



Australian Government

Australian Aged Care Quality Agency

Southern Cross Karinya Apartments

RACS ID 0048
125 Guy Street
COROWA NSW 2646

Approved provider: Southern Cross Care (NSW & ACT)

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 05 October 2018.

We made our decision on 24 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Southern Cross Karinya Apartments 0048

Approved provider: Southern Cross Care (NSW & ACT)

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:	Adrian Clementz
Team member:	Dianne Clarke

Approved provider details

Approved provider:	Southern Cross Care (NSW & ACT)
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Details of home

Name of home:	Southern Cross Karinya Apartments
RACS ID:	0048

Total number of allocated places:	84
Number of care recipients during audit:	72
Number of care recipients receiving high care during audit:	28
Special needs catered for:	Dementia specific wing

Street:	125 Guy Street
City:	Corowa
State:	NSW
Postcode:	2646
Phone number:	02 6033 1751
Facsimile:	02 6033 4045
E-mail address:	jfazackerley@sch.org.au

Audit trail

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

Interviews

Category	Number
Management and administrative staff	4
Registered nurses	3
Care services staff	7
Care recipients/representatives	11
Volunteers and other visiting support services	2
Hospitality and maintenance staff	6

Sampled documents

Category	Number
Care recipients' files	9
Residential agreements	6
Medication charts	6
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity calendar and other records
- Annual fire safety statement
- Audits and audit schedule
- Care recipients' information and welcome packages
- Cleaning and laundry documentation
- Comments and complaints documentation
- Communication documents including diaries, newsletter and memoranda
- Education documentation including competency assessments and mandatory training register
- Emergency response folder
- Essential services schedules and related documentation

- External contractors folder
- Food safety program and associated records
- Incident reports and analysis
- Infection control trending and analysis
- Job descriptions
- Lifestyle participation records
- Mandatory reporting register and associated records
- Minutes of meetings
- Multilingual resources
- Nurse registrations and police certificate registers
- Pest control records
- Plan for continuous improvement and associated records
- Policies, practice standards, guidelines and flowcharts
- Preventive and reactive maintenance records
- Re-accreditation self-assessment
- Recruitment and induction documents
- Refrigerator temperature checklists
- Restraint charts
- Risk assessments for smoking, scooter, self-medication and bed pole use
- Rosters
- Staff handbook
- Strategic plan
- Surveys
- Test and tagging records.

Observations

The team observed the following:

- Activities in progress including visiting therapy programs
- Charter of care recipients' rights and responsibilities

- Chemical storage and material safety data sheets
- Cleaning and laundry processes
- Document and archive storage rooms
- Electrical tagging process
- Emergency evacuation maps, egress routes and assembly areas
- Equipment and supply storage areas
- External advocacy and complaints information displayed
- Feedback forms and lodgement boxes
- Fire and emergency equipment
- Influenza and gastroenteritis kits
- Living environment
- Meal and refreshment service and menu displayed
- Medication storage and administration
- Noticeboards, whiteboards and brochure stands
- Notification to stakeholders of re-accreditation audit
- Safety and security mechanisms
- Short observation
- Sign in-out registers
- Staff assisting and interacting with care recipients and visitors
- Statements of strategic intent
- Transfer and mobility equipment in use
- Workplace health and safety information.

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

There is a system at the home to pursue continuous improvement across the Standards. The system draws from a quality program that includes audits, surveys and key quality indicators. Management identify other opportunities for continuous improvement activities through feedback mechanisms, meetings and other source documents. Processes encourage input from staff, care recipients, representatives and visitors. Plans for continuous improvement are maintained by management within the home and at the larger organisation. There are processes to prioritise and track the progress of new initiatives and to evaluate the outcome of improvements generated through the system. Management discuss improvement initiatives with staff, care recipients and representatives through memoranda and meetings.

Improvements relevant to Standard 1 include:

- Management decided to conduct an audit of staff skills in response to a number of new staff having been employed over the last year. A general knowledge quiz was developed for this purpose. Management said the intent of the review was to identify shortcomings in the buddy shift program and in the home's processes to communicate changes of information to staff. Management said while the results were very positive, it enabled them to identify and address some areas for improvement. Management plan to repeat the quiz on an annual basis.
- Care recipients requested at a meeting that staff wear name badges during their shift so that care recipients are able to identify staff who provide care to them. New name tags were ordered for staff who are now required to wear them during their shift. Care recipients said this has enabled them to feel more comfortable when interacting with staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There is a system at the home to respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across the Standards. Executive management interpret legislative and regulatory information received from sources that include peak bodies, legislative update services, industry networks and government departments. During this process, policies and procedures are developed or reviewed. There are processes to communicate to management and staff regulatory changes and amendments to relevant policies and procedures. Staff said they receive information and education about regulatory compliance matters relevant to their roles. There are generally effective processes to monitor the home’s compliance with relevant legislation and regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- Management notified stakeholders of the re-accreditation audit as required and within regulated timeframes.
- Management conducted and made available a self-assessment of the home’s compliance with the Standards.
- Management maintain processes to ensure the currency of police certificates for staff and volunteers.
- There is a process to manage relevant statutory declarations.

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 annual education calendar incorporates topics across the Accreditation Standards and staff have opportunities to attend training on site or externally. Management identify relevant education topics through annual training needs analysis, changing care recipient needs, performance appraisals, professional needs, advertised opportunities, staff requests, data analysis, observations and audit outcomes. Management streamline mandatory training schedules to relevant staff groups and monitor it is completed successfully. Attendance records are maintained and staff evaluate education sessions.

Management promote and support succession planning and career development. Staff are satisfied with the educational opportunities available. Care recipients and representatives are satisfied staff have the knowledge and skills to provide appropriate care and services.

Education sessions related to Standard 1 include:

- bullying and harassment
- certificate three in aged care
- electronic care documentation training
- medication competencies.

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

There are formal and informal comments and complaints processes accessible to each care recipient, their representatives and other interested parties. Information booklets, posters and brochures convey information about complaint handling processes and external complaints resolution services. Stakeholders are encouraged to raise comments or concerns via the “Are you happy” form or verbally with management in the home. Feedback is also received through resident and relative meetings and surveys. Locked lodgement boxes located within the home promotes confidentiality. Staff are aware of ways to raise concerns and feel comfortable to advocate for care recipients. Care recipients and representatives are generally satisfied with management response to concerns raised.

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

A commitment to quality is embedded in the home's vision, mission and values. Management communicates these statements of strategic intent to care recipients, representatives and staff through the induction process and handbooks and by displaying them within the home.

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

Management demonstrate there is appropriately skilled and qualified staff sufficient to meet the needs of those living in the home and the philosophy of care. There are processes to review staffing numbers and skill mix in response to changing circumstances. Recruitment and selection processes are based on skill and qualification requirements outlined in position descriptions. Interviews and reference checks are completed and all new staff complete an orientation with management. Resources to support staff in their roles include buddy shifts, policies, procedures and handbooks. Staff performance is monitored during the probation period and thereafter through incident reports, role specific competencies, feedback and an annual performance appraisal. There are processes to replace staff for planned and unplanned leave. Staff are generally satisfied they are able to complete their duties as required. Care recipients and representatives are generally satisfied with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has an effective system to ensure stocks of appropriate goods and required equipment is available for quality service delivery. Approved suppliers deliver consumables to a regular order cycle and there are processes to maintain adequate stock holding levels. Management identifies equipment needs through clinical reviews, feedback mechanisms, meetings and audits. Management ensure staff are provided with education in the safe and effective use of equipment. Equipment is inspected on a regular basis as part of the preventative maintenance program and there is a process to manage unscheduled repairs.

Staff and care recipients are satisfied with the amount and quality of equipment and inventory supplies at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems for the effective management of information. Management receives and shares information with care recipients, representatives, staff and other stakeholders through a range of communication mechanisms. These include feedback forms, verbal communication, meetings, handbooks, policies, practice standards, care plan review, newsletters, memoranda and noticeboards. Executive staff review policy documents for currency and accuracy and ensure the back up of electronic information. Electronic and hardcopy storage and disposal systems ensure confidentiality of information. Designated staff maintain an archive system with retrieval capability, secure storage and subsequent destruction. Staff, care recipients and representatives are satisfied with access to information and with the communication mechanisms at the home.

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

There is an effective system to ensure external providers deliver services in a way that meets the home's needs and quality goals. Management maintains service agreements with a variety of external service providers. External contractors provide evidence of certifications and insurance information where relevant as part of the contractual engagement and review process. There are formal orientation processes to assist external contractors align their practice to the home's requirements. Management has processes to ensure external service providers meet their contracted obligations as scheduled. Management monitors the quality of services through feedback mechanisms and meeting forums. Care recipients, representatives and staff are satisfied with the services provided by external contractors.

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

There is a system that demonstrates improvements in the health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 2 include:

- Audits identified staff were not completing bowel charting as part of their shift requirements. In consultation with staff, management introduced a process using laminated sheets for staff to record the bowel action of care recipients during the shift. This has enabled the registered nurse to produce a report on a daily basis to better monitor and respond to care recipient continence.
- In consultation with the physiotherapist, a falls prevention program has been introduced at the home specifically focussing of care recipients identified as a falls risk. The structured program occurs each week and includes weights, strengthening and balance exercises. The program is promoted through the activity calendar. Management and staff said care recipients enjoy the classes and attendance is consistent.

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

There is a system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Professional registrations of staff are monitored.
- Appropriately qualified staff manage clinical care and carry out specialised nursing care.
- There are policies and procedures for the safe management and administration of medications.
- There are processes to manage and report the unexplained absence of a care recipient.

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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipients’ health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Education sessions relating to Standard 2 include:

- assessing continence effectively
- bariatric health issues
- food texture
- Lewey body 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. On moving into the home, an initial care plan directs care provision until completion of the assessment period occurs. Staff develop individualised care plans from assessments, which identify care recipients’ needs, preferences and strategies required. Staff regularly review individual care plans and consultation with care recipients or their representative occurs. Monitoring of care recipients’ clinical care occurs through audits, clinical data, stakeholder feedback and incident report analysis. Staff described clinical interventions used to meet care recipients’ clinical needs.

Care recipients and representatives are satisfied with the clinical care received.

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

Appropriately skilled staff identify and meet care recipients’ specialised nursing care needs. Staff assess, plan and evaluate care recipients’ specialised needs in consultation with appropriate health specialists and general practitioners. Specific care plans document specialised needs, preferences and strategies required. Monitoring occurs through stakeholder feedback, the audit program and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing care. Care recipients and representatives are satisfied specialised nursing care is carried out in accordance with their needs and preferences.

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 a wide range of health specialists occurs in accordance with care recipients’ individual needs and preferences. Clinical systems assist staff to identify if care recipients would benefit from the advice and review of health specialists. Mechanisms exist to capture, record, communicate and incorporate health specialists’ recommendations into the daily care of care recipients. In accordance with each care recipient’s abilities and wishes, staff assist with access to visiting and external health specialists of their choice. Management monitor the effectiveness of the system through care plan review processes, audits and stakeholder feedback. Care recipients and representatives are satisfied with the range of health specialists available.

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

There are systems to support safe and correct medication management. Appropriately skilled and qualified staff generally administer medications safely. Clinical processes assist staff to identify, assess and review care recipients’ medication needs in consultation with a general practitioner. Processes exist for the ordering, delivery and disposal of medications.

Medications are stored safely and securely in accordance with regulatory guidelines. Policies, procedures and current medication resources are readily accessible and guide staff practice. Management monitor medication management through clinical assessment, care plan review processes, medication incident data, audits and stakeholder feedback. Care recipients and representatives are satisfied staff manage care recipients’ 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

Care recipients are as free as possible from pain. On moving into the home, a pain assessment occurs then informs the development of a pain management support plan. The plan identifies location and type of pain, and strategies and equipment required to maintain optimal comfort levels. Consultation takes place with care recipients or their representatives and the health care team as needed. Strategies used include medication, active and passive exercise, hot packs, gentle massage and transcutaneous electrical nerve stimulation.

Monitoring of pain management occurs by clinical assessment, care plan review processes, audits and stakeholder feedback. Staff are aware of appropriate pain management interventions for individual care recipients. Care recipients and representatives are mostly satisfied with the management of individual pain needs.

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 maintains the comfort and dignity of terminally ill care recipients. Care recipients and representatives complete end of life wishes where appropriate. Care plans reflect palliative care needs and preferences when required and a review of these needs is ongoing throughout the palliative care stages. Staff access general practitioners and the advice of palliative care specialists when needed. Monitoring of palliative care occurs by clinical assessment, audits, stakeholder feedback and regular meetings involving clinical and pastoral care staff. There are sufficient goods and equipment to provide appropriate palliative care and

staff participate in palliative care education. The home offers care recipients and family members a designated suite for privacy and comfort when end stage palliation occurs. Consultation occurs regarding care recipients' needs and preferences related to palliative care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration. Documentation of care recipients' special care needs, likes and dislikes occurs on moving into the home with updating and communication to hospitality services as required. Staff monitor care recipients weight and if variations arise referrals to allied health professionals and general practitioners are actioned. Assistive devices, modifications to food texture and alternative dietary items are available for care recipients with special needs and preferences. Seasonal fresh fruit is available and accessible for all care recipients. Monitoring occurs through weight audits, clinical analysis, care plan reviews and stakeholder feedback. Care recipients and representatives are satisfied with the approach to meeting care recipients' nutrition, hydration and associated needs.

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. Staff assess for skin integrity and identify potential risk when a care recipient moves into the home and as required. Care plans document needs and preferences, including the levels of assistance and equipment required. Incident reports identify breakdown of care recipients' skin integrity and staff initiate follow up care. Staff have access to a wound consultant when required.

Management ensure appropriate emollient creams and pressure-relieving devices are available to staff. Management monitor the effectiveness of care recipients' skin integrity through clinical assessment, the audit program, stakeholder feedback and incident analysis. Care recipients and representatives are satisfied with the care provided in relation to skin care management.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

There are processes to ensure staff manage care recipients' continence needs effectively. Assessment, care planning and regular evaluation of care recipients' continence needs occurs along with the formulation of an individualised program that considers independence, comfort and dignity. Management ensure there are sufficient and suitable continence aids for care

recipients' needs and staff describe individual care recipient's requirements. Clinical assessment, the audit program and stakeholder feedback is used to monitor the effectiveness of individual programs. Care recipients and representatives are satisfied with continence care provided.

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 managed effectively. Staff assess care recipients' behaviours on moving into the home and following a settling in period. Reassessment occurs if new behaviours arise. Care plans identify behaviours, potential triggers and interventions. Referrals to general practitioners and behavioural management specialists take place as required. Management monitor care recipients' behaviour needs through care plan reviews, incident data analysis, audits and stakeholder feedback. Staff attend training in methods for managing challenging behaviours. Care recipients and representatives are satisfied with behaviour management and said the behaviours of care recipients' do not infringe on their lives.

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

Achievement of care recipients' optimum levels of mobility and dexterity occurs. Initial assessment and ongoing review by a physiotherapist identifies care recipients individual mobility, transfer and exercise requirements. Identification of care recipients at risk of falls occurs through a risk assessment process. Strategies to reduce the risk of falls include height adjustable beds, hip protectors, personal pendants and bed and door alarms. Staff undertake an environmental checklist to ensure the environment is clear of obstacles. Care recipients also attend exercise sessions through the lifestyle program. Management and staff monitor the effectiveness of the system through tracking and analysing falls data, care plan review and audits. Falls analysis is discussed at the regular service review committee meetings and organisational meetings. Care recipients and representatives are satisfied with the achievement of care recipient's 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

Maintenance of care recipients' oral and dental health occurs. Assessments leading to formulation of individual care plans identify aids, equipment and the level of assistance required. Management monitor oral and dental care by audits, care plan reviews, and

stakeholder feedback. Toothbrush exchange occurs on a seasonal basis using colour-coded toothbrushes. Staff assist care recipients to maintain their oral and dental hygiene regimes and to visit external specialists as needed. Care recipients and representatives are satisfied care recipients receive assistance as required for maintenance of their oral and dental care.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Staff identify, assess and evaluate care recipients’ sensory needs. Visiting specialist services attend the home regularly and provide advice in managing care recipients’ sensory losses.

The living environment supports care recipients with sensory losses through design features, use of magnifying light and touch buttons on buzzers and call bells. Monitoring occurs through care plan reviews, stakeholder observation and feedback. Staff are aware of care recipients’ individual needs and assistance required to manage sensory aids. Staff receive training on the use of assistive devices and store sensory aids securely when not in use.

Care recipients and representatives are satisfied with how staff assist them to manage their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns through the identification of their individual needs and preferences. Assessment, care planning and review processes support care recipients to settle and enjoy restful sleep. Staff note sleep disturbances and if required reassessment and changes to the sleep and settling regime occurs. Staff are aware of care recipients’ individual settling needs and routines and consider work practices to maintain a quiet environment. Staff were observed assisting care recipients with rest periods throughout the day in accordance with their wishes and preferences. Care recipients are satisfied with staff support to enable them to achieve natural sleep patterns

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

There is a system that demonstrates improvements in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 3 include:

- Management have introduced a humour therapy program provided by a professional external provider. The therapist spends one day each week at the home providing both group and individual support to care recipients living with dementia and to care recipients experiencing social isolation. The therapist’s observations contribute to the care planning process. Staff and management said the sessions are very well received by care recipients. We observed very positive interaction between care recipients and the therapist.
- Care recipients requested the opportunity to redesign the home’s library. Following discussion with staff and management, additional bookshelves were purchased and an area designated in the home for locating the library. A care recipient took responsibility for sorting and categorising books. Care recipients are now better able to explore books of interest to them. Care recipients provided positive feedback about the changes.

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

There is a system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.
- Care recipients, representatives and staff are made aware of care recipients’ rights to privacy and confidentiality.
- The Charter of care recipients’ rights and responsibilities is displayed.
- A residential agreement is offered to the care recipient or their nominated representative.

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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipients’ lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Education sessions relating to Standard 3 include:

- advocacy
- clinical pastoral education.

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

There is a system to ensure staff and management support care recipients adjust to life at the home and provide emotional support on an ongoing basis. Prior to a care recipient moving in,

information about the home is made available and tours and meetings arranged. Strategies to assist the new care recipient to settle into their new environment include an information pack and invitations to social activities and outings. Staff complete formal assessments that take into account the level of emotional support required by each care recipient. A review of care plans occurs on a regular basis and in response to changing needs. Staff and the visiting pastoral care team ensure ongoing interaction with all care recipients and play an integral role in providing ongoing emotional support, especially during times of grief, sickness and stress. Families and friends are made welcome to visit and participate in events and life at the home. Care recipients and representatives said staff are responsive to their individual emotional support needs.

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

There are systems to assist and encourage each care recipient to achieve maximum independence and maintain community ties and friendships. Assessment, care planning and review processes identify and provide for care recipients' physical, social, intellectual and emotional needs and preferences. Staff run programs that promote care recipient independence and encourage visitors and community involvement in the home. Strategies to promote independence and social engagement include bus outings, visits to local community centres, shopping trips and visiting community and school groups. Voting is facilitated by postal and mobile voting services. Care recipients and representatives are satisfied staff encourage, support and assist care recipients to optimise 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

The home has processes to enable management and staff to recognise and respect care recipients' right to privacy and dignity. Care recipients' individual needs and preferences are identified through the suite of assessments initiated when a care recipient moves into the home. Staff document these in the care plans which are reviewed on a regular basis. Care recipients receive information about how the home protects and respects their privacy and there are processes to ensure consent is obtained to share information. Staff have access to policy and procedures to guide their practice. We observed staff practice to be generally supportive of care recipient privacy and dignity. Care recipients have quiet areas available for them to meet privately with visitors. Care recipients and representatives said they are satisfied with the way staff respect and maintain their privacy and dignity.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a range of interests and activities of relevance to them. In consultation with the care recipient and their representative, lifestyle staff complete assessments that capture information about previous and current social and lifestyle preferences. This information forms the basis of the individual care plan that undergoes review on a regular basis. Volunteers support the lifestyle co-ordinator to conduct a wide range of activities across the week. Unstructured activities are available at other times. Lifestyle staff adapt leisure activities and programs in response to levels of participation and engagement, care recipient feedback, surveys and discussion at meetings. Care recipients and representatives are satisfied with the range and frequency of leisure activities at 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

The home has a system to ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. When a care recipient moves into the home staff assess and plan for their specific religious, spiritual and cultural needs and preferences. Church services are held in the home each Friday. This is augmented by visiting clergy and the pastoral care team. Staff provide opportunities to celebrate a range of popular cultural days and events of significance to care recipients. Staff monitor and evaluate the effectiveness of these processes through attendance, surveys and feedback. Care recipients and representatives are satisfied the cultural and spiritual needs of care recipients are met.

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 and staff promote and support care recipients to exercise choice and decision making in the care, lifestyle and hospitality services they receive whilst ensuring these do not infringe on the rights of others. Care recipients and representatives are encouraged to express their wishes during the assessment process, at meetings, during individual consultations, in surveys and through feedback processes. Staff document this information in care plans and regularly review each care recipient's preferences for care and support. An authorised representative is identified to provide decision making support for care recipients who have a

reduced decision-making capacity. Care recipients and representatives are satisfied they have input into the care and services received, including personal care, meals and level of participation in activities.

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

Management has a system to ensure care recipients have secure tenure and understand their rights and responsibilities. Prior to moving into the home, care recipients and representatives meet with staff who provide documents pertaining to consent, fees and services along with an information handbook describing life at the home. Tours of the living environment are available and care recipients are encouraged to review the residential agreement to determine the suitability of care and services for their individual needs and preferences. Advocacy and complaints information is accessible and management ensures stakeholders are aware of care recipients' rights and responsibilities through handbooks, training and displayed posters. Consultation occurs with care recipients and representatives should a change of room be required. Care recipients and representatives are satisfied with the security of tenure the home offers.

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

There is a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 4 include:

- An external audit identified gaps in outbreak kits kept in the home. In response, management conducted a review of the how outbreak kits are managed. This led to a decision to place an outbreak kit in each of the five wings of the home instead of one centrally located kit. In addition, management introduced a formal monthly process to monitor contents of these kits. Management said this enables a swifter and more effective response to any situation of a suspected outbreak.
- To enable greater comfort and dignity for both the care recipient and family during the end stage of palliative care, management have set up a designated suite that is available to the care recipient and family should they choose to use it. The room is generously sized and furnished for the comfort of both the care recipient and families. A kitchenette is also located in the room. Staff and management said they have received positive feedback from families who have made use of the facility.

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

There is a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Staff store chemicals safely and current material safety data sheets are available.
- There is a system to ensure compliance with fire safety regulations.
- There are procedures for recording, managing and reporting infectious diseases and outbreaks.
- Management has a food safety program that is regularly reviewed.

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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Education sessions relating to Standard 4 include:

- fire and emergency
- infection control
- staff fatigue.

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 works actively to provide care recipients with a safe and comfortable environment consistent with the care needs of those living at the home. Care recipients are accommodated in single rooms, which they personalise with their belongings. Rooms and communal areas are generously sized, light-filled, appropriately furnished, well maintained and kept at a comfortable temperature. Care recipients have access to a number of outside areas with established gardens. There are structured processes to ensure buildings, gardens and fixtures are maintained. There are processes for regularly reviewing the environment to ensure safety and include audits, maintenance requests and hazard and incident forms. Care recipients and representative are satisfied the home provides a comfortable, safe and secure 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 working environment that meets regulatory requirements. Management and an on-site designated safety representative promote awareness of safe work practices utilising policies, practice standards, training, meetings and displayed notices. Mechanisms for managing environmental safety include cleaning and maintenance, infection control, audits, hazard reports and incident management. Workplace health and safety issues are presented at the regular service review committee meetings to monitor hazards, risks and review incidents. Additional monitoring of incident and hazard resolution occurs through corporate staff. Appropriate equipment and safety data is accessible. Staff are satisfied they have input into the system and management promote and provide a safe working environment.

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 actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and contingencies to respond to a range of internal and external emergencies. Qualified external contractors maintain fire safety equipment and there are processes to ensure the maintenance of other essential services equipment and fixtures. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. There are

processes to maintain current emergency evacuation lists and response packs. All staff are required to complete annual mandatory fire and emergency training and are aware of their responsibilities. Arrangements for providing a secure environment include keypad entry points, wanderer sensors and a lock up procedure. Care recipients said they feel safe and secure in the home.

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

Management and staff demonstrate systems to ensure an effective infection control program. Staff orientation and ongoing mandatory training includes infection control education. Audits monitor the environment and staff practices and infection data is analysed for trends. Policies and protocols guide staff response to gastroenteritis and influenza outbreaks including disinfecting regimes and stakeholder notifications. Actions to minimise risk of infection include the use of protective equipment, hand hygiene, waste and sharps disposal. Food safety, pest control programs and environmental service practices are consistent with current infection control guidelines. Care recipients and staff participate in an influenza vaccination program. Staff, care recipients and representatives are satisfied with infection control practices at the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There are systems at the home to provide catering, cleaning and laundry in a way that promotes care recipients' quality of life and the working environment for staff. Meals are now cooked freshly in the onsite kitchen each day and served from kitchenettes attached to dining rooms in each of the five wings of the home. Management are currently strengthening processes to ensure quality of meals is maintained and that the menu is reflective of the specific choice and preferences of care recipients. Scheduled cleaning occurs throughout the week and there are processes to ensure urgent cleaning requirements. Care recipient laundry is managed onsite and there processes to ensure an adequate supply of linen.

Management have recently strengthened processes to minimise lost clothing. Mechanisms to monitor hospitality services include external and internal audits, reports and daily record sheets. Care recipients and representatives are generally satisfied with the home's catering, cleaning and laundry services.