Australian Government

Australian Aged Care Quality Agency

Redland Residential Care Facility

RACS ID 5504
3 Weippin Street
CLEVELAND QLD 4163

Approved provider: Queensland Health

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 13 December 2018.

We made our decision on 23 November 2015.

The audit was conducted on 12 October 2015 to 14 October 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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

Redland Residential Care Facility 5504

Approved provider: Queensland Health

Introduction

This is the report of a re-accreditation audit from 12 October 2015 to 14 October 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 12 October 2015 to 14 October 2015.

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

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

Assessment team

Team leader:	Andrea Hopkinson
Team member:	Dee Kemsley

Approved provider details

Approved provider:	Queensland Health

Details of home

Name of home:	Redland Residential Care Facility
RACS ID:	5504

Total number of allocated places:	128
Number of care recipients during audit:	105
Number of care recipients receiving high care during audit:	105
Special needs catered for:	Care recipients with dementia and mental health conditions

Street/PO Box:	3 Weippin Street
City/Town:	CLEVELAND
State:	QLD
Postcode:	4163
Phone number:	07 3488 3800
Facsimile:	07 3488 3803
E-mail address:	Margaret_Broomfield@health.qld.gov.au

Audit trail

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

Interviews

Category	Number
Nursing Director	1
Acting Nurse Unit Manager/Nurse Unit Manager	4
Clinical Nurse	2
Registered staff	3
Care staff	5
Nurse Practitioner	1
Nurse Educator	1
Infection Control Clinical Nurse Consultant	2
Dietitian	1
Catering staff	2
Care recipients / Representatives	11
Recreation Officer	2
Social Worker	1
Cleaning staff	3
Volunteer Coordinator	1
Physiotherapist	1
Occupational Therapist	1
Service Improvement Coordinator	1
Speech Pathologist	1
Regional staff	7

Sampled documents

Category	Number
Care recipients' clinical files	10
Medication charts	12

Other documents reviewed

The team also reviewed:

- Actions plans
- Activity evaluation forms
- Activity planning and risk assessments
- Admission pack
- Allied health evaluation and recommendations
- Audits and reports
- Behaviour management review notes
- Benchmarking reports
- Bowel management charts
- Care and complex care directive signing sheets
- Care recipient fire list
- Chemical register
- Cleaning duties and information
- Clinical assessments
- Clinical incident reports (PRIME) and summary
- Clinical monitoring/observation charts
- Complaints register and complaints
- Contracts register and service agreements
- Controlled drug register
- Device management records (clinical)
- Diabetic record sheet
- Diaries
- Dietary information
- Disaster management plan
- Doctor's folders
- Education records

- Emergency response plans and colour coded checklists
- Enteral feeding regime
- External audits/reports
- Family/carer conference and advance care plan
- Fire drills
- Food safety records
- Group and individual activities programs
- Handover sheets
- Hazard report
- Home’s self-assessment
- Induction manual and checklists
- Maintenance records and schedules
- Mandatory reporting folder
- Medication monitoring comprehensive reviews
- Mental health review tribunal reports
- Menu
- Minutes of meetings
- Newsletter
- Nurse initiated medication list
- Pandemic plan
- Performance appraisal and development plans
- Personal emergency evacuation plans
- Pest control report
- Physical therapy resident exercise program
- Police certificates register
- Policies and procedures
- Position descriptions
- Positive behaviour support plan

- PRN ‘as required’ progress notes
- Professional nursing staff registrations register
- Quality improvement activity reports
- Recruitment and selection process and documentation
- ‘Resident’ handbook
- Residential care agreement
- Restraint assessment and authorisation
- Role specific pathways
- Rosters
- Safety data sheets
- Satisfaction survey
- Service reports
- Staff incident reports
- Statement of choice - advance care planning
- Training needs analysis
- Training score card
- Vision, purpose and objectives statement
- Weight graphs
- Work instructions
- Work orders
- Wound assessments and management plans

Observations

The team observed the following:

- Activities in progress
- Activity resources available to care recipients and staff
- Administration and storage of medication
- Clinical resources available to staff
- Equipment and supply storage areas

- Evacuation maps and exits
- Fire panel and fire equipment
- ‘Have your say’ forms on display
- Information storage
- Interactions between management, staff, care recipients, volunteers and family members
- Internal and external living environment
- Intranet
- Manual handling and mobility assistive devices in use
- Meal and beverage services
- Medical and allied health specialists attending to care recipients
- Notice boards
- Pressure relieving equipment in use
- Safety representatives and fire warden on shift
- Short group observation
- Staff work practices
- Swipe card access to secure areas
- Testing and tagging of equipment

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

Redlands Residential Care Facility (the home) has a framework to assist in actively pursuing continuous improvement. This system is comprised of processes to support the input and consultation with various stakeholders through 'have your say' forms, hazard reporting, meetings, one-to-one feedback, consumer engagement groups and satisfaction surveys.

Identified opportunities for improvement are captured in action plans or quality improvement activity reports. Improvements are actioned, monitored and feedback provided to ensure their effectiveness. A program of internal monitoring activities such as audits, benchmarking, self- assessments and incident reporting is undertaken to monitor the home's performance against internal requirements and the Accreditation Standards. Management and staff provided examples of improvement across all four Accreditation Standards. Care recipients/representatives and staff are satisfied with being able to provide feedback at the home.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- Following a review by the Service Improvement Coordinator, the home has revised their quality improvement process. This involved the development of a quality improvement activity report which includes information about the activity, identifies who and when the activity is to be completed, where the feedback is to be presented to as well as an evaluation of the activity. Management and key staff advised this has streamlined the process, supported the monitoring of improvement activities and ensured improvements are more transparent to staff.

- Following an audit of the home's assessment processes, it was identified assessment tools were not being consistently completed by staff to capture the required information about a care recipient. As a result, the home undertook a review of clinical assessment tools and streamlined these to reduce recording the same information in multiple places. Staff advised the revised clinical documentation suite is more effective in collecting data due to the tools being more straight forward, simpler to use and no more duplication.

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 organisation has implemented systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Regional personnel identify those legislation and regulations to be complied with and notify onsite management of relevant changes. Documents incorporate legislative and regulatory requirements and policies/procedures and guidelines are available to staff. A system to communicate changes is implemented and is inclusive of meetings, the region's intranet site and education relevant to staff roles. The home's processes for monitoring compliance are generally effective and include the use of internal registers, audits and reviews.

Particular to this Standard, management and key staff are aware of their regulatory responsibilities in relation to staff and volunteers having a current police certificate and care recipients/representatives being advised of scheduled re-accreditation audits. Processes generally ensure these requirements are met.

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 processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Recruitment and selection processes are undertaken to identify the suitability of the staff member for the position. New staff are provided with an orientation, 'buddy' shifts and ongoing support to ensure an understanding of their roles and responsibilities. A role specific pathway has been developed to identify the key training requirements and further training needs are identified and incorporated as part of the home's and individual staff education programs. A series of mandatory training requirements are identified and monitored to ensure successful completion of these. Staff performance is monitored through an appraisal process, observations, internal audits and feedback mechanisms; a process to address performance issues is implemented. Staff are satisfied with the support and access to training to assist them to undertake their roles; care recipients/representatives are satisfied with staff knowledge and skills.

Examples of information topics relevant to Standard 1 include: scope of practice, orientation, documentation training and code of conduct training.

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 support care recipients, representatives and other interested parties in having access to internal and external complaint mechanisms. Information is provided to care recipients, representatives and staff on the home's internal complaints processes and external mechanisms through information packs and information provided on commencement. 'Have your say' forms and information on external mechanisms are on display throughout the home along with a feedback box. Care recipients, representatives and other relevant parties are encouraged to provide feedback either in writing or verbally through meetings or directly with staff/management. There are processes to support the management of an anonymous or confidential complaint; complaints are investigated and feedback provided on the outcomes to the relevant party. Care recipients/representatives and staff are satisfied with access to the complaints system.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, values, philosophy, objectives and commitment to quality have been documented; these are published in various resources and are on display.

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 processes for ensuring there are appropriately skilled and qualified staff sufficient to provide care and services. The recruitment and selection of staff is undertaken by management based on the relevant skills, qualifications and experience held. Staff are orientated and provided with ongoing educational opportunities to support skill development. Internal processes ensure staff skills are monitored and evaluated through assessments, performance reviews and feedback mechanisms. A process is used to ensure the currency of police certificates and professional nursing staff registrations. The home's staffing model is based on the identified needs, acuity of care recipients and the skill mix of staff to provide the necessary care and services. Strategies to manage workloads are implemented following planned and unplanned leave. The sufficiency of staff is monitored through feedback, observations as well as through incident analysis.

Care recipients/representatives and staff are satisfied in the sufficiency of staffing to meet individual care and service delivery 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

There are processes to ensure stocks of appropriate goods and equipment are available for service delivery. A designated staff member is responsible for monitoring supplies; an impress system is used and re-ordering through the use of preferred suppliers. Equipment needs are identified, these needs are discussed at a review committee, with trials undertaken to ensure the suitability of equipment. Goods are checked on receipt, rotated and securely stored in designated storage areas. Staff are provided with instruction on the correct use of equipment and supplies. A preventative and reactive maintenance program is implemented through the creation of work orders and monitored by regional staff using a register to ensure the ongoing safety of equipment. Care recipients/representatives and staff are satisfied there are sufficient goods and equipment is maintained for service delivery.

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

Effective information management systems are generally in place to support management and staff in undertaking their roles. A combination of electronic and paper based systems are used by the home to assist in the delivery of care and services. Care recipients' care and lifestyle needs are assessed by appropriate staff and this information is used to develop plans of care. Data is collected and information is available, accessed and updated to support the home's activities and monitoring processes. Dissemination of information occurs through verbal, electronic systems, newsletters, handover processes and meetings.

Information is stored securely and electronic systems are password protected to ensure confidentiality is maintained. The storage and management of archived files is undertaken offsite. Staff, care recipients/representatives and management are satisfied with the effectiveness of the home's information systems.

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

Systems ensure external service providers meet the needs and service requirements of the home. Externally sourced services are predominately managed by regional staff and include the use of contracts/service agreements. Where a local need is identified, the home specifies service requirements through an agreement. Systems to oversee the performance of external service providers are in place, with feedback provided to relevant staff where this is not to the required standard. Care recipients/representatives and staff are satisfied with externally sourced 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

The home has a continuous improvement system in relation to care recipients' health and personal care. Refer to Expected outcome 1.1 Continuous improvement for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- In response to the home's monitoring activities, an opportunity to improve the management of care recipients' skin integrity was identified. This initiative involved a series of strategies such as increasing the application of moisturiser to care recipients' skin to twice daily, creation of pressure relieving device boxes for quick access by staff and the implementation of non-slip toe socks. Clinical staff advised review of skin care practices are continuing to be undertaken through the audit program, with initial results showing improved outcomes for individual care recipients as well as overall skin related incidences.
- Following a review by management, the home identified an opportunity to implement an after-hours clinical nurse position. The purpose of this role is to provide additional clinical support and timely advice for registered staff, assist with problem solving and to educate staff on clinical issues. Management provided positive feedback in relation to this initiative, with key staff indicating this has enhanced clinical support and education for staff on night duty especially in relation to end of life care.

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 organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to specified care and services, professional staff nursing registrations and

unexplained absences of care recipients. Processes generally ensure these requirements are met.

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 processes.

Examples of information topics relevant to Standard 2 include: palliative care, basic foot care, dysphasia, medication, physical aggression, basic life support and end of life care.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has processes to assess care recipients' initial and ongoing clinical care needs and preferences. A temporary care plan is completed on entry to the home from information provided by the care recipient/representative, hospital discharge and/or medical referral notes. Comprehensive and focus assessments are then completed to form individualised care plans to direct the provision of care. Care plans are evaluated every three months, or as care needs change. Registered clinical staff and care staff contribute towards care recipient progress notes on an exceptional reporting basis. Care recipients/representatives have input into the ongoing provision of the care through care plan reviews and annual case conferences. Monitoring the effectiveness of clinical care is undertaken through the regular care review processes, analysis of clinical incidents, analysis of infection data, scheduled audits, consumer engagement forums and feedback from care recipients/representatives and staff. Staff have an understanding of individual care recipient care needs. Care recipients/representatives are satisfied with the clinical 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

The needs of care recipients requiring ongoing specialised nursing care are identified on entry to the home and as their care needs change. This information is detailed in the care recipient's individualised care plans to guide staff practice. Registered clinical staff are available on-site 24 hours a day, seven days a week, to assess and oversee specialised care requirements. These currently include diabetic management, catheter care, stoma care, percutaneous endoscopic gastrostomy (PEG) feeds, complex pain and chronic

wound management. Monitoring and review of care recipients' specialised nursing care needs are conducted by registered staff in conjunction and consultation with the Clinical Nurses (CN) and Nurse Unit Managers (NUMs). The use of external specialist services is available to support staff to care for care recipients with their specialised needs. Appropriate equipment and sufficient stock is also accessible to enable care recipients' specialised nursing care needs to be met. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received by care recipients with their specialised 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 and/or are referred to a wide range of health specialists who provide services such as physiotherapy, occupational therapy, social work, speech pathology, podiatry, dietetics, optometry, dental care, audiology, pathology, mental health and dementia care services. A referral mechanism is initiated by registered clinical staff in conjunction with the NUMs and the medical officer as appropriate. Health specialists regularly attend the home and registered clinical staff, in consultation with the care recipient/representative, coordinate and manage external appointments as required. The outcome of referrals including instructions for ongoing care are documented, actioned and retained in clinical records with changes incorporated into the care recipients' care plan as identified. Care recipients/representatives are satisfied with the choice and access to other health specialists.

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

Registered clinical staff administer care recipients' medications. Registered nurses are available onsite 24 hours per day for consultation regarding administration of 'as required' (PRN) medication. Care recipient medications are supplied in sachet packs and individual containers delivered to the home on a weekly basis and/or as required. Medications are stored securely and registered staff are aware of procedural and legislative requirements relating to the safe and correct administration and storage of medications and controlled drugs. Care recipients' medical officers review care recipients' medications at least three monthly and external medication review is undertaken on identified care recipients. The home has processes to assess, authorise and review care recipients who wish to self-administer their medication. Evaluation of the medication management system is conducted through monitoring of medication errors, medication advisory committee (MAC) meetings, monitoring of staff practice and the internal auditing processes. Care recipients/representatives are satisfied care recipients' medication is administered safely and correctly.

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 management needs are identified and assessed on entry to the home and monitored on an ongoing basis. Referral to allied health specialists such as the physiotherapist and occupational therapist is actioned as required for ongoing management of pain in relation to mobility, contractures, splint management and exercise programs.

Strategies to manage care recipients' pain include the provision of heat packs, the application of transcutaneous electrical nerve stimulation (TENS), ultrasound therapy, individual and group exercises, massage, assisted walks and regular repositioning.

Medication measures include PRN medication, regular prescribed oral pain relief and topical slow-release pain relief patches. Effectiveness of pain management strategies is assessed and monitored by registered staff with any changes being recorded in care recipients' progress notes or pain assessment charts and referred to the medical officer for further review. Care recipients/representatives are satisfied care recipients' pain is managed effectively and staff respond to requests for assistance if care recipients experience pain.

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 provide care and comfort for terminally ill care recipients. Care recipients' end-of-life wishes, for example their Advanced Health Directive or Statement of Choice, are discussed with the care recipient/representative on entry to the home or as the care recipients' health status changes. An end-of-life care pathway is completed through consultation with the care recipient and family members, registered clinical staff, medical officer, allied health specialists and the palliative care team as identified. Care recipients are supported to remain in the home during the palliative phase of care and family are able to visit and/or stay with care recipients during this time. Spiritual support is offered and provided according to care recipients' preferences. Specialised clinical supplies and equipment are available to assist care recipients to remain as free from pain as possible. Staff are aware of the care needs and measures required to provide comfort and dignity 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' dietary requirements are identified and assessed on entry to the home including their personal likes, dislikes and medical dietary needs. Strategies to support care recipients' nutrition and hydration needs are incorporated into their care plans and communicated to all staff including catering staff. Care strategies include assistance with meals, provision of dietary aids, regular beverage rounds and the provision of thickened fluids and modified texture diets. Care recipients are routinely weighed on entry to the home and then monthly. The registered clinical staff monitor care recipients' weights and variances in weight are analysed for causative factors. Strategies to manage weight loss include implementation of increased monitoring, provision of fortified diets, provision of supplements and referral to the dietitian, medical officer or speech pathologist for consultation and review as identified. The effectiveness of nutrition and hydration management is evaluated through observation, review of weights, the audit process and feedback from staff and care recipients. Care recipients/representatives are satisfied the home provides adequate nourishment and hydration for care recipients.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity and the potential for compromised skin integrity are assessed on entry to the home. Maintenance and/or preventative strategies are implemented as appropriate. Strategies include the use of aids and equipment such as pressure relieving devices such as air mattresses, limb and heel protectors, daily monitoring by registered clinical nurses, application of moisturising and/or barrier creams and regular repositioning. Wounds and treatments are monitored via wound assessment and management records, with registered clinical staff providing wound care. Review of more complex wounds are regularly undertaken by the CNs and NUMs and referred to the medical officer as required. The incidence of injury and skin tears is captured and analysed for trends or triggers and interventions are implemented as identified. Staff receive education in manual handling at orientation and annually with the view to ensuring care recipients' skin integrity is not compromised in any way. The effectiveness of skin care is further evaluated through the audit process, staff observation and feedback. Care recipients/representatives are satisfied care recipients receive care and assistance to maintain their skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Care recipients' individual continence programs are developed and are detailed on care plans. A daily bowel record is maintained for care recipients that registered clinical staff monitor and action as required. Bowel management strategies include the provision of prunes and pear juice, increased fluids are encouraged and aperients are administered as prescribed. Care plans record strategies to promote and manage care recipients' continence needs including regular toileting programs, assistance with personal hygiene and provision of appropriate continence aids. The registered clinical staff monitor care recipients' ongoing continence aid use for appropriateness and ensure continence supplies are ordered and distributed. Staff have an understanding of care recipients' individual toileting schedules and continence needs. Care recipients/representatives are satisfied with the level of assistance and aids provided to manage care recipients' continence needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified during the initial assessment phase on entry to the home and on an ongoing review basis. Behavioural assessments identify the types of behaviours exhibited, possible triggers and management strategies. Strategies implemented to manage challenging behaviours are individualised and may include the provision of a secure environment, regular review by a specialist nurse practitioner, participation in group activities, one-on-one interactions, redirection, provision of a relaxation room and medication review as required. Care recipients are also referred to mental health and/or dementia behaviour specialists as the need is identified. The home has processes to assess and authorise the need for care recipients' environmental and individual physical restraint. Staff have an understanding of managing care recipients with challenging behaviours and interact with care recipients in a manner that encourages positive outcomes. Care recipients/representatives are satisfied the activities and behaviours of other care recipients do not infringe on care recipients' life at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

An initial assessment in relation to each care recipient's specific mobility, transfer and therapy needs is conducted by the Physiotherapist on entry to the home or as their care

needs change. Individualised mobility care plans are developed which include transfer and manual handling instructions. Care recipients at risk of falls are assessed and identified and this is recorded on their care plans. Strategies to manage and minimise falls include the provision of laser beams, low beds with padded bedside mats, floatation chairs, non-slip socks and safety helmets, increased monitoring by staff and reviewing care recipients' environment and medication. Care recipient falls are documented on incident forms and are monitored further with changed mobility care needs, including increased falls, referred to the medical officer, physiotherapist and occupational therapist for review. Care staff and the allied health assistant assists care recipients with individual exercise and walking programs. The Occupational Therapist ensures care recipients have the correct equipment for their mobility and dexterity care needs. Care recipients/representatives are satisfied with the level of support and assistance provided to maintain care recipients' mobility and dexterity levels.

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' history and preferences relating to the management of their oral and dental health is identified on entry to the home. This includes the level of assistance needed and is documented on care recipients' care plans. Care staff monitor care recipients' ability to self- manage their oral care and assist when required. They inform registered staff of any concerns which initiates further referrals as appropriate. Care recipients are assisted to visit their own dentist of choice and the local hospital dental clinic is accessible as required.

Registered clinical staff in consultation with the care recipient/representative, co-ordinate and arrange dental referrals when a need is identified. The home maintains stocks of equipment and products to meet care recipients' oral hygiene needs and care recipients are provided with new tooth brushes every three months. Care recipients/representatives are satisfied with the level of support provided to assist care recipients with the maintenance of oral hygiene and their access to dental health services.

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

Assessment of care recipients' sensory needs or losses occurs on entry to the home or as care needs change. Care interventions reflect care recipients' identified sensory needs and personal preferences in order to guide the provision of assistance by staff. Care staff provide support with activities of daily living and assist care recipients to manage assistive devices such as spectacles and hearing aids (including cleaning, care and replacing of batteries) to maximise sensory function. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the care recipient/representative and medical officer. Clinical staff coordinate external appointments when required with any changes being incorporated into the care recipient's care plan. Care recipients/representatives are satisfied with the

assistance provided by staff to identify and manage the care recipients' sensory care needs and preferences.

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

Each care recipient is assessed on entry about their usual sleep patterns, settling routines and personal preferences are documented to form part of their individualised care plan. Night routines maintain an environment that is conducive to sleep. Staff implement support and comfort measures which may include for example, a settling routine, provision of supper and snacks, lighting and temperature adjustment, reduction of noise, repositioning and attending to continence, hygiene and pain management needs. Medication interventions are administered according to the care recipient's attending medical officers' orders. Staff are aware of care recipients' sleep and rest patterns and personal preferences and check on care recipients overnight. Care recipients are able to sleep comfortably and are satisfied with the support provided by staff.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system in relation to care recipients' lifestyle. Refer to Expected outcome 1.1 Continuous improvement for details on the home's overall system.

Examples of recent improvements relating to care recipient lifestyle include, but are not limited to:

- In response to a review of the consultation processes with care recipients and representatives, it was identified the current method of meetings was not effective due to the level of participation. As a result the home established a consumer engagement forum that is held at a more suitable time to enable more care recipients' representatives to attend. The forum enables sharing of information, a presentation on a particular topic such as advanced care planning and opportunities for one to one follow up with management. Management and key staff advised following the implementation of this initiative they have received positive feedback from care recipients' families and this has also resulted in an increase in participation.
- Following the completion of the care recipient/representative satisfaction survey, an opportunity was identified to improve the activities program for care recipients. This involved the review of the current program for one to one activities by the formulation of a one to one calendar in each of the units, increase in recreational therapy hours as well as an increase in the frequency of one to one for care recipients with an identified need. Staff and care recipients/representatives provide positive feedback in relation to the success of this initiative and the enjoyment this brings to the care recipients.

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 organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to care recipient lifestyle.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to compulsory reporting, privacy and security of tenure. Processes ensure these requirements are met.

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 processes.

Examples of information topics relevant to Standard 3 include: elder abuse, advanced care planning and dementia training modules.

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

Emotional support is provided to care recipients and/or their representatives upon entry to the home by all staff involved in the entry process, including the Social Worker. Information about care recipients' lifestyle and leisure interests or preferences is collected from the care recipients/representatives through initial and ongoing assessment and discussion.

Individualised 'lifestyle, diversional therapy, social needs and emotional support' care plans are developed to guide the provision of care by staff. There are processes to assist new care recipients to settle including orientation to the home, provision of information on the home and planned activities, introduction to the chaplain and visitor community scheme where appropriate and introduction to other care recipients, staff and management. Care recipients are able and encouraged to bring personal possessions to furnish their rooms. Family visits are encouraged and supported. Staff are aware of care recipients' needs for increased support at particular times such as illness, loss and bereavement. Care

recipients/representatives are satisfied with support received from staff to help care recipients to adjust to their lifestyle in the home.

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' lifestyle and leisure interests are identified on entry to assist with the development of care and lifestyle plans that promote individual care recipient's independence. Staff support care recipients' independence within their capacity in relation to personal care and activities of daily living. Appropriate equipment, for example such as mobility and continence aids, are provided to further support care recipients' independence. The recreational team assists care recipients to participate in leisure activities, outings and shopping trips, to maintain links within the community as well as with family and friends.

Consumer engagement forums provide an opportunity for care recipients to discuss issues and voice suggestions and/or concerns. Concerns can also be addressed through the home's comments and complaints process. Care recipients/representatives are satisfied with the support provided to enable care recipients maintain an optimal level of 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

The home maintains policies and processes to protect and maintain care recipients' privacy, confidentiality and dignity. On entry to the home care recipients are provided with information about privacy and confidentiality which is contained in the care recipient handbook. Staff have an awareness of care recipients' privacy and confidentiality considerations, for example when attending to care recipient clinical care and hygiene needs and when providing handover. Care recipients' personal, clinical and financial information is stored in a secure manner that protects the confidentiality of care recipients. On being employed all staff are provided with mandatory training in relation to privacy, dignity and confidentiality. Care recipients/representatives are satisfied care recipients' privacy needs are respected and staff ensure that care recipients' dignity is maintained.

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' lifestyle, leisure interests and preferences are identified through interview and completion of assessment. Individualised lifestyle plans are developed in consultation with the care recipient/representatives. The home's seven day activity program includes a variety of group activities, social gatherings, planned outings and individual one-to-one interactions. Monthly activity calendars are provided to care recipients, posted in care recipient communal areas and communicated to care recipients by the recreational team on a daily basis. The activity program is supported by volunteers who assist with activities provided and one-on-one interactions with care recipients. Programs are evaluated by review of participation, feedback at consumer engagement forums, surveys and one-to-one interaction with care recipients and the recreational officers. Care recipients/representatives are satisfied with the leisure and activity programs offered to care recipients by the home.

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' spiritual and cultural needs and preferences are identified on entry to the home and are documented on their care and lifestyle plans that are developed in consultation with the care recipient/representative. Various denominations conduct services and a prayer group on a regular basis at the home and room visits are provided as required. The home has processes to ensure care recipients from culturally and linguistically diverse (CALD) backgrounds have their cultural and spiritual needs identified and met. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community and on an individual basis. Care recipients/representatives are satisfied care recipients' cultural practices and spiritual beliefs are provided for and respected.

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 are provided with opportunities to exercise choice and decision making in the planning and provision of care and leisure options and are encouraged to be involved.

Input and feedback is sought from care recipients/representatives throughout the care recipient's stay at the home via care plan reviews, case conferences, consumer engagement forums, the comments and complaints processes and daily one-to-one interaction between staff, management and care recipients. Staff use strategies to incorporate choice into care recipients' daily care routines and leisure interests. Information for care recipients about internal and external complaint mechanisms are contained in the 'resident care agreement', 'resident handbook' and information displayed in the care recipients' communal living areas. Care recipients/representatives are satisfied with choices offered in matters relating to care recipients' care and lifestyles and are satisfied staff show due consideration to care recipients' personal preferences and choices.

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/representatives receive information about the home that includes security of tenure and the care recipients' rights and responsibilities, prior to the care recipient moving into the home and on entry. Care recipients receive a 'resident care agreement' and 'resident handbook' that further outline this information and includes information about internal and external complaints mechanisms. The finance department or resident support officer is also available to assist care recipients/representatives with their queries during the entry process. Ongoing information is provided through one-on-one consultation with key staff and/or management, consumer engagement forums and displayed in communal areas and on noticeboards as the need arises. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1 Continuous improvement for details on the home's overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- Following a successful trial conducted by regional staff, the home has implemented a new cleaning system. The new cleaning system involved the introduction of specialised colour coded equipment for day to day cleaning of floors and the implementation of disposable mop heads for the management of body spills or rooms of care recipients with infections. New trolleys with lockable sections were also implemented to enable these to be secured when not in use. Staff were provided with education on the new system and sufficient equipment to ensure regular changing of mop heads. Key staff advised the new system reduces the potential for slips due to the floor being drier; trolleys are now more secure and improved infection control practices have resulted due to the use of disposal items.

- In response to a review of maintenance processes within the home, it was identified there was a need for a standardised process and to improve the reporting of out of service equipment. This resulted in the creation of a flow chart which now includes after hours processes and the development of an orange tag to identify equipment is out of action. The tag provides details that the item has been reported to avoid duplication in reporting as well as assist maintenance personnel identify which equipment is faulty. Management and staff advised this has improved the maintenance process as equipment is more easily identified for repair and there is support for after hours if required.

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 organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to physical environment and safety systems.

Particular to this Standard, management and key staff are aware of their regulatory responsibilities in relation to fire and building compliance, food safety and work health and safety. Processes ensure these requirements are met.

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 processes.

Examples of information topics relevant to Standard 4 include: fire and emergency response, manual handling, infection control and fire warden.

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

The home has processes to provide a safe and comfortable living environment for care recipients in accordance with their care needs. Care recipients' safety and comfort needs are assessed when they move into the home and on an ongoing basis. A secure environment is provided for care recipients with an identified need. Accommodation provided for care recipients includes single rooms with shared en-suited bathrooms along with access to common areas for dining, activities and outdoor gardens. A variety of furnishings and specialised equipment is available along with external seating areas. Programs for maintenance and cleaning are implemented to provide a safe and comfortable environment. Care recipients' safety and comfort needs are generally monitored and assessed through audits/inspections, feedback mechanisms as well as through the hazard and incident reporting processes. Care recipients/representatives are satisfied with the safety and comfort of the home's 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 is actively working to provide a safe environment that meets regulatory requirements. Management in consultation with regional staff and onsite work health and safety representatives support safety with the home. Policies and procedures are developed and accessible to staff via the region's intranet site. Staff are trained in safety requirements at commencement through the orientation program, annual mandatory training program and based on identified risk or need. Hazard, incident reporting and audits are implemented to support the identification, assessment and control of risks inclusive of rehabilitation procedures. Safety is discussed at relevant meetings and processes are implemented for the safe management of electrical equipment and chemicals. Staff are satisfied with the management's responsiveness to any safety issues or concerns and are satisfied their working environment is safe.

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 safe systems of work that minimise fire, security and emergency risks. The home's has documented procedures and plans for responding to a fire or other emergency. Staff are provided with instructions on the home's fire system and evacuation procedures through the orientation program and annually; attendance is monitored. Evacuation diagrams are displayed, personal emergency evacuation plans developed for specific care recipients and fire lists are available. Fire safety equipment and detection systems are inspected and maintained by an external service provider. Other processes implemented by the home to minimise risk include lock up procedures, use of security patrols, sign in and out procedures, electrical testing for residual current devices and audits/inspections of the environment. Fire drills are conducted to test staff knowledge of emergency procedures and staff are knowledgeable of how to respond to an emergency situation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes to manage infection control in the areas of clinical, lifestyle, catering, cleaning and laundry practices. The Infection Control Clinical Nurse, in conjunction with key staff, oversee the infection control program and infection control

policies are available to guide staff practice, including outbreak management guidelines and supplies.

Infections are documented and monitored by registered clinical staff and action taken as needed. Staff are provided with infection control education at orientation then annually or as needed. Care recipients are administered influenza vaccinations annually by their medical officer with consent and a vaccination program is offered to staff. The home has a food safety program and safe food practices are followed by catering, lifestyle, and clinical staff. The home provides hand washing facilities, anti-bacterial hand gel dispensers, sharps containers, outbreak/spill kits and personal protective equipment for staff and has processes to manage waste and pest control. The effectiveness of infection control measures is monitored through review of infection statistics, audits and observation of staff practices.

Staff are aware of the colour-coded equipment, the use of personal protective equipment and the principles used to prevent cross infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that hospitality services are provided in a way that enhance care recipients' quality of life and staff working environment. Care recipients' dietary needs and preferences are assessed and this information is communicated to kitchen staff. Meals are provided from the co-located hospital to individual servery areas for plating and serving. Staff receive education in relation to food safety requirements and reporting processes generally support the home's food safety practices. Menus are rotated on a regular basis and adjustment made to the menu in response to feedback. Laundering of all flat linen and personal items is undertaken offsite, with a process established to support the return of personal items. Information and schedules are provided to staff to facilitate effective cleaning services across the home and to ensure these are conducted in line with infection control processes. Monitoring and reviews of the home's hospitality services is conducted through audits, observations, surveys and via other internal feedback mechanisms. Care recipients/representatives are satisfied with the provision of hospitality services at the home and staff are satisfied with the working environment.