



Australian Government

Australian Aged Care Quality Agency

St Andrew's Village Ballina

RACS ID 2709
59 Bentinck Street
BALLINA NSW 2478

Approved provider: St Andrew's Village Ballina Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 31 August 2018.

We made our decision on 06 July 2015.

The audit was conducted on 26 May 2015 to 27 May 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

St Andrew's Village Ballina 2709

Approved provider: St Andrew's Village Ballina Limited

Introduction

This is the report of a re-accreditation audit from 26 May 2015 to 27 May 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 26 May 2015 to 27 May 2015.

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

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

Assessment team

Team leader:	Bridgette Lennox
Team member/s:	Jill Winny Kate Mitchell

Approved provider details

Approved provider:	St Andrew's Village Ballina Limited
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Details of home

Name of home:	St Andrew's Village Ballina
RACS ID:	2709

Total number of allocated places:	117
Number of care recipients during audit:	114
Number of care recipients receiving high care during audit:	114
Special needs catered for:	Care recipients requiring a secure living environment

Street/PO Box:	59 Bentinck Street
City/Town:	BALLINA
State:	NSW
Postcode:	2478
Phone number:	02 6620 5800
Facsimile:	02 6686 8752
E-mail address:	ceo@standrew.com.au

Audit trail

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

Interviews

Category	Number
Chief Executive Officer	1
Director of Care Services	1
Deputy Director of Care	1
General Services Manager	1
Registered staff	6
Care staff	8
Physiotherapist	1
Physiotherapy assistant	1
Diversional therapy staff	2
Care recipients/representatives	19
Care Service Administration	1
Administration staff	2
Workplace Health and Safety Representative	2
Fire Safety Officer	1
Hospitality staff including catering, cleaning and laundry	6
Maintenance staff	1
Hairdresser	1

Sampled documents

Category	Number
Care recipients' files	11
Summary/quick reference care plans	9
Medication charts	30
Personnel files	6

Other documents reviewed

The team also reviewed:

- 'RN supervisor handbook'

- 'What happens in the final days of life' booklet
- Audit schedule and audits
- Authorisation and consent for protective assistance (restraint) device
- Behaviour monitoring and risk assessments and management plans
- Care recipient information pack, handbook, surveys and agreements
- Clinical assessments and observation records
- Complaints and compliments logs, data and associated records
- Continuous improvement plan
- Daily 'resident' movement form
- Diabetic monitoring data and log guide
- Equipment temperature records
- Fire and emergency procedure manual
- Fire panel isolation log
- Food safety program
- Hazard alert charts
- Hazard audit
- Incident forms, data and reports
- Leisure and lifestyle resources and records
- Mandatory reporting register and notification forms
- Mandatory training calendar
- Medical officer notes
- Medication competency documentation
- Medication management documentation including competencies and controlled drugs records
- Minutes of meetings
- Newsletter
- Physiotherapy assessment and treatment data
- Position descriptions and duties guidelines

- Safe handling passport
- Schedule of contracts
- Self-assessment
- Staff development in-service attendance records
- Staff handbook
- Staff rosters and replacement register
- Wound assessment and management data

Observations

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities on display
- Confidential box
- Firefighting equipment and direction signage
- Interactions between staff and care recipients
- Internal and external complaints and advocacy information displayed
- Internal and external living environment
- Meal and beverage delivery and service
- Medication administration
- Notice boards and notices on display
- Outbreak kits
- Short group observation
- Staff work practices
- Storage of clinical information, supplies and equipment

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

St Andrews’s Village Ballina (the home) actively pursues continuous improvement activities through monitoring processes including audits conducted across the four Accreditation Standards and risk management processes. The home conducts and collates information from hazard/incident reporting processes and feedback processes including surveys, feedback forms and individual or group meetings. Information resulting from these processes is discussed in a consultative manner between management, staff and care recipients/representatives and other interested parties, to identify and plan improvement activities. Management record, monitor and document actions and evaluate outcomes on completion. Care recipients/representatives and staff are satisfied with improvements implemented.

Examples of improvements in relation to this Standard include:

- Management reviewed the benchmarking audit tools which has resulted in the implementation of a suite of new audits which commenced in January 2015. Management advised these audits collect further data which captures information about the home’s performance against the Accreditation Standards. The audits have identified areas of improvement and provides improved outcomes for care recipients receiving care and services provided at the home.
- Management advised the electronic management systems utilised at the home has been upgraded which has enabled them to implement processes which enhance communication processes. Previously information was collated and distributed both in hard copy and electronic versions and management advised this process was not consistently updated to reflect current and accurate information. With the implementation they have completed activities such as:
- Policies and procedures have been reviewed with version and document control processes established to ensure stakeholders accessing the system are utilising the most current information. In addition, when policy or procedural changes have occurred, management are able to generate a quiz to identify staff knowledge regarding the information provided and monitor for completion, which enables management to identify further training issues.
- Continuous improvements, complaints, compliments and other feedback processes are logged on the new electronic management system with relevant staff now able to access and monitor processes to ensure the data gathered reflects the status and ongoing actions.
- Human resource management processes are further supported by the electronic system which is now able to monitor processes such as attendance to mandatory training, appraisals and alert staff via messaging services when shifts become available.
- Electronic memorandum is now provided to staff and staff are to view electronic information at the commencement of their shift. The memorandum can be monitored to

ensure all staff have read the information. Management and staff advised this ensures the information is read by all relevant personnel.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated to reflect change and are accessible to all staff. Compliance with legislation is monitored through audits and observation of staff practice. Staff are advised of legislative requirements and changes in policy or procedures electronically, through meetings and training sessions. The home has a system to ensure all relevant individuals have been screened through a current criminal history check. Care recipients/representatives were informed of the re-accreditation audit in writing and through advice placed on noticeboards and meetings.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has a system and processes to ensure management and staff have the required knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated through self-assessments and direct feedback from staff. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the four Standards. Staff training and education is identified through a, performance development processes, the changing needs of care recipients and observation of practice. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

Staff have the opportunity to undertake a variety of training programs relating to Standard 1 Management systems, staffing and organisational development. For example:

- Orientation
- Accreditation
- Team work-managing conflict

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

Information relating to internal and external complaints mechanisms is displayed and available to care recipients/representatives and other interested parties. Complaints information is published in handbooks and discussed at meetings. Further avenues to identify complaints occur via surveys, feedback forms and case conferences. Management maintains an open door policy and access via electronic communication and telecommunications is used to facilitate feedback opportunities to all stakeholders. Reported complaints are acknowledged, investigated and actioned and feedback is provided to complainants. Care recipients/representatives and staff on behalf of care recipients are aware of opportunities to make verbal or written complaints. Care recipients/representatives are satisfied with the responsiveness of management in resolving issues.

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 homes' vision, mission and philosophy are displayed throughout the home and information is provided to care recipients/representatives, staff and other interested parties.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure that there are appropriately skilled and qualified staff sufficient for the delivery of services. Staff selection is made against identified skills, knowledge and qualification requirements. New staff undertake buddy shifts with an experienced staff member as part of the home's orientation program. Processes to monitor adequacy of staffing levels include the assessment of current needs of care recipients and the provision of staff feedback, audits and surveys. Rostering processes ensure appropriately skilled and qualified staff are available to meet the identified care needs of the care recipients, and the home has the ability to draw on additional staff in the event of planned and unplanned leave. Care recipients/representatives are generally satisfied there are sufficient skilled and qualified staff to provide quality care and services to meet their needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure that there are sufficient stocks of goods and equipment for the delivery of services. Equipment needs are identified and ongoing replacement occurs based on current needs and the budget. Agreements with suppliers and contractors are used to guide purchases and to maintain goods and equipment.

Education is provided to staff in the use of equipment and preventative maintenance of equipment is undertaken in accordance with the preventative maintenance program. Staff are aware of processes for accessing stores and have sufficient goods and equipment to carry out their duties. Care recipients/representatives are satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet their needs.

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

Management and staff have access to, and the use of accurate and appropriate information to perform their roles. Care recipients/representatives and staff are informed of current processes and activities relevant to their needs electronically, through meetings, communication books, handover processes and noticeboards. Locked rooms and cabinets are used to store private and confidential information, computers are password protected and staff sign an agreement to maintain confidentiality when handling care recipient information. The home has a system for the archiving and destruction of relevant documentation. Staff and care recipients/representatives are satisfied with the way information is communicated.

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

External services are provided to meet the home's needs through agreements that outline the home's requirements for the provision of service. Feedback on the performance of external services is monitored through feedback from care recipients, representatives and staff, the complaints mechanism, audits and surveys. Management review the performance of external services to ensure quality service delivery is maintained and when requirements are not being met appropriate action is taken. Care recipients/representatives are satisfied with the quality of services sourced externally.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvements in relation to this Standard include:

- Management advised they have appointed a dedicated registered nurse with the portfolio in pain management. As such, they are responsible to assess and monitor care recipients experiencing pain. They facilitate consultation with care recipients and their representatives, health professionals and staff to develop strategies to assist with managing care recipients' pain. Staff advised this initiative has been beneficial as they are able to discuss care recipients' needs with the registered nurse. Care recipients are satisfied with the support they receive to manage their pain.
- Management reviewed responsibilities and roles of registered nurses and enrolled nurses which have resulted in the following improvements:
- Registered nurses have been allocated care recipients to ensure they are responsible for the timely review of care evaluations and assessments. Management advised they are able to monitor the completion of duties to ensure actions occur when scheduled. Staff advised this process supports them to ensure they are aware of their responsibilities.
- Management have developed an 'RN supervisor handbook' for staff to use as a resource. The handbook contains established flowcharts for processes including incident management, medication management and reporting procedures and guidelines. Management advised this also supports staff when orientating them to the home. Staff advised they refer to this tool as required.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

In relation to Standard 2, Health and personal care, compliance with legislation includes a system to ensure registered staff are available to provide care and services and maintain current registration and that reporting guidelines in the event of unexplained absences of care recipients are monitored and maintained.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 2, health and personal care. For example;

- Behaviour triggers
- Incontinence management
- Palliative approach
- Respiratory disease in the elderly
- Wound care

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. Care recipients’ care needs are assessed on entry to the home through interview with the care recipient and/or representative and completion of assessments. Care plans along with progress notes and handover processes ensure care staff have current information to provide care. The assessment process is undertaken by the registered staff and allied health providers. Care plans are reviewed third

monthly by the registered staff and Deputy Director of Care (DDC) Care recipients and/or representatives consultation occurs during the assessment process with an annual case conference and additional case conferences as required. Care delivery is monitored by the DDC, pain management nurse and registered staff. Care recipients are referred to their medical officer or specialist services as required. Staff are informed of the care requirements of care recipients through verbal handovers at the commencement of each shift, the use of handover sheets and through the provision of plans of care. Care recipients/representatives are satisfied with the clinical care being provided.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and reviewed by appropriately qualified nursing staff. Registered staff are supported by allied health and medical professionals to meet the specialised nursing care needs of care recipients who require diabetes management, complex wound management, catheter care and oxygen therapy.

Treatment regimens are monitored and educational resources are available to guide staff practice. Educational opportunities ensure staff competency in the delivery of specialised care. The DDC, pain management nurse and registered staff monitor the implementation of specialised care and reviews are undertaken as part of the third monthly care plan reviews and/or as care recipient needs change. Care recipients/representatives are satisfied care recipients’ complex care needs are met and attended to by appropriately qualified 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

Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences. Registered staff liaise with the care recipients’ medical officers in a timely manner to co-ordinate specialist appointments for care recipients. Allied health external providers provide treatment to care recipients as well as staff education sessions in the home. Care plans are amended as required following referrals. Medical officers attend the home each week. The DDC and registered staff reviews hospital discharge summaries to monitor changes to care. Care recipients are satisfied they receive referrals to appropriate health specialists of their choice when required.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Care recipients’ medication needs are assessed on entry to the home and on an ongoing basis. Registered staff administer/assist care recipients with their medications in the home and medication competent care staff assist care recipients with their medications in the hostel where applicable. The competency of self-medicating care recipients is reviewed annually.

Medication stock is monitored by the pharmacy and registered staff. There are established processes to monitor the use of ‘as required’ (PRN) and nurse initiated medication. Safe practice is maintained through education, care staff competency assessment, secure storage and out of hours pharmacy contact. Care recipient medication regimes are reviewed by their medical officers every three months. Care recipients/representatives are satisfied that care recipients receive their medication safely and correctly.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Care recipients are supported to be as free as possible from pain through assessment and individual care planning processes. Medical officers and allied health professionals are involved in the management of care recipients’ pain. A pain management nurse role has been created to monitor and coordinate pain management programs. Care plans reflect strategies to manage pain including non-pharmacological strategies such as walking and exercise programs, heat packs and massage, aromatherapy oils and creams. The effectiveness of interventions, including the use of PRN medication, is documented and reviewed. Referrals for medical officer reviews are arranged by registered staff when necessary. Care staff are aware of non-verbal cues to assist in identifying care recipients’ pain or discomfort and report to registered staff in a timely manner. Care recipients are satisfied with current pain management strategies and the provision of non-pharmacological interventions where possible.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. The initial assessment process is undertaken by the DDC and is used to obtain care recipients’ end of life care wishes in consultation with care recipients and/or representatives. Information obtained is documented in the care recipients’ administration file and in the care plan. Written support for care recipients is offered through the use of the ‘What happens in the final days of life’ booklet.

Care recipients at the end of life are supported and cared for in their own rooms according to the care recipients and/or representatives wishes. Regular multidenominational church services are provided in the home's chapel. A memorial service to remember all care recipients who have passed away in the preceding twelve months is provided annually; all care recipients, their representatives and staff are given the opportunity to attend. Care recipients' pain, comfort and spiritual needs are managed by the registered staff, pain management nurse and DDC and have access to external consultants as required.

Consultation occurs with health professionals, pastoral care workers and with the care recipients/representatives to provide physical, psychological, emotional, cultural and spiritual support according to their needs and preferences.

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. Care recipients' dietary needs, preferences and allergies are identified on entry to the home and on an ongoing basis. Care recipients' nutrition and hydration requirements, special diets and preferences are reflected on dietary records and care plans to guide staff. Care recipients are weighed monthly (or more frequently as required) by care staff and changes in weight are monitored by registered staff. In the event of care recipients experiencing weight loss or gain interventions include the provision of dietary supplements and fortified meals and/or referral to allied health professionals. Care recipients are satisfied with the provision of nutrition and hydration.

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. On entry to the home care recipients are assessed for their skin care needs through the initial assessment process and in consultation with care recipients and their representatives to determine needs and preferences. Risk assessments are conducted as required and care plans reflect strategies to improve and/or maintain care recipients' skin consistent with their general health. Care strategies include the daily application of moisturisers, including aromatherapy creams, correct manual handling procedures, pressure area care, air beds and pressure relieving aids. Management advised that new skin protection creams including conditioning aromatherapy blends and preventative specialised creams are in use throughout the home following successful trials. The registered staff assess all wounds and monitor wound management. Care recipients are satisfied with the assistance provided to maintain skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Care recipients’ continence needs are assessed during the initial assessment and reassessments occur as required. Continence needs are reviewed third monthly during the care plan review process and four designated care staff undertake the distribution, stocktake and ordering of continence aids under the guidance of the DDC. Care staff outlined continence management strategies for individual care recipients and understand reporting requirements should there be a change to care recipients’ normal patterns. Continence management education is delivered to staff by a continence care provider representative. Care recipients are satisfied with the care provided by staff in relation to continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual care recipient needs and risks. Staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist care recipients with challenging behaviours is discussed during handover processes and staff meetings and communicated in progress notes. Behaviour management specialists are accessed when the home requires additional support or advice to support care recipients with challenging behaviours. Individualised programmes are implemented as the need arise. Care recipients/representatives are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure that care recipients achieve optimum levels of mobility and dexterity. Care recipients are assessed by the physiotherapist and registered staff on entry to the home and on an ongoing basis. Assessed needs and strategies for care are communicated to staff through care plans which are reviewed every three months, or as required to ensure interventions remain effective. Care staff, lifestyle staff, physiotherapist and physiotherapy assistant work in conjunction to integrate mobility and exercise programs into

care recipients' activities of daily living. Falls are documented using incident forms and are monitored by the registered staff, DDC and physiotherapist and physiotherapy assistant. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available. A mobility assessment review is completed on individual care recipients by the physiotherapist following a fall or upon return to the home from hospital. In addition, the physiotherapist can refer care recipients to external allied health providers including an exercise physiologist to provide additional mobility assistance when required.

Care recipients are satisfied with the assistance they receive in achieving optimum levels of mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained. Care recipients' needs and preferences relating to teeth and denture management and other oral/dental care requirements are identified through the initial assessment. Care recipients are provided with dental products which are stored and changed in accordance with infection control guidelines. Care strategies are documented on the care plan, reviewed every three months and updated as required. Care staff assist care recipients with their oral care and registered staff arrange dental referrals as necessary. Equipment to meet care recipients' oral hygiene needs is available. Care recipients are satisfied with the oral and dental care they receive.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Care needs in relation to sensory loss are collected upon entry and through the initial assessment period. Care plans identify needs and individual preferences and are reviewed third monthly. Care recipients are referred to specialists such as optometrists according to assessed need or request and are assisted, in liaison with care representatives, to attend appointments as required. Care staff regularly check care recipient hearing aids. Leisure and lifestyle staff provide care recipients with magnifying aids and large print and audio books. They also can assist hearing impaired care recipients to purchase head phones which allow them to listen to the television or music in their rooms reducing noise disturbance for other care recipients.

Care recipients are satisfied with the assistance provided by staff to optimise sensory function.

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. Care recipients’ usual sleep patterns, settling routines and personal preferences are identified upon entry and during the initial assessment period. Care plans are developed and reviewed every three months by registered staff, to ensure interventions remains effective. Care staff have access to the home’s kitchenettes after hours and on weekends for the provision of additional food and fluids for care recipients if required. Care staff, under the guidance of registered staff, apply aromatherapy oils to care recipients’ temples where appropriate, promoting reassurance and relaxation. Care recipients with hearing impairments are encouraged to wear head phones if viewing television late, in order to reduce the disturbance of other care recipients. Care recipients are satisfied with the care and comfort measures implemented by staff in relation to promoting 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

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

Examples of improvements in relation to this Standard include:

- Management advised they have acquired equipment to support and engage care recipients to remain active and maintain independence. A recumbent exercise bike is now available for care recipients to use. Care recipients are assessed for suitability prior to use of the bike. Staff advised several care recipients enjoy the time spent on the bike as it is comfortable and safe. In addition a table tennis table is available for care recipients to use both as a programmed activity, individually or in groups. Staff advised the care recipients enjoy the opportunity to test their skills and the challenge of competition. Care recipients are satisfied with the support provided at the home.
- In response to care recipients’ requests, four fishing trips have occurred. Staff liaised with the local community fishing club, who supported care recipients with equipment and other resources to enjoy fishing by the river at Ballina. Staff advised, while initially this was a men’s activity the female care recipients are now invited to attend. Photographs were taken and fish were caught and we were advised care recipients had a “wonderful time.”

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

In relation to Standard 3 Care recipient lifestyle, compliance with legislation includes a system to ensure staff and care recipients are aware of mandatory reporting guidelines.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 3 Care recipient lifestyle. For example;

- Cultural diversity in aging
- Mandatory reporting

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

Information identifying the care recipients' lifestyle interests, cultural and spiritual preferences and relationships is gathered from care recipients and their representatives prior to and on entry to the home. The information is reviewed by therapy staff with the care recipient and their representatives to assist in helping care recipients adjust to moving into the home and planning of their lifestyle preferences. Staff orientate care recipients and provide information as they settle into the home. Clinical staff use assessment processes to identify when care recipients require additional emotional support and referrals and support systems are implemented as necessary. Feedback from care recipients/representatives is gathered during case conferences or individual and group meetings. Care recipients/representatives are satisfied with the emotional support provided by the staff.

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

The home's system for the assessment, planning and delivery of care and services identifies care recipients' previous social interests and lifestyle as well as their current interests and abilities. Care recipients' preferences are gathered via meetings and assessment processes, in respect to their care requirements and lifestyle choices. Identified community links are facilitated to support care recipients' spiritual needs and lifestyle interests. Care recipients' independence is encouraged and maintained with the provision of aids to assist with their mobility and sensory requirements. Opportunities are provided to care recipients to engage in

a range of events including bus outings, social activities and themed celebrations and cultural events. Care recipients/representatives are satisfied that staff promote and support care recipients' independence within their capacity.

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 established processes and maintains a supportive environment to protect care recipients' privacy and dignity. Confidentiality and privacy information is provided and explained to care recipients/representatives on entry to the home. Processes ensure consent is obtained for information which may be shared. Care recipients' administrative and care files are stored securely with access available to authorised individuals. Care recipient's individual preferences in relation to privacy and dignity are collected and specific needs are integrated into care plans and communicated to relevant staff. Staff practices in relation to interactions with care recipients ensures that their privacy and dignity is maintained for example knocking on doors, addressing care recipients by their preferred name and maintaining privacy when personal treatments are provided. Care recipients/representatives are satisfied that care recipients' privacy, dignity and confidentiality is maintained and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients' social history regarding leisure interests and preferences is gathered through consultation with the care recipient and their representative on entry and an individualised therapy care plan is developed. Therapy care plans are reviewed regularly and reflect changes as needed. Therapy staff develop a program of activities in discussion with care recipients and information about activities and outings are advertised via noticeboards and calendars, to notify all stakeholders of the time and location of the activity. Staff from each area have access to information which details care recipient's individual preferences and attendance at identified activities. Social, cultural and themed events are organised and days of significance are celebrated. The activity program is evaluated and revised based on feedback through individual and group meetings. Care recipients/representatives are satisfied care recipients are encouraged and supported to attend activities of interest to them and with the range of activities available.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified through the collection of information on entry to the home in consultation with care recipients and their representatives. Access to identified community, cultural and/or spiritual groups is facilitated as needed. Care recipient's specific cultural and spiritual needs are included in care plans and associated information is provided to staff to enable attendance at identified religious services and/or culturally significant events. Community resources and volunteers visit the home to provide cultural and social support to care recipients. Care recipients/representatives are satisfied with the support and assistance care recipients receive to maintain their cultural and spiritual preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and/or their representatives are able to exercise choice and make decisions regarding the care and services received by care recipients. Information is collated via the assessment processes from entry, which identifies care recipients' lifestyle choices and preferences in regards to care procedures and services provided at the home. Consultation occurs through individual and group meetings with staff and management, health professionals and through the comments and complaints process. The Charter of Care recipients' Rights and Responsibilities is available through handbooks, agreements and is displayed in the home. Care recipients' authorised decision maker and other relevant information is held on file in the event that they may need their nominated person to make decisions on their behalf. Staff interactions support the rights of care recipients to make choices and provide them with the opportunity to make their own decisions. Care recipients/representatives have access to information in regards to comments/complaints, advocacy and translation services if required.

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

Each care recipient and/or their representative are provided with information prior to and on entry to the home, which includes an information pack, agreement and handbook. The information provided includes the Charter of Care recipients' Rights and Responsibilities,

security of tenure, fees and charges, internal and external complaints mechanisms and the care and services provided at the home. Care recipients and/or their representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via correspondence and one-to-one contact when required. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements in relation to this Standard include:

- Management advised they commenced using silicon ware to mould texture modified food product into the shape of the food it is representing. For example, if serving lamb the food product is shaped as a portion slice of lamb. Management and staff advised they have received positive feedback from care recipients’ representatives regarding the presentation of the food.
- The dietary needs communication processes have been reviewed to ensure care recipients’ dietary needs are provided as required. Management advised the electronic management system now supports improved communication between the clinical reviews and assessment conducted by registered staff and/or allied health professionals and is communicated via an alert to relevant catering staff. The information is updated electronically and the alert is provided to ensure catering staff are aware of adjustments required to food or beverages provided to care recipients. Management and staff advised they refer to this information and staff advised they are aware of the changed needs each time changes are made.
- Management advised security cameras are now located in the medication rooms to provide additional support and security at the home. Staff were consulted regarding the positioning of the camera and management advised they have remote monitoring processes to enable them to access the digital data as required.
- Management advised an audit identified duties and responsibilities in one area of the home required a review. As a result care and cleaning duties have been separated with additional staff appointed to conduct the cleaning duties. Management advised the care staff are now solely responsible and have increased time to meet the clinical needs of care recipients. Care recipients/representatives in this area advised they are satisfied with the response of care staff to their needs and the cleanliness of the home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

In relation to Standard 4 Physical environment and safe systems, there is a system to ensure staff attendance at annual mandatory fire safety training and food safety guidelines are followed.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 4 the Physical environment and safe systems. For example;

- Chemical safety (circle of safety)
- Fire and emergency
- Food safety
- Infection control
- Manual handling

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

The home’s environment reflects the safety and comfort needs of care recipients. Storage areas are provided for equipment and mobility aids, walkways are free of trip hazards and gardens are maintained to ensure safety. Care recipients are encouraged to personalise their own rooms and utilise communal and outdoor areas. The building has keypad access control

to provide security for care recipients and a secure unit for care recipients who are at risk of wandering. The home has established maintenance procedures for preventative and reactive maintenance of equipment. The living environment is monitored through risk assessments, hazard reporting, accident and incident reporting, audits and feedback from meetings. Care recipients/representatives expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety system to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies and actioned as required. Training is provided on the use of chemicals, manual handling and infection control at orientation, annually and as needs arise. Equipment is maintained and chemical storage areas are secured. Health and safety issues are discussed at the Work, Health and Safety committee meetings and raised as an agenda item at all other meetings. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

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

The home has documented policies and procedures to manage fire safety, evacuations and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Fire drills are conducted and staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located in key areas of the home and exits are clear of obstruction. External providers maintain fire systems, equipment and signage and defects identified are actioned in a timely manner. Emergency procedures are documented and available to staff including procedures to maintain the security of the building after hours and at the weekends.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program to identify and contain potential and actual sources of infection including in the event of an outbreak. The program includes a food safety program, a vaccination program for care recipients and staff and pest control measures. Infection control education is provided to all staff. Care recipients' infection statistics are recorded and reviewed by DDC. Personal protective equipment is in use and hand washing

facilities, hand sanitisers, sharps' containers and spill kits are readily accessible. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed and food is handled in accordance with the food safety program. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken in the event of an outbreak. Care recipients/representatives are satisfied with staff hygiene practices and with the cleanliness of 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

Hospitality services are provided in a way that enhances care recipients' quality of life and the working environment for staff. Catering services are provided to meet care recipients' dietary needs and preferences, which are identified on entry and on an ongoing basis. Care recipients have input into the current menu through 'care recipient' meetings, food focus meetings and directly to management and catering staff. Cleaning of care recipients' rooms, communal areas and high cleaning is done in accordance with the cleaning duty lists and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. The onsite laundry has equipment and processes to ensure safe infection control practices. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided.