



Australian Government

Australian Aged Care Quality Agency

Tully & District Nursing Home

RACS ID 5454
13 Bryant Street
TULLY QLD 4854

Approved provider: Tully Nursing Home Inc

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 08 December 2018.

We made our decision on 28 October 2015.

The audit was conducted on 22 September 2015 to 23 September 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

Tully & District Nursing Home 5454

Approved provider: Tully Nursing Home Inc

Introduction

This is the report of a re-accreditation audit from 22 September 2015 to 23 September 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 22 September 2015 to 23 September 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 Allen
Team member/s:	Magdalene Hingst

Approved provider details

Approved provider:	Tully Nursing Home Inc
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Details of home

Name of home:	Tully & District Nursing Home
RACS ID:	5454

Total number of allocated places:	50
Number of care recipients during audit:	48
Number of care recipients receiving high care during audit:	46
Special needs catered for:	Care recipients requiring a secure environment

Street/PO Box:	13 Bryant Street
City/Town:	TULLY
State:	QLD
Postcode:	4854
Phone number:	07 4068 2355
Facsimile:	07 4068 2405
E-mail address:	pinehaven@bigpond.com.au

Audit trail

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

Interviews

Category	Number
Director of Nursing/Manager	1
Registered/enrolled nurses	3
Quality Manager	1
Diversional Therapist	1
Cleaning staff	1
Care recipients/representatives	7
Care staff	6
Laundry staff	1
Hospitality Manager	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	5
Personnel files	6
Medication charts	14

Other documents reviewed

The team also reviewed:

- 'My Night' documentation
- After life arrangements
- Audit reports
- Audit schedule, tools and reports
- Communication books
- Continuous quality improvement plan
- Dietary change notification
- Discarded linen form

- Diversional therapy – individual/group activity records
- Doctor's book
- Education records
- Emergency procedures
- End of life care pathway
- Falls/risks assessments
- Fire equipment maintenance records
- Fluids/nutritional record intake and output
- Food business licence
- Food safety program and Food Act - audit report
- Individualised and group programs – tick sheets
- Infection control summary
- Infection risk factors and summary of infections
- Infection surveillance – collation
- Job descriptions, duties lists
- Kitchenware (breakages) form
- Maintenance log
- Maintenance log and preventative and reactive maintenance records
- Malnutrition screening tool
- Mandatory reporting guidelines, flowchart and records
- Meeting schedule, agenda and minutes
- Memoranda
- Menu
- Monthly activity program
- Monthly continuous quality improvement register and summary
- Newsletter
- Nurses' station diary

- Policies and processes
- Professional registration records
- Progressive weight charts
- Questionnaires and surveys
- Re-accreditation self-assessment
- Recruitment policies and procedures
- Resident admission checklist
- Resident's dietary and hydration form
- Residents and relatives handbook
- Residents daily activity attendance sheet
- Residents for monthly bicep measurements
- Residents' meal options list
- Restraint/safety records
- Safety data sheets
- Safety/security assessment
- Service agreements
- Staff handbook
- Temperature monitoring records
- Work health and safety program (for contactors and volunteers)

Observations

The team observed the following:

- Activities in progress
- Administration of medication
- Australian aged care quality agency flyer displayed
- Equipment and supply storage areas
- External complaints and advocacy information displayed
- Fire detection, alarm and fighting equipment

- Fire exits, egress routes and assembly areas
- Interactions between staff and care recipients
- Living environment
- Meal and beverage service
- Small group observation
- Storage of medications

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

Tully and District Nursing Home (the home) has systems to identify opportunities for improvement that include suggestions and comments, informal communication with staff and care recipients/representatives, regular care recipient and staff meetings, scheduled audits/surveys and collation and analysis of clinical and other indicators. Feedback on suggestions or comments is provided verbally and/or in writing to the originator by management. A continuous improvement plan is maintained and monthly summaries are communicated to the board and staff for monitoring and information purposes. Management evaluates the effectiveness of the quality improvement activities through ongoing monitoring and feedback from staff, care recipients/representatives and other stakeholders. Care recipients, representatives and staff are satisfied improvements continue to be implemented at the home and that their input is considered.

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

- Following a suggestion from the doctor, the home developed an Older Persons Mental Health Team referral folder in order to streamline the referral process and to inform care staff of the progress of referrals and outcomes from the team. Staff report this has improved the communication of care information between them.
- As a result of complaints that personal laundry was being placed into the wrong wardrobes, management reviewed the hospitality services roster; multi-skilled staff that were rostered in different areas each day are now rostered to work in the laundry for several consecutive days. Care recipients and staff report this has decreased the incidence of incorrect placement of personal clothing.

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 implemented systems to identify regulatory requirements and manage compliance with relevant regulations. Management at the home is notified of changes to relevant legislation, regulations, standards and guidelines by their networks and organisations they subscribe to. The orientation program and mandatory education sessions reinforce relevant regulatory requirements to the staff, and information is disseminated to care recipients/representatives via newsletter, meetings and correspondence. There are systems to monitor compliance; to notify care recipients/representatives of the re- accreditation audit; to present self-assessment information and to ensure all relevant personnel have a current police certificate.

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 provides an education program for management and staff based on identified needs and legislative and advisory requirements. Rostering strategies, self-directed learning packages and external specialists are used to improve access to education and training opportunities. Staff have an obligation to attend mandatory education and their attendance is monitored by management; measures are taken to action non-attendance at mandatory training. Management monitors the skills and knowledge of staff using audits, competency assessments, and observation of practice. Staff said they have access to ongoing learning opportunities and are kept informed of their training obligations. Examples of education relevant to Standard 1 are workplace bullying, conflict management, continuous quality improvement and documentation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients/representatives have access to the home's internal comments and complaint system and to external complaints processes. The home provides relevant information to care recipients, their representatives and other stakeholders through a variety of communication channels including care recipient entry processes, the residential care agreement, resident handbook, meetings, and via external complaints management brochures and posters. Care recipients are invited to raise issues at their meetings and/or privately with management and

staff. There is a process to manage informal and formal comments and complaints and to provide feedback whilst maintaining confidentiality. Care recipients/representatives and staff are familiar with the mechanisms available to initiate an improvement suggestion or raise a concern and are satisfied that management is responsive to their suggestions and responds to their requests/concerns in a timely manner.

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's values are documented and displayed in the home for care recipients/representatives and visitors. They are reflected in policies and procedures of human resource management and care, and underpin information provided at interview, orientation, and in staff and care recipient information packs.

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

There are systems and processes to ensure appropriately qualified, skilled and sufficient numbers of staff are available to meet the needs of the care recipients; the selection of staff is based on experience, qualifications, ability of applicants to meet care recipients' care needs and the possession of a current criminal record check. There is an orientation program that includes allocating 'buddy' shifts to new staff. Absences are back-filled with existing staff or through the use of casual or temporary employees and staff skills are monitored through supervision, observation, competency assessment and performance reviews. Staff have access to job descriptions and duty lists and are provided with sufficient time to meet the needs of care recipients and to complete tasks relevant to their role. A registered nurse is available to supervise the delivery of care to care recipients. Care recipients/representatives are satisfied with the quality of care and services provided by staff at the home and the availability of staff when they require assistance.

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 identifies equipment needs through discussion with staff, quality improvement systems, and monitoring of maintenance. A budget is in place to support equipment

purchases. Staff receive training in the use of new equipment and, where appropriate, instructions are available to guide staff in equipment usage. There is a planned preventative maintenance program; the maintenance officer, together with external contractors, maintains equipment in safe working order. Supplies are monitored through auditing programs, observations, staff feedback and maintenance requests; adequate supplies to support clinical care and hospitality services are maintained at the home. Stock is stored and rotated according to specific requirements. Care recipients/representatives and staff are satisfied there are adequate supplies and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has established processes to ensure information is managed in a secure and confidential way. The home uses both hardcopy and electronic information systems. Staff and care recipient information is stored in secured areas and is accessible only to authorised personnel. Electronic information is secured by passwords and is regularly backed up to prevent loss of information. There is a system to archive records appropriately. Handover processes, communication books, newsletters, notices and memoranda are used to disseminate information to staff and care recipients/representatives. Staff have access to information relevant to their position and changes to care recipients' needs are communicated to them in a timely manner. Care recipients/representatives are satisfied with internal communication processes and have access to information about care and service delivery.

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

Service agreements are established by the home and are reviewed regularly. Agreements outline the home's requirements on site and quality of the service to be provided.

Performance of external service providers is monitored and feedback is obtained from staff and care recipients regarding services; concerns are addressed promptly. External service providers are provided with information about the home's workplace health and safety processes and requirements. Staff have access to the contact details of preferred service providers if required after hours or in an emergency. Management and staff are satisfied that external service providers are responsive to concerns raised by the home. Staff and care recipients are satisfied with the quality of external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- As a result of a falls prevention program developed and implemented with the assistance of an exercise physiologist, management report that an improvement in care recipients' mobility has been noticed and a reduction in the incidence of care recipient falls has been achieved.
- Following attendance at a palliative care workshop, a registered nurse (RN) has been nominated as the resource person or 'Champion' for skin integrity and palliative care. The nominated RN monitors these clinical areas closely and provides education to care staff to ensure consistent care to care recipients; management reports improved skin integrity has been recorded.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, and for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan and evaluate care recipients' medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care recipients, and notifiable infections. Refer to Expected outcome 1.2 Regulatory compliance, for details on the home's overall system.

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

The home provides management and staff with a learning and development program to enable the maintenance and improvement of care and clinical skills. Education in clinical issues is derived from the changing needs of care recipients and through continual review of training needs. Competency assessments for clinical skills are conducted annually or as required. Refer to Expected outcome 1.3 Education and staff development, for details on the home’s overall system. Examples of information topics relevant to Standard 2 include: falls prevention, skin care, palliative care, management of challenging behaviours and management of percutaneous endoscopic gastrostomy (PEG).

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes to assess care recipients’ care needs on entry to the home and on an ongoing basis. Care plans are developed by registered clinical staff utilising information gathered from hospital discharge information, assessments and input from care recipients and their representative/s with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by RNs through the handover process, review of progress notes and clinical incident data with changes communicated to staff and care plan adjustments made as required. Communication and referral between external and allied health professionals for care recipients’ needs is appropriate and timely. Staff are satisfied with communication processes utilised to inform them of clinical care changes. Care recipients are satisfied the clinical care they receive is appropriate to their needs and preferences.

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 through assessment and care planning processes conducted on entry to the home and as required. Care plans recording specialised nursing care needs are developed and documented by RNs. Assistance is sought from specialist health services as required. Specialised care services currently being provided include blood glucose monitoring, catheter management, neurological (nervous system) conditions, anti coagulation therapy and wound management. Ongoing monitoring of care needs is conducted through observation, discussion with care recipients, review of care recipients’ records and feedback from staff and health professionals. Visiting medical officers,

allied health practitioners and specialist services are contacted if additional support is required for individual care recipients. Care recipients who receive specialised nursing care are satisfied with the care provided.

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’ allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including speech therapist, dietician, physiotherapist, podiatrist with regular assessments undertaken for individual care recipients as required. The RN initiates referral for medical and allied health reviews. The outcome of the referrals are documented appropriately and retained in care recipients’ records. Staff have an understanding of the circumstances to refer care recipients for re-assessment by other health specialists and are familiar with the referral process. Care recipients are referred to appropriate health specialists in accordance with their needs and preferences.

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 systems and processes to identify care recipients’ initial and ongoing medication management needs. The home utilises a single dose blister pack system for care recipients’ medications. Registered staff assist care recipients to take their medications and RNs are responsible for the ordering of unpacked medications and notifying the pharmacy of changes to care recipients’ medications. All medications, including controlled and refrigerated drugs, are stored and monitored appropriately. Medication profiles contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents. Care recipients are satisfied their medication is administered safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients with pain are identified on entry to the home and on an ongoing basis. Individualised pain assessments are commenced if care recipients indicate pain with the effectiveness of alternative therapies evaluated. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as use of pharmacological interventions, heat packs, therapeutic massage,

repositioning and exercise/movement are implemented for care recipients to ensure they remain as free as possible from pain. Staff participate in education on pain management and outlined pain management strategies for individual care recipients. The effectiveness of strategies is evaluated and recorded. Care recipients are satisfied with the way their pain is managed.

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

Care recipients’ end of life requests are collected in consultation with the care recipient and their representatives when appropriate. Copies of information such as enduring power of attorney and advance health directives are located in care recipients’ records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Religious representatives and staff provide pastoral care support to the care recipient/representative as requested. End of life care pathways are developed in consultation with care recipients, family members and representatives and form part of management interventions. Care recipients/representatives are satisfied staff are caring and respectful of their wishes and preferences in ensuring care recipients’ care needs are met.

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’ nutrition and hydration needs including likes, dislikes, cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of diet forms. The information gathered is used to develop the care recipient’s care plan and inform the kitchen, to ensure appropriate meals are provided to all care recipients. Care recipients are weighed on entry then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist care recipients to maintain adequate nourishment include the provision of texture-modified diets, dietary supplements and referral to a dietitian and/or speech pathologist as required. Care recipients are satisfied with the quality and sufficiency of food and fluids provided.

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 needs are assessed on entry to the home and on an ongoing basis. Care plans are developed to guide staff practice and staff receive education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, reassessed every three months and changes are communicated in daily handover sessions, care plans and progress notes. Registered staff oversee the management of wound care and the home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. The effectiveness of interventions is evaluated using monthly audits. Care recipients are satisfied with the skin care provided.

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 needs are assessed on entry to the home and on an ongoing basis. Care plans guide staff practice and ensure individual care recipients’ preferences are met. Education is provided and networking with the continence care product service supports the implementation of continence care strategies. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required.

Changes to continence regimes are communicated to staff through the communication book, during handovers, in records of continence aid use and progress notes. Care recipients are satisfied that staff support their privacy when providing continence care and with the care they receive 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 with challenging behaviours are assessed on entry to the home and care plans are developed in consultation with the care recipient (if appropriate), their representative/s and health professionals when necessary. Ongoing monitoring of the care recipient occurs with care plan evaluation and amendment undertaken when care recipient needs change and/or at the scheduled three monthly reviews. The home has processes to consult with care recipients/representatives and their medical officer should the use of a restraint as an intervention be considered and are able to consult with external mental health services if

required. Staff are aware of interventions to manage care recipients with challenging behaviours. Care recipients/representatives are satisfied with the way challenging behaviours are managed.

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

Registered staff liaise with the exercise physiologist to identify individual care recipients’ specific mobility, transfer and therapy needs. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Following assessment care recipients are assisted to trial and select mobility aids appropriate to their needs; care staff initiate passive exercises with care recipients during daily care routines and facilitate individual exercise programs in conjunction with the exercise physiologist. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of care recipient falls and care recipient feedback.

Care recipients are satisfied with the level of support and assistance provided to maintain 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’ dental history is assessed on entry to the home, including determining their preferences relating to management of their oral care. Care plans are developed to guide staff practice and effectiveness of care is reviewed every three months or as care needs change. Referral to dental services occurs and assistance is provided to access services when required. Resources such as mouth care products are available to meet care recipients’ oral hygiene needs and staff complete learning packages relating to oral hygiene. Amendments to care are communicated through handover sessions, progress notes and care plans. Care recipients are satisfied with the assistance given by staff to maintain their oral and dental health.

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

Assessments in relation to sensory loss are completed on entry to the home. Care recipients are reassessed regularly and when care needs change. Care plans are developed to guide staff practice; strategies are in place to address identified needs and personal preferences.

Care recipients are referred to specialists such as audiologists and optometrists in consultation with the care recipient/representative and medical officer. Staff are educated on individual care requirements and the maintenance of sensory aids and demonstrated awareness of environmental controls required to support care recipients with sensory impairment. Care recipients with sensory impairment are satisfied with the care assistance provided by staff.

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

Initial and ongoing assessment processes identify care recipients’ sleep patterns, settling routines and personal preferences. Individual care plans (‘My Night’) document interventions to help care recipients achieve and maintain natural sleep. Night routines at the home maintain an environment that is conducive to sleep. Staff implement support and comfort measures and implement alternative therapies to enhance sleep if required. Ongoing assessment, planning and evaluation processes and care recipient feedback monitor the effectiveness of care interventions. Staff are aware of individual care recipient’s sleep/rest patterns and personal routines and provide additional support for care recipients with disturbed sleep. Care recipients are satisfied with the support provided by staff to enable them to achieve sufficient rest.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system in relation to care recipients’ lifestyle. Refer to Expected outcome 1 Continuous improvement, for details on the home’s overall system.

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

- As a result of a suggestion from a care recipient/representative, a ‘Café Restorante’ has been established and held every month. The café caters for food tasting from a different culture each month; this is a popular activity now, with staff from different cultural backgrounds becoming involved. Care recipients report they enjoy flavours from different countries.
- Staff noticed that several care recipients in the secure unit would congregate at the main entrance to the unit, becoming increasingly agitated; a mural was purchased to place on the door blocking the windows, and the surrounding wall painted to camouflage the entrance; a camera has been installed so that anyone entering can see if a care recipient is behind the main door before opening it. Service deliveries are now provided whenever possible through the back door and care recipients from the unit access activities via a different route. Management report these strategies have significantly reduced the agitated behaviour.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, standards and guidelines relating to care recipient lifestyle. Care recipients/representatives are provided with a client agreement and information pack. The care recipient information materials detail care recipients’ security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and care recipients’ rights. Refer to Expected outcome 1.2 Regulatory compliance, for details on the home’s overall system.

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

Topics of education in the area of care recipients' leisure and lifestyle are derived from changes to care recipient needs and/or desired outcomes, and through review of staff training needs. Staff are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3 Education and staff development, for details on the home's overall system. Examples of information topics relevant to Standard 3 include: dementia care, elder abuse and compulsory reporting, pastoral care and advocacy.

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 processes to emotionally support care recipients to adjust to life in the new environment and on an ongoing basis. Staff assess the emotional status and needs of care recipients and assist them to become orientated to the home. Information about the care recipient's social and family history, lifestyle choices and preferences is collected from the care recipients/representatives through initial assessment. Care recipients are encouraged to furnish their rooms with personal items and family visits are encouraged. Lifestyle and care staff offer new care recipients support, introductions to other care recipients and encouragement to participate in the activities program. Care recipients advise they are satisfied with the support received from staff to assist them to adjust to life in the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Assessment and re-assessment of care recipients' needs is conducted to ensure care recipients are assisted to achieve maximum independence on an ongoing basis. Staff regularly monitor care recipients' mobility and ability to perform activities of daily living. Care recipients' social, civic and cultural needs and preferences are identified and care recipients are assisted and supported to maintain friendships within the home and in the community. Care recipients' relatives and other significant persons are informed of events at the home and encouraged to participate in social functions and outings. Staff practices promote and support care recipients' independence within their capacity. Care recipients are satisfied with the support they receive to achieve independence, maintain friendships and participate in the life of the community.

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

Information about each care recipient's personal preferences and needs regarding privacy and dignity is collected and specific needs are communicated to relevant staff. Care recipients' administrative and care files are stored and accessed in a way that provides security and confidentiality of information. Staff have knowledge of individual care recipient's preferences and interact with care recipients in a respectful manner. Staff obtain consent before entering care recipients' rooms; close doors and curtains when care recipients are being attended to. Quiet rooms and private areas are available for care recipients to host visitors. Care recipients advise they are satisfied their privacy is respected and confidentiality and dignity maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has processes to identify care recipients' social, cultural, spiritual background, leisure interests and activity preferences. The diversional therapist develops and oversees leisure and social activities, on a group and individual basis, and co-ordinates volunteer assistance. A monthly planner is displayed on notice boards and recorded in the home's newsletter. Regular outings are facilitated and community groups are encouraged to engage with care recipients. Staff monitor the level of involvement and enjoyment of care recipients and revise individual and group activities accordingly. Staff encourage and assist care recipients' to attend activities of their choice. Care recipients have opportunity to participate in planning and provide feedback on the program. Care recipients advise they are satisfied with the range of activities on offer.

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

Information about the cultural and spiritual needs of care recipients is collected on entry to the home and individual care plans direct staff practice. Religious services are conducted on a regular basis, religious icons are provided as appropriate, days of personal, cultural and spiritual significance are planned and celebrated in the home. There are areas in the home for spiritual and quiet reflection and chaplains/priests support care recipients. Special diets and menu modifications are made to accommodate care recipients' cultural needs. Care recipients advise they are satisfied their cultural and spiritual beliefs are provided for and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Information about life in the home is provided to care recipients/representatives on entry to the home and care recipients are encouraged and supported to make decisions about their care and routines. Input and feedback is sought from care recipients/representatives through one on one discussion, comments and complaints mechanisms, meetings and care recipient surveys. Should a care recipient not be able to make an informed decision, an authorised decision-maker is identified and a copy of the enduring power of attorney document is kept on file. Care recipients' have the right to refuse care and staff document care recipients' choices. Access to advocacy services is facilitated as needed. Care recipients are satisfied they are able to exercise choice in various aspects of their life in the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients/representatives are provided with information about their rights and responsibilities and security of tenure prior to and on entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure and services to be provided by the home. Prior to signing management ensures that all parties understand the terms of the agreement. Further information regarding care recipient's rights and responsibilities is contained in the resident handbook. Ongoing information is provided through newsletters and discussions at care recipients/representative meetings as the need arises. Care recipients are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement approach to monitoring the physical environment and safe systems. Refer to Expected outcome 1.1 Continuous improvement, for details on the home’s overall system.

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

- As a result of feedback from staff linen skips are now transferred to a single point drop off area at the back of the laundry. Management reports this has resulted in a more timely cycle of soiled linen being laundered and returned to the clean linen cupboards.
- Staff observed and reported that there was an increasing number of cane toads and insects at the entries of Rainforest wing and at the night entrance for the home at night. Yellow fluorescent bulbs have been installed which have been effective in reducing the number of insects and consequently the number of cane toads at the entrances.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an audited food safety program, and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2 Regulatory compliance, for details on the home’s overall system.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development, for details on the home's overall system. Examples of information topics relevant to Standard 4 include: infection control, manual handling, work health and safety, chemical safety, safe food handling, and fire and evacuation.

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 living environment and care recipient safety and comfort needs are assessed and reviewed through regular care recipient and staff meetings, audits, incident/hazard reports, maintenance requests and staff observation. The home consists of single rooms and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for care recipients' needs. Handrails are in place throughout the home and walkways facilitate care recipient mobility outside.

Management implements and oversees a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised when required. Staff ensure external entrances to the home are secure in the evening; regular security rounds are undertaken and staff have access to police and emergency telephone numbers in the event of a security breach. Care recipients/representatives are satisfied with the maintenance, safety and comfort of their living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management at the home has implemented a safety system to meet regulatory requirements. The system is coordinated by work health and safety staff in association with the maintenance officer. Processes enable notification and control of hazards; managing exposure to risks; reporting and investigation of staff incidents; management of chemicals; regular safety and environmental audits, and the rehabilitation of injured staff to support their return to work. Staff, volunteers and contractors receive education/information on their responsibilities in relation to

work health and safety in the working environment. Staff are satisfied that management is active in the provision of a safe workplace at the home.

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's fire safety system and installations have been assessed and records of inspection identify that the fire detection, alarm and fire fighting equipment and systems have been inspected and maintained in accordance with relevant standards. Fire exits and egress routes are free from obstacles. The home has an emergency procedure manual. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and have access to documented emergency procedures, fire fighting equipment and evacuation diagrams. A care recipients' evacuation list coupled with sign in/out books, assist with evacuation headcounts. There are procedures to ensure security (day and night) of care recipients, staff and site visitors.

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. Regular inspections of the home and observation of staff practice monitor cleanliness and staff practice. The home provides personal protective equipment and sufficient colour-coded cleaning supplies to minimise the incidence of infection. Regular pest control services are provided and there are processes for the disposal of general, clinical and sharps waste. The food safety program and laundry practices support the infection control program and regular training is provided to staff. Care recipients' infections are treated, recorded and analysed for trends. An outbreak management plan is available to provide a rapid response should an outbreak occur.

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

Care recipients/representatives and staff are satisfied with the catering, cleaning and laundry services provided. Care recipients' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies and food preferences. This information is communicated to catering staff. Food is cooked fresh on site and the home has the capacity to cater for individual dietary needs. Care recipients are presented with options for main meals and may provide feedback in person, at care recipient meetings or through the improvement system. A cleaning program includes duty lists and schedules to guide staff in the cleaning of

care recipients' rooms and the environment. All linen is laundered on-site with care recipients encouraged to name personal clothing items to facilitate satisfaction with the laundry service. The effectiveness of hospitality services is monitored through meetings, audits and surveys.