



Australian Government

Australian Aged Care Quality Agency

Skipton Nursing Home

RACS ID 4495
Blake Street
SKIPTON VIC 3361

Approved provider: Beaufort & Skipton Health Service

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 09 October 2018.

We made our decision on 25 August 2015.

The audit was conducted on 14 July 2015 to 15 July 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

Skipton Nursing Home 4495

Approved provider: Beaufort & Skipton Health Service

Introduction

This is the report of a re-accreditation audit from 14 July 2015 to 15 July 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 14 July 2015 to 15 July 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:	Ann De Pellegrin
Team member:	Bradley McKenzie

Approved provider details

Approved provider:	Beaufort & Skipton Health Service
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Details of home

Name of home:	Skipton Nursing Home
RACS ID:	4495

Total number of allocated places:	11
Number of care recipients during audit:	11 care recipients
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Care recipients living with dementia
Email address for submission of audit assessment information:	TrevorA@bashs.org.au

Street:	Blake Street
City:	Skipton
State:	Victoria
Postcode:	3361
Phone number:	03 5340 1100
Facsimile:	03 5340 2333
E-mail address:	Belindah@bashs.org.au

Audit trail

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

Interviews

Category	Number
Management/administration	7
Clinical, care and lifestyle staff	4
Care recipients/representatives	6
Hospitality, environment and safety staff	5

Sampled documents

Category	Number
Care recipients' files	4
Medication charts	4
Residential agreements	3
Personnel files	3
Service agreements	5

Other documents reviewed

The team also reviewed:

- Audit reports, inspections, survey results, data and trend analysis
- Care recipient lists and handover documentation
- Cleaning schedules and related documentation
- Clinical documentation and charts
- Comments, complaints, suggestions and 'bright ideas' documentation
- Communication mechanisms – electronic and paper based
- Consent forms for disclosure of selected personal information and activities
- Corporate structure and governance documentation
- Education and training calendar, related records and competency matrix
- Emergency manual and related information
- Foods and safety plan and documentation

- Human resource records, staff and volunteer lists
- Incident documentation
- Infection control and outbreak management information and posters
- Information handbooks for care recipients, staff and contractors
- Lifestyle documentation, life stories and activity program
- Mandatory reporting register
- Meeting minutes and schedules
- Menu, dietary information and special event meals
- Occupational health and safety resources information and related documentation
- Plan for continuous improvement and related documentation
- Policies, procedures and associated flow charts
- Preventative and reactive maintenance schedules and records
- Re-accreditation self-assessment
- Regulatory compliance certification and reports
- Rosters, staff availability and contact information
- Stock order records
- Summary reports of police certificates, statutory declarations, and nursing registrations.

Observations

The team observed the following:

- Activities in progress, resources material and interactions
- Education multimedia hub
- Equipment and supply storage areas
- Firefighting equipment, fire panel and egress areas
- Interactions between staff and care recipients
- Living environment, day centre and medical clinic
- Meal and refreshment service
- Medication administration and secure storage of medications
- Mobility and transfer equipment

- Noticeboards, information displays, brochures and suggestion boxes
- Notices of re-accreditation displayed
- Organisation's vision, mission and values statements displayed
- Safety and security mechanisms including video surveillance
- Short observation in dining room
- Staff work areas and maintenance workshops
- The charter of care recipients' rights and responsibilities displayed.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across the Accreditation Standards. Management identify improvement opportunities through quality activities, various meeting forums, comments and complaints and more recently a 'bright ideas' concept aimed at care recipients and representatives. The organisation uses a traffic light system to capture new ideas and monitor ongoing improvements. The system details persons responsible for actions, care recipient impacts, completion dates and outcomes. Improvements generally undergo evaluation for effectiveness. The organisation's management review the plan for improvement. Care recipients, representatives and staff are aware of continuous improvement and said management respond to suggestions and complaints.

Examples of improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- Management identified the current system for comments, complaints and suggestions needed improvement due to the negative association stakeholders may have with this terminology. Through discussion with care recipients and other stakeholders a 'bright ideas' concept was developed to be used in conjunction with the current feedback system. Management will be formally evaluating the new concept over the coming months and early feedback from care recipients has been positive.
- Management identified issues in communication regarding the current police certificate status of staff operating across campuses. Management reviewed the systems and processes of organisations similar to their own and identified a program with the ability to facilitate a central database. Management said there is no longer an issue and police check status is quickly identifiable with the new system.

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’s management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to the Accreditation Standards. Corporate management subscribe to various legislative services and receives updates from government agencies and peak industry bodies. Relevant committee groups review changes, develop or modify policies and procedures and provide education to ensure alignment with changes. Site management utilise orientation, information handbooks, education, meetings and other communication mechanisms to flag specific regulatory compliance changes or issues. Management monitors continued compliance through quality activities, external audits and observation of staff practice. Staff are aware of their obligations in relation to regulatory compliance and confirm management inform them when changes occur. Care recipients and representatives were informed of the re-accreditation audit.

Examples of regulatory compliance obligations in relation to Standard 1 Management systems, staffing and organisational development include:

- The organisation has a continuous improvement plan and identifies improvements related to the home.
- Stakeholders have access to information regarding advocacy services and internal and external complaint mechanisms.
- A system for ensuring the currency of police certificates and statutory declarations as appropriate for staff, volunteers and related contractors.
- Processes to ensure the currency of professional registrations for staff and allied health professionals.
- Appropriate and secure information storage and destruction systems at the home.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively. The organisation’s management develop a yearly education plan based on sources including regulatory compliance, performance reviews, training needs analysis with mandatory topics and competency evaluation. Site management arrange additional education and training topics in response to feedback, incidents, results of quality activities and care recipient needs or changes. Delivery occurs through facilitated and practical sessions, online and self-directed

learning, workshops and seminars with several staff certified trainers. Management and staff complete topics and competencies related to their role. The organisation encourages professional development with further studies and/or up- skilling opportunities, with support provided. Management monitor and evaluate the effectiveness of education through feedback, attendance records, observations and quality activities. Management and staff are satisfied with the education and training opportunities offered.

Education and training scheduled and attended in relation to Standard 1 Management systems, staffing and organisational development include:

- accreditation overview
- bullying and harassment
- clinical supervision
- competition and consumer law
- complaints management.

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. Management provide this information in relevant packs, brochures and residential agreements and verbally explain the process during the entry phase. External complaints and advocacy brochures are accessible with feedback forms and collection boxes available for anonymous input. Management has an 'open door' approach. A social worker is available to act as an advocate if required. Management acknowledge and address all comments made, record these and generate reports. Corporate management review reports, identify trends or service gaps and action as required. Confidential files are managed as per privacy principles. Stakeholders have various opportunities for comments or complaints through informal interaction, relevant meeting groups, care consultation and surveys. Staff are clear about their responsibilities when responding to complaints. Care recipients and representatives are comfortable in approaching staff and management with any issues and satisfied with their timely response.

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 has a vision, mission and values statement which includes the organisation's commitment to quality care and service delivery. Management displays these statements prominently in the home and repeats them in a range of internal documents.

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 organisation's management recruit appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks, with continued monitoring of registration and other certification once employed. Orientation includes education, supported shifts and other human resource information provided. Position descriptions and duty lists are current and define individual responsibilities. Management and key staff monitor and adjust staffing allocations. Rosters show adequate staffing levels and skill mix is maintained at all times, with a registered nurse accessible on all shifts. Permanent and casual staff fill vacant shifts with consideration to care recipients' current needs. Management monitor staff performance through competency assessments, performance appraisals and observation of practice. Staff are satisfied staffing levels are maintained. Care recipients and representatives are satisfied with the skills and competency of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation's management has a system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Designated staff regularly monitor and order clinical and non-clinical supplies through preferred and approved suppliers. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas. Prior to purchase, new equipment is trialled to ensure it meets service requirements and implementation occurs with staff training. The goods and equipment provided reflect the identified needs of care recipients. A preventative and corrective maintenance program ensures equipment is in good working order with regular and scheduled cleaning of equipment. Management monitor the stock of appropriate goods and equipment through

quality activities and feedback. Care recipients, representatives and staff expressed satisfaction with the quality, quantity and availability of stock and equipment.

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

All stakeholders have access to current information on the processes and general activities of the home. Management disseminates information to stakeholders through various mechanisms including results of quality activities, feedback and generally the outcomes of continuous improvement. Information handbooks are distributed to care recipients, representatives, staff and contractors. Key staff collect data with trend analysis reviewed and reported. Staff generally have access to accurate information to provide appropriate clinical care and services via various records including electronic care plans, communication books, handover and policies and procedures. Staff have access to electronic information which is password protected and the organisation backs up electronic information. Archiving and document destruction processes ensure information privacy and confidentiality principles are applied. Management monitor the system through quality activities and stakeholder feedback. Staff said they are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Care recipients and representatives expressed satisfaction with the level of information provided to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation's management engages external service providers to provide quality services that meet the residential care service's needs and service quality goals. Corporate management have procedures for establishing contracted services, selection criteria, negotiation and renewal of services. Product suppliers and contractors sign agreements which include standards of service, regulatory and license requirements, qualifications and insurance. Corporate and site management evaluate product and service performance through quality activities, feedback mechanisms, formal and informal evaluation. Staff have access to preferred supplier and service contact lists and after hour's services, as required. Care recipients, representatives and staff are satisfied with the services provided by the current external contractors and suppliers at the home.

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

Management and staff pursue continuous improvement in the area of health and personal care. For a description of the continuous improvement system refer to expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 2 Health and person care include:

- Clinical staff identified continued over-ordering of continence aids was influencing clinical finances and had the potential to see good stock wasted for various reasons. Management observed this situation over time and noticed the over ordering was due to miscommunication between staff members. Management devised a new ordering system and appointed the nurse unit manager to oversee purchase orders for continence aids. Management said the new system is working well, stock levels are at acceptable levels and care recipient feedback has been positive.
- Clinical management conducted a random sample audit of care recipients' skin assessments against a pressure area monitoring tool. While the results of the audit revealed positive skin and pressure area outcomes for care recipients, it also identified the benefits of more pressure relieving equipment should greater care recipient acuity require this. In response to this finding, the organisation purchased two new air mattresses to meet possible future requirements.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Management and staff demonstrate a clear understanding of regulatory requirements and guidelines to their roles.

Examples of regulatory compliance obligations in relation to Standard 2 Health and personal care include:

- A registered nurse plans, supervises and undertakes specialised nursing care and oversees care recipients with high care needs.
- Management and staff demonstrate knowledge and practice of legislative obligations in relation to medication management, storage and relevant protocols.
- Policies and procedures for the compulsory reporting of unexplained care recipient absences.

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

Management monitor the knowledge and skills of staff to effectively perform their roles in relation to care recipients’ health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 2 – Care recipients health and personal care include:

- basic or advanced life support
- fall prevention
- medication calculation and safe medication management
- preventing pressure in care
- understanding dementia.

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 appropriate clinical care according to their needs and preferences. A collaborative team of nurses, carers and allied health professionals complete assessments and care planning for care recipients. Staff report significant changes to individual care needs to attending general practitioners. Handover information and staff feedback is consistent with care plan documentation and monthly review summaries. Management monitor clinical care through audits, clinical data analysis, monthly care plan reviews and consultation with the care recipient and/or their representative. Care recipients and representatives are satisfied with the clinical care provided at the home.

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

Registered nursing staff identify and assess care recipients complex nursing care needs on entry to the home and through regular monitoring and evaluation of care. Staff develop complex nursing care plans for conditions requiring ongoing supervision such as catheters, wounds, chronic pain and diabetes. Advice is available through allied health consultants, general practitioners and specialist services. Registered nursing staff review care plans monthly to ensure appropriateness of practice and progress of ongoing conditions.

Management maintain appropriate supplies to provide for the identified range of complex care requirements. Care recipients expressed satisfaction with the complex care they receive and the attention to detail shown by nursing and care staff.

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

Referral to health specialists occurs in accordance with each care recipient’s needs and preferences. Nursing staff refer care recipients with complex health care needs to relevant specialists for treatment and advice. Care recipients have access to medical and allied health care providers as part of the Beaufort and Skipton Health Service network. Care recipients can also access providers of their choice, if preferred, in surrounding towns and the nearby city of Ballarat. Staff disseminate specialist recommendations through verbal handover, progress notes and care plans. Care recipients said they attend external appointments and are satisfied with the range of allied health services available to them.

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 nurses oversee the management of care recipients medications administered by nursing staff, according to the home’s policies and procedures. Medication assessments, completed when the care recipient enters the home, identify medication requirements and preferences, allergies and assistance for safe administration. Medication charts detail specific orders, identification information and special considerations for infrequent medications. Regulated medications are stored securely and there is a system for pharmacy returns. Care recipients wishing to self-administer their own medications can, following satisfactory assessment of their ability to do so. Clinical meetings, independent pharmacy reviews, audits and the incident reporting system contribute to the monitoring of safe medication systems. Care recipients are satisfied with the management of their medications.

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

Pain management strategies ensure care recipients are as free as possible from pain. Initial assessments identify individual pain experiences. Care plans include consideration of disease progression, triggers for discomfort and treatment interventions. Pain management plans are reviewed upon changes in clinical status, new episodes of reported pain and when ‘as required’ pain relief is administered over a period of time. Staff refer acute episodes of pain and discomfort to attending general practitioners and allied health services. Pain relieving measures include massage, heat treatment and medication. Management monitor the effectiveness of care through progress note review, audits and feedback. Care recipients are satisfied with how staff manage their discomfort.

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

Nursing staff consult with care recipients and representatives regarding palliative care wishes on entry to the facility. Staff encourage care recipients, their family and/or their representatives to complete an advanced care plan based on the ‘Respecting Patient Choices’ and ‘Palliative Care in Aged Care’ programs to reflect individual wishes regarding terminal care. Staff assess care recipients’ ongoing terminal care requirements as necessary in consultation with attending general practitioners, palliative services and allied health professionals. Clergy can visit the home upon request to provide comfort and support to staff, family and friends. Representatives expressed satisfaction with care consultation and the emotional support provided by management and staff.

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 nourishment and hydration. Assessments and care plans identify allergies, details of required assistive devices, personal preferences and clinical needs. Processes include monitoring of care recipients weight and referrals to the dietitian and speech pathologist as necessary. Dietary information held by the kitchen generally reflects care recipients’ assessed needs, preferences and specialised dietary requirements. The care review includes weight analysis, nutritional status and the need for referral to other specialists. Staff administer nutritional supplements to enhance care recipients nutritional status when required. Care recipients and representatives are satisfied with the variety and presentation of food available in the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Initial and ongoing assessments identify care recipients at risk of skin breakdown and staff implement management strategies. Staff complete risk assessments identifying the potential for pressure injury and falls incidents. Care plans detail moisturising regimes and various personal preferences. Progress notes reflect the monitoring of care recipients skin integrity. Staff utilise pressure relieving equipment such as air mattresses and apply protective stockings and other devices. Staff follow instructions for the redressing of wounds and management monitor wound healing progress assisted by periodic photographs.

Management seek the assistance of a wound care specialist for complex wound management. Care recipients are satisfied with skin integrity and care in the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Nursing staff ensure care recipients receive assistance to manage their continence needs effectively. Nursing staff determine individual toileting patterns and levels of required assistance after a period of observation and charting. Following assessment and evaluation staff implement a plan for individual continence care. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. Management maintain appropriate levels of supplies and staff have knowledge of care recipients continence needs and preferences. Nursing staff review care plans quarterly or as required for changes in continence

needs. The infection control program monitors urinary tract infections via pathway documentation and findings assist to identify infection trends and treatments as appropriate. Care recipients are satisfied with the assistance they receive for continence care.

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

Nursing staff assess care recipients on entry for their individual needs and preferences and following a settling period, commence detailed behaviour charting. Behaviour assessment and care planning often involves input from family members and/or their representatives.

Staff review care recipients needs on a regular basis and in response to changes in health status. Staff identify care recipients who demonstrate new or recurrent behaviours of concern and implement interventions as needed. Staff refer care recipients to their individual general practitioner for review and to mental health services as appropriate. Staff document incidents relating to behaviours and management monitor incidents for trends, required action and follow up. Care recipients and representatives are satisfied with staff’s response when challenging behaviours occur in 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

Care recipients have access to care and equipment to maintain optimum levels of mobility and dexterity. Physiotherapy and nursing staff complete assessments identifying care recipients mobility risks and care needs. Care plans include strategies to promote independence and minimise falls risks. Lifestyle programs enhance mobility and dexterity with exercise and walking activities. Care recipients can access the services of an occupational therapist as necessary. Appropriate transfer equipment, assistive devices and mobile chairs are available. Education programs provide resources for incident management, manual handling and safe transfer techniques. Appropriate post fall referral and follow up occurs and falls data is analysed. Management monitor care using audits of incidents, care plan reviews, observation and feedback. Care recipients are satisfied with the care they receive to maintain their 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 processes contribute to the maintenance of care recipients’ oral and dental health. Nursing staff complete initial and ongoing assessments to develop a dental care plan in

consultation with the care recipient or their representative. Care plans document individual preferences for cleaning natural teeth, dentures and other care. Care recipients' oral care is specialised during palliation and staff promote mouth rinsing following administration of certain inhalers. Management purchase sensitive compound toothpaste only to prevent oral discomfort in care recipients with their own teeth. Staff support care recipients to attend dental services in the broader community. Care recipients and representatives are satisfied with individualised dental care provided to care recipients.

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

Nursing staff assisted by allied health professionals identify and effectively manage care recipients' sensory losses. Staff assess care recipients sensory needs on entry to the home and as needed thereafter. Staff arrange referrals to relevant health professionals and organise transport to attend appointments. Staff identified various ways they assist care recipients who have sensory loss. Care recipients identified as having sensory deficits, such as requiring glasses or hearing devices, have management strategies documented in their care plans. Care recipients said staff assist them with the care and maintenance of their glasses and hearing devices.

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

Assessment processes and care planning assists care recipients to get adequate sleep and rest. Nursing staff identify care recipients' sleep needs and preferences through ongoing assessments, observation and feedback. Care plans detail individual strategies including comfort measures to promote sleep and individual preferences for settling times. Past histories, pain management and continence care are warning signs for disturbed sleep patterns and are integral to individual care planning. Care plans detail strategies to help resettle care recipients who wake during the night including offering comfort care, emotional support and pain relief as appropriate. Care recipients are satisfied with how staff assist them to get sufficient rest and sleep.

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

Management and staff pursue continuous improvement in the area of care recipient lifestyle. For a description of the continuous improvement system refer to expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 3 Care recipient lifestyle:

- Management and lifestyle staff found they were not utilising better practice evidence around tactile stimulus in care recipients with sensory loss. A staff member researched this form of therapy and identified the possible benefits this could have on care recipients residing in the home. Management developed a tactile therapy kit and staff were educated around its utilisation. Lifestyle staff said this has provided additional opportunities to engage with care recipients, especially when they may be unable to participate in other activities.
- Care recipients and their representatives’ suggested the opportunity to engage with pets and other animals. Management in response, identified a community service who visits aged care facilities with dogs to socialise with care recipients. Staff said care recipients respond positively to the animals and appear calmer and engaged throughout their visits.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding care recipient lifestyle. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Staff said management inform them of regulatory changes in relation to care recipient lifestyle.

Examples of regulatory compliance obligations in relation to Standard 3 Care recipient lifestyle include:

- An updated policy and related procedures to manage compulsory reporting obligations in relation to elder abuse. Management maintain a consolidated reporting register.
- Policies and procedures regarding privacy principles and confidentiality of care recipient information. Management and staff demonstrate they uphold these privacy principles.
- The organisation offers a residential agreement to each care recipient and/or their representative and demonstrates compliance relating to the provision and signing of these agreements.
- Management displays the ‘Charter of care recipients’ rights and responsibilities’ in key areas and within documentation.

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

Management monitor the knowledge and skills of staff to effectively perform their roles in relation to care recipients' health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 3 Care recipient lifestyle include:

- elder abuse and mandatory reporting
- personal and family centred care
- 'The Charter of care recipients' rights and responsibilities'
- 'The Privacy Act'
- use of the tactile therapy kit.

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

Management, staff and volunteers follow processes to ensure care recipients receive initial and ongoing emotional support in adjusting to life in the facility environment. Lifestyle staff and volunteers play an active role in supporting care recipients and their representatives throughout their tenure. Staff support care recipients during periods of high stress or declining mood with referral to the health network's social worker as necessary. Care recipients and their representatives are encouraged to personalise care recipients rooms, maintain outside community links and attend regular 'consumer' meetings. Dedicated staff and community volunteers assist care recipients in fulfilling their preferred lifestyle through facility vehicle access. Management encourage visits from family, friends, schoolchildren and animals. Care recipients and representatives are satisfied with the way staff support care recipients on an 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

Management and staff assist care recipients to achieve maximum independence, maintain friendships and participate in community life. The home's assessment process identifies care recipients' ability and preference for social interaction and community participation. Physical independence is encouraged through regular exercise and therapy programs, walks and physiotherapy sessions. Friendships are encouraged amongst care recipients, particularly where there is a similar interest. Staff welcome and encourage family and friends to visit regularly and attend social events. Staff assist care recipients to contact family, friends and/or external groups to maintain friendship and community links. Care recipients said staff help them maximise their 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

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. The organisation has a privacy policy featured within information handbooks and staff orientation. Management and staff identify care recipient's privacy and dignity preferences during the entry phase, with regular review of this information. Management and staff store confidential information appropriately with restricted access only. Quiet areas are available for care recipients to meet privately with family and visitors. Staff described privacy principles when assisting and caring for care recipients including the use of privacy signage when attending to care and calling care recipients by their preferred names. Care recipients and representatives expressed satisfaction with the level of respect shown to care recipients.

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

Lifestyle staff and volunteers provide care recipients with activities over a five-day week while nursing staff and representatives support a weekend program. The program includes, where possible, care recipient ideas and preferences, identified following comprehensive and individualised lifestyle assessments. Care recipients receive a monthly activities calendar detailing activities and services. The calendar also includes timing for regular activities such as group and one on one with care recipients, sensory and tactile engagement, entertainers and cultural events. Staff record attendance and respect care recipients choice not to attend activities. Management encourage care recipient and representative feedback through

consumer meetings, suggestions boxes, annual surveys and the 'Bright Ideas' concept. Care recipients are satisfied with the encouragement and support they receive to participate in the activities program.

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

Lifestyle staff assess the spiritual and cultural preferences of new care recipients on entry to the home and as required thereafter. An inclusive religious service is available to care recipients monthly and individuals have access, through the Skipton health service network, to a community social worker and pastoral care worker as required. A visiting dietitian supports care recipients requiring modifications to their diets for cultural reasons. Staff prepare proceedings to celebrate culturally significant and commemorative days. The lifestyle and leisure team maintain photo displays of care recipients enjoying social events. Care recipients are satisfied their individual backgrounds and subsequent needs are supported 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

Management demonstrate the rights of each care recipient and/or their representative to make decisions and exercise choice and control over care recipient's lifestyle are recognised and respected. The home uses consultative processes to obtain information from care recipients and/or their representatives including surveys, care recipient meetings, feedback and one-to-one communication. Monitoring processes include care plan and lifestyle reviews and consultation with care recipients. Staff encourage and assist care recipients to participate in decisions about the services provided to them and to make choices based on their individual preferences. Care recipients are satisfied they make decisions of their choice.

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 organisation has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Before moving into the home, management provide comprehensive information verbally and/or in writing ensuring care recipients and their representatives are fully aware of their rights, terms of tenure and entitlements. Care recipients and representatives are encouraged to seek external legal and financial advice.

Management offer agreements to all care recipients, which contain information relating to security of tenure, fees and charges, rights and responsibilities, and services provided.

Consultation occurs if a care recipient needs to move to another room or to a more appropriate facility, and only occurs through mutual agreement. The home displays 'The Charter of care recipients' rights and responsibilities and highlights this in various documents. Care recipients and representatives said they feel secure in the tenure of care recipients at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management and staff pursue continuous improvement in the area of physical environment and safe systems. For a description of the continuous improvement system refer to expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 4 Physical environment and safe systems includes:

- Following suggestions from various stakeholders, the organisation has begun replacing their existing filament lighting throughout the campus with light-emitting diode (LED) lighting. This undertaking is progressing with electrical work expected to continue throughout the year. Management also identified specialised lighting devices to assist care recipients with particular care needs. Staff expressed positive outcomes regarding the new lighting including better corridor illumination for care recipients and less time contacting maintenance for failed light globes. Maintenance staff said not only is this system of lighting more energy efficient, the life span is considerably longer resulting in less time spent on changing globes. Evaluation is ongoing.
- In response to staff comments and hesitation in managing the emergency response panel, the trainer placed instructions via a sequential number system on the panel to guide staff. The guide enables staff to quickly close off the alarm sound but not deactivate the response to the local fire brigade. Staff said they feel more confident now as the guide is easy to follow and ensures care recipients are not distressed by the alarm.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding physical environment and safe systems. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Staff said management and key staff inform them of regulatory changes in relation to physical environment and safe systems.

Examples of regulatory compliance obligations in relation to Standard 4 Physical environment and safe systems include:

- A system for effective monitoring and maintenance for emergency and essential service systems.
- The home has appropriate infection outbreak policies, response and reporting procedures.
- The organisation actively promotes and monitors workplace health and safety.
- Chemicals are stored securely with relevant material safety data sheets.
- The kitchen has a current food safety program and certification by external authorities.

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

Management monitor the knowledge and skills of staff to effectively perform their roles in relation to physical environment and safe systems. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 4 Physical environment and safe systems include:

- basic lift support
- emergency response/fire warden training
- food hygiene
- hazard chemicals and dangerous goods
- infection control/hand washing.

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 and staff are actively working to provide a safe and comfortable environment for care recipients. The building includes the Skipton nursing home and hostel with other community services such as the day centre, allied health services, acute care and medical clinic which care recipients have access to. The Skipton facility accommodates care recipients with a single bedroom and ensuite. Staff encourage care recipients to personalise their rooms with small personal mementos and small items of furniture. The home has lounge, dining and small sitting areas furnished with appropriate furnishings and fittings such as upholstered lounge or tilt chairs and a fire place. Care recipients have access to small private areas and/or outdoor areas to entertain visitors and/or have quiet moments. The home presents as clean, uncluttered and well maintained with systems in place for the safety, security, maintenance and cleaning of the home. Management monitors the safety and comfort of the living environment through environmental audits, care recipient and representative feedback, and observation by staff. Care recipients and representatives expressed satisfaction with the internal and external 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 and staff actively work to provide a safe working environment that meets regulatory requirements. The system, initiated and supported by the organisation includes policies and procedures to guide work practices, incident and hazard reporting, resource material, maintenance programs, education and training. The home has trained safety representatives who assist in monitoring the environment and staff practice and may refer or undertake risk assessment. Documentation shows actions taken as a result of feedback and reporting mechanisms. Staff store chemicals and oxygen cylinders safely and securely and display warning signage where required. Staff have knowledge of safe work practices and actively participate in ensuring a safe work environment for all.

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. Maintenance and contractors regularly service, test and monitor emergency systems and firefighting equipment. The home has evacuation maps and emergency exit signage displayed throughout the home, with egress areas clear and free of obstacles. Staff have access to an evacuation kit and a current care recipient list. Documented emergency procedures include other internal and external threats and bushfire preparedness. Staff attend compulsory fire and emergency training.

Management utilise internal and external audits and inspection processes to identify risks and ensure a safe and secure environment. Staff said they are satisfied with the home's management of fire, security and emergency risks and demonstrated appropriate knowledge of emergency procedures. Care recipients said they feel safe and are aware of what to do 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

There is an established and effective infection control program covering the home. The health service's infection control coordinator oversees this program. Risk assessments and audits identify potential sources of infection or cross infection. Policies and procedures guide staff in the containment, prevention and management of outbreaks. Staff receive infection control education during orientation and annually thereafter. Employees of the service enter into a health care worker program, which includes tracking of various immunisation statuses.

Management maintain sufficient stocks of personal protective equipment and record incidents of infection for comparative and trending analysis. Pest control services visit the campus as specified and clinical waste is disposed of as appropriate. Staff are aware of their responsibilities for infection prevention and control.

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

Management has systems to provide hospitality services which support care recipients' quality of life and enhance the working environment for staff. All meals are freshly prepared daily in line with the food safety program, menu rotation, dietitian input and care recipients' dietary or changed needs. Staff provide refreshments, snacks, supper and fresh fruit daily and assist care recipients with their meals in a dignified manner. Cleaning and laundry staff perform their duties guided by documented schedules and wear personal protective equipment when required. The cleaning program includes regular and scheduled cleaning of care recipients' rooms, living areas and staff work areas with additional cleaning requests attended to promptly. An external contractor launders flat linen. Care recipients clothes are laundered onsite and put away according to care recipients preference with lost property minimised. Labelling and ironing services are available. Management monitors the hospitality services through observation, feedback mechanisms, quality activities and satisfaction surveys. Care recipients, representatives and staff expressed positive comments regarding hospitality services at the home.