



Australian Government

Australian Aged Care Quality Agency

Wahroonga Retirement Village Hostel

RACS ID 5128
Wahroonga Street
BILOELA QLD 4715

Approved provider: Lutheran Church of Australia - Queensland District (Lutheran Community Care)

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 04 December 2018.

We made our decision on 08 October 2015.

The audit was conducted on 26 August 2015 to 27 August 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

Wahroonga Retirement Village Hostel 5128

Approved provider: Lutheran Church of Australia - Queensland District (Lutheran Community Care)

Introduction

This is the report of a re-accreditation audit from 26 August 2015 to 27 August 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 26 August 2015 to 27 August 2015.

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

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

Assessment team

Team leader:	Mary Allen
Team member/s:	Desma-Ann van Rosendal Lois Janetzki

Approved provider details

Approved provider:	Lutheran Church of Australia - Queensland District (Lutheran Community Care)
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Details of home

Name of home:	Wahroonga Retirement Village Hostel
RACS ID:	5128

Total number of allocated places:	35
Number of care recipients during audit:	35
Number of care recipients receiving high care during audit:	26
Special needs catered for:	Care recipients requiring a secure environment

Street/PO Box:	Wahroonga Street
City/Town:	BILOELA
State:	QLD
Postcode:	4715
Phone number:	07 4992 2811
Facsimile:	07 4992 3881
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Service Manager	1
Clinical Governance and Quality Manager	1
Care Manager	1
Registered staff	3
Care staff	4
Hotel Services Coordinator	1
Diversional therapy staff	2
Quality/Rostering Coordinator	1
Care recipients/representatives	7
Physiotherapy Aide	1
Volunteers	3
Hotel service staff	4
Maintenance and grounds staff	1
Regional Manager	1
Director of Aged Care	1

Sampled documents

Category	Number
Care recipients' files	7
Summary/quick reference care plans	8
Personnel files	6
Medication charts	10
Diabetic care plans	3

Other documents reviewed

The team also reviewed:

- Activities attendance records
- Activities planner

- Audit schedule and audits
- Cleaning schedules
- Clinical handover records
- Clinical monitoring charts
- Code of conduct
- Comments and complaints
- Competency assessments
- Controlled drug register
- Daily medication order forms
- Diabetic management records
- Electronic records management
- Emergency warning systems and emergency intercom systems service records
- Employee handbook
- Employment pack
- Food safety licence and records
- Handover sheets
- Home's self-assessment
- Housekeeping records
- Medication signing sheet audits
- Meeting minutes
- Observation charts
- Pest sighting and inspection reports
- Preventative maintenance program, inspection and service records
- Resident agreements
- Resident list
- Resident newsletters
- Restraint authorisation reviews
- Staff competencies

- Staff roster
- Staff signature list
- Staff training matrix and attendance records
- Syringe driver observation record
- Temperature monitoring checklists
- Wound assessments and wound care documentation

Observations

The team observed the following:

- Accreditation information on display
- Activities in progress and activities resources
- Beverage and meal service
- Brochures on display
- Catering, cleaning and laundry equipment
- Cleaning and laundry equipment
- Clinical equipment
- Educational resources for staff
- Equipment and resources storage
- Evacuation maps and emergency assembly areas
- Hand sanitiser and hand washing facilities
- Interactions between staff and care recipients
- Internal and external living environment
- Laundry service and equipment
- Notice boards
- Resident rights and responsibilities on display
- Short group observation
- Staff handover process
- Staff room
- Staff work practices

- Storage and administration of medications
- Volunteers interacting with residents

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

Wahroonga Retirement Village Hostel (the home) has processes to capture information from care recipients/representatives, staff and other stakeholders that assist the home to identify areas for improvement. Staff receive information in relation to the continuous improvement cycle and are encouraged to support care recipients to make suggestions and/or raise issues. Information is captured through feedback at care recipient and staff meetings, results of internal and external audits, surveys, analysis of clinical data and one-on-one discussion with care recipients/representatives and other stakeholders. Monthly reviews of improvement activities are conducted by management. Care recipients and staff participant in the home's pursuit of continuous improvement and responses to suggestions are provided in a timely manner.

Recent examples of improvement activities related to Standard 1 Management systems, staffing and organisational development include but are not limited to:

- In order to recognise the traditional owners of the land on which the home is situated, recognition is now recorded in staff and resident handbooks and in the visitors' book. National Aboriginal and Island Day Observance Committee (NAIDOC) week is also celebrated at the home. To further enhance acknowledgement of the traditional owners, the home is also planning to create a booklet recording the history of the owners of the land.
- Subsequent to the home receiving negative feedback from the care recipients in relation to the service provided by the pharmacy a contract has been established with another pharmacy. Management advised positive feedback has been received from care recipients in relation to the service now being provided and staff advised packaging errors have been reduced. In addition, new medication trolleys have been purchased which have resulted in providing improved storage and accessibility of medications for staff responsible for administering medication.

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 and manage compliance with relevant legislation, regulations, standards and guidelines. Changes and updates are communicated to staff verbally, at meetings, handover, via email and memos. When necessary education and training sessions are conducted to address legislative requirements reinforce relevant regulations. There are systems to monitor compliance; to notify care recipients and their representatives of the re-accreditation audit; to present self-assessment information and to ensure all relevant personnel have registrations and 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 care recipient needs and characteristics, legislative and organisational requirements and issues influencing the provision of services. A range of processes are used to identify training and education needs. These include annual staff appraisals, gap analyses from audit results, comments and complaints and a staff training needs analysis. Organisational and external specialists are used to improve access to education and training opportunities. Staff have an obligation to attend annual mandatory education and their attendance is monitored by key personnel.

Staff are satisfied there is access to ongoing learning opportunities.

Examples of training and education topics relevant to Standard 1 Management systems, staffing and organisational development include but are not limited to:

- Respect in the workplace
- Continuous improvement
- Documentation training
- Conflict management and resilience training
- Customer value co-creation
- Moving from busyness to effectiveness
- Leadership in the workplace

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 and their representatives have access to an internal and external complaints process as well as advocacy services. Information is provided in formal care recipient agreements and literature regarding external and internal complaints is available. Care recipients also give feedback informally and at care recipients' meetings. Staff assist care recipients to lodge a complaint if they require assistance to do so. Management collects statistical information on care recipients' feedback and implements improvements when a need is identified. Care recipients advised they have access to internal and external complaints mechanisms.

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 philosophy of care, mission statement and vision are displayed and also documented in resident and staff handbooks. Organisational policies reflect the philosophy and values and are updated as necessary.

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 recruitment and selection processes for employing staff which identify their skills and qualifications. Staff receive position descriptions, undergo a process of orientation and ongoing education and training to acquire and/or maintain the skills and knowledge required to perform their roles effectively. Staff skills are monitored through performance reviews, competency assessments, care recipient and staff feedback and observations by clinical staff and team leaders. The home has processes for replacing staff on planned leave or unexpected staff absences. Care recipients/representatives are generally satisfied there are sufficient staff who understand and respond to care recipients' 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

Staff and care recipients/representatives are satisfied with the availability and maintenance of goods and equipment at the home. Stock control and ordering systems are used to ensure goods are ordered and available as required to meet the needs of care recipients. Preventive and routine maintenance programs monitor and maintain equipment; equipment is replaced as per replacement schedules or as required. Relevant staff training is provided when new equipment is purchased and equipment levels are monitored by management. The home has processes to enable staff, care recipients or their representatives to identify and/or make maintenance requests.

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

There are systems to enable staff and management to access sufficient and reliable information for appropriate decision-making. Policies, procedures and forms are reviewed regularly. Confidential information is stored securely on computer files or in locked cabinets/rooms, and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as a back-up system for computer records with access to care recipients' and staff records being restricted. Meetings are held regularly to support information sharing. The archiving process is managed in accordance with regulatory, organisational and work station storage requirements. Staff and care recipients/representatives are satisfied communication of information is timely and management regularly correspond with care recipients/representatives to ensure they have current information.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has a list of approved providers and service agreements are established and reviewed for externally sourced services. Agreements outline the home's requirements on site and the quality of the service to be provided. Performance of external service providers is monitored and feedback is obtained from staff and care recipients or their representatives. Service providers sign in/out when visiting the home. Staff have access to the contact details of key service providers if required after hours or in an emergency.

Management and staff are satisfied external service providers are responsive to concerns raised by the home and that, if goods are faulty, they will be replaced. Staff and care recipients/representatives 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

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

Recent examples of improvements related to Standard 2 Health and personal care include but are not limited to:

- In order to enhance the monthly information the Service Manager (SM) receives in relation to clinical care, pressure area data is now being included in the clinical reports. The reports are providing information in relation to the numbers and types of pressure areas and details of treatment plans. This information also forms part of the SM's clinical governance report.
- To provide a designated space for visiting medical officers and allied health professionals, a new treatment room has been established. The room is equipped with relevant specialised resources and can be accessed by care recipients from throughout the two sections of the home. Positive feedback in relation to the improvement has been received from visiting practitioners and care recipients.
- Following suggestions from care staff, individual nail kits have been provided for each care recipient. The kits contain resources specific to individual care recipients and are stored in personalised and seal bags to reduce the risk of cross infection. The initiative also means kits are readily available for staff as required.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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, systems for storage, checking and administration of medications. Registered nurses assess, plan and evaluate care recipient medication and care needs. 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 clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of staff training needs. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system.

Examples of training and education topics relevant to Standard 2 include but are not limited to:

- Medication competencies
- Staging of treatment for pressure ulcers
- Skin care
- Wound care and dressings
- Pain assessment and management
- Palliative approach in care
- Denture storage and fitting
- Feeding a resident with dysphasia

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 the Care Manager (CM) and registered nurses (RNs) utilising information gathered from 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 the CM and registered staff 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. The CM supports registered staff in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care services currently being provided include blood glucose monitoring, catheter management 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 pathology, dietician, physiotherapy, podiatry and wound care specialists with regular assessments undertaken for individual care recipients as required. The CM and/or registered staff initiate 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 aware of 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 blister pack system for care recipients’ medications. Registered staff and care staff (with medication competency) assists care recipients to take their regular medications while registered nurses administer ‘as required’ medications as ordered by the medical officer. Registered staff are responsible for the ordering of unpacked medications and notifying 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 and internal auditing processes. 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. 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 heat packs, therapeutic massage, repositioning and exercise/movement are implemented for care recipients to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual care recipients. Pain management strategies are evaluated for effectiveness.

Care recipients are generally 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. The Chaplain and staff provide pastoral care support to the care recipient/representative as requested. Care plans are developed in consultation with care recipients’ family members and representatives and form part of the care recipient’s pain 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 a dietary (meals and drinks) profile. 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 manage wound care and the home receives support from an external wound specialist if required. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. 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 networks with continence care services support 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

Processes including initial and ongoing assessments by the physiotherapist and registered staff 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 by the physiotherapist, 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 physiotherapist and physiotherapy aide. 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. 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

Care recipients’ care needs in relation to senses such as hearing, vision, speech, smell and touch is assessed on entry to the home, 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 staff assist care recipients as required, including the removal and management of aids. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists 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 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 administer prescribed medication 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

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

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include but are not limited to:

- In response to a suggestion from the Diversional Therapist a Retired Old Men Eating Out (ROME) Club has been established for male care recipients. Male volunteers support the care recipients to have a meal at various venues out in the community on a monthly basis. Positive feedback has been received from care recipients who have been involved in the activity and staff advised increasing numbers of male care recipients are participating in the outings.
- At the suggestion of the resident advisory group the activities program has been expanded to include access to The University of the Third Age, Playing and Learning to Socialise (PALS) school children visits and Tai Chi. Care recipients expressed satisfaction with the changes.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients/ representatives are provided with information included in a resident agreement and a handbook. The care recipient resource materials detail information relating to care recipient security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information and training related to privacy, mandatory reporting responsibilities and care recipients’ rights and responsibilities. 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

The Diversional Therapist and care staff support care recipients in relation to their leisure and lifestyle needs. Education in leisure and lifestyle issues is derived from changing care recipient needs and through review of staff training needs. Staff are assisted to attend external education and 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 training and education topics relevant to Standard 3 include:

- Dementia course
- Mandatory reporting and elder abuse
- Compulsory reporting guidelines
- Confidentiality and privacy

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 and volunteers assist care recipients 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 staff and volunteers offers 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 and volunteers 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 care 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 and volunteers 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 for entry to care recipients' rooms; close doors and curtains when care recipients are being attended to. 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 and leisure interests and activity preferences. The lifestyle team develop and oversee leisure and social activities and co-ordinate volunteer assistance. A monthly calendar is displayed including community, group and individualised activities. Regular outings are facilitated through the use of the home's own bus and community groups are encouraged to engage with care recipients. Staff monitors the level of involvement and enjoyment of care recipients and revise individual and group activities accordingly. Staff members 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, days of personal, cultural and spiritual significance are planned and celebrated in the home. Volunteers regularly assist residents to access devotional groups and church services. There are areas in the home for spiritual and quiet reflection and there is a Chaplain on staff to support care recipients and staff. 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 individual care conferences, one on one discussion and comments and complaints forms 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 generally 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 care recipients 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. Management ensures that all parties understand the terms of the agreement prior to signing the residency care agreement. Further information regarding care recipient's rights and responsibilities is contained in the care recipient

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

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

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include but are not limited to:

- In order to enhance infection control and following a suggestion from the Hotel Services Coordinator, disposable denture cups have been purchased and distributed to care recipients. A process for changing the cups at the commencement of each month has been implemented. This process includes labelling and dating the cups. The improvement has resulted in lowering the risk of infection and ensuring care recipients have clean denture cups.
- Following a cyclone which significantly impacted the local area and home, a counter disaster plan has been developed for the home. Staff received education and training in relation to the plan and their knowledge and understanding of the plan was assessed through responses to questionnaires. In order to ensure continuing staff knowledge of the plan training is provided in October and November annually prior to the storm and cyclone season.

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

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

Examples of training and education topics relevant to Standard 4 include but are not limited to:

- Challenging behaviours
- Fire safety advisor
- Infection control
- Workplace health and safety
- Food safety and hygiene
- Counter disaster plan training
- Fire evacuation and emergency response

4.4 Living environment

This expected outcome requires that "management of the care recipiental 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 staff meetings, audits, reporting of incidents and hazards, the maintenance program and staff observation. Maintenance is managed and conducted by the maintenance team who implement the corrective and preventative maintenance programs on buildings, grounds and equipment with use of external contractors as required. Restraint processes are utilised for the safety of care recipients and appropriate reviews are conducted and authorisation is recorded. The home is secured in the evening and regular security patrols are conducted to maintain the safety of care recipients and staff. Staff have access to emergency telephone numbers in the event of a security breach. Care recipients and their representatives are satisfied with the maintenance, safety and comfort of the care recipients' living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home monitors occupational health and safety through processes which include risk assessments audits, hazard identification, and staff/care recipient feedback. Data is collected, analysed, tracked and actions are implemented and evaluated. Staff complete mandatory training relating to occupational health and safety and issues are discussed at regular staff meetings. The staff orientation program and mandatory education in workplace health and safety ensure staff are aware of their responsibilities. The environment is monitored for safety and actions taken to address issues. Staff feedback indicates that management is prompt in addressing safety issues. Staff have knowledge of safe chemical use, have access to material data sheets, personal protective equipment is available and spills kits and sharps receptacles are available as required.

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

Procedures are in place and staff are trained and understand the processes to follow in the event of a fire or other emergency. Training sessions are conducted as required; evacuation plans are displayed in public areas and emergency exits are marked and free from obstruction. An approved external provider conducts regular independent fire inspections on all fire equipment and provides the home with reports and actions to be taken in relation to recommendations. Records of inspection and maintenance indicate the fire detection and alarm system, fire door sets, fire-fighting equipment and emergency lighting have been regularly inspected and maintained. Sign in/sign out registers monitor movement within the facility. The home has a lock down procedure which is followed each evening and care recipients report they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. The program is based on infection identification and management by registered staff, staff training and the use of practices that minimise risk of cross infection. Care recipients with a suspected infection are referred to their medical officer for review and treatment. Records are maintained for each infection and monthly reports are prepared for review and analysis. Infections are discussed at relevant staff meetings and strategies to address trends in infections are implemented. There are process in place to ensure management and containment of an outbreak. There is a vaccination program for care recipients and staff. Staff receive training in infection control practices including hand

washing. There are processes and practices to minimise the risk of cross infection including hand hygiene, a food safety program and effective laundry and cleaning services.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There is a coordinated approach to hospitality services at the home. Food services are managed via a four week rotational menu in line with safe food management processes. Texture modified diets and appropriate equipment are provided for individuals with specialised needs. Laundry is processed at the home and practices ensure uninterrupted supply of linen and personal clothing. Cleaning of the environment is provided by routine cleaning schedules and effective cleaning practices including infection control. Catering, cleaning and laundry services are provided in line with care recipients' needs and preferences. Management seeks feedback from care recipients regarding hospitality services and care recipients advise they are satisfied with the service delivery.