Equipment is maintained through preventative maintenance schedules and reactive maintenance processes facilitated by the Maintenance Supervisor. Inventory and equipment processes are monitored through

audits and surveys. Minimum stock levels are maintained to ensure adequate stock is available to staff at all times. An asset register is maintained by the Facility Manager. Residents and staff are satisfied adequate stocks of goods and equipment are available within the home.

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 and processes to guide the confidential collection, use, storage and destruction of information in accordance with regulatory requirements. The home utilises a combination of paper based and electronic information systems for the dissemination and storage of resident and staff information. Information is provided to staff and relevant stakeholders through template letters, minuted meetings, newsletters and memoranda that are distributed and/or displayed. Ongoing monitoring of the information management system occurs through auditing processes as well as staff and resident/representative feedback.

Staff reported sufficient information is provided to enable their duties to be carried out effectively. Residents/representatives are satisfied the communication of information is timely and management provides them with the information to make informed decisions.

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 has systems to ensure external service providers meet the home's needs and service goals. A preferred providers' list is available for regularly used services and all contractors visiting the home are required to contact the Maintenance Supervisor prior to entering the home. Preferred providers' service contracts outline the home's requirements and the quality of service to be provided. There are systems to ensure external providers have a current criminal record check or contractors attending the home are supervised by the Maintenance Supervisor. Any concerns with contractors are addressed by the Facility Manager. Staff and management are satisfied with the external service contractors providing the home's care and service needs.

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.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- In response to a staff suggestion, management has purchased 'observation baskets' which contain all the equipment required by staff when completing residents' observations. The Facility Manager stated staff feedback has been positive. One registered staff interviewed stated the baskets are “a good idea”.
- To create a 'focus day' for each resident, the home has introduced a 'resident of the day' process. The 'resident of the day' process requires staff to review a resident's weight, observations, restraints and grooming. A review of the resident's room and wardrobe is also conducted on this day. One staff member interviewed stated the process is “very new” however “seems to be working well”.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, the organisation has systems to ensure registrations of registered staff remain current and the reporting of unexplained absences of residents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Particular to this Standard, staff have attended education sessions in medication management, continence management, wound management, care planning and documentation and ‘stoma’ care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ clinical needs are assessed on entry to the home through interviews with residents/representatives and review of transition documentation including discharge summaries and aged care assessments. Interim care plans are developed on the first day to guide staff practices during the initial transition period. A period of focused assessment is commenced and individual care plans are developed in consultation with resident/representatives, all levels of staff and medical/allied health specialists. The home reviews care plans at specified intervals and in response to changing resident needs.

Changes in resident care needs are communicated to staff through the use of shift handover, care plans, progress notes and at morning ‘heads of department’ meetings. The clinical management system is evaluated through review of incident numbers and identified trends, audits and feedback from residents/representatives. Residents/representatives are satisfied with the clinical care provided by staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Specialised nursing care needs are identified through assessment and in consultation with residents/representatives and other health professional. Treatment plans and instructions are developed and located in the medication folders for ease of access for registered staff.

Treatment plans include acceptable parameters for blood glucose levels and anti-coagulant therapy and identify scheduled interventions for catheter and percutaneous endoscopic gastrostomy management. Specialised nursing care of residents is undertaken by registered

staff working within a professional scope of practice. Staff are provided with education on clinical practice including palliative care, catheter care and wound care.

Residents/representatives are satisfied with specialised nursing care provided by qualified staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents have access to a range of allied health specialists following review and referral by registered staff and medical officers. Physiotherapist, podiatry services, dietician and speech therapists routinely assess residents at the home with further allied health services available at the local hospital. In addition, the home accesses ‘telehealth’ services for allied health professionals not located in the town. There are referral processes including central folders for visiting allied health professionals and written referrals for external specialists. When family are not available to accompany residents to external health specialist appointments the home provides transport and an escort. Registered staff ensure care plans are updated to incorporate referral outcomes and specialist instructions. Feedback from residents and care plan reviews evaluate the effectiveness of the allied health services available to residents. Residents/representative are satisfied residents are provided choice and access to allied health services.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home does not meet this expected outcome

Residents’ medications are not managed safely and correctly. Residents’ medication orders are not being actioned in accordance with medical officer directives. The home’s medication management process does not support the safe and correct administration of medication.

Mechanisms to monitor the safety of the medication management system are ineffective.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents’ pain management needs are identified during entry through assessments and monitoring. Pain assessments are conducted to establish a baseline for residents’ pain and capture the history and intensity of resident pain. Verbal and nonverbal pain is captured and assessed prior to the development of care plans and ongoing pain assessments are used to capture changes in resident pain. Pain management strategies document effective pharmaceutical and non-pharmaceutical interventions including transcutaneous electrical

nerve stimulation (TENS), ultrasound therapy, physiotherapy interventions, massage and heat packs. Residents/representatives are satisfied with current pain management strategies.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to provide appropriate care and comfort during end of life care. Information on end of life wishes is gathered and documented including advanced health directives, funeral planning and not for resuscitation requests. Registered staff have access to imprecise medications of palliative care medications and continuous infusion devices to ensure resident comfort. Additional support is available through the hospital based palliative care team. Care needs are managed in consultation with residents/representatives, medical officers, pastoral care and allied health specialists. A palliative care trolley is available on each level of the home, and contains commonly needed care and comfort equipment. Staff receive education on the provision of palliative care during end of life. Care plans are updated using focused assessments and symptom management records to reflect the residents’ need/preferences during end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The dietary requirements of residents’ are identified on entry to the home and communicated to the kitchen. Ongoing assessment occurs in response to changes to dietary intake, changes in health or weight loss. Care plans include individual likes and dislikes, medical dietary needs, and care strategies including assistance with meals, regular beverage rounds and aids to assist independence. Changes to resident needs and preferences are communicated to the kitchen and updated on drinks, meals and the lifestyle preference matrix. Dieticians and speech therapists review residents as needed and following referral, supplements to dietary intake are initiated in consultation with dietician services and review of clinical indicators. Residents’ are reassessed by registered staff following monthly clinical analysis of identified trends in weight loss, urinary tract infections and impaired skin condition. Residents/representatives are satisfied with fluids and meals provided to residents.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Initial and ongoing assessments identify residents’ skin integrity status and highlight the potential for compromised skin health. Changes to skin health including redness, skin tears, rashes or bruising are reported to registered staff for appropriate interventions. Skin integrity

strategies include the use of pressure relieving devices, regular repositioning and the use of skin moisturisers during daily care. Wounds care is attended by registered staff who evaluate wound care interventions and progress towards healing. Staff receive education on wound care, pressure area care and preventative measures to protect and maintain health skin. The incidence of skin tears, rashes and wounds are recorded and analysed for trends and evaluation of interventions by staff. Residents/representatives are satisfied with the skin care provided to residents.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Continence assessments for individual residents are conducted to identify the continence needs of residents. Care plans are developed and include the level of assistance required, toileting programs and continence aid prescriptions. Changes in continence needs are communicated to continence coordinators or registered staff who implement monitoring charts and reassessments. Daily bowel records are documented and evaluated for implementation of bowel management strategies including dietary changes, personal care interventions and administration of aperients. Key staff monitor the effectiveness of the continence management program through, review of continence aid prescriptions, care plan reviews and staff practices. Episodes of urinary tract infections are monitored and evaluated for trends. Residents/representatives are satisfied residents receive appropriate levels of assistance to maintain continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Behaviour assessments and ongoing monitoring provides information for the identification of triggers and interventions for behaviour management. Strategies are documented in residents care plans to guide staff practice and include one on one interaction, distraction and involvement in activities. In addition care plans incorporate biographical and social information to assist in the management of challenging behaviours and to improve interaction during activities of daily living. Relevant authority is attained for restraint and is reviewed regularly by registered staff, medical officers and representatives. A seven day activity program is provided within the secure unit and residents are supported to attend activities and events conducted in other areas of the home. Case conferences are conducted as needed to discuss challenging behaviours and explore interventions in consultation with representatives. Residents/representatives state they are satisfied with the way staff manage residents’ challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Initial assessments are conducted during entry to the home to establish safe manual handling practices and guide staff practices. Following the initial assessment, focused assessments are conducted by the physiotherapist with treatment plans developed for implementation by the physiotherapist or the physiotherapy assistant as appropriate. Falls assessments are completed for individual residents to identify potential risk and safety interventions and are reassessed following falls incidents. Walking programs are included in the lifestyle program or are completed by the physiotherapy assistant. Modified cutlery and manual handling/mobility equipment is accessible to staff and residents. The mobility, dexterity and rehabilitation program is evaluated through review and trending of incidents and evaluation of care plans and treatments. Residents are satisfied with the mobility program and assistance they receive from staff.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral history and current care needs are identified during initial and ongoing assessments prior to the development of a care plan. Individual care plans include the presence of natural teeth and denture care, the level of assistance required to maintain oral health and preferences for care. Referrals are made as needed to the hospital based dental services or to the residents preferred dentist and the home assist access through transport and escorts. The home has supplies of oral care products including oral swabs, hydration products and lip care and staff receive education on oral care and end of life comfort measures. Resident/representatives are satisfied residents are assistance to maintain oral hygiene and access to dental health services.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home implements assessments which identify sensory loss including taste, smell, vision and hearing impairment when residents first move into the home and on an ongoing basis. Residents are referred to external health professionals such as optometrists and audiologists as needed by registered staff who document changes to care on care plans and in progress notes. Additional sensory assessments are conducted by allied health professional and include sensory loss reviews by the podiatrist and hot/cold assessments by the physiotherapist. On site clinics are conducted by specialist services and residents are supported to access external specialist services according to preference. Footwear

assessments are conducted as needed and appropriate footwear can be sourced through the contracted pharmacy in consultation with residents/representatives. The activities program further enhances sensory stimulation through activities such as cooking, sensory activities, music and massage and gardening.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Clinical assessments and monitoring charts conducted over established period of assessment identify residents' sleep patterns and individual needs for settling. Residents are encouraged to maintain their usual bed time and to have rest breaks through the day if they choose. Residents have individual rooms and are able to arrange the environment to assist comfortable sleep including use of curtains, temperature control and having doors/windows open or closed. Residents with a diagnosis affecting sleep, including sleep apnoea are supported through specialised care plans, care plan review and oversight by medical officers and other specialists. Staff use non pharmacological strategies such as offering drinks, extra blankets and pillows and toileting residents. Residents reported the home is quiet at night and they are able to achieve restful sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- In response to resident request, the home has increased hairdressing days from one to two days a week. One resident interviewed stated it is “much better having them here more often”.
- In response to a resident request and to increase residents’ connection with the community, the home entered a ‘float’ into a recent community show. The Facility Manager stated the ‘float’ consisted of a mobile scooter followed by truck that was decorated by residents at the home. A busload of residents followed the truck in the parade. The Facility Manager stated the home’s entry achieved second place and the residents had a “wonderful time”.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Resident lifestyle.

Particular to this Standard, the organisation has systems to ensure reportable and non-reportable events are managed according to legislative requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Particular to this Standard, staff attended internal education sessions in advocacy and privacy and dignity.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Emotional support is provided to residents and their representatives upon entry through entry interviews and one on one time provided by key staff. Residents/representatives receive 'welcome packs' and an orientation to the home. Lifestyle staff introduce new residents to neighbouring residents and those who share similar interests. Representatives are included in the lifestyle program which includes family breakfasts and barbeques. Residents are able to furnish their rooms with personal possessions and care plans reflect social and biographical information collected during initial and ongoing assessments.

Resident/representatives are satisfied with the support received from staff during the transition to the home and with the ongoing support provided by staff and management.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The current lifestyle preferences and interests of residents are identified on entry by staff who receive education on supporting resident goals for maintaining independence. The home links in with other services in the local area and together with these services conducts joint activities and outings allowing residents to socialise with an extended group of people and friends. Residents' family and friends are encouraged to visit and the home has provided areas for visits separate from communal living areas. Residents are encouraged and supported to be active in their own care and following consultation staff supply support through education, equipment and clinical/social review to residents. Case conferences, feedback forms, one on one meetings and resident meetings provide opportunities for residents to discuss issues and voice suggestions or concern. Residents are satisfied with the level of support and encouragement received to maintain independence

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has policies and processes to ensure the privacy, dignity and the confidentiality of residents is maintained. Residents receive information on privacy, dignity and confidentiality on entry to the home through the admission information and 'welcome pack'. Management communicate expectations of privacy and dignity to staff during orientation and monitor staff practices through observation and feedback from residents and other stakeholders. Staff obtain consent for entry to residents' rooms, address residents by their preferred names and have knowledge of individual resident's preferences. Confidential documentation is securely stored and electronic access is password protected. Residents/representatives are satisfied staff provide care in a respectful and courteous manner and ensure confidentiality is maintained.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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

Lifestyle staff collect information on residents' past and current interests, social and biographical information and preferences using initial and ongoing assessment and review. The home has a seven day a week activity program which includes group activities, one on one activity, a dementia specific program and events open to relatives and friends. Residents are provided with activity calendars and lifestyle staff provide daily lists to care staff to ensure those residents interested in attending activities are supported to attend. All activities are evaluated based on participation and feedback from residents received via feedback forms and at resident meetings. Lifestyle staff are linked in with other homes and respite centres in the region and use combined outings and activities to network and share ideas, while combined events provide opportunity for residents to socialise and develop friends.

Residents are satisfied with the leisure and activity program offered by the home and staff assist residents to be involved in individual pursuits and group activities in accordance with preference.

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

On entry to the home lifestyle staff gather information on the cultural and spiritual needs of residents with information then reflected in the resident's care plan. The home is visited by a variety of religious denominations who provide services to the residents and residents can

receive one on one spiritual care. Bibles are available for residents in a variety of languages. The home provides communication aids for residents from non-English speaking backgrounds and has a working relationship with local community based culturally specific groups and resources. The catering staff are able to provide culturally specific meals and cultural and spiritually significant days are celebrated. The cultural and spiritual program offered by the home is evaluated through feedback from residents, care plan reviews and survey results. Residents are satisfied individual cultural and spiritual needs are identified and respected.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 planning processes and assessments tools ensure residents' are provided with opportunities to make decisions on their social and clinical care. Initial and ongoing assessments capture resident choice and additional forums for expression of choice include resident meetings, comments and complaints processes and daily contact with staff.

Advocacy services visit the home and residents have access to internal and external complaints mechanisms. The Charter of Residents rights and responsibilities is displayed and residents/representatives receive information through the newsletter and handbook. Residents are satisfied individual choices are actioned and respected in lifestyle and care delivery at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Prior to entry resident interested in residential care are provided with an enquiry pack that includes information on the home, copies of newsletters and admission paperwork.

Additional information is available on the homes website which includes areas for expressions of interest, outlines services available, fee structure and examples of newsletters and activity at the home. On entry, each resident is offered a residential care agreement which outlines accommodation fees and charges, services and the consultation process used if a change in accommodation is necessary. Room changes are conducted in consultation with residents/representatives and involve support from staff throughout the process. Residents/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: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- To increase staff access to fire training, the home has purchased a training fire extinguisher. The Facility Manager stated the home is now able to complete staff fire training on extinguishers “more often” ensuring staff skills remain current.
- To ensure staff safety in the event of a flood, the home has compiled a geographical list of the locations where staff members reside. The Facility Manager stated the registered nurse on duty has access to the list and can contact, or not contact, staff in the event of an emergency based on where they live and their access to the home. The Facility Manager stated the list will allow them to assist other local residential homes by contacting staff residing in their areas in the event of an emergency.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Physical environment and safe systems.

Particular to this Standard, the organisation has a food safety program and processes for monitoring fire and occupational health and safety requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Particular to this Standard, staff have attended education sessions in food safety, manual handling, infection control and carpet cleaning.

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 residents' care needs".

Team's findings

The home meets this expected outcome

The environment and equipment is maintained in accordance with preventative maintenance schedules, cleaning schedules and reactive maintenance requests. Residents are encouraged to personalise their rooms with furnishings, photographs and decorations.

Residents and their visitors have access to an external courtyard that provides shade and a children's playground. Monitoring of the living environment occurs through the hazard reporting process, the investigation of resident and staff incidents and completion of audits and surveys. Restraint authorities are sought for residents requiring protective assistive devices. The home is secured each evening ensuring a safe environment for residents and staff. Residents are satisfied management is actively working to provide a safe and comfortable 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

The home demonstrates a commitment to providing a safe working environment that meets regulatory requirements. Monitoring of the working environment is completed through audits and incident reporting processes. Staff are introduced to safe working practices through the orientation process, buddy shifts and annual training sessions. Staff practices are monitored through ongoing observation. There is a preventative maintenance program to ensure equipment and the working environment is maintained in a safe working condition. Staff are trained in the operation of new equipment and have access to operational guidelines to assist and guide staff in the operation of equipment. Staff have opportunities to provide input into the safety program through meetings, feedback forms, hazard and incident forms. Staff are satisfied management is actively working to provide a safe working environment.

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 a work environment that minimises fire, security and emergency risks. The home has documented policies to manage fire safety, evacuations and other emergencies. Mandatory fire safety training is provided for staff at orientation and annually thereafter. Regular fire drills are conducted and staff have knowledge of the home's fire and emergency procedures. Evacuation plans are located across the home and fire exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff and residents. The home has processes for maintaining the security of the building after hours. Staff have knowledge of the emergency procedures and the actions to be taken in the event of a fire or other emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program consisting of preventative and reactive processes and practices, appropriate equipment and staff training. Staff have access to hand washing facilities, hand sanitiser and personal protective equipment. The home uses motifs such as a 'ladybug' or a 'purple butterfly' to identify residents requiring additional protective precautions. The home has a food safety program and outbreak kits have been developed to guide staff practice should an outbreak occur. There is a monitoring program that oversees the incidence of resident infections to identify trends that may occur. Staff have knowledge and practiced infection control principles during resident care and service delivery.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure individual needs and preferences are met. The home has a rotational menu, with allowances made for residents' alternative meal preferences. Residents have input into menu planning through food focus group meetings, resident meetings and surveys. The menu is reviewed regularly by a dietician. There is a scheduled cleaning program to guide staff to ensure regular cleaning of residents' rooms, communal areas and the external living environment of the home. All linen is laundered at the home using equipment and practices that minimise risk of cross infection. Residents are satisfied with the catering, cleaning and laundry services provided at the home.