RSL Villas - Angle Park

RACS ID 6163
18 Trafford Street
ANGLE PARK SA 5010

Approved provider: RSL Care South Australia Incorporated

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 23 June 2018.

We made our decision on 27 April 2015.

The audit was conducted on 17 March 2015 to 18 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

RSL Villas - Angle Park 6163

Approved provider: RSL Care South Australia Incorporated

Introduction

This is the report of a re-accreditation audit from 17 March 2015 to 18 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 17 March 2015 to 18 March 2015.

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

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

Assessment team

Team leader:	Sandra Lloyd-Davies
Team members:	Joanne Glaze Catherine Wohling

Approved provider details

Approved provider:	RSL Care South Australia Incorporated

Details of home

Name of home:	RSL Villas - Angle Park
RACS ID:	6163

Total number of allocated places:	55
Number of care recipients during audit:	54
Number of care recipients receiving high care during audit:	52
Special needs catered for:	People with dementia or related disorders

Street:	18 Trafford Street
City:	ANGLE PARK
State:	SA
Postcode:	5010
Phone number:	08 8268 7277
Facsimile:	08 8268 7211
E-mail address:	rslvilla@frontierisp.net.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical and care staff	8
Lifestyle and allied health professionals	2
Administration staff	1
Care recipients/representatives	8
Volunteers	1
Ancillary staff	5

Sampled documents

Category	Number
Care recipients' files	5
Medication charts	5

Other documents reviewed

The team also reviewed:

- Activities calendars

- Activity attendance records

- Activity evaluation records

- Care recipient participation and feedback records

- Care recipient special dietary requirements documentation

- Care review schedule

- Catering stock ordering documentation

- Cleaning schedules

- Complaints register

- Continuous improvement documentation

- Continuous improvement forms

- Corrective and preventative maintenance log

- Dangerous drugs of addiction register

- Education and training records and documentation

- Feedback forms

- Fire and emergency plan and procedures

- Fire safety certificate

- Food safety program

- Food temperature records

- Incident and hazard data

- Infection control data

- Job descriptions

- Mandatory reporting and missing persons documentation

- Memoranda

- Mission, vision and core organisational statement

- Monitoring data

- Newsletters

- Organisational chart

- Pest control documentation

- Police clearance records

- Preventative and corrective maintenance records

- Professional registration documentation

- Refrigerator temperature records

- Regulatory compliance documentation

- Resident agreements

- Resident handbook

- Resident menus and dietary requirement documentation

- Resident survey results

- Safety data sheets

- Schedule 4 and 8 drug licence

- Security of tenure documentation

- Staff handbook

- Staff induction and orientation documentation

- Staff registration records

- Various audits and surveys

- Various medication guidelines

- Various meeting minutes

- Various policies, procedures and guidelines

- Volunteer handbook

- Workplace inspection documentation

Observations

The team observed the following:

- Activities in progress

- Advocacy information

- Charter of care recipients' rights and responsibilities

- Chemical storage and protective equipment

- Cleaning in progress

- Contractor sign in/out book

- Equipment and supply storage areas

- Evacuation maps

- Fire prevention equipment

- Firefighting equipment, egress routes, and fire panel

- Hand gel and hand-washing stations

- Interactions between staff and care recipients

- Internal and external complaints and advocacy information

- Internal and external living environment

- Key pads for doors

- Meal service

- Medication administration

- Noticeboards

- Notification to stakeholders of re-accreditation audit

- Personal protective equipment

- Short group observation in dining room in memory support unit

- Spills kits

- 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 Villas is part of RSL Care SA and is one of two residential care sites in South Australia. The home has a systematic and planned approach to continuous improvement which is managed corporately and at a site level by the residential site manager. Continuous improvement ideas originate from a number of sources including care recipient and other stakeholder feedback, staff suggestions, strategic planning processes and external research. Identified improvements are recorded on a plan for continuous improvement. Management regularly monitors the progress, inputs and outcomes of continuous improvement activities Results show care recipients and staff are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified the need to provide a more streamlined recruitment process to ensure consistency and fairness in recruiting staff and a smoother transition into the workplace. Group interviews were introduced allowing larger numbers of candidates to be reviewed through a targeted and streamlined approach. A buddy system to support new staff into the organisation once recruited was trialled and established. Feedback from participants has been complimentary about the thoroughness, professionalism and detail of the process. Experienced staff have commented on the smooth transition of new employees into the workplace.

- As a result of comments made in staff surveys regarding bullying and harassment and the workplace culture, management identified the need to develop a set of workplace standards across the organisation. Staff were encouraged to take the lead in developing the standards and a working group formed. Culture and standards workshops were developed and staff were involved in rolling out the initiative across the organisation through championing and promoting the standards. A logo was developed and displayed on posters in common areas throughout the organisation. Staff so far have indicated an improvement in the workplace culture and a further staff survey is planned to evaluate the improvement.

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, regulatory requirements, professional standards and guidelines. The chief executive officer ensures legislative updates are accessible through membership with peak bodies and communication with relevant government departments. Information is dispersed to relevant management and staff via the quality manager. Compliance is monitored through internal and external audits, inspections and reviews. Information is circulated to relevant staff through meetings and education, according to position and context of the update.

Results show processes are effective in identifying compliance issues, with actions implemented where any gaps are found. Staff said they are updated about regulatory changes.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives notified in writing of re-accreditation audit

- Professional registrations are monitored for clinical staff

- Police checks for staff, allied health professionals and external contractors.

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 has systems and processes to ensure staff and management have appropriate skills and knowledge to effectively perform their roles. Education needs are identified through annual staff performance reviews, audits, meetings, observation of practices and feedback through the comments and complaints mechanism. An annual education plan is developed that schedules a variety of training topics throughout the year for all staff and management. Staff are introduced to the cultural background of RSL Villa through education sessions to increase understanding of care recipients' history and the philosophy of the home.

Employees undertake mandatory education which is monitored through an electronic system ensuring all staff attend sessions. Staff have access to self-directed learning packages as part of the annual education plan. Results show the home provides education opportunities for staff and management across the Accreditation Standards. Staff interviewed said they have access to a variety of education sessions and resources.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- Induction

- Cultural awareness

- Quality and continuous improvement

- Advanced Care Directives

- Self-directed learning packages.

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

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. Care recipients and/or representatives are provided with information about internal and external complaints mechanisms on entry to the home and information is contained in the resident handbook and entry documentation. Securely locked suggestion boxes are available throughout the home for confidential lodgement of comments or complaints and staff assist those who are unable to verbalise or complete forms independently, or for capturing of verbal comments. Monitoring of comments, complaints and other feedback occurs in care recipient meetings, audits, surveys and verbal discussions as needed. Results show care recipients and representatives are aware of internal and external complaints mechanisms. Staff are aware of the comments and complaints system and

processes and feel supported in raising concerns with management. Care recipients are satisfied that concerns raised are managed effectively and resolved appropriately.

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 mission statement, vision and core organisational values are documented in the resident handbook and welcome packs for staff and volunteers. The Board of Directors is supported by the Chief Executive officer and the Chief Operating Officer who has lead responsibility for residential aged care services. Displayed information and documentation of the home's mission, vision and values is consistent. Results show collaboration with staff has been undertaken to define a set of standards and culture across the organisation. Staff interviewed said they were aware of the home's commitment to quality care and services.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a process to ensure there are sufficient numbers of appropriately skilled and qualified staff to meet the needs of care recipients. The organisation has a standardised recruitment and selection process which ensures potential applicants have appropriate skills and qualifications. Where gaps in clinical skill sets are identified, staff are encouraged and supported to attend education to ensure the home can meet the changing needs of care recipients. Corporate and site processes monitor police certificates and professional registrations. Commencing employees attend a two day orientation program and are buddied with an established staff member for initial support. Staff absences are covered by a pool of currently employed staff or agency as required. Staff are guided in their roles by job descriptions, policies, procedures and guidelines. Results show staff skill mix is reviewed and monitored to meet the needs of care recipients. Reminder letters are sent to staff regarding renewal of police checks. Renewal of AHPRA registration is monitored through the AHPRA website and a register is maintained of the renewals. Staff interviewed said they had sufficient time to perform duties and were well supported in their roles. Care recipients and representatives interviewed are satisfied that staff have appropriate skills to deliver care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure adequate stocks of goods and equipment are available to ensure quality service delivery. Organisational purchasing systems and budgeting processes ensures appropriate ordering and monitoring of supplies according to standing orders, service requirements and care recipient needs. Relevant staff monitor stocks of goods and equipment is available as required by care recipients. Results show and staff confirm the home has appropriate stocks of goods and equipment available to support service delivery. Staff said they follow documented procedures for ordering and stock rotation. Care recipients stated they are satisfied with the availability and suitability of goods and equipment they require.

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 effective. The home has processes to provide management and staff with access to sufficient accurate and appropriate information to support them in meeting the requirements of their roles. The home communicates relevant information to staff, care recipients and representatives through activities calendars, noticeboards, handbooks, newsletters, memoranda, staff and care recipient meetings. Tool box meetings, diaries, email, electronic messaging, policies, procedures, guidelines and education sessions support staff communication processes. Care recipients are assessed on entry to the home and care plans are developed from this information. Monitoring processes include feedback forms, resident and staff meetings, audits, surveys, incident and hazard reporting. Results show information is used effectively to communicate with relevant stakeholders. The home has processes for the effective storage, archiving, disposal and management of information. Care recipient hard copy care plans are kept in locked cupboards in each wing. Care recipient files are kept in nurses' stations with access limited to appropriate staff, medical officers and allied health professionals. Computers are password protected with various level of access. Staff interviewed are satisfied they have access to information to guide them in the delivery of care and services. Care recipients and representatives interviewed are satisfied they have access to appropriate information to assist them to make decisions about care and lifestyle preferences.

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

Externally sourced services are provided according to the home's quality service requirements. The home operates under a contractor management process that is managed at a corporate level. Contractors working at the home are required to participate within the contractor management process providing appropriate licences, liability insurance, police clearances, contract review, site sign-in process and an initial site induction when first visiting the home. The home's maintenance officer monitors and communicates closely with all contractors whilst on site. Care recipients and staff are encouraged and supported to provide feedback in respect to external contractors. Results show there are current contracts and agreements for relevant external services, police clearances are checked and that unsatisfactory service is followed up appropriately. Staff said external contractors regularly visit the home and complete tasks as required in a timely manner. Care recipients and their representatives are satisfied with externally contracted 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 improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, the home identifies improvements from care recipients, staff feedback and through monitoring and review processes. Other sources of feedback are audits, care plan reviews, comments and complaints. Care recipient incidents are monitored which includes wounds, falls, infections, medication errors and behaviours. Staff interviewed said they are supported in their roles and encouraged to identify areas of improvement. Care recipients and representatives were satisfied the home supports them to provide suggestions and feedback.

Examples of improvement activities and achievements relating to Standard 2 Health and personal care include:

- Through a review of systems, care plans and observation an opportunity to improve care recipient nutrition and hydration was identified. The clinical care and hospitality teams worked collaboratively with an external service provider to develop a robust system of assessment, review, documentation and follow-up to ensure adequate nutrition and hydration. This included identification of care recipients at risk using the Body Mass Index (BMI) score. A system was developed to monitor BMIs, to capture and respond to care recipient changing needs. Catering staff attended education sessions on providing different levels of texture modified meals as prescribed by the speech pathologist. A recording system was developed for clinical staff to refer care recipients to speech pathology for assessment and re-assessment as needed. Staff interviewed said they have clear roles and responsibilities and have improved knowledge and skills to perform their roles.

- Through observation of systems and staff practices it was identified that medication management in the home could be improved. There is implementation of restricted access to rooms where medication is stored with keys held by authorised staff only. Education sessions were provided to staff by the pharmacist. Electronic incident forms have been modified to include a separate medication section for easy identification of issues. Medication audits are conducted on storage, medication charts, medication labelling and expiry dates. Medication signature omissions are followed up weekly through an audit process. Purple treatment charts were introduced to improve the therapeutic management of care recipients receiving anticoagulant therapy. Results show through evaluation processes that staff knowledge improved in managing medication safely. Staff have been consulted throughout the process and staff feedback has been positive.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Safe and secure storage of medications

- Mandatory reporting register for unexplained absences of care recipients

- Drug licence for possession and storage of dangerous drugs of addiction

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff performance review processes, incident data and current care recipients' needs are used to identify and plan staff education.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Advance Care Directives

- Diabetes

- Skin and wound care

- Pain management

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and review processes. An initial assessment and interim care plan are completed on entry to the home. Assessments are completed in consultation with care recipients/representatives and other health care providers. This information is used to develop care plans that are reviewed three monthly. The home has access to medical officers to assist with the assessment and review of care recipients. Care recipients' clinical care is monitored through monthly weighs, bowel charts, observation, care reviews and clinical audits. Changes are communicated to staff through progress notes, tool box meetings, memoranda and electronic messages. Medical officers are informed of significant changes in care recipients' health status and visit the home on a regular basis. Care recipients are referred to specialists and mental health services as required. Results show care recipients' needs are documented, reviewed and changes to care are implemented as required. Information provided by staff interviewed was consistent with care recipients' care plans. Care recipients and representatives interviewed said they are satisfied with the health and personal care provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients' care needs change. Individualised care plans are developed in consultation with care recipients' medical officers and other health professionals. The home has access to external specialists to assist in meeting care recipients' individual needs. Specialised nursing care is monitored through care plan reviews, audits and observations. Results show care recipients' needs are documented and reviewed. A review of documentation and staff interviews confirmed staff have access to education and specialised clinical guidelines. Care recipients and representatives interviewed said they are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients' needs for specialist health referrals are identified through care reviews, consultation and observations. Physiotherapy services are provided on-site and

assessments of care recipients' needs are completed on entry to the home and on an ongoing basis. Care recipients are referred to a variety of health services, including mental health specialists, podiatry, speech pathology, urology and dental services. Changes to care recipients' needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include audits, care reviews and consultation with care recipients and representatives. Results show care recipients' needs are documented and reviewed. Staff interviewed said they are informed of changes through progress notes, tool box meetings, memoranda and electronic messages. Care recipients and representatives interviewed said they are satisfied care recipients have access to health specialists according to their individual needs and preferences.

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

Care recipients' medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients' medication needs are identified on entry to the home. Each care recipient has a medication chart with personal details and administration instructions. Medications are stored safely and securely. Medications are pre-packaged in sachets and blister packs and administered by registered and enrolled nurses. Monitoring processes include care reviews, incident reporting and audits. Medication issues are discussed at relevant meetings. Results show care recipients' medications are documented and reviewed. Education records and staff interviews confirm staff undertake annual medication competencies. Care recipients and representatives interviewed said they are satisfied with the level of consultation and management of care recipients' medication.

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' pain is managed to ensure they are as free as possible from pain. Care recipients' pain is managed through initial and ongoing assessment and review processes. This information is used to develop individualised care plans in consultation with medical officers and other health professionals. Pain monitoring tools are used to assess all care recipients including those with cognitive deficits. In addition to medication, the home uses interventions such as massage, exercises and repositioning to assist in managing care recipients' pain. Monitoring processes include care plan reviews, observations and audits. Results show care recipients' pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Education records and staff interviews confirm staff are provided with pain management education. Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients' pain is managed according to their individual needs and preferences.

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 processes to maintain the comfort and dignity of terminally ill care recipients. Care recipients' end-of-life wishes are identified on entry to the home. This information is used to develop individualised care plans. The home has links with external palliative care services. Pastoral services are available on-site to provide emotional and spiritual support to care recipients and representatives. Monitoring processes include clinical reviews, observation and feedback from representatives. Results show care recipients' end-of-life wishes are documented and implemented as required. Relevant staff interviewed said they have attended palliative care education. Care recipients' families are supported if they wish to stay at the home. Complimentary written and verbal feedback from representatives expressed satisfaction with the home's approach to the care provided for terminally ill care recipients.

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 adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' nutrition and hydration needs and preferences. This information is used to develop individualised care plans. Drink supplements and fortified meals are provided to care recipients as required. Care recipients with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary. Monitoring processes include monthly weighs, audits, care plan reviews, surveys and observations. Results show care recipients with an assessed need are provided with assistive crockery and cutlery. Clinical staff interviewed said they update care recipients' nutrition and hydration care plans and communicate changes to kitchen staff. Care staff interviewed provided information consistent with the care recipients' care plans. Care recipients and representative interviewed said they are satisfied care recipients' nutrition and hydration needs and preferences are 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

Care recipients are provided with care that maintains their skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. A skin assessment tool is used to assess the level of risk for each care recipient. This information is used to develop individualised care plans. Preventive strategies include moisturising creams, pressure care mattresses, limb protectors,

repositioning and protective dressings. Wounds are assessed, managed and reviewed by registered staff. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show care recipients' needs are documented and reviewed. Staff interviews confirmed they have attended skin integrity education. Care recipients and representatives interviewed said they are satisfied care recipients' skin integrity is maintained.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients receive care that manages their continence according to their individual needs and preferences. Initial and ongoing assessments and review processes identify and manage care recipients' continence needs. This information is used to develop individualised care plans that document continence aids, assistance required and strategies for managing continence. Monitoring processes include, bowel charts, toilet schedules, care plan reviews, observations and clinical audits. Results show care recipients' needs are documented and reviewed. Staff interviewed confirmed they have access to continence management education. Care recipients and representatives interviewed said they are satisfied care recipients' continence needs are managed effectively.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews, audits and observations. Referrals are made to mental health services and behaviour management specialists as required. Results show care recipients' behaviours are documented and reviewed. Staff interviewed provided examples of strategies to assist with the management of challenging behaviours. Care recipients and representatives interviewed said they are satisfied with the home's approach to managing challenging behaviours.

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

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients' mobility and dexterity needs. These processes include assessment by a physiotherapist and individualised

exercises are documented in care recipients' care plans. A group exercise program including Tai Chi and balance and mobility is available to care recipients. Equipment such as, low beds, mobility aids and specialised cutlery are available to assist care recipients to maintain their independence, mobility and dexterity. Monitoring processes include incident reporting, care plan reviews, clinical audits, observations and physiotherapy reviews. Results show care recipients' mobility, dexterity and rehabilitation needs are documented and reviewed. Staff interviewed said they attend annual manual handling education. Care recipients and representatives interviewed said they are satisfied the care provided optimises care recipients' 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 health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' oral and dental needs. This information is used to develop individualised care plans. The home encourages care recipients to attend regular dental checks and assists with facilitating visits to a dentist of their choice. Monitoring processes include care plan reviews, audits and observations. Results show care recipients' dental needs are documented and reviewed. Staff interviewed said they assist care recipients to maintain good oral hygiene. Care recipients and representatives interviewed said they are satisfied the care provided maintains care recipients' oral and dental health.

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 losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' sensory needs for all five senses. Care recipients are assisted to use equipment such as hearing aids and prescription glasses where appropriate. The home facilitates appointments with external services as required.

Monitoring processes include care plan reviews, observation and audits. Results show care recipients' sensory needs are documented and reviewed. Staff confirmed they are aware of strategies documented in care plans to assist care recipients with sensory loss. Care recipients and representatives interviewed said they are satisfied care recipients' sensory losses are identified and managed effectively.

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 provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients' sleep patterns. This information is used to develop individualised care plans that identify care recipients' sleep preferences, including preferred settling and rising times. Environmental preferences and strategies, including lighting, repositioning, hand massages and warm drinks are offered to support natural sleep patterns. Monitoring processes include care plan reviews, incident reporting, observations and audits. Results show care recipients' sleep patterns are documented and reviewed. Staff interviewed said they refer to the care recipients' care plans for individual sleep preferences. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient meetings, verbal feedback, comments and complaints processes. Staff encourage and support care recipients and representatives to provide feedback and suggestions about their lifestyle needs and preferences. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- Management identified the lifestyle team did not have the opportunity to network and improve opportunities for more formal/informal education. Staff often did not crossover shifts and the lifestyle coordinator was communicating the same information several times. Lifestyle activity staff meetings have been implemented on a six weekly basis to facilitate better communication, sharing ideas and educational opportunities. Management and staff have reported improved information systems, lifestyle planning for care recipients and progress note documentation.

- Staff suggested the contribution of volunteers to care recipients' lifestyle opportunities be acknowledged by the organisation. A site specific lunch was arranged to recognise the contribution made by volunteers and presentations were made to all volunteers. Care recipients are satisfied with the activities volunteers assist with and the opportunities the volunteers offer. Staff said the lunch and presentation will be implemented yearly.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Policies and procedures for reporting of elder abuse

- Confidentiality and privacy policy to protect the use of care recipient information

- Residential services agreements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Cultural awareness and history of RSL

- Elder abuse and reporting responsibilities

- Privacy and confidentiality

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

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are welcomed by staff and provided with a resident handbook to assist them to settle into the home. Initial assessments, ongoing review processes, observation and one-to-one communication identify care recipients' emotional support needs

and personal preferences. This information is used to develop individualised care plans. The home monitors the effectiveness of emotional support provided through comments and complaints processes, lifestyle and care reviews, audits and surveys. Results show assessment processes are effective in capturing care recipients' emotional support needs.

Staff interviewed said they report any identified changes to senior staff. Care recipients and representatives interviewed are satisfied with the support provided by staff on an initial and ongoing basis.

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 maintain independence, friendships and connections with the home and broader community. Care recipients' capabilities, preferences and wishes are identified through initial and ongoing assessments and review processes. Individualised care plans are developed from this information. Care recipients are assisted and encouraged to maintain contact with the local community, including family, friends and social groups.

Visitors and community groups are welcomed in the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, audits and surveys. Results show assessments are effective in identifying care recipients who wish to vote in elections.

Staff interviewed said they encourage care recipients to maintain their independence. Care recipients and representatives interviewed are satisfied care recipients are assisted to maintain friendships and physical independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Initial assessment and ongoing review processes identify residents' wishes and preferences. This information is used to develop individualised care plans. Care recipients and representatives are informed about the home's approach to collecting and storing personal information on entry to the home. Staff are informed about care recipients' rights to privacy and dignity and sign a confidentiality agreement when commencing employment at the home. Monitoring processes include comments and complaints, surveys and audits. Results show staff practices are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are aware of strategies to maintain care recipients' privacy and dignity, including addressing care recipients by their preferred name. Care recipients and representatives interviewed are satisfied with practices used by staff to respect and recognise care recipients' right to privacy, dignity and confidentiality.

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

Care recipients are encouraged and supported to participate in individual and group activities of interest to them. Lifestyle assessments and social history profiles identify care recipients' interests and preferred activities. This information is used to develop group activity programs and to implement strategies to assist care recipients to maintain or develop personal interests and activities. Activity program calendars are displayed on noticeboards around the home. Care recipients are informed about activities by lifestyle staff and volunteers and are provided with support to attend if they wish. The effectiveness of the activities program is monitored through lifestyle reviews, comments and complaints, attendance records, activity evaluations, meetings, audits and surveys. Results show care recipients' leisure interests are identified and supported. Staff interviewed said they assist care recipients to attend activities of interest. Care recipients and representatives interviewed are satisfied with the support provided to enable care recipients to participate in leisure interests and activities.

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' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Initial assessment and ongoing review processes identify care recipients' cultural and spiritual needs. This information is used to develop individualised care plans.

Religious services are held in the home on a regular basis. Pastoral workers and chaplains provide one-to-one visits to care recipients. The home celebrates significant spiritual and cultural days, such as, Anzac day, Remembrance day, St. Patrick's day and birthdays.

Monitoring processes include care and lifestyle reviews, comments and complaints, audits, surveys and meetings. Results show care recipients' cultural and spiritual preferences are documented in care plans. Staff interviewed are aware of care recipients' cultural and spiritual needs which affect the provision of care and lifestyle. Care recipients and representatives interviewed are satisfied staff foster and value care recipients' individual cultural and spiritual needs and preferences.

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 is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Initial assessment and ongoing review processes identify care recipients' likes, dislikes and preferences. This information is used to develop care and lifestyle plans. Care recipients have opportunities to provide feedback about the provision of care and services and are encouraged to raise suggestions. Care recipients and representatives are provided with advanced care directives information to enable them to document their care wishes and appoint substitute decision makers of their choice. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings, audits and surveys. Results show care recipients' have access to advocacy services and their choices are respected and encouraged. Staff interviewed said they assist care recipients to make informed choices where appropriate. Care recipients and representatives interviewed are satisfied care recipients are able to exercise choice and control over their care and lifestyle.

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 management team assist care recipients and representatives to understand their legal rights and responsibilities. Information about security of tenure, fees and charges and care recipients' rights and responsibilities is provided to care recipients and representatives on entry to the home. Room changes are undertaken in consultation with care recipients and representatives. Information in relation to care recipients' rights, internal and external complaints mechanisms and advocacy services is displayed in the home and included in the resident handbook. Staff interviewed said they were aware of the security of tenure for care recipients and their responsibilities. Care recipients and representatives interviewed said they are satisfied with the information provided to understand residents' rights and responsibilities and security of tenure.

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.

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through workplace inspections, incident reports, comments and complaints mechanisms, maintenance records and audits. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- Following feedback from care recipients and staff they felt insecure at night, that people outside could be looking in. Consultation was undertaken with the majority of care recipients and staff suggesting frosted glass. Frosted glass was installed on doors and windows at the entrance to the home. Results show that feedback has been positive. Care recipients and staff said they feel secure.

- As a result of representatives and staff commenting on the length of time it took to gain access to the secure rear entrance of the home, an intercom system and security camera was installed. The intercom system is connected to the existing DECT phones ensuring staff respond promptly. Feedback from representatives and staff has been positive they are satisfied that access to the rear entrance has improved.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Documented food safety program

- Corporate work health and safety policies in line with legislative requirements

- Mandatory training for manual handling and fire and emergency education for all staff.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education conducted over the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Chemical awareness

- Fire warden, fire and emergency response

- Food safety

- Hazard and risk management

- Infection control

- Manual handling

- Work health and safety

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management of the home is actively working to provide a safe and comfortable environment that is consistent with care recipients' care needs. Care recipients are accommodated in single rooms with en-suite facilities. Care recipients are encouraged to have personal furnishings in their rooms. Care recipients have access to communal living areas and an interactive garden. The living environment is monitored through workplace inspections, audits, incident and hazard reporting and corrective maintenance processes. Results show care recipients are satisfied they live in a safe and comfortable environment. Staff interviewed said they were aware of their role in assisting to maintain a safe and comfortable environment. Care recipients and representatives interviewed were complimentary regarding the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory compliance. There is a risk management framework to document and manage risks, develop strategies and monitor the implementation of corrective action plans. External security services check the perimeter of the building which includes that doors are securely locked at night. Security escorts staff to their cars if needed. There is a designated staff member responsible for overseeing occupational, health and safety of the home. Monitoring processes include audits, incident and hazard reporting, workplace inspections and preventive and corrective maintenance. Staff have access to relevant safe operating procedures, work health and safety consultation, personal protective equipment and relevant training in safe work practices. Staff interviewed said they have a safe working environment, ongoing education in safe work practices and they understand their responsibilities with regard to work health and safety.

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 safe systems of work that minimise fire, security and emergency risks. The maintenance officer and a contracted fire maintenance service maintain the fire and emergency system, including regular testing, inspections, equipment maintenance and resolution of any defects.

Evacuation maps are located throughout the home. There is a system for electrical testing and tagging for care recipients' equipment. Monitoring processes include audits, incident and hazard reporting and workplace inspections. Results show maintenance requests are logged and actioned promptly. Staff interviewed said they attend annual fire training and are aware of their responsibilities in the event of an 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 maintains an infection control program that meets Australian government infection control guidelines. There are processes for outbreak management, care recipient, staff and volunteer vaccination, pest control and safe food handling. Care recipient infections are identified by clinical staff and appropriate interventions implemented. Pest control treatments are conducted by external service providers. The home has an audited food safety program and has processes to manage infectious outbreaks, including gastroenteritis outbreak kits and hand sanitisers. The infection control program is monitored through internal and external audits and incident reporting. Results show an effective infection control system is in place. Staff interviewed said they have access to personal protective equipment and attend food safety and infection control education. Care recipients and representatives interviewed said they have access to an annual flu vaccination program provided by the home.

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

There are effective hospitality services which enhance care recipients' quality of life and the working environment for staff. Care recipients' needs and preferences are identified on entry to the home and recorded in care planning documentation. This information is conveyed to hospitality services. Care recipients have the choice to have their meals served in the dining rooms of the home according to their choices and nutrition needs, or privately in their individual rooms. Menus reflect care recipients' cultural preferences and needs. Snacks and refreshments between meals are served to suit care recipients' daily routine and dietary

requirements. Cleaning services are conducted according to schedules and infection control principles and staff are aware of their responsibilities for care recipient privacy and dignity. On-site laundry services provide a personal clothing laundry service and linen is outsourced to an external contractor. Clothing is named and tagged by care recipients' family prior to entry. Hospitality services are monitored through audits, surveys, comments and complaints, resident meetings and feedback. Results show hospitality services are provided in a way to enhance care recipients' quality of life. Staff said they are aware of food safety guidelines and have clear procedures to follow in providing catering, cleaning and laundry services.

Care recipients are satisfied with the hospitality services provided.