



Australian Government

Australian Aged Care Quality Agency

Ozcare Ozanam Villa Burleigh

RACS ID 5398
20 Matilda Street
BURLEIGH HEADS QLD 4220

Approved provider: Ozcare

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

We made our decision on 06 July 2015.

The audit was conducted on 02 June 2015 to 04 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Ozcare Ozanam Villa Burleigh 5398

Approved provider: Ozcare

Introduction

This is the report of a re-accreditation audit from 02 June 2015 to 04 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 June 2015 to 04 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Jan Gallagher
Team member/s:	Lynne Hill Sharon Dart

Approved provider details

Approved provider:	Ozcare
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Details of home

Name of home:	Ozcare Ozanam Villa Burleigh
RACS ID:	5398

Total number of allocated places:	167
Number of care recipients during audit:	148
Number of care recipients receiving high care during audit:	115
Special needs catered for:	Secure living environment

Street/PO Box:	20 Matilda Street
City/Town:	BURLEIGH HEADS
State:	QLD
Postcode:	4220
Phone number:	07 5507 0800
Facsimile:	07 5576 4038
E-mail address:	carefacility.burleigh@ozcare.org.au

Audit trail

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

Interviews

Category	Number
Assistant State Manager – Aged Care	1
Facility Manager	1
Manager Clinical Services	1
Clinical Nurse Consultant	1
Manager Client Services	1
Maintenance officer	1
Administration officer	1
Chaplain	1
Registered medical officer	1
Registered staff	9
Care recipients/representatives	25
Care staff	8
Volunteers	2
Chef	1
Cleaning staff	2
Laundry staff	1
Catering staff	2

Sampled documents

Category	Number
Care recipients' files	16
Lifestyle care plans	27
Medication charts	17
Personnel files	7

Other documents reviewed

The team also reviewed:

- Activity calendars, attendance records, activity profiles and evaluations

- Allied health and specialist referrals and reports
- Case conference records and care plan review schedules
- Clinical assessments and monitoring records
- Comments and complaint documents
- Communications including diaries, emails, memoranda and faxes
- Consent form for release of photograph
- Controlled drug registers
- Diabetic management directives and records
- Dietary status and preferences
- Doctors' folders
- Education calendar, notices, session sign-in sheets and evaluations
- Equipment servicing records
- Food diaries and fluid supplements lists
- Handover sheets
- Mandatory training matrix
- Maintenance request records
- Medication directives and pharmacy review records
- Meeting minutes
- Menus
- New care recipient welcome pack
- Newsletters
- Notice sent to care recipients/representatives advising of re-accreditation dates
- Organisational quality statement
- Orientation program for staff
- Plan for continuous improvement
- Police certificate register and related documents for staff and volunteers
- Policies and procedures
- Position descriptions and duties lists

- Recruitment and selection documents
- Registered nurse qualification list
- Residential care agreements including specified care and services
- Restraint records
- Risk and safety assessments
- Rosters, staff unit assignments and daily allocation sheets
- Self-assessment for re-accreditation
- Staff list with designations
- Staff signature registers
- Surveys
- Syringe driver records
- Wound charts

Observations

The team observed the following:

- Activities in progress
- Activity calendar displayed
- Charter of care recipients' rights and responsibilities displayed
- Cleaning services
- Communication boards
- Complaint and advocacy information displayed
- Firefighting equipment
- Handover processes
- Interactions between care recipients, representatives and staff
- Internal and external living environment
- Laundry services
- Meal and beverage service
- Medication storage, administration and imprest management processes
- Re-accreditation notices displayed

- Short group observation
- Spill kits, sharps and infectious waste disposal
- Staff work practices
- Secure 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 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

Ozcare Ozanam Villa Burleigh (the home) actively pursues continuous improvement activities through monitoring processes including audits conducted across the four Accreditation Standards, complaints and risk management processes. The home conducts, collates and analyses information from audits, hazard/incident reporting processes and feedback processes including forms and individual or group meetings. Information resulting from these processes is discussed in a consultative manner between management, staff and care recipients/representatives and other interested parties, to identify, action, evaluate and resolve improvement activities. Management records, documents action steps, monitors progress and evaluates outcomes as appropriate. Care recipients and staff are satisfied with improvements implemented.

Examples of improvements in relation to this Standard include:

- As an organisational strategy to improve the provision of residential aged care and community care services, these two services have been integrated. Staff share ideas and resources at the combined bi-monthly meetings. Positive feedback has been received from staff and the sharing of resources continues to improve for the benefit of care recipients.
- As a strategy to enhance staff access to information, a staff resource room has been established and is in use by staff at the home. Work related documentation such as memoranda and notices are posted in this room and staff also have access to a computer to facilitate access to on-line learning programs and emails. This room has been furnished with appropriate lounge furniture and a suitable work space. This has resulted in improved outcomes for staff and care recipients.
- Senior personnel at the home's head office have identified a need to improve the provision of information to all staff. As a result, all new and existing staff have an email address and relevant training has been provided. Memoranda and notices are now available to staff electronically and in hardcopy. Positive feedback has been received from staff and management.

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 organisational systems and processes to identify and ensure compliance with legislation, regulatory requirements, professional standards and industry guidelines.

Organisational personnel provide information to management and staff at the home via electronic alerts, policy updates, memoranda, newsletters, meetings and education; this information is available to staff electronically and in hardcopy. Compliance with legislation, organisational procedures/policies and the Accreditation Standards is monitored through the audit system, performance appraisals and observation of staff work practices. Care recipients/representatives are notified of re-accreditation audits and the home has organisational and local systems and processes to monitor currency of criminal history certificates and designated personnel receive alerts for staff, volunteers and identified service providers.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Recruitment processes ensure staff have the skills, ability and relevant qualifications to perform the role. Orientation processes include mandatory and other training programs specific to their roles (provided by qualified personnel) and the completion of identified competencies and assessments. Education is planned, scheduled, advertised and monitored for attendance by designated staff at the home. The need for further education is identified through monitoring processes including incident and hazard reporting, risk assessments, feedback from staff and care recipients, receipt of new goods/equipment, implementation of new processes, observation of staff practice and the environment and changes in care recipients’ needs. Staff and management are encouraged and supported to undertake further education and formal qualifications utilising internal and external training processes.

In relation to this Standard relevant education includes orientation, staff response to call bells, use of the organisational electronic employee guide, registered nurse development day, preparation for accreditation and the aged care funding instrument.

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 an organisational system to manage comments and complaints. Care recipients/representatives have access to internal and external complaints and advocacy processes and are advised in the care recipient handbook, the residential agreement and brochures. Feedback forms are available to care recipients and a secure suggestion box is available for anonymous submission of complaints. The complaints process is discussed at care recipient and staff meetings and complaints are incorporated into the continuous improvement system. The comments and complaints register is logged, monitored and reviewed by designated personnel to ensure complaints are actioned, evaluated and closed out. Feedback is provided through individual or group meetings, electronic communication, memoranda, letters and newsletters. Care recipients/representatives are aware of the complaint process and are satisfied with staff response to their concerns.

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 has consistent documentation of the organisational vision, mission, values, philosophy and objectives which are published in handbooks and relevant documents and discussed at orientation and other forums. This information is available to care recipients, 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

Systems and processes are in place to ensure that appropriately skilled and qualified staff are sufficient to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. The recruitment, selection and employment of staff is based on required skills, experience, qualifications, satisfactory reference checks and police certificates and completion of statutory declarations. Orientation processes include role specific and organisational information, mandatory training sessions and competencies and new staff are supported by experienced staff during "buddy" shifts. Staff skills are monitored through observation of staff practice, incident analysis and performance appraisals. A roster is maintained and reviewed as required to ensure that sufficient staff are available to meet care recipients' needs and to ensure that the environment is maintained. Hospitality staff state they

have adequate time to complete their duties and care staff report that workloads have increased due to the increase of care recipients with high care needs. Care recipients are generally satisfied with the timeliness of staff response to their 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

Care recipients and representatives are satisfied with the availability of goods and equipment. Effective processes are in place to monitor stocks and reorder goods. Stock management is delegated to key clinical, lifestyle and support staff. Equipment needs are identified through consultation with staff and residents, through the maintenance program or through the safety reporting system. A work order request process is used to manage equipment supply. The organisation has a capital expenditure review and authorisation process for high expenditure items. Effective preventive and general maintenance programs are in place. Staff have access to the maintenance reporting process.

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

Care recipients and representatives are satisfied with care and service delivery and the home's communication processes. Care, lifestyle and support staff are satisfied they have access to accurate and current information. Information management systems that support the home's key systems such as clinical care, lifestyle, human resources, safety and continuous improvement are generally effective. The home has a process for the archiving and disposal of obsolete records. Access to confidential electronic and hardcopy records is secure.

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

Care recipients, representatives and staff are satisfied with externally sourced services. Professional maintenance services, allied health services, goods supply and hairdresser services are sourced externally. The organisation has a central procurement system in place to manage external services. Service agreements are used to specify the organisation's service requirements. There is an induction process for contractors that visit the home. The performance of external service providers is monitored.

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.

Examples of improvements in relation to this Standard include:

- Subsequent to an audit of care recipients' medication files, it was identified that care recipients' photos needed to be updated. New photos have been taken and have been attached to each care recipient's medication documentation. Identification of the right care recipient in relation to the administration of their medication has been enhanced and positive feedback has been received from relevant staff.
- As a strategy to improve hydration of care recipients, an ice cream machine has been purchased and is in use at the home. Ice cream or yoghurt is available throughout the day in lounge areas or in a care recipient's room. Training has been provided to staff and a care recipient's nutrition/hydration assessment is considered as part of this process. Positive comments have been received from care recipients.
- Senior organisational management and staff at the home identified that podiatry services needed to be improved. As a result, senior personnel have signed a Queensland based agreement with a new podiatry company. Notices have been sent to care recipients, representatives and staff regarding the commencement and services available from the new provider. Improved services include increased regular visits to the home and improved communication with nurses regarding findings and treatment plans. This has resulted in enhanced outcomes for care recipients.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has organisational systems to ensure compliance with legislation relevant to health and personal care. In relation to this Standard, there are established systems to ensure relevant staff have current

registration, police certificates, statutory declarations and reporting guidelines in the event of unexplained absence of care recipients or abuse of a care recipient.

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. In relation to this Standard relevant education includes thickened fluids, nutrition and hydration, oral health, effective documentation, assistance with medication for care staff, promoting healthy skin, management of medical oxygen equipment, pharmacology calculations, behaviour assessment and management and catheter management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients’ clinical care needs are assessed on entry to the home through individual assessments completed by a registered nurse who has reference to pre-admission medical and allied health assessments and/or hospital discharge summaries. Care plans are developed in consultation with care recipients and their representatives and with reference to observation data collected throughout the assessment period. Shift handover processes, communication diaries and progress note entries provide details about care recipients’ changing needs and the appropriateness of care is reviewed by the management team at weekly clinical meetings. Medical officers visit the home on a regular basis and are available for consultation regarding changes in care recipients’ health status at other times. Monitoring of clinical care is undertaken through clinical care audits and review of clinical incident data. Care recipients/representatives are satisfied with clinical care services provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified during the admission and assessment process or when their health status changes. The Manager Clinical Services (MCS), the Clinical Nurse Consultant (CNC) and other registered nurses are available to assess, plan, monitor and evaluate specific specialised nursing care requirements.

Delegation of aspects of care occurs to endorsed enrolled nurses and assistants in nursing as determined by their level of competence and scope of practice. Current specialised nursing needs identified include management of syringe drivers, urinary catheters, stoma care,

diabetes, wounds and oxygen therapy. Education/training updates are available should staff be unfamiliar with specific care recipient care needs. Care recipients currently in receipt of specialised nursing are satisfied with the ongoing nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health services when a need for particular services is identified or on request from the care recipient and/or their representative. Appointments are arranged and when allied health professionals such as physiotherapists, dietitians, speech pathologists and podiatrists visit the home they have access to the care recipient’s clinical file and current care strategies. Care recipients also have access on an as needs basis to auditory, dental, optical and dementia advisory services and mental health practitioners. Details of assessments and recommendations regarding ongoing management are documented in clinical care notes and where applicable transferred to relevant care plans. Implementation of the recommended care strategies is monitored and the effectiveness of care is evaluated through the scheduled review process. Care recipients are satisfied with the timely referral to health specialists and the care provided under their direction.

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

Policies and guidelines ensure care recipients’ medication is managed safely and correctly by appropriately qualified and trained staff. Medication charts display photographic identification of care recipients with individual instructions for assisting care recipients such as crushing and measures to aid in ingestion. Scheduled medications are administered via a sachet packaging system with medication charts used to record medications prescribed by the care recipient’s medical officer. Care recipients who self-medicate are regularly assessed to ensure their ability to do so safely is maintained. All medications are stored according to legislation and manufacturer’s instructions in locked medication trolleys, cupboards, safes (schedule 8 medications) and designated medication refrigerators. The effectiveness of the medication management system is monitored through completion of internal audits and accredited pharmacist reviews. Staff assisting care recipients with their medications demonstrate awareness of their responsibilities in relation to medication administration and of the guidelines in place to ensure care recipients’ medications are administered safely and correctly. Care recipients are satisfied with the management of their medications and the assistance provided by staff.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Consultation occurs with care recipients as part of the initial assessment process in relation to history of any pain, identified triggers for pain and their needs for pain management. Pain monitoring charts are commenced to identify specific care needs including identification of non-verbal cues, and re-assessment and monitoring is initiated whenever care recipients experience new/acute pain. Strategies to manage pain are detailed in care plans and include both pharmacological and non-pharmacological interventions such as analgesia, heat packs and massage. Staff liaise with the care recipient’s medical officer and/or physiotherapist where further intervention is required. Care recipients are satisfied their pain is managed effectively and that staff are responsive to their changing needs.

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

Palliative care, emotional and spiritual support for care recipients and their representatives is provided in accordance with care recipients/representatives’ previously identified wishes, cultural/spiritual observances and current nursing care needs. The home has access to palliative care services from a nearby hospital to offer support and advice to families, care recipients and staff. Staff have access to specialised resources and have a clear understanding of how to meet both the physical and emotional needs of care recipients sensitively while supporting their families during the end of life stage. Care recipients/representatives commented staff are caring and attentive and respect their choices and their privacy and dignity.

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

Communication processes between nursing and kitchen staff ensures updated care recipient dietary preference forms are current, allergies are noted and care recipients receive appropriate diets and textures. Care recipients are routinely weighed on a monthly basis, significant weight variances are monitored by the CNC and referrals may be initiated by a dietitian and/or a speech pathologist. Where recommended or indicated as appropriate, care plans are modified and interventions including supplements and textured or fortified meals are implemented and regularly evaluated. Care recipients are offered choices to dine in a variety of spaces including their rooms and staff provide assistance to care recipients during meal times. The adequacy of nutrition and hydration is reviewed through fluid and food intake charts

and at food focus groups and care recipient meetings. Care recipients/representatives are satisfied with the quantity and quality of food and fluid received.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and planned interventions are included in their care plan to guide staff. The potential for compromised skin integrity is also assessed and preventive strategies implemented as appropriate; inclusive of pressure reducing/relieving devices and routine pressure area care. Guidelines are in place regarding measures to minimise the occurrence of skin tears and pressure areas and resources are available on contemporary wound care protocols and products to ensure consistency in skin and wound care is achieved. Wounds care is monitored via wound treatment charts to prompt clinical staff and outcomes are evaluated on an ongoing basis. The incidence of injury/skin tears is captured on incident reports and analysed for trends/triggers; interventions are then implemented and education is provided as appropriate. Care recipients are satisfied with the support provided to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence status is discussed during the entry process and then assessed over a three day period to identify patterns and trends through monitoring urinary output and bowel activity. This information is analysed by a registered nurse and appropriate interventions are implemented including regular toileting programs, selection of appropriate continence aids and medication and dietary reviews. Designated staff monitor continence needs of care recipients and initiate re-assessment, if necessary. Care staff receive regular update training in the management of continence and are able to access advice in the ongoing management of individual care recipients. Bowel management programs are in place and staff respond to any concerns regarding constipation by increase in dietary fibre, additional fluids and prescribed aperients. Care recipients are satisfied with the level of support received to manage their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed on entry and actual or the potential indicators for challenging behaviours are identified from information collected from families, pre-admission reports from medical and other allied health professionals and behaviour monitoring assessments

conducted during the settling in period. Interventions which have been found to be effective are noted and inform the care plan which is developed by a registered nurse. Strategies implemented to reduce the challenging behaviours together with observed triggers that may have led to the behaviour are incorporated within the care plan to provide guidance to staff. Referrals may be made to external agencies for further advice on the management of care recipients if necessary. A secure unit is available for care recipients who wander to provide them with a safe environment and freedom of movement. Staff receive regular training and both care and activity staff implement strategies to minimise the occurrence of behaviours that are challenging. Care recipients/representatives are satisfied with the way behaviours are managed and report staff are discreet and supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes for assessing, planning, delivering and evaluating care recipients’ needs in relation to their mobility, dexterity and rehabilitation. Care recipients’ mobility and falls risk is assessed and reviewed regularly by registered staff in association with the physiotherapist to assist in maintaining and/or enhancing their mobility and dexterity. Mobility aids and other equipment are available to enable care recipients to continue to mobilise throughout the home and staff are trained in manual handling techniques to assist mobility and in the correct use of lifting devices to safely transfer care recipients as needed. Falls are monitored, recorded and investigated to enable suitable strategies to be implemented to minimise the risks of future falls. Care recipients/representatives are satisfied with the support provided by staff to care recipients in order for them to achieve their optimal mobility and dexterity within and around the home.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified on entry to the home. Care staff monitor care recipients’ ability to self-manage their oral care and provide assistance as required. A dental prosthetics service consults to care recipients in the home and care recipients who prefer to attend external dental practitioners are provided with support to attend these services. Staff receive training in relation to assisting care recipients to manage their oral and dental health. Care recipients are satisfied with the assistance provided by staff in relation to the maintenance of their oral health and dental needs and access to oral care supplies.

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

Information about each care recipient’s care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene, skin care, behaviour management and leisure activities. Care recipients are referred to specialists including audiologists, optometrists and ophthalmologists as needs indicate and in consultation with the care recipient/representative. Staff provide assistance to staff with cleaning and care of sensory aids. Care recipients with identified sensory loss issues are satisfied with the individual management strategies and the assistance provided by care and diversional therapy 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

Information regarding care recipients’ usual sleep patterns, including past habits, routines and any aids/rituals that have previously been of assistance to achieve natural sleep is obtained on entry; this information is included in the care plan to guide the provision of care. Night routines maintain an environment that is conducive to sleep and factors that may compromise sleep such as incontinence, pain, excessive light, temperature and noise are identified and addressed to promote sleep. Care recipients are offered warm drinks and preferred settling and rising times are supported wherever possible. Night time sedation is available as prescribed by the care recipient’s medical officer; however it is used only where non-pharmacological interventions have been ineffective. Care recipients/representatives are satisfied with the support received to establish natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements in relation to this Standard include:

- As a strategy to improve the lifestyle program, the home’s diversional therapists (DT) have had an initial meeting with DTs from other facilities and made a decision to meet on a regular basis; this is supported by management at the home. The goals of the regular meetings are to share ideas and resources and provide opportunities for professional development. Positive feedback has been received and has resulted in improved outcomes for care recipients and staff.
- The home has four lifestyle staff and currently one lifestyle staff person completes the lifestyle care plans, produces the monthly activity calendar, arranges the activity programs and produces the monthly newsletter. In consultation with the lifestyle staff and management, all lifestyle staff will be trained to conduct these tasks. In addition, lifestyle staff will be rotated on a six monthly basis to units in the home; the rotation is planned to commence in July 2015. The up-skilling of all lifestyle staff will encourage professional development, support leave coverage and quality programs resulting in positive outcomes for care recipients. Although this has not been fully implemented or evaluated, positive feedback has been received from staff.
- It was identified by lifestyle staff that documenting one-on-one time needed to be improved. This initiative commenced in May 2015 and documented information includes activities of interest to each participating care recipient, what activity was conducted and the time spent; this information is recorded on activity participation records. This has enhanced the provision of individualised activities and recording of relevant information.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure

compliance with legislation relevant to care recipients' lifestyle. In relation to this Standard, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements and organisational procedures.

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. In relation to this Standard relevant education includes mandatory reporting, privacy and dignity, advocacy, confidentiality and care recipients' rights and responsibilities.

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 systems to ensure that each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Information regarding care recipients' cultural, spiritual and other interests is obtained shortly after entry and assists staff to support care recipients to settle into the home. Families and friends are welcomed and encouraged to visit; birthdays and special days are celebrated with consent and outings are arranged.

Care recipients are encouraged to decorate their room with personal items to help create a homelike atmosphere. Staff, ministers of religion and volunteers provide care recipients with emotional support and arrangements are made as required/requested for individual visits from the chaplain or religious representatives of their choice. Care recipients/representatives are satisfied with the way they are assisted to adjust to life at the home and the ongoing emotional support they receive.

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

The home has systems to assist care recipients to achieve maximum independence, maintain friendships and participate in the community. Clinical assessments identify the independence level of care recipients and the amount of assistance they require on a daily basis to complete their usual activities. A range of individual and general strategies are in place to promote independence including the provision of services and equipment, an activities program and a regular mobility and exercise program. Staff assist with mobility and leisure activities that

actively seek the involvement of care recipients and promote mobility and independence. The home welcomes visitors and care recipients are encouraged to participate in activities outside the home whenever possible. Care recipients/representatives are satisfied with the assistance the home provides in relation to care recipients' independence and continuing participation in the life of the community within and outside the home.

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 has systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including their preferred name. Permission is sought from care recipients for the disclosure of personal information and the display of photographs. Staff education includes privacy and dignity and staff sign confidentiality agreements. Staff handovers and confidential resident information is discussed in private and care recipients' files are stored securely. Areas are available within the home where care recipients, relatives and friends can meet privately. The team observed staff being respectful of care recipients' privacy and dignity as they attended to their care needs. Care recipients/representatives are satisfied with the management of privacy and dignity at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems that encourages and supports care recipients to participate in a wide range of interests and activities. Care recipients' activity needs, social history, interests and preferences are assessed on entering the home and on an ongoing basis. The activities program includes special events, bus outings, walking groups, movies, reminiscing, exercises, word games and happy hour. There are varied activity programs including specific activities for care recipients living with dementia or who have sensory concerns. Review of documentation and observation shows the home encourages and supports care recipients to participate in a wide range of interests and activities of interest to them. Care recipients who are too frail or choose not to attend activities receive individual visits from staff and volunteers. Care recipients/representatives are informed of the activities program via monthly calendars and newsletters and through display on noticeboards throughout the home and they are satisfied with the activities provided to them.

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 are fostered through the identification and communication of care recipients' individual interests, customs, religions, ethnic backgrounds and end of life wishes during the home's assessment processes. The home recognises culturally specific days with celebrations consistent with the interests of care recipients at the home. Church services are regularly conducted by a minister of religion for care recipients who wish to participate and other religious or cultural representatives visit as requested. The home celebrates care recipients' birthdays with consent and welcomes involvement from families. Care recipients are satisfied with how their customs and beliefs are supported and fostered at the home.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home demonstrates that each care recipient participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation about their individual needs and preferences. Documentation demonstrates care recipients' personal preferences are identified on entering the home. Management has an open door policy to interact with care recipients/representatives when needed. Processes include individual or group meetings, discussions with staff and management, surveys and other feedback mechanisms. Observation of staff practices and staff interviews demonstrate care recipients have choices available to them including waking and sleeping times, shower times, meals/drinks and activities. Care recipients and relative meetings are conducted to enable them to discuss and provide feedback about the services provided at the home and they are able to decorate their own rooms with personal belongings. Care recipients are satisfied with the support from staff with regard to their choice and decision making processes.

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

On entry to the home each care recipient/representatives is provided with information regarding the fees, charges and conditions of residency. An information booklet provides details regarding the services offered and general information to guide care recipients. A residential care agreement is entered into through a central 'admission' service and care

recipients or their representatives are encouraged to seek independent financial advice. Should a change of room be required or requested a new care agreement is offered. Staff are aware of the rights and responsibilities of care recipients and this information is also detailed in the information booklet. Care recipients/representatives are satisfied with information regarding security of tenure and 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.

Examples of improvements in relation to this Standard include:

- Management and staff identified that the internal environment of the home would be improved by a refurbishment. New lounge and dining room furniture has been purchased, common areas and care recipients’ rooms have been painted and new curtains and decorative items have been installed. This has resulted in an enhanced environment for everyone at the home.
- Subsequent to an internal infection control audit and as a strategy to improve infection control at the home, toothbrushes in four colours have been purchased and are in use at the home; the four colours represent the four seasons. This supports an effective infection control program and has received positive comments from care recipients and staff.

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 the physical environment and safe systems. In relation to this Standard, the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

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. In relation to this Standard relevant education includes infection control, manual handling, food safety, chemical safety, workplace health and safety and emergency response and fire safety.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Care recipients and representatives are satisfied with the safety and comfort of the living environment. The home's care and lifestyle assessment processes identify care recipients' environmental needs including preferences, equipment needs and risk factors.

Care recipients at risk due to wandering behaviour reside in a secure unit with additional supervision and security. There is an effective incident management system to monitor incidents such as falls and skin tears in order to minimise their recurrence. Hazards are identified and are either eliminated or controlled. Care recipients are assisted to personalise their room to make it as home like and as comfortable as possible. Care recipients have access to lounge, dining and activity areas, outdoor sitting areas and landscaped gardens. Furniture, equipment and lighting are consistent with care recipients' care needs. The home's maintenance and cleaning programs are effective. The home has formal processes to manage protective assistance.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The home has an occupational health and safety system to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies. Training is provided on the use of chemicals, manual handling and infection control at orientation, annually and as needs arise. Equipment is maintained and chemical storage areas are secured. Health and safety issues are discussed at meetings. 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 organisation has taken action to minimise fire, security and emergency risks. Fire risks are minimised through equipment such as fire detection and alarm system, a sprinkler system, portable fire extinguishers and fire blankets, emergency lighting and fire/smoke doors. This equipment is regularly inspected and tested and defects rectified. Staff are trained in how to respond to a fire alarm and evacuate residents from danger; staff understood their responsibilities. The home has a smoking policy and dedicated smoking areas with accessible emergency equipment. There is ready access to emergency equipment, evacuation procedures, evacuation diagrams, evacuation lists and emergency exits. The home has daytime and overnight security procedures and management have developed an emergency procedure manual and disaster management plan.

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 processes to manage infection control in the areas of clinical, catering, cleaning and laundry practices. Key personnel oversee the infection control program and infection control policies are available to guide staff practice, including guidelines on outbreak management. Staff are provided with infection control education at orientation then annually at mandatory training. Care recipients are administered influenza vaccinations annually by their general practitioner. The home has a food safety program in place and safe food practices are followed by catering and clinical staff. The home provides hand washing facilities, sharp containers, spill kits and personal protective equipment for staff and has processes to manage waste and pest control. The effectiveness of infection control measures are monitored through review of infection statistics, regular audits and observation of staff practices. Staff are aware of the colour-coded equipment, the use of personal protective equipment and the principles used to prevent cross infection.

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

Hospitality services are provided in a way that enhances care recipients' quality of life and the working environment for staff. Catering services are provided to meet care recipients' dietary needs and preferences, which are identified on entry and on an ongoing basis as needs and/or preferences change. Care recipients have input into the current menu through meetings and directly to management and catering staff via resident meetings, food focus groups and one-on-one discussions with the chefs and catering staff. To ensure the wider care recipient

population has opportunity for input into meal planning the home has appointed a care recipient representative who captures input from other care recipients who are unable to attend meetings. Cleaning of care recipients' rooms, communal areas and high cleaning is done in accordance with the cleaning duty lists and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. Laundry services are managed through the onsite laundry; care recipients are also able to undertake personal laundering using the onsite laundrettes throughout the home. The effectiveness of hospitality services is monitored through meetings, audits, the complaints process and surveys. Care recipients/representatives are generally satisfied with the catering, cleaning and laundry services provided.