



Australian Government

Australian Aged Care Quality Agency

The Kensington Residential Care Facility

RACS ID 6008
276 Portrush Road
BEULAH PARK SA 5067

Approved provider: Jakudo Pty Ltd

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 24 June 2018.

We made our decision on 30 April 2015.

The audit was conducted on 24 March 2015 to 25 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

The Kensington Residential Care Facility 6008

Approved provider: Jakudo Pty Ltd

Introduction

This is the report of a re-accreditation audit from 24 March 2015 to 25 March 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 March 2015 to 25 March 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:	Mary Dunn
Team member:	Diane Mogie

Approved provider details

Approved provider:	Jakudo Pty Ltd
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Details of home

Name of home:	The Kensington Residential Care Facility
RACS ID:	6008

Total number of allocated places:	52
Number of care recipients during audit:	36
Number of care recipients receiving high care during audit:	35
Special needs catered for:	People with dementia or related disorder

Street:	276 Portrush Road
City:	BEULAH PARK
State:	SA
Postcode:	5067
Phone number:	08 8332 0297
Facsimile:	08 8431 0722
E-mail address:	eab@memcorp.com.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical and care staff	7
Lifestyle staff	1
Physiotherapist	1
Care recipients/representatives	6
Ancillary staff	3
Administration staff	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	5
Summary/quick reference care plans	8
Medication charts	5
Personnel files	2

Other documents reviewed

The team also reviewed:

- Asbestos register
- Audits
- Cleaning schedules
- Comments and complaints data
- Contractor list
- Dietitian review
- Education schedule/attendance records/evaluation records
- Emergency instructions
- Equipment register

- External contracts
- Feedback forms
- Food safety audit/food safety plan
- Handover records incorporating care recipients' evacuation list
- Incident and hazards documentation
- Job descriptions/duty statements
- Lifestyle activity planners
- Memorandum
- Menus
- Modified dietary guide
- Monitoring of food temperatures
- Nurse initiated medication list
- Orientation and induction records
- Pest control
- Police certificates/stat declarations
- Policies and procedures
- Preventive and reactive maintenance
- Quality improvement plan
- Recruitment policies and procedures
- Resident agreements
- Resident handbook/newsletter
- Restraint register
- Risk register
- S4 and S8 medication licence
- Safety data sheet
- Smoking assessment
- Staff appraisals
- Staff handbook

- Staff qualifications
- Staff rosters
- Testing and tagging
- The home's self-assessment
- Triennial fire report
- Various meeting minutes
- Welcome pack
- Wound assessments and records

Observations

The team observed the following:

- Accreditation notice
- Activities in progress
- Archive storage
- Chemical storage
- Equipment and supply storage areas
- Evacuation maps/fire suppression equipment
- External advocacy information
- Infection outbreak equipment
- Interactions between staff and care recipients
- Living environment
- Lodgement boxes
- Medication delivery and storage
- Personal protective equipment
- Resident rights and obligations posters
- Sensor mats
- Short group observation at meal service
- Storage of medications
- Vision mission and philosophy statement

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement and has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards through the Quality and Risk Management. Care recipients, representatives, staff have input into the continuous improvement system via the use of feedback forms. Improvements are also identified through comments and complaints information, surveys, audits, observations and analysis of incident and hazards data.

Improvements are monitored and discussed through the Quality and Risk Management Committee and staff receive updates through staff meetings. Care recipients receive updates through newsletters and resident meetings. Monitoring occurs through resident and staff meetings, audits, surveys and evaluations of identified improvements. Results show care recipients, representatives and staff are able to suggest improvements and receive updates regarding the progress of improvements. Care recipients and staff said they are satisfied the home actively pursues continuous improvement.

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

- Management identified the handover sheet was not comprehensive and staff required further detailed information to assist with follow up of care. Staff were consulted and now the following is noted; medical diagnosis, doctor, infection status and mobility status and a section to write comments and follow-up. It was also decided the handover sheet would also be used as an information tool for emergency services as it identifies care recipients' mobility status which is required in the event of an evacuation. Management said this has resulted in improvement in clinical follow up.
- Management identified the Residential Services Manager required additional support for enquiries, admissions, phone calls and follow through in administration tasks. The admission support person hours were increased from four days to five days a week. The admission support person is able to support the residential manager every week day and management said this has improved communication processes and completion of tasks in a timely manner.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to ensure there are processes in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Corporate management monitor legislative compliance and processes and emails are sent to site managers with relevant updates. Policies and procedures are updated in line with legislative requirements. Legislative requirements are a standing agenda item for all Corporate and Quality and Risk Management meetings. Corporate management generally ensure staff, care recipients and representatives are advised of legislative changes.

Legislation is discussed at staff meetings and through resident newsletters. There are processes in place to monitor all legislative requirements including audits and monitoring staff compliance. Results show systems are generally in place to ensure care recipients and representatives receive current updates in relation to legislation. Staff are satisfied they are kept well informed regarding changes in legislation. Care recipients and representatives interviewed are satisfied they are informed of changes in relation to regulatory compliance.

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

- Notification in writing of re-accreditation audit sent to care recipients and representatives
- Monitoring processes are in place to ensure staff have a valid police certificate in date and for external contractors
- Professional registrations are monitored for clinical and allied health staff.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. Mandatory training days are planned for all staff; attendance is noted and monitored on the training and development register.

Evaluation reports are completed by the quality risk manager and are provided to the Residential Services Managers. An education planner is in place and staff have access to scheduled education training sessions, self-directed learning packages and complete competencies as required. Other educational requests are noted in staff appraisals.

Monitoring processes include performance appraisals, evaluation of the education program and attendance and staff feedback process. Results show staff are supported to attend education sessions across all the accreditation standards. Staff are satisfied with the

education program provided and said they are able to suggest education sessions. Care recipients and representatives are satisfied staff have appropriate knowledge and skills.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients and or their representative is provided access to internal and external complaint processes. Care recipients, representatives and staff have access to feedback forms to lodge a concern if required. Verbal and written complaints are recorded on the comments and complaints register. Care recipients and representatives are advised of the comments and complaints process in the resident handbook, residential agreements, newsletter and resident meetings. Feedback forms are displayed in the home including information regarding external advocacy mechanisms. Care recipients and staff are able to lodge confidential complaints by accessing the lodgement boxes accessible around the home. Staff are provided with information through the staff handbook regarding raising concerns. Trending of comments and complaints is collated and generally acted upon, if trends are identified these are discussed at staff and resident meetings. Monitoring processes include surveys, monitoring of any trends identified and feedback mechanisms. Results show where concerns are identified; actions, responses and outcomes are noted and management generally ensure concerns are effectively managed. Staff said management are approachable and concerns raised are followed through. Care recipients and their identified representative are aware of the processes and are generally satisfied with the outcome of the complaints.

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 home has a documented vision mission and philosophy statement and this is displayed within the home, including their commitment to quality. Care recipients and staff are also provided this information through resident and staff handbooks.

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 systems to ensure staff are appropriately skilled and qualified. There are recruitment processes to ensure employed staff are skilled for their specific role. All staff receive an orientation and induction program and are supplied with a staff handbook, have

access to job descriptions, duty statements and policies and procedures to assist them in their roles. Staffing levels are allocated on a core roster which is based on occupancy rates and skill mix. Staff receive an ongoing education program including self-directive packages and competencies to complete where required. Monitoring processes ensure staff have valid police certificates, statutory declarations, appropriate qualifications, including working within their visa restrictions. Monitoring processes include observation of staff practice, appraisals, staff meetings and feedback from care recipients and representatives. Staff said they are able to complete their work within the time allocated to support care recipients' care needs. Care recipients and representatives are satisfied there are appropriate levels of skilled and qualified staff to meet care recipients' care 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 systems to ensure there are appropriate stocks of goods and equipment for the delivery of services. Corporate management, the Residential Services Manager, maintenance and identified staff ensure equipment is supplied, monitored and suitable for its intended use. New equipment is identified and trialled when necessary and feedback is provided regarding its suitability by key personnel. A preventive and reactive maintenance program is in place to ensure equipment is serviced and maintained. There is an equipment register to enable staff to monitor equipment levels and its condition of use. Monitoring occurs through stock control audits, preventive maintenance schedule, staff meetings, environmental audits and hazard and incident reporting. Results show there are adequate levels of stock and equipment to meet care recipient's needs. Staff are satisfied they have access to appropriate levels of stock. Care recipients and representatives are satisfied care recipients have access to equipment which is suitable 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

The home generally has effective information management systems. Staff use a range of paper based and electronic systems to communicate information. Systems include a paper based care and lifestyle documentation system, handbooks, memoranda, emails, rosters, diaries, newsletters, meeting minutes and handover forms. Confidential material is stored securely. Electronic information is password protected and there is an electronic real-time back up system. The home has processes in place for document archiving and destruction. Information systems are monitored through audits, plus care recipient and staff feedback. Results show information is used effectively to communicate with relevant stakeholders. Staff said they have access to appropriate information to perform their roles and are advised of changes in a timely manner. Care recipients and their representatives are satisfied with information provided to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to manage externally sourced services that meet the home's needs and service quality goals. Relevant staff have access to preferred suppliers which are managed by corporate management, and monitored by maintenance staff while on site. This includes monitoring of police certificates and insurance requirements. Arrangements are in place to ensure service requirements can be attended to after hours as required. External contracts are reviewed within the identified timeframes of the individual contract, with input from relevant stakeholders. Monitoring of contractors is conducted by corporate management and maintenance staff to ensure service needs are met. Results show there are effective monitoring systems in place to ensure externally sourced services meet care recipients' care needs and preferences. Staff, care recipients and representatives are satisfied that external services are managed to maintain care recipients' needs and requirements at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, infections, medications and behaviours and this information is then collated and analysed for trends. Care recipients, representatives and staff are satisfied the home actively promotes and improves care recipients' physical and mental health.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months are:

- Management identified an opportunity to improve ongoing assessment and monitoring processes of all wounds. A progress chart was developed with prompts for staff to record any clinical signs of infection, detailed descriptors including size and how often the wound was to be reviewed. Staff are required to review wounds regularly and the new wound chart has improved the monitoring of all wounds. Feedback from staff is the format of the progress tool is clear, simple to follow and has enabled staff to provide a clear description of the wound.
- Management identified a need to review, update and improve the care evaluation tool. This was to ensure specific care assessments are undertaken at the time of care evaluation such as falls risk and skin risk assessments, and staff are to review restraint management. Prompts were included in the tool to direct staff regarding these processes and education was provided. Management said information collated at the time of the care review process has improved.

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 related to the home’s systems and processes for regulatory compliance. In relation to Standard 2 Health and personal care and regulatory compliance examples the home was able to demonstrate are:

- Schedule four and eight medication licences are maintained.
- Management of unexplained absences for care recipients and mandatory reporting procedures.
- A record is kept of the current registration of qualified staff.

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 for the homes systems/processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 2 Health and personal care are:

- Medication management
- Continence management
- Registered nurse massage

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their individual needs and preferences. Assessment tools generally assist with the development of comprehensive care plans in consultation with care recipients, their representatives, carers and input from allied health professionals. Clinical care is delivered by staff consistent with the care plans generated from assessments. New assessment tools and an improved care evaluation tool have been introduced in the last year. Medical officers review care recipients whose health status

changes or who have sustained an injury. A care evaluation process is completed four to six monthly or earlier to assess any changes and the effectiveness of meeting care recipients' needs. Carers and lifestyle staff contribute to the evaluation process by providing feedback. The home monitors the effectiveness of clinical care using internal and external audits, care evaluations and observation of staff practice. Clinical incidents are monitored and analysed monthly by the Residential Services Manager and actioned as required. Results show care recipients' needs are documented, reviewed and changes to care are implemented as required. Staff interviewed said they welcomed the opportunity to provide feedback on a care recipient's clinical needs and any changes that have occurred. Care recipients and representatives are satisfied with the level of consultation, health and personal care provided to care recipients.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The home's assessment processes identify care recipients' specialised nursing care needs which are met by appropriately qualified nursing staff. Registered nurses attend to specialised nursing care, including complex wounds. Enrolled nurses and carers work within their role and function, reporting to a registered nurse when changes in care recipients' health or care needs require re-assessment. Results show care recipients' changing specialised care needs are documented and reviewed. Staff said they have received education and are appropriately qualified to meet care recipients' specialised nursing care needs. Care recipients and representatives are satisfied care recipients are provided with specialised nursing care according to 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

Care recipients are referred to appropriate health specialists according to their assessed needs and preferences. A physiotherapist and podiatrist regularly provide services at the home. Referrals to other health professionals, such as a dietitian, speech pathologist, dentist, psychologist and mental health services are initiated in consultation with care recipients and representatives as required. Referrals and care recommendations are documented and implemented with reviews as appropriate. The home monitors staff practices and the referral process by consultation with care recipients and families and review of care. Results show care recipients' needs are documented and reviewed. Staff said they appreciated the collaboration of allied health professionals in the provision of care recipient care. Care recipients and representatives are satisfied care recipients are referred to appropriate specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system to safely and correctly manage care recipients’ medication. Registered and enrolled nurses generally administer medications safely from a sachet system. Nurse initiated medication orders and ‘as required’ medications are administered with the effectiveness assessed for outcomes. Incident reporting and internal audits are used to monitor and maintain safe and correct administration and storage of medications. These are reviewed by the Residential Services Manager and any concerns or trends reported at the organisation’s Quality and Risk Management meetings. Results show care recipients generally receive their medication safely and within acceptable timeframes. Relevant staff said that they feel confident with their knowledge of safe and correct medication practice.

Care recipients and representatives are satisfied care recipients’ medications are managed 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

The home has pain management systems to ensure all care recipients are as pain free as possible. There are processes for identifying, assessing, managing and reviewing the effectiveness of strategies used to manage care recipients’ pain. Strategies for managing pain describe care recipients’ specific needs and preferences, such as repositioning, massage, heat packs and pressure relieving devices. Care recipients with difficult to manage pain are referred to external specialists. The home holds a small stock of drugs of dependency medications for afterhours use to ensure that care recipients receive pain relief in a timely manner. Pain strategies are monitored by observation and care recipient feedback. Results show care recipients’ pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Staff could describe the non-verbal signs of pain in care recipients with cognitive impairment and the use of appropriate assessment tools. Care recipients are satisfied with the strategies staff use to minimise the potential for pain and that their pain is managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and practices to maintain the comfort and dignity of terminally ill care recipients. Care recipients and their representatives are asked to provide information about care recipients’ end of life wishes. Comfort care equipment is available including relaxing

music and massage. Specialist palliative care services are consulted when required. Care recipients and their representatives are supported by staff during the palliative care phase.

Staff practices and palliative care services are monitored by informal feedback from relatives and regular review of care services. Results show care recipients' palliative care wishes are documented and implemented as required. Staff report they are able to provide physical and emotional comfort during the care recipient's last days. Care recipients and representatives are appreciative that the home can address care recipients' palliative care needs when the time comes.

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

The home has a system to ensure care recipients receive adequate nourishment and hydration. A nutritional risk assessment tool, at least monthly weighs and consultation with the care recipient/representative identify nutrition risk factors. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented and available to all staff that serve or assist with meals or drinks. Care recipients are referred to a dietitian for review of any inappropriate weight loss or gain. Referrals are made to a speech pathologist for care recipients with swallowing difficulties, and food and drink consistency is modified as required. Nutrition and hydration is reviewed through observation, four monthly care reviews and care recipient and representative feedback. The Residential Services Manager monitors care recipients' progress. Results show while staff have access to information relating to care recipients' dietary needs, staff are not always aware of care recipients' current dietary requirements. Staff generally are aware of those at risk and use a range of strategies to encourage care recipients' nourishment and hydration. Care recipients and representatives are satisfied with the home's approach in meeting care recipients' nutrition and hydration 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

The home has systems and practices to maintain care recipients' skin integrity consistent with their general health. The skin assessment includes a risk scale and care plans outline interventions to prevent skin breakdown, such as moisturisers, massage, protective clothing, repositioning and mobility programs. Registered nurses review and evaluate planned skin care strategies and preventative measures. Incident causes are analysed to identify opportunities for improvement across the home. Results show referral to external specialists is arranged as required. Staff advised they incorporate care recipients' skin care regime into their daily care activities. Care recipients and representatives are satisfied the home provides appropriate care in relation to maintenance of care recipients' 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

The home has systems to effectively manage care recipients’ continence needs. Nursing staff assess each care recipient’s continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. Results show that new continence assessment tools have improved the assessment of care recipients’ bladder and bowel function. Staff report they like the new products that are on trial as there is a wider range of continence products to suit the care recipients’ needs. Care recipients and representatives are satisfied with the care recipients receive to meet their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has an effective approach to manage the needs of care recipients with challenging behaviours. The causes and triggers of their behaviour are identified where possible and strategies to redirect care recipients are based on their personal interests or needs at that time. Referrals are made for specialist advice on managing challenging behaviours.

Registered nurses monitor behaviours by review of care documentation, follow-up of care, staff feedback and observation of care recipients and staff practices. Results show care recipients’ behaviours are managed appropriately with medication being given as a last resort. Staff detailed strategies to manage individual care recipients’ behaviour needs and have received training on behaviour management. Care recipients are satisfied with the way the home manages challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has a system to optimise each care recipient’s level of mobility and dexterity. The physiotherapist provides assessment of each care recipient’s abilities and risk of falls and establishes treatment programs and exercise plans for staff to follow. Strategies, such as exercise groups and massage therapy assist care recipients to maintain or improve their mobility and dexterity. The incidence of falls are monitored by the Residential Services Manager and strategies implemented in consultation with care staff, care recipients and their representatives, general practitioners and the physiotherapist. Results show care recipients’ mobility, dexterity and rehabilitation needs are documented and reviewed. Care staff said they

are aware of each care recipient's needs and manual handling precautions. Care recipients are satisfied with the home's support to achieve 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

The home has a system to maintain care recipients' oral and dental health. The oral and dental assessment and care plan identifies the care recipients' needs and preferences with information to guide staff practices. Oral and dental care is evaluated during the regular care evaluation. Care recipients are encouraged to attend dental appointments as required. A toothbrush changeover program occurs at the change of each season. Monitoring of needs occurs through staff observation and reporting, feedback systems, care review and audits.

Results show care recipients' dental needs are provided with dental services visiting the home as required. Staff said that they have gained more oral care awareness following training. Care recipients and representatives are satisfied with the home's approach to managing care recipients' 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

The home has systems to identify and effectively manage care recipients' sensory loss. Sensory deficits are assessed as a component of the home's entry process and ongoing review program. Strategies are identified and monitored to facilitate greater sensory ability. Care recipients are referred to relevant specialists for review. Staff are trained to assist care recipients with maintaining and fitting aids to assist their sensory function. Staff practice and the environment are monitored through the home's audit practices. Results show care recipients' sensory needs are documented and reviewed. Care staff said they are aware of how to manage individual care recipient's sensory needs. Care recipients and their representatives are satisfied with the home's approach to managing care recipients' needs in all five senses.

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

The home has systems and work practices to enable care recipients to achieve natural sleep patterns. Sleep assessments are conducted for care recipients who experience sleep disturbance. Sleep patterns are monitored and measures such as pain management, massage, hot drinks, snacks and preferred settling routines assist care recipients to settle.

Registered nurses use care staff feedback, progress notes, review of sedation and pain medications and consultation with care recipients to evaluate and monitor sleep patterns. Results show non-pharmacological strategies are effective in assisting care recipients to achieve natural sleep patterns. Staff said they are familiar with care recipients’ individual settling routines. Care recipients and representatives are satisfied with the assistance given to enable care recipients to achieve normal sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Care recipients’ lifestyle, the home receives improvements and suggestions through feedback mechanisms, resident meetings and surveys. Staff contribute to improvements through meetings, feedback processes and suggestions for improvements. Care recipients said they are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to Standard 3 Care recipient lifestyle implemented by the home over the last 12 months include:

- A lifestyle consultant reviewed the lifestyle program to look at ways to improve care recipients’ emotional support. Care recipients were consulted and singalongs and reminiscing sessions were introduced into the lifestyle program and added to the monthly planner. Lifestyle staff said care recipients are now enjoying the singalongs and listening to ‘old’ music and talking about the war. Feedback from care recipients is they love the reminiscing sessions and the singalongs.
- Lifestyle staff identified an opportunity to promote and create awareness of the lifestyle program and make the lifestyle planner easier to read for care recipients. The lifestyle calendar is sent out monthly and now there is an additional weekly lifestyle calendar as well as the monthly calendar. The weekly lifestyle calendar is larger in size and print and care recipients are able to easily identify the current daily activities. Lifestyle staff said this has increased interest in the program and care recipients who were not able to read the lifestyle planner can now read it independently and plan their week.

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 related to the home’s systems and processes for regulatory compliance.

In relation to Standard 3 Care recipients’ lifestyle regulatory compliance examples include:

- A mandatory log is maintained.
- Care recipients are informed of their rights regarding security of tenure as per legislation.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3, Care recipient lifestyle, management ensure staff have the knowledge and skills required for effective performance in their roles. Stakeholder feedback and observations monitor staff skills and knowledge in relation to care recipient lifestyle needs.

Examples of education and training provided for management and staff in relation to Standard 3 Care recipient lifestyle includes:

- Compulsory reporting
- Dementia
- Cultural requirements

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

The home has systems to support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. Care recipients are provided with an information pack and welcomed to the home. Lifestyle and care assessments identify care recipients’ specific

emotional needs and support networks. Care and lifestyle staff support care recipients and assist them to maintain relationships, recognise significant days and celebrations. Visits from family, friends and community groups are encouraged. The home monitors care recipient satisfaction with emotional support through staff observation and verbal feedback. Results show care recipients are referred to other services if they require additional support. Staff described ways they support care recipients' emotional wellbeing. Care recipients and representatives are satisfied care recipients receive emotional support on entry and on an ongoing basis.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

The home has systems to assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the home and community. Care recipients' lifestyle preferences, interests and abilities are identified during initial assessments and are reviewed on a regular basis. Staff assist care recipients to participate in group activities and to maintain links with family, friends and community groups. Arrangements are made for care recipients to vote in elections, should they wish to do so. The home monitors care recipient satisfaction with their independence through staff observation and verbal feedback. Results show the lifestyle program supports care recipients to participate in exercises to improve mobility and care recipients are provided with appropriate mobility aids. Staff described a comprehensive range of approaches they use to assist care recipients to maximise their independence. Care recipients and representatives are satisfied the home assists care recipients to maintain their independence and participate in community activities according to their needs and preferences.

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 systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care recipients have single or share rooms with privacy screens. There are private communal areas available to care recipients, representatives and other visitors. Staff provide care interventions in private and conduct handover confidentially. Staff support care recipients' privacy, dignity and confidentiality by knocking on doors before entering, signing a confidentiality declaration on commencement of employment and ensuring care recipients' information is stored securely. The home monitors care recipient satisfaction through observation and care recipient feedback. Results show the home's documentation is effective in informing care recipients of their right to privacy, dignity and confidentiality. Staff interviewed said they understand their responsibilities in providing privacy, dignity and confidentiality to care recipients. Care recipients and representatives interviewed are satisfied with the home's approach to respecting care recipients' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and interests appropriate to their needs and preferences. Care recipients' social history profiles prepared in consultation with care recipients and families capture a range of information, including their past interests, significant events and hobbies. Activities include one-to-one and group sessions according to care recipients' needs and preferences on the day. The lifestyle staff evaluate each care recipient's individual program in consultation with the care recipient, their family and care staff. New activities are added to the program in response to care recipients' changing interests. Effectiveness of the lifestyle program is monitored through participation, verbal feedback, resident meetings, lifestyle reviews and surveys.

Results show care recipients' leisure interests are identified and activities provided to support these interests. Lifestyle and care staff said they enjoy assisting care recipients to engage in activities of their choice. Care recipients and representatives are satisfied care recipients have a wide range of activities in which they can participate according to their preferences.

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 systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial care and lifestyle assessments identify care recipients' cultural and spiritual preferences. Religious services are planned to resume regularly at the home. Care recipients are assisted to maintain individual religious and spiritual supports.

Cultural, religious and significant days and celebrations are held. The home monitors and evaluates care recipients' cultural and spiritual needs through individual feedback, resident meetings and surveys. Result shows care recipients' cultural and spiritual preferences are documented. Staff described the many cultural and spiritual functions they organise and the assistance they provide to care recipients and their representatives to celebrate many events. Care recipients and their representatives are complimentary about how care recipients' individual interests, religious and cultural needs are identified and fostered.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient or their representative participates in decisions about the services the care recipient receives. They are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care recipients' preferences are documented on entry to the home. Care and lifestyle assessment and review processes include consultation with care recipients and representatives. Advocacy services and external complaint mechanisms are discussed and authorised representatives are identified. The home obtains feedback from care recipients via conversations, suggestion and complaints forms, surveys and resident meetings. Results show information about care recipients' rights and responsibilities are included in handbooks and care recipients' choices are respected and encouraged. Staff described how they provide opportunities for care recipients to choose options in their care and services. Care recipients or their representatives are satisfied care recipients have choices in the issues that affect their daily life.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients receive secure tenure within the home and are assisted to understand their rights and responsibilities. The Residential Services Manager meets with care recipients and their advocates to ensure care recipients are aware and understand their right and responsibilities in relation to security of tenure. Care recipients are provided with a tour of the facility. There are procedures in place to ensure consultation will occur if a care recipient moves rooms. Monitoring of satisfaction occurs through resident meetings, feedback processes and verbal feedback to staff and management. Staff are aware of care recipients' rights and responsibilities. Results show care recipients are actively supported to have security of tenure. Care recipients and representatives are satisfied care recipients' tenure is secure and the home supports their individual needs and preferences.

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 related to the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors incidents, hazards, infections, internal and external living environment through audits, and hazards and incident data to assist identifying opportunities for improvement.

Improvements implemented in the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Management identified care recipients are dissatisfied with the internal living environment. Following consultation with care recipients, all carpets were removed from most of the facility and new vinyl was laid. New dining room chairs and tables were purchased and two lounge areas reconfigured. New seating lounges were also purchased and recently new prints for the walls. Care recipients during the visit were positive regarding the environment and management said they will formally evaluate the improvement in the next care recipient survey in the coming months.
- Management identified an opportunity to improve the current library area and make it a space for quiet reflection and improved surroundings. A new table and comfortable armchairs were purchased and staff said care recipients are using this space more for time on their own. Care recipients during the visit said they like to use this space and it feels relaxing. This improvement is yet to be evaluated.

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 related to the home’s systems and processes for regulatory compliance.

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Food safety program
- Fire safety systems are monitored as per the regulations
- Work Health and Safety is conducted as per the regulations.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4, Physical environment and safe systems, management ensure staff have the knowledge and skills required for effective performance in their roles. Management monitor attendance to education sessions to ensure annual staff attendance, understanding, and competency.

Examples of education and training provided for management and staff in relation to Standard 4, Physical environment and safe systems includes:

- Chemical management
- Work Health and Safety
- Fire and Emergency
- 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 has systems to ensure they provide a safe and comfortable living environment to meet care recipients' needs. Care recipients have access to single or shared rooms with shared bathroom facilities. There are several internal and external communal areas and quiet private areas including a newly updated library. A secure area is available for care recipients with identified cognitive impairment and ducted air conditioning and heating is centrally controlled. Care recipients have access to a call bell and there are monitoring systems in place to ensure all call bells are operational. Monitoring of the living environment occurs through incident and hazard reporting, environmental inspections, audits, preventive and scheduled maintenance and feedback mechanisms. Results show there are identified improvements in the living environment and management address issues when they arise.

Staff are aware of strategies to ensure care recipients' safety is maintained. Care recipients and representatives said care recipients feel safe and comfortable in their 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 systems that guide management to actively work to provide a safe working environment that meets regulatory requirements. The Residential Services Manager is responsible for management of work health and safety. Staff are guided by policies and procedures and receive education regarding incident and hazard management processes. Staff have access to well-maintained equipment to assist in care recipients' safety and receive annual training in work health and safety at induction and on an ongoing basis.

Identified hazards are monitored through the risk register and assessed using a risk matrix and followed up by senior staff. Identified issues are also logged on the quality risk management plan and actioned accordingly. Monitoring occurs through the Quality Risk Management Committee, trending of incidents and hazards, audits and feedback from staff. Results show the home supports staff if an injury occurs and there are low incidences of staff injuries. Staff are aware of their responsibilities in regard to Occupational Health and Safety and said they have access to information to guide them in safe practice.

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 systems to ensure management and staff are generally actively working to provide an environment that is safe and there are safe systems in place to minimise fire, security and emergency risks. There are processes in place to ensure staff attend mandatory fire and safety education, have access to evacuation plans, emergency plans, fire detection systems and fire suppression equipment which is generally well maintained. An evacuation list is available to guide emergency services and security measures and procedures are in place. Electrical equipment is tested and tagged by maintenance staff on entry and ongoing basis. Monitoring occurs through fire inspection records, triennial inspections, testing and tagging procedures and environmental audits. Results show staff are aware of emergency procedures in place and attend mandatory training in relation to fire and safety systems.

Care recipients and representatives are satisfied care recipients feel safe and secure at 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

The home has a system for coordinating and monitoring the home's infection control processes to provide an effective infection control program. The home has effective procedures for managing food, linen and waste. Hand-washing facilities or hand gel are accessible for staff, care recipient and visitor use. There are adequate supplies of personal protective equipment. The home has a staff and care recipient vaccination program, an audited food safety program and resources for outbreak management. Infection rates are collated and monitored on a monthly basis and reviewed by the Residential Services Manager. The effectiveness of the home's infection control program is monitored through internal and external auditing processes and observation. Results show that there is a low incidence of infections. Staff interviewed are generally familiar with infection control practices and confirm they have access to sufficient information and personal protective equipment.

Care recipients and their representatives appreciate the low incidence of infections and that the home has avoided outbreaks.

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 staff working environment. Meals are cooked fresh on site daily and a four week rotating menu offers variety to care recipients' individual dietary needs and preferences. Care recipients are able to provide input to the menu through feedback at resident meetings and through comment and complaint processes. Care recipients' dietary requirements, food allergies and preferences are identified and communicated to kitchen and nursing staff and updated as required. Care recipients' rooms and communal areas, including service areas are generally cleaned according to cleaning schedules. All laundry services are completed on site and there are processes in place to generally minimise lost clothing. Results show catering services are reviewing the menu to assist in providing increased choice for care recipients. Housekeeping and catering services are generally monitored through audits, surveys, resident meetings and the complaints process. Staff said they have access to work schedules and policies and procedures that guide their practice. Care recipients and representatives are generally satisfied with the catering, cleaning and laundry services provided by the home.