



Australian Government

Australian Aged Care Quality Agency

RSL Care Westhaven

RACS ID 5324
55 Arabian Street
TOOWOOMBA QLD 4350

Approved provider: RSL Care Limited

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 03 March 2018.

We made our decision on 08 January 2015.

The audit was conducted on 02 December 2014 to 03 December 2014. 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

RSL Care Westhaven 5324

Approved provider: RSL Care Limited

Introduction

This is the report of a re-accreditation audit from 02 December 2014 to 03 December 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 December 2014 to 03 December 2014.

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:	Sandra Henry
Team member/s:	Julie White

Approved provider details

Approved provider:	RSL Care Limited
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Details of home

Name of home:	RSL Care Westhaven
RACS ID:	5324

Total number of allocated places:	78
Number of care recipients during audit:	78
Number of care recipients receiving high care during audit:	74
Special needs catered for:	A secure unit for care recipients with dementia related conditions

Street/PO Box:	55 Arabian Street
City/Town:	TOOWOOMBA
State:	QLD
Postcode:	4350
Phone number:	07 4637 2400
Facsimile:	07 4637 2411
E-mail address:	ericatattersall@rslcare.com.au

Audit trail

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

Interviews

Category	Number
Residential Manager	1
Clinical Manager	1
Clinical Coordinator	1
Registered nursing staff	3
Care staff	4
Workplace Health and Safety Officer	1
Hotel service staff and regional support	5
Care recipients	5
Representatives	6
Diversional therapists	2
Physiotherapist	1
Administration staff	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	8
Personnel files	5
Medication charts	15

Other documents reviewed

The team also reviewed:

- Accreditation self-assessment
- Audit schedule and audits/surveys
- Blood sugar level record charts
- Cleaning schedules and cleaning request forms
- Clinical incident data

- Communication books
- Compliments and complaints registers
- Dietary preference sheets, change information and menu choices forms
- Documentation folders
- Education calendar and attendance records
- Emergency response and business continuity manuals
- Family communication form
- Fire drill reports
- Food business licence
- Food safety program
- Hazard register
- Infection control manual
- Job descriptions and duty statements
- Lifestyle and therapy records
- Maintenance request records (electronic) and reports
- Mandatory reporting records
- Mandatory requirements compliance reports (police certificate, professional registration and competencies)
- Memoranda
- Minutes of meetings
- Newsletter
- Occupier's statement
- Organisational updates (electronic)
- Performance appraisals
- Policies and procedures
- Preventative maintenance schedule, job sheets and checklists
- Quality improvement plan and improvement forms
- Records retention and disposal schedule

- Resident agreement
- Resident and staff handbooks
- Resident evacuation list
- Resident information for outings
- Resident preferred activities
- Risk assessments
- Roster and day sheets
- Safety data sheets
- Service provider agreements
- Service/inspection reports
- Specific needs management plans
- Staff induction checklist and information package
- Temperature monitoring records

Observations

The team observed the following:

- Activities in progress
- Archive room
- Charter of Residents' rights and responsibilities and home's charter on display
- Equipment, chemical and supply storage areas
- Evacuation plans, routes of egress and assembly areas
- External complaints and advocacy information
- Feedback forms and confidential envelopes on display
- Fire panel
- Firefighting and detection equipment
- Hand sanitiser and hand washing stations
- Hazard signage
- Interactions between staff, residents and visitors
- Kitchen, cleaning and laundry operations

- Living environment
- Maintenance workshop
- Meal and beverage service
- Menu on display
- Noticeboards
- Sharps and waste disposal
- Short group observation
- Sign in/out registers
- Staff practices
- Storage of medications
- Suggestion boxes

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

RSL Care Westhaven (the home) actively pursues continuous improvement. The home's continuous improvement system identifies improvement opportunities against the Accreditation Standards. The program is monitored by the home's Residential Manager pursuant to an organisational framework and with support from corporate staff who monitor ongoing improvements from an organisational level. Staff and care recipients/representatives contribute to the improvement system through meetings, feedback forms, audits and surveys, and review of incidents and risk. Improvements are discussed and monitored through meetings prior to being evaluated and completed. Care recipients/representatives and staff are confident suggestions are responded to in a timely manner and are satisfied the home actively pursues continuous improvement.

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

- Following an audit of care recipients' files, the home has replaced adhesive notes previously used to identify changes in next of kin information with a coloured form which can be inserted at the front of the file. The 'family communication' form is used to record whether a care recipient's representative has updated contact details or is temporarily uncontactable, and other relevant communications. Staff were advised about the change in practice via meeting and a memorandum. Management reported that while the initiative is yet to be formally evaluated, staff had indicated it is helpful to have this information in a uniform place for ready reference.
- Following feedback from the physiotherapist regarding care recipients who fall frequently, the home has introduced two strategies to support current practices to minimise and respond to falls. A coloured 'risk of falls' sticker has been added to identified care recipients' summary care plans in their rooms as a visual reminder for staff, and these care recipients have been provided with personal call bell pendants to more readily alert staff in the event of a fall. Management reported both staff and care recipients' falls prevention awareness has improved, and pendants have also been supplied to other care recipients who have expressed concerns about their falls risk. We observed care recipients wearing pendants during the site audit; one care recipient stated use of the call bell pendant prompted a "good response" from staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines. The home is supported by the organisation ensuring management is informed of current legislation, industry practice and professional guidelines with regular updates and the development of policies and procedures to guide staff practices. Staff are informed through meetings, access to the organisation’s intranet site, memoranda and training. Monitoring of the home’s regulatory compliance systems occurs through audits, the observation of staff practices by key personnel and the flagging of key review dates. Training mandated by regulation is scheduled and staff attendance and participation is monitored.

Particular to this Standard, the organisation has systems to ensure police certificates are current and care recipients/representatives are advised of scheduled accreditation visits.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. Key personnel identify staff education needs through legislative requirements, staff and care recipient feedback, complaints and improvement mechanisms, performance appraisals, audits, and incident records. A range of training delivery modes is used to ensure all staff have access to a learning style that is suited to their needs, including ‘tool box’ and in-service sessions and online courses. Staff are encouraged to participate in external education opportunities to enhance their skills and knowledge. All staff complete orientation and annual mandatory training and competencies. Education records are maintained and the effectiveness of the home’s education program is evaluated through observation of staff practices, staff feedback and ongoing clinical indicator/incident monitoring. Staff are satisfied with the support they receive from the home to identify and develop their skills to enable them to perform their roles effectively. Care recipients/representatives are satisfied with the skills and knowledge of management and staff.

Particular to this Standard, staff have been provided with education in the organisation’s charter, workplace behaviours, information technology security and the Accreditation Standards.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and representatives have access to internal and external complaints mechanisms. Care recipients and representatives are informed about internal and external avenues of complaints during the entry process, in the care recipient handbook and agreement, and through the display of relevant information and forms. Complaints are raised on internal forms, at meetings and through case conferences, surveys or discussions with management and staff. Issues raised are logged on an electronic register, investigated in a timely manner by management and addressed until resolution.

Staff and care recipient feedback is discussed at meetings. Care recipients/representatives are satisfied with approaching management with concerns or complaints.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home's charter (its philosophy of care, mission and objectives) is documented in the care recipient and staff handbooks and in the care recipients' newsletters. It is disseminated to staff during the orientation process and through meetings and is displayed within the home. Management and staff at the home are knowledgeable about the home's charter.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has established processes to ensure there are sufficient skilled and qualified staff to ensure it delivers services in accordance with the Accreditation Standards and the home's charter. Management monitors care recipients' level of care needs, care recipient/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. A registered nurse is onsite 24 hours a day to guide registered and care staff in the delivery of care. The home has established relief and on-call processes and management receives corporate human resource management support. New staff are aware of the requirements of their positions through position descriptions/duty statements, 'buddy' shifts, orientation processes and ongoing education sessions. Key personnel conduct annual staff performance appraisals to ensure education needs are identified and staff are aware of their performance

requirements. Care recipients/representatives are satisfied with staff's skill levels and responsiveness of staff to care recipients' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available to provide care and services. Preferred suppliers are used by the home for the provision of various goods and these are checked upon receipt to determine their suitability. Supplies of stock are rotated and monitored to ensure sufficiency for both care and service delivery. New equipment is purchased via capital expenditure request and training provided to staff as required. The home undertakes regular servicing and inspection to ensure equipment is in good working condition. Any unsafe or broken equipment is reported and maintenance action taken. Staff and care recipients/representatives are satisfied there are sufficient goods available and equipment is in good working order.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home's information management systems are generally effective in ensuring continuity of care and service delivery and communicating organisational requirements. The clinical care management system is designed to manage the assessment of residents' care and lifestyle needs, the development of care plans, and the communication of changes to ensure nursing and other staff have current and accurate information. Communication books, progress notes and handover processes are used to record care need changes. Staff are satisfied they have access to appropriate information for the delivery of care and services.

Effective information systems are used for the documentation, analysis and reporting of complaints, incidents, infections, hazards and maintenance services. Information systems that support human resource management, staff education, use of external service providers and continuous improvement are effective. There are processes to ensure the security of electronic and hardcopy information and to manage the archiving and destruction of obsolete records. Care recipients/representatives are satisfied they have access to relevant information and are kept informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. Contracts are coordinated centrally or locally as required and preferred suppliers are used for the provision of external services. Ongoing performance is monitored by key staff and feedback is provided where performance is not to the required standard. Management, care recipients/representatives and staff are satisfied with the provision of current external services.

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 improvements for information about the home's continuous improvement systems and processes.

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

- After an external audit identified one of the home's two medication refrigerators was “frosting up”, the home has implemented a temperature monitoring record for fortnightly completion by night staff. Registered staff are responsible for ensuring variations in refrigerator temperatures and possible ice accumulation do not compromise the efficacy of stored medications. Management reported the process has resulted in improved accuracy of temperature recording and no further “frosting up” of the refrigerators.
- The home has improved its version control of clinical assessment tools after the Clinical Manager identified staff were using outdated documentation. Staff must now refer to a laminated list of current ‘focus tools inventories’ located in nurses' stations to ensure use of endorsed clinical tools and forms. The Clinical Manager updates the list as required; review of documentation indicated staff were informed at meetings to use the ‘updated correct’ forms. Management reported increased consistency in use of the tools by staff since introducing the supporting reference record.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

Particular to this Standard, the home has systems to ensure registrations of registered staff remain current and reportable incidents are managed according to legislative requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Particular to this Standard, staff have been provided with education sessions in behaviour management, palliative care, falls prevention, specialised nursing care and continence 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

Clinical care needs are assessed initially through a pre-admission meeting with the care recipients and their representatives, reference to hospital discharge summaries and comprehensive medical assessments. A series of baseline functional health assessments are conducted to assist in identifying care recipients’ initial and ongoing clinical care needs and preferences which are reflected in individual care plans. Clinical care interventions are recorded in progress notes and shift handover records. Staff demonstrated an understanding of individual care recipients’ needs and report communication processes inform them of any changes in care requirements. Care recipients and/or their representatives are involved in care planning through case conferences and informal contact with registered nursing staff and medical or other allied health personnel. The effectiveness of processes used to meet care recipients’ clinical care needs are evaluated on a daily basis through the portfolios of the Clinical Manager and Clinical Coordinator, and through scheduled audits and surveys. Care recipients are satisfied with the clinical care provided to meet their health and personal care needs.

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 provided by appropriately qualified staff at all times. Information from initial and ongoing assessment processes is reflected in a specific needs management care plan. Registered nursing staff are provided with opportunities to attend updates in clinical care techniques should the need arise and report they have access to sufficient specialised equipment and supplies. Outcomes of specialised nursing care are monitored through regular care plan reviews, care recipients’ feedback and consultation with

medical officers and allied health personnel. Care recipients are satisfied with the care provided and support received to meet specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients have access to a range of health specialists according to their assessed needs and preferences. Services are provided both internally and externally by the home’s staff and external consultants. Initial and continuing assessment processes identify individual needs for other health and related services; appropriate referrals are initiated by registered staff or the care recipient’s medical officer. The home maintains contracts and agreements with allied health services and currently provides services from a physiotherapist, speech pathologist, dietitian, optometrist and dental technician. Assistance is provided to attend community health specialists as needed. Care recipients are satisfied that they have access to appropriate health specialists and the assistance provided by the home’s staff.

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 policies and procedures, appropriately qualified staff and ongoing review mechanisms to ensure safe and correct management of care recipients’ medications.

Registered nurses oversee the medication management system and along with enrolled nurses and personal care workers who have completed competency assessments assist residents with their medications. Medication orders and charts are regularly reviewed by medical officers and a consultant pharmacist undertakes reviews for polypharmacy.

Medication charts include information such as photographic identification, resident allergies and instructions for administration, specific to the care recipient’s needs. The medication advisory committee meets for discussion at regular intervals. As required (PRN) medications are monitored for effectiveness and outcomes are documented. Processes for ordering, delivery, monitoring and return of medication items are audited regularly to ensure medications are dispensed, stored and administered safely and effectively. Care recipients are satisfied with the management of 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

The pain management needs of care recipients are identified through the use of both verbal and non-verbal assessment tools. Individual pain management care plans provide details of strategies considered effective in reducing pain. Pharmacological measures include the use of prescribed regular and/or as needed ‘PRN’ oral pain relieving medications and transdermal narcotic patches. The physiotherapist also provides pain management therapeutic interventions for the management of pain including the application of transcutaneous electrical nerve stimulation (TENS). Monitoring and evaluation processes include ongoing reassessment of pain, including a weekly review of pain experiences by registered nurses of those care recipients requiring additional pain relieving medications or other intervention. Care recipients are satisfied with the help and support provided to assist them to remain as free from pain as possible.

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

Initial and ongoing assessment processes and discussion with care recipients and representatives enable wishes relating to palliative care to be identified. As care recipients’ clinical status changes, their needs, preferences and required care interventions including pain management and comfort measures are documented on a special needs care plan; this guides staff practice together with advice from external health professionals, as required.

Involvement of family members and ongoing monitoring processes ensure individual physical, emotional and spiritual needs and preferences are identified and met. Staff are able to access external palliative care resources to ensure care is provided in a manner that maintains the dignity and comfort of care recipients. Staff are aware of interventions required to provide comprehensive care and comfort for care recipients and emotional support for their families.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive nourishment and hydration according to their assessed needs and preferences. Initial and ongoing assessments include reference to individual resident food allergies, food preferences, special dietary requirements, swallowing difficulties and those requiring assistance with meals. Assessments are documented in care plans with information related to care preferences forwarded to the kitchen. Staff provide assistance with meals, thickened fluids, texture modified diets and special utensils, as required. Care outcomes are

monitored through regular recording of serial weights and weight analysis conducted by the Clinical Manager. Referrals to the speech pathologist and/or dietician are made as necessary. Staff monitor care recipients' ingestion of supplements and encourage residents to take additional fluids to maintain adequate hydration. Care recipients /representatives are satisfied nutrition and hydration needs are being met.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Initial and ongoing assessment, review and evaluation processes identify care recipients' skin integrity status and highlights those at risk of skin impairment. Care plans document identified risk and interventions aimed at maintaining skin integrity consistent with the care recipient's general health. Interventions include regular positional change, use of skin emollients, limb/heel protectors, pressure relieving mattresses overlays, nutritional supplements, together with routine nail and hair care. Care outcomes are monitored through regular care plan evaluations and investigations of incidents involving breaks in skin integrity. Wound care processes include initial and ongoing assessment, evaluation of interventions and review of progress towards healing. Advice is sought from general practitioners and/or external health professionals regarding the management of complex wounds. Care recipients are satisfied skin integrity is consistent with their general health.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

In consultation with care recipients/representatives, continence is assessed as part of the entry process to identify the nature and level of any incontinence. Information gathered is used to inform development of continence programs and care plans. Increased incontinence prompts reassessment and investigation of potential causes. Staff training and ongoing review processes enable prompt detection of and attention to risk factors such as urinary tract infections and/or constipation. Individualised programs to manage/prevent constipation include dietary interventions and administration of prescribed medications. A link nurse oversees the ordering and use of allocated aids and ensures sufficient supplies are available. Staff have access to relevant education/training through the home's continence products service provider. Care recipients are satisfied with the level of assistance and aids provided to manage their continence.

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 baseline health assessment identifies care recipients with impaired cognition and a focus tool is completed to identify strengths and limitations. Interventions are implemented to minimise behaviours of concerns, manage the potential for such behaviours and to protect the safety and rights of the care recipient and others. Ongoing assessment, review and evaluation processes aid identification of triggers and interventions to effectively manage specific behaviours such as aggression, intrusion and agitation. The home has a securely coded unit to accommodate care recipients who have been identified as having a tendency to wander. Care outcomes are monitored through observation, regular care plan evaluations, reassessment and recording/analysis of behaviour incidents. Staff demonstrate awareness of appropriate interventions for individual care recipients and were observed to reflect this understanding in their practice. Ongoing episodes of challenging behaviours are analysed through the home’s incident reporting system. Care recipients/representatives are satisfied with the management of care recipients exhibiting challenging behaviours and report they feel safe and secure in their environment.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The mobility, dexterity and rehabilitation needs of care recipients are initially identified through assessment by the onsite physiotherapist. Care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Individual exercise programs are developed by the physiotherapist and delivered by the physiotherapy assistants. Staff are trained in the use of appropriate manual handling techniques and implement strategies to prevent /minimise resident falls, with the aim of assisting them to achieve and maintain optimal mobility. Care outcomes are monitored through regular care plan evaluations and investigation and analysis of falls. Care recipients are satisfied with the level of support and assistance provided to maintain optimum levels of mobility and dexterity.

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 needs are identified through initial and ongoing assessment, review and evaluation processes. Protocols for the cleaning, storage and replacement of oral care equipment are documented on care plans and oral hygiene is provided as part of daily personal care. Outcomes of oral care are monitored through reassessment, regular care plan

evaluations and through reports received following referrals to dental services. Dental technicians visit the home and care recipients are assisted to attend external dental services where necessary. Oral care equipment and products are available to provide oral care for residents. Care recipients are satisfied with the level of support and assistance provided to maintain oral and dental health and care.

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

Care recipients’ sensory impairments and associated needs are identified through initial and ongoing assessment processes. Individual care plans, provision of assistive devices, modification of the environment and assistance with activities of daily living support residents with specific sensory needs. Referral to relevant specialists including hearing and optometry, services are implemented as required. Staff are aware and aware of individual care recipients’ sensory impairments and cares required and report perceived changes in levels of impairment to registered nursing staff. Care recipients/representatives are satisfied staff are sensitive to residents’ sensory losses and assist them as required.

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

Initial and ongoing assessment processes identify care recipients’ sleep patterns, settling routines and personal preferences and these are documented in care plans. Night routines support an environment conducive to sleep with staff implementing assistance support and comfort measures and administering prescribed medication, if required. Ongoing assessment, planning and evaluation processes monitor the effectiveness of care interventions. Staff are aware of individual sleep/rest patterns and personal routines and provide additional support for those with disturbed sleep episodes. Care recipients state they are able to sleep comfortably, feel safe in their environment and are satisfied with the support provided by staff on occasions they may experience difficulty in sleeping at night.

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

- The home has introduced some animal-based activities to its lifestyle program to provide additional stimulation and interest for care recipients who enjoy interacting with animals. Fish tanks have been purchased for two areas of the home after consulting with care recipients. Hen’s eggs were hatched into chickens in the ‘nursing home’ area with the home retaining two chickens which have been re-housed to the secure area. Care recipients are involved in feeding the fish and chickens; staff stated one care recipient in the home’s secure area enjoys discussions about the animals and feeds them “daily”. Staff also informed us the interest in the egg incubation process prompted care recipients to visit regularly from all parts of the home to check on progress; this has been “good for mobility”. We observed care recipients enjoying the home’s resident animals during the site audit.
- In response to care recipient feedback, the home has installed a washing machine in a laundry used by care recipients in one area. Management and staff reported care recipients from across the home use the equipment for washing delicate and smaller clothing items. After installing the machine, management identified the clothesline nearby was set too high for care recipients to use; this has now been lowered to support care recipient choice and independence in using the laundry facilities.

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 recipient lifestyle.

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

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Particular to this Standard, staff have been provided with education in protecting care recipients’ rights and mandatory reporting, coping with loss and grief and respecting choices.

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

Care recipients receive information about the home prior to entry and through orientation processes to assist with adjustment to their new living environment. Ongoing assessment, planning and care evaluation processes identify care recipients’ needs and preferences for emotional support. Individual care plans document interventions and preferred support mechanisms. The diversional therapist visits during the settling in period to discuss care recipients’ backgrounds, leisure interests and emotional needs. Staff monitor care outcomes through reassessment, personal contact with care recipients and family members, observation and care plan evaluation. Care recipients are satisfied with the support received from staff during their settling in period and with the ongoing support provided by staff, volunteers and management.

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

Assessment processes identify specific care needs of care recipients based on their previous interests and lifestyle as well as their current interests and abilities. The information assists with the development of care plans that maximise individuals' opportunities to maintain independence. Lifestyle programs/leisure activities aim to promote care recipients' independence and maintain/develop connections with internal and external communities.

Care recipients are assisted with those aspects of personal care and other activities they are unable to manage unaided; reassessment, individual risk assessments and care evaluation processes identify additional interventions needed to support individual's preferences for maintaining an independent lifestyle. Staff assist care recipients to maintain their civic and legal rights and to exercise control of their lives to their optimal capacity. Care recipients are encouraged and supported to be independent.

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

Information regarding the right to privacy and dignity is communicated in an information package and handbook and communicated to all care recipients on entry to the home. Confidentiality, privacy and dignity are discussed at staff orientation and care recipient/staff meetings. Needs and preferences are detailed in individual care plans that can only be accessed by authorised personnel. Hard copies of individual care and personal information are securely stored. Staff are aware of individual care recipients' preferences and respect their privacy by knocking on residents' doors and addressing care recipients by their preferred name. Care recipients are satisfied staff are courteous and that their right to privacy and dignity is being respected.

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

Initial and ongoing assessment processes, including completion of a social and cultural profile, identify care recipients' past and current leisure interests. Care plans reflecting individuals' physical, sensory and cognitive abilities and identified interests are developed and reviewed by the diversional therapists. Ongoing processes for planning, delivering and evaluating lifestyle programs consider care recipients' interests and capabilities. Care recipients are informed of

activity programs through established communication processes; activities are monitored and evaluated through attendance records, meetings and surveys, individual feedback, comments and complaints and review of participation rates. Care recipients report a range of activities are offered and staff assist them to be involved in solo or group activities of their choice.

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' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans to assist staff to foster and value individual's beliefs and customs. Church services are scheduled and pastoral care visitors are welcomed to visit care recipients. Celebrations are held to mark days of religious and cultural significance. Outcomes of care are monitored through care recipient feedback, regular care plan evaluation and comments and complaints processes. Staff receive information to increase their awareness of specific cultural and religious considerations relating to personal care and care recipients' lifestyle preferences. Care recipients are satisfied and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and/or their representatives are encouraged to participate in decision-making through processes relating to care planning and delivery and lifestyle choices. Individuals' choices are identified through initial and ongoing assessment processes, resident meetings, surveys, comments and complaints processes and daily contact between staff and care recipients. Staff respect and accommodate care recipients' choices, such as times for daily hygiene cares, evening retiring times and attendance/non-attendance at group activities.

Care recipients are encouraged and supported to make individual choices, and to continue to participate in the community as they wish. Opportunities for care recipients to exercise their decision-making rights are monitored through care plan evaluations, and various feedback forums. Care recipients and representatives report they are satisfied with choices offered in matters relating to the care and services.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and representatives are supplied with written and verbal information regarding care and service provision prior to entering the home. Documents including a residential care agreement and resident information booklet provide information about terms and conditions of tenure, fees and charges, compliments and complaints process and residents' rights and responsibilities. Ongoing discussion with care recipients and their representatives ensures that care needs are met and care recipients remain secure in their living arrangements. Should there be a need to move a care recipient within the home, the reasons are discussed to ensure consent is gained and there is an understanding of the reasons for the proposed move. Care recipients are aware of their rights and responsibilities and are satisfied their tenure at the home is secure.

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

- In response to staff feedback, the home has improved food service delivery practices. Hotel services staff now serve care recipients their morning porridge from a ‘crockpot’ placed on dining tables rather than from a large pot on the service trolley. The home has also purchased hotel-style toasting machines for the two main dining areas, which operate by automatic movement of bread along a grill tray and allow for toasting to care recipient preference. Management reported the new processes enhance the care recipients’ dining experience and are “safer” for care recipients and staff. Care recipients informed us they enjoyed breakfast at the home.
- After management identified a courtyard area attached to the ‘nursing home’ wasn’t “inviting”, the home has improved the appearance of the area through the addition of decorative stones, low maintenance plants, outdoor furniture and a barbecue. Review of documentation indicated the home has received feedback that the area looks ‘wonderful’ and ‘as it should be’. We observed the area in use during the site audit.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to physical environment and safe systems.

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

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Particular to this Standard, staff have been provided with education in manual handling, food and chemical safety, infection control, fire safety and workplace health and safety (including risk management/hazards).

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

There are processes to support a safe and comfortable environment for care recipients in accordance with their care needs. Care recipients and visitors have access to common lounge and dining areas with other private areas available if required. Individual assessment of care recipients requiring a secure environment is undertaken on entry and regularly reviewed. There are processes for the reporting of safety issues, hazards and care recipient/staff incidents. The living environment is maintained through the completion of cleaning schedules, preventative maintenance processes and the maintenance request system. There is a process to support the replacement of furniture and equipment as required. Management monitors the environment through observation and completion of regular audits to ensure a safe and comfortable environment for residents. Care recipients/representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management at the home is actively working to provide a safe working environment that meets regulatory requirements. The home has documented occupational health and safety procedures to guide staff practices. Processes to identify, action and review safety issues are established and inclusive of incident reporting, hazard identification, inspections and audits. Action is undertaken in response to identified issues and safety is discussed at staff meetings. Staff are provided with instruction in relation to safety on commencement of employment and on an ongoing basis as part of the home's annual training program.

Maintenance programs are implemented for equipment which is inclusive of electrical safety testing and processes established to ensure the safe management of chemicals. The home has a Workplace Health and Safety Officer. Staff demonstrated knowledge of the home's safety and reporting systems and are satisfied with management's responsiveness to safety issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safety systems of work to minimise fire, security and other emergency risks. The home has processes and an emergency response manual to enable management and staff to respond to fire and other emergencies. Fire safety equipment and detection systems are inspected and serviced in accordance with legislative requirements and action is consistently undertaken to resolve any defects in a timely manner. Staff receive instruction in fire and emergency procedures at orientation and at ongoing annual mandatory training sessions. Fire drills are conducted regularly and evaluated. Processes to ensure the security of the home include nightly lock up and security patrols by an external provider, use of closed circuit television, security lighting and sign in/out registers. Inspections/audits and observations are conducted to monitor the safety of the environment for potential hazards. Staff and care recipients demonstrated knowledge of how to respond in the event of a fire or emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program to identify and contain potential and actual sources of infection including in the event of an outbreak. The program includes a food safety program, a vaccination program for residents and staff and pest control measures.

Infection control education is provided to all staff at orientation and on an annual basis. Infection statistics are recorded and reviewed by the Clinical Coordinator in their portfolio of Infection Control Officer. Personal protective equipment is in use and hand washing facilities, hand sanitisers, sharps containers and spill kits are readily accessible. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed and food is handled in accordance with the food safety program. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken in the event of an outbreak.

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 at the home are provided in a way that enhances care recipients' quality of life and staff's working environment. Care recipients' dietary needs and preferences are assessed on entry and updated as needs and preferences change, and this information is communicated to relevant staff. Meals are prepared and cooked daily in the main kitchen using a cook-chill system and served in dining areas or care recipients' rooms. Menus are rotated four weekly, reviewed by a dietitian and alternatives made available where care recipients have special requirements or dislikes. Care recipients have input into menu planning through meetings, surveys, the compliments and complaints process and discussion with management and staff. There is a scheduled cleaning program to guide staff to ensure regular cleaning of care recipients' rooms and the environment. Personal clothing and linen items are laundered on site seven days a week in accordance with a laundry schedule. Care staff are responsible for after-hours laundry. There are processes to reduce the incidence of missing laundry and care recipients' clothing is labelled on entry to the home. Staff are provided with ongoing education relating to hospitality and safety. Monitoring of the provision of hospitality services is conducted through care recipient/representative and staff feedback, audits/surveys and observation of staff practice by key personnel. Care recipients/representatives expressed satisfaction with the provision of hospitality services at the home.