Australian Government

Australian Aged Care Quality Agency

RFBI Coffs Harbour Masonic Village

RACS ID 0258
33 Mackays Road
COFFS HARBOUR NSW 2450

Approved provider: Royal Freemasons' Benevolent Institution

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 25 May 2018.

We made our decision on 09 April 2015.

The audit was conducted on 03 March 2015 to 04 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Australian Government

Australian Aged Care Quality Agency

Audit Report

RFBI Coffs Harbour Masonic Village 0258

Approved provider: Royal Freemasons' Benevolent Institution

Introduction

This is the report of a re-accreditation audit from 03 March 2015 to 04 March 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 03 March 2015 to 04 March 2015.

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

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

Assessment team

Team leader:	Judith Roach
Team member/s:	Jan Herbert

Approved provider details

Approved provider:	Royal Freemasons' Benevolent Institution

Details of home

Name of home:	RFBI Coffs Harbour Masonic Village
RACS ID:	0258

Total number of allocated places:	78
Number of care recipients during audit:	66
Number of care recipients receiving high care during audit:	54
Special needs catered for:	Dementia care (Bruxner House -15 beds)

Street/PO Box:	33 Mackays Road
City/Town:	COFFS HARBOUR
State:	NSW
Postcode:	2450
Phone number:	02 6650 2200
Facsimile:	02 6650 2800
E-mail address:	coffsharbour@rfbi.com.au

Audit trail

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

Interviews

Category	Number
Regional general manager	1
General manager	1
Care manager	1
Clinical coordinators including endorsed enrolled nurse	2
Certificate III and IV care staff including medication endorsed	10
Educator	1
Quality assurance officer	1
Physiotherapist	1
Physiotherapy aide	1
Administration assistant	1
Care recipients	10
Representatives	6
Lifestyle coordinator	1
Lifestyle officer	1
Volunteer	1
Interdenominational clergy	1
Hotel services supervisor	1
Catering supervisor and catering staff	2
Maintenance manager	1
Laundry and cleaning staff	2

Sampled documents

Category	Number
Care recipients' files including progress notes, medical officer notes and referrals, hospital transfer forms, discharge notes, pathology and radiology reports	8
Care plans - initial, extended and summary formats	8
Medication charts including doctors' authorised charts, nurse initiated medication (NIM) charts, staff signing sheets - hardcopy and electronic	15
Personnel files	7

Other documents reviewed

The team also reviewed:

- Care recipient's individual clinical care assessments including behaviours, continence, mobility, nutrition and hydration, medications, self-administration of medications, mobility, pain, palliative care, oral and dental, sensory, skin, sleep, specialised nursing care including wounds
- Care recipient's individual clinical care observations, monitoring and treatment charts including anticoagulant therapy, behaviours, blood glucose levels (BGLs), blood pressure, weights, wounds
- Care recipient's individual lifestyle assessments and evaluations including cultural and spiritual preferences, leisure and lifestyle activities
- Care recipient's individual incident reports including behaviours, falls, infections, medication errors, skin tears
- Care staff's daily care folders including care recipient bowel monitoring, personal hygiene, weekly and monthly weights
- Catering, cleaning and laundry documentation including NSW Food Authority Licence, food safety plan, four week rotating menu, dietician's report, food temperature records from delivery to consumption, food storage and dishwasher temperature records, care recipients' dietary assessments and lists, food recall alerts, duty lists
- Cleaning schedules and duties
- Comments and complaints register, comments and complaints forms
- Communication records including doctors' books, staff communication books, staff memorandum and handover sheets, notices and diaries, staff newsletters
- Compulsory reporting register
- Consent forms showing authorisation and consent for use of bed rails, physical restraint

- Documented follow up on care recipients' needs with medical and other related health personnel by registered nurse, endorsed enrolled nurse, team leaders
- Education documentation including annual and two monthly training calendars, staff education agreement, attendance and evaluation records, records of digital video disc (DVD) viewing, certificates of attendance and attainment
- Fire and safety documentation including annual fire safety statement, fire inspection, service and maintenance records, fire education attendance records, contingency plan, emergency evacuation procedures, care recipients' emergency contact details
- Human resource management documentation including staff orientation pack, staff handbook, signed code of conduct and confidentiality agreements, induction competency checklists, rosters, job descriptions and duty lists, performance appraisal and development plans
- Infection control documentation including care recipients' vaccination records, infection rate statistics and summary reports
- Living environment documentation including the equipment register, preventative and corrective maintenance schedule, maintenance checklists and action sheets, long term maintenance schedule, list of approved contractors, contractors' site visit logs, hazard register, worksite hazard and risk control assessments, external contractors' agreements and contracts, testing and tagging records, legionella testing records
- Medication management records including controlled drug registers, monitoring records for medication storage cupboards, clinical refrigerator temperatures, pharmacy re-ordering records, information on safe altering of medications including crushing, medication audits
- Minutes of meetings - various
- Other health and related services referrals, reports, assessments and plans of care including physiotherapy, podiatry, psychogeriatrician, specialist physicians and surgeons
- Plan for continuous improvement, audit schedule, audit and survey results
- Police check documentation and schedule of due dates
- Policies and procedures - various
- Privacy agreements showing consultation and agreement on use of care recipients' information including photographs
- Professional registration certification
- Records of discussions between regional manager, care manager and/or doctors and care recipients and representatives
- Resident accommodation agreement, resident entry pack, resident's handbook
- Risk register
- Staff competency assessment records

- Staff signature register

Observations

The team observed the following:

- Care manager and clinical coordinators supervising and directing staff
- Care recipient lifestyle resources and equipment - various
- Care recipients participating in lifestyle and leisure activities
- Care recipients' general appearance
- Charter of care recipient's rights and responsibilities on display
- Chemical storage
- Colour coded and personal protective equipment in use
- Comments, complaints or concerns forms, locked boxes, and external complaints and advocacy information
- Complaints information including internal and external mechanisms displayed around home, provision of confidential complaints mechanism, suggestion box
- Daily handover between clinical coordinators and care staff
- Dining rooms during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipient seating, staff serving/supervising, use of assistive devices for meals; care recipients being assisted with meals in their rooms
- Equipment and supply storage rooms including clinical, linen stock in sufficient quantities and equipment available and in use for manual handling such as lifting machines, hand rails, ramps and walking frames
- Fire and emergency evacuation plans, emergency exits, emergency charts, evacuation kit
- Information on noticeboards for care recipients, visitors and staff including care recipient activity calendar, Quality Care Agency re-accreditation notices, activity programs, education calendars and menus, meeting minutes, refurbishment information board
- Living environment - internal and external
- Medication system and processes - administration and storage including controlled drugs, re-ordering program, delivery and disposal systems, medication supplies including eye drops and medicated creams
- Nurse call system in operation including care recipient access
- Outbreak management kits, infection control starter packs, nail care equipment
- Safety data sheets

- Secure document storage including care recipient and staff files, secure access to computer system
- Short group observation in Bruxner house
- Staff ‘s courteous interactions between care recipients, each other, visitors
- Staff accessing information including care plans, progress notes
- Staff interacting with medical and other related health services personnel including medical officer, physiotherapist
- Staff work areas including care stations, clinical and other utility rooms, staff room, reception and offices, information in staff room
- Vision, mission and values statement on display
- Visitor sign and out book, volunteer sign and out book, care recipients’ sign in and out books and contractor register

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems to identify, document, plan, implement and evaluate opportunities for continuous improvement across all four accreditation standards. Opportunities for improvement are identified through audits and surveys, meetings, hazard identification, incident reporting and analysis, comments and complaints, and individual feedback.

Opportunities for improvement and planned action are documented in the home's continuous improvement plan and are discussed at the home's quality meetings. A review of meeting minutes and documentation showed improvements and audit results are discussed with staff and, when appropriate, care recipients. Management, staff, care recipients/representatives are encouraged to make suggestions for improvements and to provide feedback.

Following are examples of recent improvements related to Standard 1:

- The quality coordinator identified the need to ensure the home's policies and procedures are consistent with those of the Royal Freemasons' Benevolent Institution (RFBI). The home's local policies and procedures were reviewed, incorporated with and referenced to those of the overall organisation. The quality coordinator reviews RFBI policies and procedures regularly on the organisation's intranet to ensure local policies and procedures are up to date. As a result, staff have up-to-date, consistent policies, procedures and guidelines available to them.

- To assist with planning, in 2015 the educator introduced a data base to record education needs and requests. The data base also documents other information including the source of the requests and when education or training has been scheduled or provided. The initiative has assisted the educator to schedule education and respond to changing needs.

- To improve attendance at education sessions, the educator introduced short message service (SMS) messaging to all relevant staff. The messages remind staff of scheduled education and training sessions, particularly mandatory education, and to advise them of unscheduled education opportunities which may arise. As a result, attendance records show attendance has improved and staff say they find the reminders helpful and are less likely to miss training.

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 receives information from Commonwealth and State government departments, through the RFBI intranet, industry journals and membership of a peak industry organisation. Information is disseminated to staff by way of orientation, training, SMS messaging, memoranda, newsletters and posters. Legislative changes and updated policies and procedures are discussed at meetings and are recorded in the minutes. Compliance is monitored through audits and surveys, completed training questionnaires and workbooks, and compliance with policies and procedures.

Following are specific examples of regulatory compliance relating to Standard 1:

- All staff, volunteers and relevant external service providers undergo police checks prior to commencement of employment, service or contract.
- New staff are required to sign policies confirming their agreement to comply with privacy legislation and a code of conduct.

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

Education and staff development needs are identified through the performance appraisal and development process, changing work practices, requests, observation, audits, accident and incident reporting, and from verbal feedback. Staff are advised of education through training calendars, SMS messaging, flyers and at staff meetings. They are required to attend annual mandatory training, and are provided with training and education relevant to their roles and responsibilities. Staff have access to on-line education and digital video discs (DVDs) produced by a commercial aged care education company. Staff are encouraged to view at least three DVDs each year as part of their education agreement. Attendance at internal and external training and education is monitored to ensure staff attend or complete mandatory and relevant education. Staff are required to complete a range of competency assessments. Staff advised they have opportunities to attend internal and external education and training.

Following are specific examples of education relating to Standard 1:

- medication management software training;
- workplace and bullying;
- accreditation.

Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients or their representatives are provided with information about internal and external complaints mechanisms prior to care recipients entering the home. They are encouraged to raise any concerns in audits and surveys, at meetings, in writing or personally with management. Concerns, suggestions, compliments and complaints are logged; a review of the log shows complaints are investigated and prompt action is taken to resolve complaints, implement suggestions and provide feedback. Comments and complaints forms, a locked box and information explaining external complaints and advocacy services are available in the home. Care recipients/representatives stated they have no complaints and are satisfied any concerns would be dealt with promptly and to their satisfaction by management.

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's vision, mission and values statement is documented in information provided to care recipients and their representatives, and in the staff handbook. The statement is displayed in the home and is reflected in the home's policies, procedures and practices.

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 ensures there are sufficient appropriately skilled and qualified staff deliver care and services in accordance with the home's philosophy and objectives. Applicants for positions are interviewed and references are obtained from referees prior to appointment. Newly appointed staff participate in an orientation program and work 'buddy shifts' with experienced staff members. Managers regularly review staffing levels and skills mix to meet care recipients' changing care needs and staff experience. Rosters take into account staff requests and staff on leave are replaced. All employees, volunteers and relevant contractors must undergo police checks prior to commencement of employment or service. Records of professional registrations and dates for renewal are maintained and monitored. Staff appraisals and competencies are undertaken to ensure staff are adequately skilled. Staff have job descriptions to assist them to carry out their duties. Staff stated they can complete allocated duties during their shifts, and have received training to assist them to meet care recipients' care needs. Care recipients/representatives are satisfied with the responsiveness of, and care provided by staff.

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 monitors the performance, suitability and maintenance of equipment and stock. Equipment needs are identified through staff requests, identification of care recipients' needs, audits and asset management processes. Where possible new equipment is trialed prior to purchase. Staff receive on-site training in the use and maintenance of new equipment; safe work method statements are prepared prior to its use. A preventive and corrective maintenance schedule and program ensures equipment is serviced on a regular basis by maintenance staff or external contractors. Maintenance staff identify and remove unsafe equipment for modification or repair, and it is returned only if safe and functional.

Maintenance records, observations and feedback from care recipients and staff indicated there are sufficient stocks of supplies and equipment, and equipment is well maintained.

1.7 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

Information is disseminated to care recipients and representatives, staff and other service providers through policies and procedures, a computer-based care managing system, and staff education and training. Information is also communicated through SMS messaging, noticeboards, newsletters, meetings, staff handovers, resident and staff handbooks and correspondence. Computers are automatically backed up twice a day and are password protected with access restricted according to designation. The home securely stores clinical records, care recipients' information and staff personnel files. Records are securely archived in a fire proof room when appropriate and documents are shredded when no longer required. Staff, care recipients/representatives stated they are kept informed and are consulted about matters relevant to them.

1.8 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 ensures externally sourced services are provided in a way that meets the home's needs and quality goals through agreements or contracts with relevant external contractors and service providers. Agreements and contracts specify the home's expectations and requirements; contractors' performance and quality of work is monitored through supervision, observation, regular review and feedback from staff and care recipients. This information is taken into account when purchasing supplies or renewing contracts. Action is taken if the quality of supplies does not meet the home's required standards. The maintenance supervisor

ensures all contractors are oriented to the home prior to commencing work. Care recipients, staff and management say they are satisfied with the quality of goods and services provided by external service providers. Staff are confident that management will take action if goods and services do not meet acceptable standards.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system is described under expected outcome 1.1 Continuous improvement.

Examples of improvements related to Standard 2 include:

- The organisation recognised that implementation of medication management software would improve the home's medication management and administration, and reduce medication errors. The software has streamlined communications between staff, the supplying pharmacy, and general practitioners. The system assists in reducing signing omissions as staff must sign electronically when medications are administered. Management advised the system has assisted staff to manage medications safely and correctly, and medication signature omissions are minimised.

- Care staff identified that dressing supplies were not easily accessible when staff need to dress basic wounds or skin tears particularly at night. Nursing staff prepared a simple dressing procedure (including the requirement to complete an incident form) and basic dressing kits which are located in the treatment room. Night staff can now quickly attend to a simple skin tear but must notify the on-call registered nurse when more complex dressings are required. As a result, care recipients' wound care is improved.

- Staff identified that care recipients with hearing deficits would benefit from improved communication. Care recipients' hearing was assessed and care recipients with hearing impairment were supplied with their own lightweight, portable and discrete FM hearing devices. The wireless assistive hearing devices enhance the use of hearing aids and also assist people who are hard of hearing but do not wear hearing aids, in particular over distance and in noisy environments. As a result, care recipients with hearing impairments can enjoy social activities without straining to hear what is being said.

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

The home's system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 2:

- The home monitors and maintains records of registered nurses' and relevant allied health staff professional registrations.
- Initial and on-going assessments, planning, management and evaluation of care for care recipients are undertaken by a registered nurse.

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

For a description of the education and staff development system refer to expected outcome 1.3 Education and staff development.

Following are specific examples of education relating to Standard 2:

- oral and dental hygiene;
- end of life care;
- Parkinson's disease.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients receive appropriate clinical care. Clinical care is delivered by trained and qualified staff and is overseen by the care manager with the support of two clinical coordinators weekdays and a registered nurse on weekends. A clinical assessment program identifies care recipients' health and personal care needs on their entry to the home with results used to develop an extended care plan reflecting their individual needs and preferences. Care recipients' clinical outcomes are regularly

monitored using internal audits including clinical indicators and generally through reassessment of their changing needs and review of their care plans. Results show care recipients' needs are documented and reviewed, and provided in accordance with their needs and preferences that are well documented overall in progress notes and plans of care. Clinical and care staff practices are monitored for compliance with the home's policies and procedures through processes including audits, feedback, observation and performance review. Care recipients/representatives expressed their satisfaction with the level of consultation and the standard of clinical care provided to care recipients

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff including the care manager, a registered nurse and a clinical coordinator who is an endorsed enrolled nurse. Care recipients' specialised nursing care needs are directed, supervised and monitored by the care manager in liaison with the registered nurse and clinical coordinator in consultation with relevant health professionals. Treatment regimens prescribed by medical and other health and related services personnel address care recipients' specialised nursing care needs including complex pain management programs. The care manager and clinical coordinator demonstrated their knowledge of care recipients' specialised nursing care needs including complex wound care. Our observations and staff interviews confirmed adequate supplies of equipment and resources are available to meet care recipients' specialised nursing care needs. Relevant care recipients/representatives are satisfied with the standard of specialised nursing care provided to care recipients.

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

The home has systems to facilitate the referral of care recipients to appropriate health specialists in accordance with their needs and preferences. Other health and related services available to care recipients include geriatrician, physiotherapy, podiatry, speech pathology and referrals to specialist physicians and surgeons. Care recipients are referred as required by their doctors to trained and qualified audiology, dental and optometry services personnel. Care recipients/representatives said they are well informed and are satisfied with the referrals made for care recipients to other health and related services personnel.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients' medication is managed safely and correctly including care recipients who choose to self-administer their medications. We observed qualified and trained staff using an accredited pre-packed medication system to administer prescribed medications to care recipients. Relevant staff interviewed explained and generally demonstrated practices and protocols used to ensure care recipients receive their medications safely and correctly. Document review confirmed evaluation and review of care recipients' prescribed medication is regularly undertaken by their doctors and an accredited pharmacist carries out additional auditing and review. The medication management system is monitored through the home's regular auditing program and its medication advisory committee. Generally all medication incidents are well documented and reported to management and the home is responsive in taking follow up action as required. Care recipients/representatives are satisfied with the way staff manage care recipients' medication needs.

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

Care recipients are assessed for acute and chronic pain on their entry to the home, regularly and generally, as indicated. Assessment and review of individual care recipients' pain is carried out by their doctors and qualified, trained staff in consultation with care recipients and/or their representatives. Staff described their role in identifying and reporting care recipients' pain and demonstrated the use of an assessment tool they can use for care recipients unable to verbalise their pain. Care recipients are provided with a holistic approach to pain relief including prescribed analgesia and physical therapies such as use of transcutaneous electrical nerve stimulation (TENS) machines, gentle massage, repositioning, and exercise programs. Emotional support is provided by care and lifestyle staff, and by local clergy as desired. Care recipients/representatives are satisfied care recipients are as free as possible from pain and said staff respond in a timely manner to care recipients' requests for pain relief.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure the comfort and dignity of terminally ill care recipients is maintained. A care recipient's end of life wishes are identified where possible, on entry to the home or thereafter including the level of clinical intervention preferred. The documented results then assist in developing and managing a palliative care plan for the care recipient if

desired. Regular liaison occurs with doctors, the wider health care team and care recipients/representatives as required. Clinical and care staff described a range of interventions they would employ when caring for terminally ill care recipients to ensure their pain is managed and their comfort and dignity maintained. Staff said management support them in matters of grief and loss including specific education. Care recipients/representatives expressed their gratitude with the home's approach to maintaining care recipients' comfort and dignity, and with respecting and acknowledging any identified future end of life wishes.

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

The home provides care recipients with adequate nourishment and hydration. Care recipients' initial and ongoing dietary requirements are assessed by trained and qualified staff who advise catering staff about identified needs and preferences. Assessments are undertaken to identify any oral or dental needs, swallowing difficulties, or the need for special diets and a dietitian or speech pathologist are available as needed. All care recipients are regularly weighed and significant weight variations are followed up by their doctors in liaison with a dietitian as needed. Document review and interviews with care recipients/representatives show food satisfaction is monitored through surveys, during care recipient/representative meetings and through one-on-one discussions with care staff and catering staff. Our observations and feedback from care recipients/representatives show care recipients are encouraged to maintain hydration. Care recipients/representatives interviewed are satisfied with the quantity, quality and choice of care recipients' meals.

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

The home is ensuring that care recipients' skin integrity is consistent with their general health. The home recognises a close link between care recipients' skin integrity and their nutrition and hydration, mobility status and clinical incidents including falls and skin tears. Trained and qualified staff initially and regularly assess, action, and evaluate care recipients' skin care needs as required. Staff demonstrated their knowledge in identifying and reporting changes in care recipients' skin integrity. A registered nurse regularly assesses and evaluates wounds in consultation with the clinical coordinators and the trained and qualified staff who provide wound care in line with treatment advice from care recipients' doctors. Care recipients are referred by their doctors to wound specialists for assessment and review of wounds and treatment regimens as required. Care recipients/representatives are satisfied with the skin care provided to care recipients

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure care recipients' continence is effectively managed. The care manager oversees the continence program with the clinical coordinators who liaise with care staff on issues associated with care recipients' continence needs. Where required, individual toileting programs are scheduled for care recipients to assist in managing their needs and preferences. Staff said adequate continence care supplies are available.

Care recipients are monitored for the presence of urinary tract infections which may impact their level of continence and preventive strategies implemented as needed. Bowel management programs used include daily monitoring, appropriate diets and provision of aperients and other interventions as required. Care recipients/representatives are satisfied care recipients' continence care is effectively managed.

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

The home has a system and processes to ensure the needs of care recipients with challenging behaviours can be managed effectively. Results of relevant care recipients' initial assessments are used to develop and evaluate behavioural management care plans which are regularly reviewed and generally updated as required. Behaviour incidents are recorded, addressed, reviewed and generally evaluated in a timely manner. Contributing medical causes are identified, treated and factors known to intensify challenging behaviours are managed, reviewed and followed up by care recipients' doctors. A care recipient's need for review or assessment by a psychogeriatrician and/or other mental health specialists occurs in consultation with their representative through referral by their doctor or the care manager in liaison with the clinical coordinators. Care recipients/representatives expressed satisfaction for the way in which staff meet the needs of care recipients living with challenging behaviours. Care recipients/representatives said they are satisfied care recipients' lives are not impacted by other care recipients living at the home.

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 a mobility program tailored to individual care recipients' needs and preferences. A program of initial and ongoing assessment, review and evaluation of their mobility needs is undertaken. Liaison occurs between the physiotherapist, the care recipient and/or their representative, their doctor, the care manager and clinical coordinators. Staff interviews show

the use of mobility aids and individual falls minimisation strategies are consistent with the care recipients' identified needs as documented in their physiotherapy plans of care. Mobility incidents including falls are responded to, reported on, and followed up in a timely manner. Feedback is provided to doctors, care staff, care recipients and to representatives by the physiotherapist, the care manager, clinical coordinators and quality assurance officer. The home has a falls minimisation approach that includes a regular exercise program conducted by the physiotherapy aide and overseen by the physiotherapist. Care recipients/representatives are satisfied care recipients are achieving and maintaining levels of mobility and dexterity suited to their individual capabilities.

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 health is maintained. The home's approach to the maintenance of care recipients' oral and dental health includes initial and ongoing assessment and review of their oral and dental care needs. Assessments are carried out by trained clinical staff and referrals to dentists or dental specialists are arranged by doctors according to the care recipients' individual needs and preferences. Staff said and interviews with care recipients show that care recipients have their daily oral care needs encouraged, supervised and/or attended by care staff. Care recipients/representatives said care recipients have access to a dentist of their choice in the local area, and are assisted to make and attend appointments as required.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has a system to ensure that care recipients' sensory losses are identified and effectively managed. The identification of sensory impairment is included in clinical and lifestyle assessments covering communication, sight and hearing, and the senses of touch, smell and taste. Incorporated clinical and lifestyle features that focus on sensory stimulation include gentle exercise programs, massage, cooking, gardening and various craft activities. Plans of care that incorporate the care recipients' sensory needs are initially developed and regularly reviewed. Medical and other health personnel are involved as required. Interviews with staff and care recipients demonstrate that staff assist care recipients with cleaning and fitting their communication aids. Care recipients/representatives are satisfied care recipients' sensory losses are identified and effectively managed.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged to achieve natural sleeping patterns. The home has a system of initial and ongoing identification and generally, a review of night care requirements that encourage natural sleeping patterns for care recipients. Sleep strategies implemented include flexible retiring times, offering a warm drink, gentle massage, one-to-one time, night sedation and/or pain relief medication if prescribed by a doctor. Care recipients said they generally sleep well at night and that staff help them if they experience difficulty in sleeping.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's overall continuous improvement system is described under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard 3:

- In response to care recipients' requests, the home purchased a new bus which provides easier access for less mobile care recipients. Care recipients enjoy sharing the bus with village (self-care unit) residents as many have friends living there. Bus outings include shopping trips, meals and other activities. Care recipients' feedback has been positive; they state they are very happy with their new bus.

- The home purchased a bariatric bed for a married couple who expressed the wish to be together. The couple, who were accommodated in separate rooms previously, were moved when an appropriate room became available. The bariatric bed is wider, but enables care staff to provide care safely if necessary. The couple are very happy that the home has supported their choice to share a room and a bed.

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

The home's system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 3:

- The home maintains a compulsory reporting register and consolidated records to document the compulsory reporting of alleged and suspected assaults, and reporting of missing care recipients.

- The residential care agreement provides information regarding security of tenure and financial arrangements. The charter of care recipients' rights and responsibilities is

included in information provided to care recipients/representatives when care recipients enter the home.

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

For a description of the overall education and staff development system refer to expected outcome 1.3 Education and staff development.

Following are specific examples of education relating to Standard 3:

- elder abuse and compulsory reporting;
- customer rights;
- loss and grief.

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 provides initial and ongoing support to each care recipient in adjusting to their new life in the home. An initial lifestyle assessment process identifies their need for emotional support with results used to develop a plan of care that is regularly evaluated and updated.

Care recipients' emotional needs are assessed on an individual basis with consideration for their background, family dynamics, and physical and mental health. Support services available include new care recipients being introduced to and welcomed by other care recipients, newsletters, care recipient/representative meetings, a community visitors' scheme and a volunteer visiting program, and as desired, visits from clergy. We observed staff and interdenominational clergy visiting care recipients. Care recipients said whilst they are supported in participating in life at the home staff respect their right to refuse. Care recipients/representatives are satisfied with the emotional support offered when a care recipient first enters the home and said the support is ongoing.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. A range of initial assessment results identify the care recipient's preferences for independence and are integrated into a care plan to assist them in achieving and maintaining their independence. The home encourages the involvement of family and friends and a volunteer visiting program is available to care recipients as desired. The home's newsletters assist care recipients with knowing about their community within and outside their home. Following upcoming government elections being announced the home books a mobile voting booth to attend the home on the announced date and postal votes are used for relevant care recipients. Care recipients/representatives confirmed care recipients are encouraged and assisted by staff to access and participate in a wide variety of community activities inside 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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Confidential and private information is obtained with the prior consent of the care recipients and/or their representatives and is securely stored. Staff said they sign a confidentiality agreement on commencing at the home. Staff confirmed they receive ongoing training and monitoring on supporting each care recipient's privacy, dignity and confidentially including secure use and storage of their information. Our observations of staff attending care recipients in a respectful and courteous manner show their awareness of each care recipients' right to privacy, dignity and confidentiality. We observed and care recipients/representatives said care recipients live their lives at the home with privacy and dignity.

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

A series of recreational and leisure interest assessments are conducted on a care recipient's initial entry to the home. The results are used to develop and regularly review an individualised plan supporting a person-centred approach for encouraging care recipients' participation in a range of preferred interests and activities. A care recipient's level of participation and their feedback assist staff in the ongoing monitoring and review of activities including group and one-on-one activities. Group activities offered include art and painting, bus trip outings for

shopping, and gentle exercise. Other group activities enjoyed by care recipients include the 'boys club', 'sew and tell' ladies group, coffee shop, birthday celebrations, bingo, choir and happy hour. One-on-one activities enjoyed by care recipients include walks, gentle massage, manicures, and conversations. Care recipients said they participate in a wide range of activities of interest to them and confirmed their right to refuse is respected.

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

Preferences and requirements for care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified, valued and fostered. An initial cultural and spiritual assessment including information provided by the care recipient and/or their family is used to develop and regularly review a plan of care. Cultural and spiritual needs are also considered when planning clinical care and end of life wishes. We observed and care recipients/representatives confirmed care recipients are encouraged to use photographs and other visual displays of their cultural and spiritual heritage. Cultural, international, national and other celebratory days are observed at the home including Christmas day, ANZAC day and Australia day. Care recipients can access clergy and attend on-site interdenominational and other services as desired. Care recipients/representatives are satisfied with the range of individual interests, and cultural and spiritual support available and provided to care recipients.

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

Each care recipient (or his or her representative) participates in decisions about the care and services a care recipient receives on their entry to the home. Care recipients and/or their representatives decide on a range of care and services available including choice of meals and participation in leisure interests and activities. Information packages and the offer of a residency agreement ensure each care recipient (or his or her representative) are aware of choices available to care recipients. We observed information regarding care recipients' rights, complaints mechanisms and advocacy services displayed around the home and documented in entry packages, information handbooks and the residency agreement. Care recipients are aware of the need to not infringe on the rights of other care recipients. Care recipients/representatives expressed satisfaction with the encouragement and support provided in making choices and decisions about the care and services received by care recipients.

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

The home has policies and procedures to ensure care recipients have secure tenure, and care recipients and their representatives understand care recipients' rights and responsibilities prior to moving into the home. Financial arrangements and security of tenure are discussed with care recipients or their representatives, and they are advised of circumstances which could require a change of rooms. The resident accommodation agreement and resident entry pack include information about security of tenure and internal and external complaint mechanisms. The charter of care recipients' rights and responsibilities is included in documentation provided to care recipients and is on display in the home. Care recipients/representatives are satisfied care recipients have secure tenure within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's overall continuous improvement system is described under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard 4:

- The organisation identified the need to formally identify and monitor risks within the home. A representative risk management committee was formed to discuss identified risks, likely occurrence, consequences and controls. Vulnerability forms are completed, entered onto an intranet risk register and are discussed at monthly risk management committee meetings. A review of the risk register identifies a range of risks, including those related to the environment, fire and flood, security, accidents and injury, communications and infection control; the risks have been discussed by the committee and action taken to mitigate risks. As a result, management and staff are prepared for the possibility of events which could compromise the health, comfort, safety and security of care recipients and staff.

- The home considered and responded to requests to enlarge the recreation area in the secure Bruxner wing of the home. Planned renovations were undertaken in three stages, including the renovation of a storage area to a nurses' station, transformation of the previous nurses' station into a bedroom and storeroom, and finally the removal of a bedroom to create the larger living room. A local artist painted wall and ceiling murals depicting serene and calm scenes with a beach theme. The renovations were completed and formally opened in December 2014. The area is now clutter free and safe for care recipients to move freely. Staff and representatives commented on the enlarged living area, stating it had a positive impact on care recipients.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 4:

- The home has a system to ensure external contractors regularly test and service equipment including firefighting and electrical equipment and sprinkler systems. Staff attendance at compulsory annual fire safety training is monitored. A current fire safety statement is displayed in the home.

- The home has NSW food safety audit certification and a food safety program. Processes and training are in place to ensure staff are aware of and adhere to the home's food safety program 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

For a description of the overall education and staff development system refer to expected outcome 1.3 Education and staff development.

Following are specific examples of education relating to Standard 4:

- fire and safety training;

- manual handling;

- food safety.

In addition one gardener is completing a certificate lll course in horticulture.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment for care recipients. Care recipients are encouraged to personalise their rooms with photographs and mementoes. Care recipients and their visitors have access to communal areas, including lounge and dining areas, and external courtyards. We observed that the home is clean, and free of odour and clutter. Communal areas, corridors and bedrooms are bright and well lit. Structural renovations were completed recently to improve the living area in the secure Bruxner wing. The home has a planned preventative and corrective maintenance program; environmental audits identify risks, and monitor care recipients' comfort and safety. Hazards are identified, documented and corrected promptly. Care recipients commented the home is comfortable and temperatures are adjusted to meet their needs. Staff stated maintenance staff attend promptly to identified hazards

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment through policies and procedures, hazard identification and management, and incident and accident reporting. The audit schedule includes regular inspections, audits and checks of the working environment and staff practices. The home's scheduled maintenance program and safe work method statements minimise risk. The home has a representative work health and safety committee which meets every second month, and risk management committee meetings are held monthly. Ongoing education ensures staff understand regulatory requirements and safe work practices. Safety signage is on display and personal protective equipment is available for staff use. Chemicals are stored securely, staff are trained in the storage and use of chemicals, and safety data sheets are provided for all chemicals in use. Staff receive mandatory manual handling training and are trained in the use of new equipment. Staff say they are encouraged to report potential and actual risks within the home.

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

Fire, security and safety systems are monitored and maintained through policies and procedures, regular fire equipment testing and maintenance, and mandatory staff fire safety training. Other measures include hazard identification, safety signage throughout the home

and safe storage of chemicals. The home has a contingency plan, emergency evacuation procedures and care recipients' evacuation information which can be quickly accessed in an emergency. The home has a current agreement with a fire safety company to regularly test and maintain the fire detection system and firefighting equipment, and a current fire safety statement is on display. We observed clearly marked emergency exits and correctly orientated evacuation plans which were updated following recent renovations. Safety data sheets are accessible where chemicals are used and spills kits are available for use. Staff lock external doors of the home each evening and the exterior of the home is well lit. Care recipients/representatives and staff are satisfied with the safety and security of the physical environment.

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 to identify, document, manage and minimise infections. The program includes a food safety plan, pest control measures, a vaccination program for care recipients, and outbreak management contingency plans. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. Care recipients' infection statistics are documented and reviewed monthly. We observed personal protective equipment and colour coded equipment in use. Hand washing facilities, hand sanitisers, sharps waste disposal containers, contaminated waste bins and spill kits are readily accessible. Staff receive infection control education at orientation and as part of ongoing education. They described infection control measures, including the appropriate use of personal protective equipment and hand hygiene procedures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has a four week rotating menu which takes into account care recipients' preferences. Care recipients' dietary requirements and preferences, allergies and supplementary fluid requirements are conveyed to catering staff and information is updated when care recipients' dietary requirements or preferences change. All meals are prepared in the home's kitchen. The home has a food safety program, and catering staff follow hazard analysis and critical control point principles (HACCP) including the use of colour coded equipment and personal protective equipment. Temperature monitoring includes food storage and food from delivery to consumption. Staff follow cleaning schedules and duty statements, and we observed care recipients' rooms, bathrooms and communal areas were clean, tidy and clutter free. The home has a system for the identification, collection and delivery of care recipients' personal items of clothing and the handling of soiled linen. The home has processes for labelling care recipients' personal items of clothing. Staff advised that adequate supplies of cleaning equipment and linen are available. Care recipients/representatives interviewed stated they are satisfied with the catering, cleaning and laundry services.