



Australian Government

Australian Aged Care Quality Agency

Wheller Gardens - Cooper House

RACS ID 5173
930 Gympie Road
CHERMSIDE QLD 4032

Approved provider: The Uniting Church in Australia Property Trust (Q)

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 07 December 2018.

We made our decision on 20 October 2015.

The audit was conducted on 07 September 2015 to 09 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

Wheller Gardens - Cooper House 5173

Approved provider: The Uniting Church in Australia Property Trust (Q)

Introduction

This is the report of a re-accreditation audit from 07 September 2015 to 09 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 07 September 2015 to 09 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:	Kimberley Reed
Team member:	Stella Comino

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Q)
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Details of home

Name of home:	Wheller Gardens - Cooper House
RACS ID:	5173

Total number of allocated places:	60
Number of care recipients during audit:	57
Number of care recipients receiving high care during audit:	49
Special needs catered for:	Not applicable

Street/PO Box:	930 Gympie Road
City/Town:	CHERMSIDE
State:	QLD
Postcode:	4032
Phone number:	07 3621 4567
Facsimile:	07 3621 4570
E-mail address:	G.Batkin@wmb.org.au

Audit trail

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

Interviews

Category	Number
Nurse Manager	1
Clinical Nurse	2
Registered staff	3
Care staff	6
Leisure and Lifestyle Coordinator	5
Pastoral and Spiritual Care Coordinator	1
Client Service Coordinator	1
Corporate Services representatives	11
Hospitality Services Supervisor	1
Care recipients/representatives	9
Volunteers	2
Medical Officer	1
Quality and Compliance Consultant	1
Chaplain	1
Security Officer	1
Workplace Coach	1
Hospitality Services Staff	4

Sampled documents

Category	Number
Care recipients' clinical files	6
Personnel files	3
Medication charts	10

Other documents reviewed

The team also reviewed:

- 'Coopers Capers' newsletter
- Action plan

- Activity evaluations
- Admission documentation guidelines
- Audits and activity reports
- Blood glucose readings
- Bowel charts
- Call bell system daily report
- Care practice log register/issue
- Care recipients' information handbook
- Care recipients' information package
- Care recipients' survey
- Cleaning schedules
- Clinical assessments
- Clinical risk folder
- Comments and complaints folder
- Complaint investigation records
- Compulsory reporting records
- Controlled drug registers
- Daily activity records
- Employee handbook
- Fire drill records
- Fire evacuation list
- Fire safety certificate 2015
- Fire system service reports
- General disclaimer
- Handover sheets
- Incident analysis 2015
- Incident reports

- Infection control resource folder
- Infection reports
- In-house education records
- Job descriptions
- Kitchen monitoring records
- Leisure and lifestyle experience brochure
- Maintenance records and schedule
- Medication assessment
- Meeting agenda/minutes
- Newsletter
- Observation records
- Occupiers statement 2015
- Police certificate monitoring records – staff, volunteers, contractors
- Policies and procedures
- Position description
- Quality activity review schedule
- Refrigerator temperature checklist
- Registration monitoring records
- Resident agreement
- Residual current device testing records
- Risk assessments
- Safety alerts
- Safety data sheets
- Self assessment
- Service agreements
- Social and lifestyle assessments
- Social calendar

- Staff education attendance spreadsheet
- Volunteer handbook/training records
- Weight records
- Wesley Mission Brisbane Strategic Plan 2013-2018
- Work health and safety representative handbook
- Wound reports

Observations

The team observed the following:

- Activities in progress
- Administration of medications
- Equipment and supply storage areas
- Evacuation egress routes
- Feedback forms and suggestion boxes
- Fire fighting equipment and alarm system
- Food business licence
- Handover processes
- Information brochures on display
- Interactions between staff, visitors and care recipients
- Internal and external living environment
- Kitchen
- Meal and beverage service
- Notice boards
- Nurses' station
- Pet therapy animals in use
- Short group observation
- Storage of medications
- Utility rooms

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

Wheller Gardens Cooper House (the home) continues to pursue continuous improvement and has implemented improvements in response to the changing needs of care recipients, their representatives, staff and the organisation to meet the requirements of the Accreditation Standards. An annual audit schedule, local checklists, satisfaction surveys and reporting processes for clinical indicators, hazards, incidents and complaints are used to monitor systems and processes. The plan for continuous improvement tracks strategic and multi-layered improvement actions to completion and the home's action plans are monitored by the Nurse Manager to ensure effective outcomes are achieved. Regular meetings for all levels of management, staff and care recipients are used to communicate information about improvements and to evaluate the effectiveness of improvement activities. A workplace coach and ongoing staff education ensure staff understand and implement relevant changes and improvements to the home's processes. Care recipients and staff are satisfied improvements continue to be implemented at the home and provided examples to show their suggestions are valued and result in improvements.

Examples of recent improvements relating to management systems, staffing and organisational development include the following:

- Improved communication processes among management and staff have enhanced the timeliness with which operational issues are addressed and care recipients' needs are met. The introduction of the electronic care recipient information management system has enabled enhanced communication between staff. Staff use electronic tablets, which they carry with them, to record observations and monitoring information regarding care recipients. This reduces reliance on the computer terminals in the nurses' station and provides more accurate and timely information. The staff messaging system and automatic alerts provide prompt access to this and other operational information for all relevant staff and the management team, enabling prompt response to issues.
- In 2015 management appointed a workplace coach to assist in supporting new and existing staff. The workplace coach at Cooper House has conducted a staff needs analysis and coordinated an education calendar to respond to staff's feedback. Staff have responded well to the individual support provided by the coach to date. The corporate education and research team provided education for the workplace coach

when they commenced and additional training is scheduled to support the coach in their role.

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

Wesley Mission Brisbane monitors changes to legislation and regulations and provides information and regular updates to policies and procedures to staff via the organisation’s intranet and electronic care information system. Legislative changes and relevant changes to policies and procedures are discussed at meetings and communicated through the intranet and monthly newsletter to staff at all levels, volunteers and care recipients/representatives, where relevant. Compliance with relevant requirements is monitored through the annual quality schedule, third party reviews, and central registers for monitoring criminal history clearance, registration requirements, mandatory training and competency assessment of staff. Policies and procedures are reflective of legislative requirements, professional standards and guidelines.

In relation to Standard 1, Management systems, staffing and organisational development, for example,

- care recipients are informed of planned re-accreditation audits by the Australian Aged Care Quality Agency
- processes are established, that ensure staff, volunteers and relevant contractors have a current police certificate
- professional staff’s registrations are monitored in accordance with the Australian Health Practitioner Regulation Agency (AHPRA).

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 accesses organisational educational resources and programs and has a workplace coach on site to ensure management and staff have the required knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role- related qualifications; competencies are conducted for key duties and operation of relevant equipment; attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the four Accreditation Standards. Staff training and education is identified through direct feedback from staff, the changing needs of care recipients, observation of

practice, audits and surveys. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

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

- communication and customer service
- defensible documentation
- management leadership workshops

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

Management encourages feedback from care recipients and their representatives through the use of feedback forms, surveys, regular meetings and an open-door approach.

Information relating to internal and external complaints mechanisms is included in the residential care agreement and care recipients' handbook. Information about external complaints mechanisms and advocacy services is displayed at the home. Feedback forms are available in the entrance foyer and in other prominent locations throughout the home; a locked suggestion box is available for confidential complaints. Meetings include complaints as a standing agenda item and a complaints register is maintained. Care recipients/representatives are comfortable approaching management or staff and acknowledged that care recipients' concerns are addressed promptly.

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

Wesley Mission Brisbane Strategic Plan 2013 – 2018 reflects the home's vision, values, philosophy and commitment to quality, which is documented in publications provided to care recipients/representatives and staff, meeting minutes, staff code of conduct and in documents on display throughout the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The Nurse Manager manages day-to-day operation of the home. Staff with appropriate skills and qualifications are employed to facilitate consistent care and services. Sufficiency of staff is monitored through care recipient and staff feedback and adjustments are made as indicated. Short-term contract staff are contracted as required to ensure a full staff complement each shift. Staff are employed based on their skills, experiences, qualifications held relevant to the position and positive reference checks. New staff are orientated to the organisation and the home's policies and procedures, values and philosophy, and supported by an experienced staff member until they are comfortable in their role. Position descriptions and duty guidelines are documented to guide staff practice. Ongoing education is provided across a range of topics and staff skills are monitored through observation, competency assessments and regular performance appraisals. Care recipients/representatives expressed satisfaction that staff are prompt and courteous when attending 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

The home uses the organisation's procurement processes including approved suppliers and electronic ordering processes to ensure that adequate stocks of key supplies (linen, food products, clinical supplies, chemicals, consumables and continence aids) are available.

Orders are checked at the time of delivery to ensure product quality and deficiencies are followed up with suppliers and reported to the procurement office where appropriate. Stocks of goods held on site are appropriately and securely stored. Equipment is purchased through the centralised purchasing process and preferred suppliers to provide a consistent approach across the organisation and ensure equipment is fit for purpose. Equipment is maintained by appropriately qualified personnel through reactive and preventative maintenance programs. Staff and care recipients/representatives are satisfied with the availability of goods and equipment at the home and that equipment is well maintained.

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

Processes are established to ensure information is managed in a secure and confidential manner that includes storage and access to files. Computerised information is password

protected and staff have authority to access information relevant to their roles. The home collects and uses key information in relation to care recipient infections, incident data, audits and other care recipient/staff data to assist in the improvement of care and services. Key documents such as policies, procedures and care plans are regularly reviewed and updated. Information is communicated effectively through meetings, hand-over processes, the organisation's intranet and email communications. Archiving processes are established that ensure documents are secure, retrievable and retention and destruction times are recorded. Care recipients/representatives are satisfied with consultation processes about issues concerning the care recipients and staff have access to relevant and timely information to perform their roles.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home uses external service providers to provide goods, equipment and specialised services in relation to pharmacy, equipment maintenance, fire safety and laundry services. The organisation has established a centralised process to manage external service providers through procurement processes and the use of service agreements. Suppliers provide the organisation with relevant licences, insurance details, registration certificates and criminal history checks as required within the terms of their agreements. A monitoring service has been appointed to track service provider documentation and ensure compliance with relevant credential requirements. Service performance is monitored on a job-by-job basis and through feedback from staff and care recipients. Care recipients/representatives and staff are satisfied with the quality of services provided by external suppliers.

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 in relation to Standard 2 Health and personal care include the following:

- Changes to hand-over processes have enhanced communication among the care team. Additional hand-over processes have been established for morning and afternoon shifts, enabling care staff to participate in hand-over with registered staff and ensuring relevant care information is effectively shared by the care team. As a result, personal carers feel valued as members of the clinical care team and a more holistic approach to person-centred care is enabled.
- Care recipients who reside at the home have welcomed initiatives implemented to honour fellow residents when they pass away. In response to care recipient and staff suggestions, several initiatives were implemented, for example: a sympathy card is distributed among staff for them to include individual messages to families of those who have passed; a special quilt was purchased to cover the funeral director's trolley; staff gather at the entrance to the home to form a guard of honour and farewell the care recipient as they are taken from the home; and an eternal candle, with a vase of flowers and photograph of the resident are placed in the dining room for a week following their passing to honour the person.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to information in Expected outcome 1.2 Regulatory compliance for information about the system to ensure compliance with legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 2 Health and personal care for example,

- management ensures that care recipients receive appropriate care and services
- registered nurse staff are available to provide care as required.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development system and processes. The education program reflects identified training needs relating to health and personal care and staff have the opportunity to undertake a variety of training sessions relating to health and personal care, for example:

- continence management
- ageing and related sensory loss – experiential training
- clarifying and managing behaviours associated with dementia
- medication management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients’ clinical needs are assessed on entry to the home through interviews with care recipients and their representatives, and discharge summaries as provided. Baseline assessment data is collected based on documentation guidelines, picture care plans are established which guides staff practice until individualised detailed care plans are completed.

Completion of individualised assessment tools and data collection guide staff in the development of care plans. Registered staff review care plans every four months and as required, reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Care staff are knowledgeable of individualised care recipient requirements, and their knowledge is consistent with care plans. Information relating to care recipients' health status is discussed at shift handover and recorded in progress notes, daily electronic messages and handover reports. Incident reports are created following interruptions to the delivery of clinical care. Incident reports are reviewed by management, entered into an electronic database and remain active until resolution. Care recipients/representatives are satisfied with the clinical care provided by staff.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The home has systems and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, catheter care, cytotoxic drug therapy, anti-coagulant therapy, wound management, stomal care, oxygen therapy, palliative care and pain management. Registered nurses assess the initial and ongoing specialised nursing care needs, and establish care recipients' preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered nurses are available and able to attend the home 24 hours a day, and oversee and assess specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

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

The home has processes to support referral to other health and related services where care recipients' health needs dictate. Care recipients' needs and preferences are assessed on entry to the home and on an ongoing basis. Care recipients are supported and encouraged to access other health professionals and health services including podiatry, dietetics, audiology, optometry, physiotherapy, occupational therapy, pathology, speech pathology and dental services. Most services are provided on site through the use of the organisational allied health services, which are co-located with the home and assistance for care recipients to attend external appointments is facilitated when necessary. Specialists' reports are received, information is documented in progress notes and changes are made to care plans and care guidelines as required. Care recipients/representatives are satisfied with the range of and access to allied health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff administer medications and are required to complete annual medication competencies. Policies and procedures guide staff in ensuring care recipients’ medication is managed safely and correctly. Medications are stored securely and records of controlled medication are maintained. Those medications required to be stored at specific temperatures are stored within refrigerated confines and are generally monitored for appropriate storage temperatures. ‘As required’ medication is documented and monitored for its effectiveness. Care recipients who prefer to manage their own medication are regularly assessed in relation to their competency. Care practice issue forms capture information related to medication errors and staff or pharmacy practices are reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to care recipients. Care recipients indicate they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The pain management needs of care recipients are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massages, exercise, ice gels, aromatherapy massage, repositioning and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current. Staff have access to information relating to the pain management requirements of care recipients. Care recipients are as free from pain as possible and are satisfied with the care they receive to minimise pain.

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

Palliative care strategies and wishes are discussed with care recipients/representatives on entry to the home or at a time which is suitable. Information such as enduring power of

attorney, advance care plans and advance health directives are located in the care recipient records if required. The home is supported by its own palliative care resources and staff trained in palliative care. Staff have access to palliative care resources such as specialised bedding, mouth care products and pain relief to ensure appropriate care provision.

Representatives are encouraged to stay at the home with their loved one and are supported with meals, bedding and pastoral care support as required. Care recipients who have passed away at the home are remembered through memorial services held twice yearly and photos of care recipients who have passed are placed in a communal area alongside an eternal candle. Staff form a guard of honour as deceased care recipients leave the home shrouded in a special quilt provided by the home. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill care recipients.

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’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and dietary forms to guide staff practice. Care recipients’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in diets and fluid requirements via an electronic information system. Care recipients are weighed in accordance with their individual requirements and changes in weight and/or changes in oral intake are monitored by the registered staff to support changes in diet, implementation of diet fortification, supplements and/or referral to the Dietitian and Speech Pathologist if required. Strategies implemented to assist care recipients to maintain adequate nourishment and hydration include assistance with meals, modified cutlery, fortification of meals and drinks and dietary supplements. Care recipients are satisfied with the quantity of food and fluid received.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and planned interventions are included in the care recipients’ care plans to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, pressure relieving devices and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in wound documentation, daily electronic tasks, care plans, handover sheets and progress notes. Wound care is managed by registered staff guided by wound care pathways and is delivered in accordance with directives. Staff have an understanding of factors associated with risks to care recipients’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. 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 management of their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence needs are assessed on entry to the home and on an ongoing basis. Care plans and continence profiles direct staff practice and ensure individual care recipients’ preferences are met. 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 and registered staff are alerted by electronic messages to alterations in care recipients’ normal continence levels. Individualised bowel management programs are developed and include medication and other natural methods. Care recipients are satisfied with the assistance by staff to maintain their continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of behaviour management plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual needs and risks. Staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist care recipients with challenging behaviours is communicated in progress notes and discussed at handover. Discreet bracelets are worn by care recipients identified as at risk of wandering to alert staff when they are close to the home’s internal perimeters. Risk assessments are completed and analysed if care recipients are identified as potentially being at risk. Care recipients/representatives are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients’ mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following entry to the home and when there are identified issues relating to mobility including falls. Care plans are developed and

reviewed regularly and as required. Staff provide assistance to care recipients with range of movement activities during hygiene cares and through the promotion of regular exercise.

Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the provision of hip protectors, sensor mats and scheduled toileting regimes. Staff are provided with mandatory training in manual handling techniques. Care recipients are satisfied with the assistance provided to maintain mobility and maximise independence.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental care needs are assessed on entry to the home and care strategies are developed including the consideration for preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in care plans to guide staff practice. The effectiveness of care plans is reviewed regularly and as care needs change. Dental services may be provided onsite and/or assistance is provided to access the care recipients’ preferred dental provider. Resources such as mouth care products are utilised to meet care recipients’ oral hygiene needs. Care recipients are satisfied with the assistance given by staff to maintain 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 and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices.

Care recipients identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care, including hearing aid battery changes and the cleaning of spectacles and hearing aids. The lifestyle program includes activities to stimulate care recipients’ senses such as cooking and musical activities. Audiology and optometry specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of care recipients with sensory loss by the use of specific storage areas for large equipment to ensure safe egress. Care recipients are satisfied with the care and support offered to minimise the impact of any sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist care recipients to settle and remain asleep. Staff have access to snacks for care recipients who require additional nourishment overnight. Medical officers are consulted if interventions are considered to be ineffective. Care recipients are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Recent examples of improvements in relation to Standard 3 Resident lifestyle include the following:

- Following a staff suggestion and discussion with care recipients and representatives, a fenced children’s playground has been placed in the home’s central courtyard to promote visits from family members with children and support intergenerational interactions for the care recipients living at the home. Care recipients and their representatives enjoy the improved facilities for spending time together with families.
- In line with the home’s commitment to the principles of the ‘Eden Alternative’, staff consulted with care recipients and their representatives about the introduction of pets to the home. Care recipients have welcomed fish, birds and a cat, which have all settled and become part of the life of the home. Following discussions at residents meetings, a dog has recently been introduced to care recipients and staff and early indications are that he will make a positive contribution to the lifestyle and quality of life of those residing at the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 3 Care recipient lifestyle, for example, the home has processes to

- manage the reporting of care recipient assaults or suspected assaults,
- ensure that confidentiality of care recipient information is maintained and care recipients/representatives are informed about how care recipient information is used, who has access and for which purpose that access is provided.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development system and processes. The education program reflects identified training needs and staff have the opportunity to undertake training sessions relating to resident lifestyle; for example:

- education about the Eden principles
- management of reportable assaults
- ‘Supporting residents to live the life they love’ program
- Leisure and Lifestyle Coordinator completed two units of Diploma of Community Services

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 ensure care recipients are supported in adjusting to their new home and on an ongoing basis. Care recipients are provided with information about available services prior to entry as well as orientation to the home and their room on arrival. Care recipients receive a welcome pack containing current lifestyle information and a decorative name plaque for their room is provided as desired on arrival to the home. Care plans are developed with strategies to assist care recipients emotionally such as one-on-one visits and activities to assist with adjustment to the home. The maintenance of social, cultural and community links is encouraged by the home as is the inclusion of items of personal significance in rooms. Various animals reside or visit the home and provide comfort to care recipients. Ongoing emotional support needs are monitored through staff interactions with care recipients, care plan reviews and surveys. Care recipients are satisfied with the support received from staff during their settling in period and with the ongoing support provided by staff and management.

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

Care recipients are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. Assessment processes identify previous interests and lifestyle as well as their current interests and abilities. This information assists with the development of care plans that maximise individual opportunities to maintain independence. The home's lifestyle options offer a range of activities designed to maximise physical strength and independence and include walking groups. A kiosk is available onsite for care recipients to purchase small items. Hairdressing services are provided weekly at the home. The civil rights of care recipients are respected and voting arrangements are provided as required. Care recipients are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Care recipients are encouraged to use available aids such as spectacles and walking frames to maintain their independence. Care recipients are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

3.6 Privacy and dignity

This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

The home maintains a supportive environment that protects care recipients' privacy and dignity. Entry processes provide care recipients with information about their rights, including their right to privacy; staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality regarding aspects of care requirements and personal information. Established administrative processes protect care recipients' personal information. Staff are knowledgeable and demonstrate respect for care recipients' privacy and dignity and individual preferences while providing care and services. Orientation processes ensure all staff sign confidentiality statements. Care recipients are satisfied staff are respectful of their privacy and dignity when caring for them.

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 offers care recipients lifestyle options that incorporates a range of interests and activities. Social and nursing care assessments are completed for each care recipient, capturing information that assists with determining care recipients' individual participation levels. The home offers one-on-one options for care recipients who choose not to be involved in group activities; these options are often facilitated by volunteers who support the home. Group activities are designed around care recipients' preferences and suggestions and are held in various areas of the home. Staff state that knitting discussion groups, exercise groups, annual gala events, barbeques and current affairs discussions are popular lifestyle choices for the care recipients. Care recipient participation is monitored through entries in activity records and satisfaction is assessed through meeting forums and future activities are planned and discussed with care recipients. Care recipients are assisted to participate in activities of choice and are satisfied with the lifestyle options offered at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. Religious services are held regularly at the home and care recipients are assisted and encouraged to attend services as desired. Celebrations are held to mark days of cultural and religious significance, with the home able to provide special meals on these occasions. Staff are aware of care recipients' individual spiritual needs. Pastoral care is

provided by the home's Chaplain, who is also available after hours. Care recipients' cultural and spiritual needs are monitored through care recipient/representative feedback and survey processes. Care recipients are satisfied their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Care recipients and their representatives are encouraged to be actively involved in these activities. Care recipients' choices are identified through initial and ongoing assessment processes, surveys, comments and complaints processes and daily contact between staff and care recipients.

Staff respect and accommodate care recipients' choices, encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to activities. Registered staff assess individual care recipient choices against risk indicators and the rights of other care recipients. Staff have access and information relating to the preferred decision maker for each care recipient. Opportunities for care recipients to exercise their decision-making rights are monitored through care plan evaluations, care recipient feedback and surveys. Care recipients are satisfied with choices offered in matters relating to the care and services they receive.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management demonstrate care recipients have secure tenure within the home and understand their rights and responsibilities. On entry to the home care recipients are provided with information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Residential care agreements are offered to all care recipients and include details regarding security of tenure and care and services provided by the home. Care recipients and/or representatives are consulted where changes may require a move within the home or to another home. Staff are informed of care recipient rights through orientation and ongoing training and care recipient satisfaction is monitored through surveys and feedback. Care recipients are satisfied they have appropriate access to information regarding their rights and feel secure in their tenure.

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.

Recent examples of improvements in relation to Standard 4 Physical environment and safe systems include the following:

- The home has installed an improved nurse call system, which alerts staff without the need for a loud noise to disturb care recipients. Staff receive the alert on the phone which they carry with them throughout the shift; the call is escalated if not responded to within nine minutes to alert management. Regular monitoring of the call bell system is conducted to ensure prompt response by staff. Care recipients and staff are satisfied with staff’s prompt response to calls for assistance and with the reduced noise related to call bells.
- A number of initiatives have been implemented to enhance care recipients’ enjoyment of meals and food choices. Bread makers were purchased, which have allowed staff to prepare fresh bread twice a week. Care recipients are enjoying crispier fish and chips on Fridays and freshly baked scones and muffins on Sunday mornings since the installation of the new oven, which enables staff to cook on site.
- In order to enhance the dining experience for care recipients who have texture modified diets, the central kitchen staff, in consultation with the dietician, have developed texture modified barbecue foods. Marinated chicken kebabs, beef rissoles and pork sausages are now available choices for care recipients on texture-modified diets. Care recipients and their representatives are satisfied the care recipients are able to taste barbecue flavours that they can smell, and enjoy participating in the barbecue experience with others at the home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 4 Physical environment and safe systems, for example,

- all staff attend mandatory training in fire safety, manual handling, infection control and food safety
- policies, procedures and flowcharts reflect relevant infection control guidelines and reporting requirements are followed in relation to infection outbreaks

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development system and processes. The education program reflects identified training needs and staff have the opportunity to undertake a variety of education and training relating to Standard 4 Physical environment and safe systems, such as:

- ‘Chasing the Stars’ education and mentoring for hospitality staff to enhance care recipients’ dining experience
- Food safety training
- Hand washing – hand hygiene

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients’ needs. Processes include corporate oversight in relation to facilities and

projects and safety systems, an on-site maintenance team, a planned preventive maintenance schedule, prompt response to maintenance requests, regular environmental inspections, hazard and incident reporting processes. Care recipients are accommodated in single rooms with en-suites and staff monitor the rooms to ensure furniture is safe and trip hazards are eliminated where possible. Common areas are easily accessed for meals and lifestyle activities. Incidents involving care recipients are documented and prompt follow-up is facilitated through the electronic care management system. The home is secure with key-coded entry and exit via the front door, although the access code is displayed beside the door. Care recipients/representatives are satisfied with the maintenance and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's safety system is supported by a corporate work, health and safety manager and team, with representatives on site. Hazard identification and risk management processes are established. Safety training is provided for staff at orientation and at compulsory training sessions conducted annually and as required. Policies and procedures are updated in response to legislative changes and staff are provided with information and training about the changes. Issues raised from regular environmental inspections are addressed promptly or included in the continuous improvement plan to ensure significant and systemic issues are prioritised and tracked to completion. Maintenance is conducted on buildings and equipment to ensure safety and useability. Chemicals are stored securely and current safety data sheets are held at reception for the chemicals used on site. Staff are familiar with incident and hazard reporting processes and satisfied with management's response to issues.

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

Fire detection and alarm system, fire-fighting installations and equipment, and emergency lighting have been inspected and maintained in accordance with the relevant standards. Fire exits and pathways to exit are free from obstacles and exit doors operate in accordance with requirements. Fire evacuation drills are conducted. Processes ensure that quick and easy access to current care recipient information is available in the event of an emergency evacuation. All staff have received fire safety training within the last 12 months and additional training has been provided for registered staff and the management team who may be required to perform the evacuation coordinator's role. Staff have an accurate knowledge of fire and emergency procedures and their role in the event of an alarm and evacuation.

Security procedures are in place and consistently implemented to protect care recipients and staff.

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 and is supported by an Infection Control Representative. The program is based on the identification and treatment of infections, staff education in infection control including hand washing and the collation and analysis of infection data. Infection control reports are created following the confirmation of infections and actions are taken to ensure infections are cleared prior to the resolution of infection reports. In addition, processes for care, catering, cleaning and laundry are designed to minimise the risk of cross infection. Hand washing facilities are located throughout the home and staff have access to personal protective equipment. Food is stored safely; temperature monitoring of cold food and of heated foods, storage and serving is conducted in accordance with the home's food safety plan. Staff and care recipients are encouraged and supported with regular immunisation programs. Spills kits and outbreak management resources are available for staff usage. The home has policies and work instructions to guide staff in infection control practices and outbreak management. Care recipients are satisfied with the actions of staff to control the risk of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality staff collect care recipients' meals from the kitchen in a co-located home and distribute them to care recipients in the dining rooms or in the care recipient's room. Meals are provided in accordance with care recipients' dietary needs and preferences. An electronic dietary information system is used to communicate meal preferences and requirements to ensure care recipients receive the correct diet. Care recipients are consulted about their preferences and their requests are considered and provided where possible.

Equipment and supplies of cleaning products are available and in good working order. All kitchen and cleaning items and care recipients' clothing and flat linen is laundered off site and laundry pick-ups and deliveries occur twice a week. Care recipients are satisfied with the catering service and the care taken with their clothes. They are satisfied with cleaning processes at the home. Staff are satisfied with their working environments.