



Australian Government

Australian Aged Care Quality Agency

Wishart Village Care Centre

RACS ID 5278
14 Glasford Street
WISHART QLD 4122

Approved provider: The Baptist Union of Queensland

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 06 October 2018.

We made our decision on 12 August 2015.

The audit was conducted on 06 July 2015 to 08 July 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

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Audit Report

Wishart Village Care Centre 5278

Approved provider: The Baptist Union of Queensland

Introduction

This is the report of a re-accreditation audit from 06 July 2015 to 08 July 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 06 July 2015 to 08 July 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:	Sandra Henry
Team member:	Robyn Brown

Approved provider details

Approved provider:	The Baptist Union of Queensland
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Details of home

Name of home:	Wishart Village Care Centre
RACS ID:	5278

Total number of allocated places:	104
Number of care recipients during audit:	101
Number of care recipients receiving high care during audit:	89
Special needs catered for:	14

Street/PO Box:	14 Glasford Street
City/Town:	WISHART
State:	QLD
Postcode:	4122
Phone number:	0733478888
Facsimile:	0733478825
E-mail address:	janelle.anderson@carinity.org.au

Audit trail

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

Interviews

Category	Number
Care manager	1
Clinical nurse consultant	1
Residential care governance manager	1
Registered nurses	4
Assistants in nursing	6
Administration assistants	2
Hospitality manager	1
Care recipients/representatives	14
Support services coordinator	1
Diversional therapy staff	3
Maintenance manager	1
Kitchen supervisor	1
Support service staff	7
Pastoral support officer	1

Sampled documents

Category	Number
Care recipients' files	13
Summary/quick reference care plans	15
Medication charts	22
Personnel files	12

Other documents reviewed

The team also reviewed:

- 'Wishart Remembers' order of service booklet
- Activity description information sheets
- Admission questionnaires
- Alarm summary reports

- Audit schedule and audits
- Cleaning schedules
- Clinical practice guidelines for use of protective headwear
- Comments/complaints logs
- Controlled drug registers
- Customer feedback brochure
- Dietary profile
- Emergency evacuation list and evacuation maps
- Emergency procedures and manual
- Equipment register
- External brochures
- Falls risk assessments
- Fire safety maintenance and service records
- Food safety plan
- Incident and accident register, analysis and data
- Incident and hazard forms
- Medication refrigerator temperature records
- Meeting minutes
- Memoranda
- New resident package
- Newsletters
- Pest control records
- Policies and procedures
- Position descriptions
- Preventative and corrective maintenance documents
- Proposal for improvement forms
- Refrigerator temperature recording records
- Regulatory compliance reporting documentation

- Resident agreement sample
- Resident handbook
- Residents' documents tracker
- Restraint authorisations
- Risk assessment and hazard reports
- Self assessment
- Staff education documentation and records
- Staff induction checklist (Essentials Program)
- Vaccination register
- Values statement
- Visitor contractor signing book
- Wound records and review charts

Observations

The team observed the following:

- Activities in progress
- Advocacy and complaint scheme brochures
- Charter of care recipients rights and responsibilities
- Daily menu on display
- Emergency management equipment
- Egress routes and emergency exit signage
- Equipment and supply storage areas
- Feedback forms
- Instructional notices and signage
- Interactions between staff and care recipients
- Internal and external living environment
- Material safety data sheets
- Meal and refreshment services in progress and assistance to residents
- Medication administration and storage

- Meeting schedule
- Mobility plans (located behind care recipients' doors)
- Noticeboards with information displayed
- Quality statement on display
- Small group observation
- Suggestion box

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

Wishart Village Care Centre (the home) actively pursues continuous improvement. A comprehensive quality management system incorporates feedback mechanisms comprising of proposal for improvement forms, surveys, case conferences, care recipients and staff meetings and comments and complaints process. In addition, there are processes for the collation and analysis of quality indicators and the submission of quality reports to the organisation. There is an audit program that monitors the home's performance against the organisation's objectives, the Accreditation Standards and other regulatory requirements.

Management uses a continuous improvement plan to coordinate identified issues, actions and outcomes. The organisation has implemented initiatives that have improved the quality of care and services delivered by the home. Recent examples in Standard 1 include the following:

- It was identified through a review of the feedback management process and rebranding of the organisation that a published feedback form as a tear off pad (A5 size) would provide an additional means to providing feedback. Also a 'Customer Feedback Brochure' was redesigned to a more customer friendly brochure available on site and provided to care recipients on admission. Care recipients commented positively on the professional, legible and relevant information provided in the brochure. Feedback management and complaints education was included in Essentials training (the home's induction and training program) in May 2015. Management reported that feedback has been positive.
- The replacement of the Daintree area flooring in April-May 2015 was identified as a major project with care recipients being consulted about the choice of vinyl. Management arranged for additional staff to support care recipients during the project as care recipients were relocated during the work hours to another area of the home. Management reported care recipients/representatives' feedback has been positive.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify relevant regular requirements and systems to ensure the home complies. There are established communication mechanisms with external organisations and governance departments to ensure advice is received about new or amended regulatory requirements. Professional advice is sought on the interpretation of regulatory changes as required and relevant information is incorporated into the organisation’s policies, procedures and practices. Changes are highlighted in memos and discussed at meetings. Mandated education in relevant legislation and regulations is incorporated into Essentials training and attendance is monitored. Monitoring activities are conducted including audits, observations, surveys; incident reporting and identified issues are captured in the quality management system. There are systems to ensure staff qualifications and registrations and other mandatory records are maintained in accordance with relevant legislation and/or regulations. The home is aware of its regulatory responsibilities in relation to police certificates and the requirements to provide advice to care recipients/representatives about re-accreditation site audits and has systems to ensure these responsibilities are met.

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 organisation has established recruitment criteria to ensure commencing staff have the core knowledge and skills for each role. All new staff attend an induction program, Essentials, that covers mandatory training, role specific training and competency assessments which is overseen by the Clinical Nurse Consultant. The ongoing education program includes annual training on mandatory topics and educational needs identified in the training needs analysis or during the performance appraisal process. The home utilises the Aged Care Channel and staff are informed of scheduled training. Management and staff are supported to attend external courses and conferences. Management maintains training and education records and training evaluations. Staff performance is monitored through assessments of competency following training, on the job practice monitoring and formal performance appraisals. Care recipients/representatives are satisfied management and staff have appropriate knowledge and skills and perform their roles effectively. Relevant to this Standard, staff are trained in accreditation, complaints and feedback mechanisms, communication skills, vision and values and effective documentation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients/representatives and interested parties have access to internal and external complaints mechanisms to raise suggestions or concerns. A customer feedback brochure which is included in the new resident package and also accessible through the home, contains information about internal and external complaints system, mediation and advocacy, how to contact senior management and privacy. A revised feedback form published as a (A5) tear off pad provides an additional means to provide feedback to the home. Complaints are investigated, complainants are informed about actions taken to resolve the issues and consolidated records are maintained. Care recipients/representatives are aware of the home's comment/complaints mechanisms and are confident about making a comment/complaint and are satisfied that issues are resolved in a timely manner.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, values and guiding purpose. This information is communicated to care recipients, representatives, staff and interested parties through a range of publications and located 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 home has sufficient skilled and qualified staff. Care recipients/representatives are satisfied with the quality of care, lifestyle and services provided by the home and are satisfied with the availability of and assistance provided by management, registered staff, assistants in nursing and support services staff. The staff roster is based on care recipients' care and service needs, staff qualifications, staff skills and knowledge and daily workflows. Levels of staff are monitored through care reviews, staff consultation, meetings, clinical governance and audits. In response to a change in care recipient's needs, management consider recruitment of new staff, review work practices or amend rosters. Rostering processes ensure a registered nurse is allocated to all shifts to deliver clinical care and supervise care staff. Staff on leave are replaced with appropriately skilled or qualified staff including agency staff as required. Care and support staff are satisfied with the roosting processes and the allocation of staff and time.

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

Stocks of appropriate goods and equipment are available. Processes are in place to monitor stocks and ordering of goods. Management of stock is delegated to senior clinical, lifestyle, maintenance and service staff. The home's management team assisted by senior organisation staff are responsible for the identification of equipment needs through consultation with staff and care recipients, the maintenance program and/or the safety reporting system. A purchasing request process is used to manage equipment supply. A capital expenditure review and authorisation process for high expenditure items is in place. Equipment is sourced from suppliers the organisation is satisfied provide quality service.

There are effective preventative and corrective maintenance programs in place with staff having access to the maintenance reporting process. Care recipients, representatives and staff are satisfied with the supply of goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home's information management systems are effective. Care recipient/representatives are satisfied with care and lifestyle needs and preferences are assessed and evaluated.

Mechanisms designed to communicate this information between care staff and from care staff to support staff is effective. Communication systems and meetings ensure care recipients are provided with information about daily activities and services and representatives are advised about incidents and changes in care. Confidential information (electronic and hardcopy) is securely stored and access is controlled through the use of password protected and positional access to selected information. Obsolete information is archived and procedures are in place for storage and retrieval. Information management systems that support continuous improvement, regulatory compliance, education, safety and maintenance are operating effectively.

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

Care recipients, representatives and staff are satisfied with externally sourced services. The organisation has a business and development system in place responsible for external services. The organisation has a preferred supplier list and these suppliers provide additional education as part of the external service agreements. The Care Manager in consultation with

the organisation's Project Coordinator completes external service agreements, which outline the organisation's service requirements. In April 2015, an online contractor induction system was developed and implemented for visiting contractors. The performance of external service providers is monitored. Monitoring includes contract review; audits and feedback from care recipients, representatives and staff. Action is taken with external providers to address performance issues. Contractors complete the sign in and out sheets located at the entrance to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvements for information about the organisation's quality management system.

Recent examples of improvements related to Standard 2 include:

- As a result of feedback from registered staff about the use of bowel medications, in March 2015 the home commenced a trial introduction of pear juice to care recipients at breakfast. As a result, registered nursing staff report there has been a reduction in the use of bowel medications. Registered staff commented that care recipients have commented positively since this protocol was introduced.
- Due to an increase in skin incidents evidenced in the clinical indicator data in March and April 2015, the home reviewed staff practices and the use of anti-pressure mattresses. On review it was identified staff may be using the incorrect topical creams. The home scheduled education regarding the application of topical creams and training in the use of the 'Bag Baths' was conducted. A registered nurse and two assistants in nursing attended external pressure injury training. Management commented that clinical indicators relating to skin care have improved and that staff have increased awareness.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected Outcome 1.2 Regulatory Compliance for information about overarching systems implemented to identify and ensure compliance with relevant regulatory requirements. Relevant to this Standard, the organisation is aware of its regulatory responsibilities in relation to specified care and services, nursing registrations and medication management. There are systems in place to ensure these responsibilities are met.

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 1.3 Education and staff development for an overview of education and training processes.

Examples of training and education provided by the home relevant to this standard include but are not limited to the following: medication management, use of electric beds in care environments, chronic wound care, skin care, dementia and understand the condition, dysphagia, palliative care approach in residential care, pressure care in-service, use of wipes and bed baths. Care recipients/representatives are satisfied management; registered nursing staff and care staff have appropriate knowledge and skills and perform their roles effectively.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Assessment processes informs the clinical care needs of care recipients. Interim care plans are devised on entry to provide guidance for registered nursing staff and assistants in nursing. A suite of observation tools are used to collect further clinical data, which is then analysed prior to the development of long-term care plans. Care recipients and their representatives have input into care planning through consultation with registered nursing staff and visiting health professionals. Shift handover and other information processes are effective in communicating current care needs and proposed treatments and interventions. The Clinical Nurse Co-ordinator with support of registered nursing staff and the organisation’s clinical governance oversees clinical care for all care recipients. Clinical care audits are conducted to monitor the appropriateness of clinical care outcomes and clinical indicators are tracked, analysed and reported through monthly meetings. Care recipients/representatives are satisfied appropriate clinical care is provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients specialised nursing care needs are identified and met, either on entry or when their health status changes, by appropriately qualified nursing staff. Registered nursing staff, with the support of other health professionals, provide specialised nursing care needs including diabetes management, oxygen therapy and urinary catheter management. Staff have access to specialist education resources, equipment and supplies to facilitate effective management of specialised nursing care needs. Treatment regimens are detailed in care plans and/or in individualised treatment records/directives. Care recipients/representatives are

satisfied specialised nursing care needs are met and attended to by appropriately qualified staff.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Staff coordinate access to a number of services in consultation with care recipients and/or their representative and medical officer. Referral processes are followed to arrange consultations with a number of health services including dental, podiatry, speech therapy, dietetics, optometry, audiometry and behavioural management specialists, Reports and recommendations are documented in care files and where indicated care plans are amended to include recommendations in relation to ongoing care management. Care recipients may be assisted to attend external appointments and some health specialists visit care recipients at the home. Care recipients/representatives are satisfied with the processes for referral of care recipients to other health and related service in accordance with both 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

Policies and procedures, appropriately qualified staff and ongoing review systems are available to ensure safe and correct management of care recipients’ medications. Initial medical and nursing assessments identify the level of need for assistance or continuing ability to self-medicate, if or when this is appropriate. An electronic medication chart, which has provision for pharmacist messaging, provides detailed information for staff regarding care recipients’ identification and specific requirements for administration of each medication. Clinical management monitors/evaluates the home’s medication management processes and practises through observation, staff practises and the investigation and analyses of related audits and incidents. Medications are stored securely and appropriately, when not being attended, in medication trolleys, medication only refrigerators, drug safes and locked medication storage rooms. Care recipients are satisfied with the assistance provided by staff to ensure their medications are provided in a safe and timely manner.

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 the completion of pain profiles both on entry and at regular intervals. Care recipients are offered a range of methods

(both pharmacological and non-pharmacological) including regular and 'as needed' oral medications, transdermal pain relieving patches, repositioning, massage, physiotherapy and heat packs. Care recipients experiencing complex pain may be referred to pain management clinics/specialists in the community for further instruction. Monitoring and evaluation processes, including ongoing re-assessment of pain, identifying when existing management strategies are ineffective, the occurrence of any new pain and/or the indication for additional health professional referrals or consultation. Care recipients are satisfied with the help and support provided to manage any pain experience and to remain as free as possible from 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

Care recipients/representatives wishes in regard to palliative care and 'end of life' wishes are discussed wherever possible during case conferences with the care recipient and/or their representatives. A specialised 'end of life' care plan is commenced, following discussion with family representatives and the medical officer to provide individual care needs and directives to staff for the provision of care. The home has access to an external palliative care service, resources and specialised equipment for symptom management to optimise the care and comfort and dignity of care recipients. Cultural wishes are identified and respected and spiritual support is offered to care recipients and their families.

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

On entry care recipients are screened and assessed to determine the adequacy of their current nutritional status, ability to eat, food and fluid preferences, known food allergies and weight status. Dietary needs and preferences are communicated to catering staff. Monitoring of weights occurs as a component of the monthly observation records. Weight changes are monitored by the CNC and where appropriate care plans are modified and interventions including appropriate referral to dietician or speech pathologist, for care recipients at risk, provision of supplements, and commencement of textured and modified meals. A dietician reviews the seasonal organisational menu and care recipients are offered alternative meal choices when refusal of meals occurs. Care recipients are offered hot and cold drinks at regular intervals and encouraged to access additional fluids throughout the day. Care recipients/representatives are satisfied adequate food and fluids are available.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Care recipients are assessed for risk of impaired skin integrity on entry and ongoing throughout the assessment process. Care plans are developed to guide staff practices to reduce the occurrence of break in skin integrity for those care recipients identified at risk. Interventions include the use of moisturisers, pressure relieving devices, limb protectors, nail care and regular repositioning. Staff are trained in manual handling techniques and routinely review skin care needs during hygiene care. Breaks in skin integrity are reported through the electronic incident reporting system and skin incidents statistics are monitored monthly. Registered nursing staff attend to wound care and wound resolution is monitored through treatment records. Staff attend wound care training sessions and have access to sufficient supplies of wound and skin care products to meet the needs of care recipients. Care recipients/representatives are satisfied the skin care provided by staff meet the care recipients’ needs.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively through assessment and care planning processes. Continence assessment includes the completion of a three day urinary flow and a seven day bowel chart on entry to identify usual bowel and voiding patterns. Continence and bowel activity is monitored daily. Bowel management interventions may include offering pear juice at breakfast or other dietary fibre, increased fluid intake and following medical officer referral regular and as required aperient medications. Staff are aware of individual care recipients’ continence management and toileting patterns and the need to report variances to registered nursing staff. Care recipients/representatives are satisfied staff support care recipients continence needs and preferences and report staff are discreet in the manner in which they assist those who have a continence management program.

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

Information in relation to pre-entry behaviours (including challenging behaviours) and existing strategies is obtained during the admission processes. A comprehensive behaviour assessment is commenced after a ‘settling in’ period and also at other times in response to changes in behaviour. Specialist advice is accessed to assist in the management of complex behaviours and to provide support and education for staff. Triggers for behaviour changes are identified where possible and strategies outlining individualised behavioural management care

requirements are documented in care plans. Staff identify report and act upon any behavioural incidents and are aware of their responsibilities in the event of a behavioural incident. Staff demonstrated an understanding of individual care recipients' behaviours and the specific interventions required, and demonstrated a calm approach when interacting with care recipients in communal settings. Representatives are satisfied with the approach of staff in the management of care recipients who may exhibit challenging behaviours and care recipients were observed to interact with each other in a calm manner.

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

There are processes to assist care recipients achieve optimum levels of mobility and dexterity. The physiotherapist undertakes a comprehensive assessment including a falls risk assessment on entry to identify mobility and dexterity needs. Mobility plans are located behind care recipients' doors providing ready access for staff regarding mobility requirements to promote safety during transfers and mobility assistance. Care recipients are involved in regular walking programs and other exercise programs including Tai Chi. Falls incidents are reported and care recipients are re-assessed by the physiotherapist. Data relating to falls is collected, analysed and reported through the relevant staff meeting. Equipment available includes transfer and lifting equipment and walking aids; hallways have handrails and outside footpaths are level for safe walking. Care recipients/representatives are satisfied with the assistance care recipients receive in achieving optimum levels of mobility and dexterity and assistance provided in mobilising after falls or other periods of immobility.

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 are assisted to maintain their oral and dental health. Dental history and preferences relating to the management of oral and dental care are identified on entry through interview and assessment of oral health status. Care staff monitor care recipients' ability to self-manage their oral care and provide assistance as required. Toothbrushes are changed on a three monthly basis and other supplies are available for routine dental hygiene care. Registered nursing staff coordinate dental referrals and a local dental service and a denture technician visit the home. Care recipients/representatives are satisfied with the assistance provided by staff to maintain care recipients' 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

There are processes to ensure care recipients’ sensory losses are identified and managed effectively. Care recipients’ are assessed for the identification of sensory loss or impairment and a plan of care which takes the results of this assessment is devised. Individual support mechanisms are identified. Staff provide support with the cleaning, care and fitting of sensory aids. Recreation and lifestyle activities may be adapted to assist care recipients participate and include large print books and playing cards. Care recipients may be referred to health care specialists including audiology, optometrists and ophthalmologists. An optometry service now visits the home to fit purchased spectacles which are also engraved. Care recipients/representatives are satisfied with management strategies to meet the needs of care recipients experiencing 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

The home has processes to identify care recipients sleeping routines and assist them to achieve natural sleep patterns. Care plans outline individualised sleep care requirements and may include preferred wake and sleep times, preferred position for sleeping, lighting and any bed time rituals. Strategies to manage disturbed sleep include re-positioning, toileting, continence care, attendance to hygiene cares, pain management, reassurance, and provision of food and drinks. Care recipients indicated satisfaction with the interventions in place to manage their sleep and rest requirements and preferences.

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 organisation’s quality management system.

Recent examples of improvements related to Standard 3 include:

- As a result of feedback from staff, a joint venture between the home and Carinity’s Southside Education School commenced in May 2014. The school students (who may be disadvantaged socially or educationally) set up the “Good Tucker Café” every Tuesday. The Café provides care recipients with the opportunity to purchase their own food and socialise with younger members of the community, other care recipients and visitors. Care recipients commented positively about their experience and enjoyment of regularly attending the café and giving back to the community.
- Following a review of the use of clothing protectors at meal times and the use of cloth washers, a trial of a variety of three-ply serviettes were supplied to the Daintree and Springbrook areas of the home. Care recipients were consulted and given a choice of cloth or disposable paper products. A number of care recipients elected to have three-ply serviettes and disposable washers. The remaining care recipients have retained the cloth clothes protectors and washers. Management indicated that care recipients are positive about the available choices.

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 overarching systems implemented to identify and ensure compliance with relevant regulatory requirements. Relevant to this Standard, the home is aware of its regulatory responsibilities in relation to security of tenure, privacy and compulsory reporting. There are systems in place to ensure these responsibilities are met.

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 1.3 Education and staff development for an overview of education and training processes.

Examples of training and education provided by the home relevant to this standard include, but is not limited to the following: Compulsory Reporting, Caring for Care Recipients as individuals, Privacy and Dignity and Care Recipients' Rights and Responsibilities. Care recipients and representatives are satisfied management and lifestyle staff have appropriate knowledge and skills and perform their roles effectively.

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

Care recipients and their families are invited to have a tour of the home and receive information about the care and services provided prior to making an application. On entry, residents are encouraged to individualise their room by bringing familiar personal items and belongings. Ongoing assessment, planning and care evaluation processes identify care recipients' needs and preferences. Individual care plans document interventions and preferred support mechanisms. Diversional therapy staff and the pastoral support officer visit new care recipients to alert them to the routines and lifestyle activities in the home and to provide emotional support during the settling in period and at other times. Care recipients and their representatives are satisfied with the support given during their settling in period and on an ongoing basis by both management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Assessment processes identify care recipients previous interests, lifestyle choices and their current abilities. This information assists with the development of care plans designed to provide for the identification of opportunities to maintain and exercise their independence. Lifestyle programs/leisure activities aim to promote care recipients' independence and at the same time to maintain/re-develop connections with internal and external communities. Care recipients are assisted with those aspects of personal care and other activities they are unable to manage unaided. Re-assessment and individual risk assessments and care evaluation processes identify additional interventions needed to support individual care recipients'

preference for maintaining an independent lifestyle. Staff assist care recipients to maintain their civic and legal rights and to exercise control of their lives to their optimal capacity. Care recipients have access to vote and are provided with information on advocacy services and Community visitors may be accessed as required, Care recipients are encouraged and supported to be independent in everyday activities of living.

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

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 all aspects of care requirements.

Established administrative procedures protect care recipients' personal information and access to information is stored electronically. Staff described methods as to how they maintain care recipients' privacy and dignity and individual preferences and gave examples including when transferring care recipients in areas where showering/bathing facilities are not in close proximity to their rooms, they use modesty capes. Also, if care recipients prefer to use paper serviettes in lieu of fabric clothes protectors, they may choose to do so. Outcomes of care are monitored through care recipients/representatives feedback, satisfaction surveys and observation of staff practices. Care recipients/representatives report staff are courteous and respectful of their privacy and consistently treat them in a dignified manner.

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

Processes enable the identification of care recipients' previous and current leisure and lifestyle interests on entry to the home and on an ongoing basis. A care plan is developed outlining individual lifestyle choices. Staff invite, support and assist care recipients to participate in activities of their choice. Monthly activity programs are developed and include activities such as concerts, table bowls, quizzes, gardening care, sunshine walks, coffee shop, reminiscing groups, newspaper reading, beauty therapy, one on one chats, gentle hand massage and movies. The activities program also includes activities designed for people with sensory impairment, dementia and the culturally diverse needs of care recipients. Care recipients are informed of daily activity programs through established processes including the display of the monthly activity program on noticeboards and daily alerts. Staff assist resident to attend activities of their choice. Activities are monitored and evaluation through participation/attendance records and feedback at meetings and through satisfaction surveys and one on one feedback. Care recipients report a range of activities are offered and staff assist them to be involved in both solo and group activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients individual interests, spiritual and cultural beliefs and ethnic backgrounds are identified and supported through the development of care plans reflecting the care recipients' needs and preferences. Religious services and devotion including communion services are held regularly and care recipients are invited to attend. The home conducts a twice-yearly memorial services which family members of care recipients who have passed in the previous 12 months are invited to attend, current care recipients and staff. The service is led by the home's management staff and Chaplin. Pastoral/spiritual leaders from various denominations visit the home on a regular basis. Days of personal cultural, spiritual significance are planned and celebrated in the home. Multicultural resources are available for staff to enhance individual care for care recipients who are from culturally diverse backgrounds. Special events in relation to various cultures are celebrated across the calendar. Care recipients are satisfied their cultural practices 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

Care recipients are provided with opportunities to exercise choice and decision making in the planning and provision of care and leisure options and are encouraged to be actively involved. Input and feedback is sought from care recipients/representatives through various avenues including care plan reviews, case conferences, care recipients' meetings, satisfaction surveys, the comments and complaints processes and daily one to one interactions between staff, management and care recipients. The right for care recipients to make their own lifestyle choice is supported and the right to refuse treatment and not participate in activities is also respected. Care recipients are satisfied with the choices offered in matters relating to their care and lifestyles and are satisfied staff are considerate of their personal preferences and choices.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients/representatives receive information about the home prior to and on entry to the home and the 'Resident and Accommodation Agreement' is explained prior to relevant parties signature, information in relation to fee structure, details of security of tenure and residents

rights and responsibilities is explained. Further information is also provided through one on one consultation with key staff and/or management through care recipient meetings and displayed on noticeboards. 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 organisation’s quality management system.

A recent example of an improvement related to Standard 4 includes:

- Following care recipients’ feedback and identification of a need for increased options, a menu review survey has been conducted regarding their likes, dislikes and preferences. The survey results have identified a need for increased choice and delivery options. These results are guiding development of a draft menu based on national nutrition standards with further consultation with a dietician and care recipients prior to finalisation of the menu. The home has identified further delivery options are required such as frozen meals for outside of meal hours. The home is aiming to deliver meal options to meet the care recipient and representatives needs while providing a healthy, well balanced and varied menu.

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 overarching systems implemented to identify and ensure compliance with relevant regulatory requirements. Relevant to this Standard, the organisation is aware of its regulatory responsibilities in relation to work health and safety, fire safety and food safety. There are systems in place to ensure these responsibilities are met.

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 1.3 Education and staff development for an overview of education and training processes.

Examples of training and education provided by the home relevant to this Standard includes, but are not limited to the following: fire evacuation and emergencies, back care training and manual handling, infection control, hand washing, and food safety. Care recipients and representatives are satisfied management and staff have appropriate knowledge and skills and perform their roles effectively.

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 actively work to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients' environmental needs and preferences are identified and met. The home comprises of diverse buildings which have a variety of areas in which care recipients reside. Rooms vary from single rooms with ensuites to single rooms with shared bathrooms. Staff assist care recipients to set up their rooms the way they like with personal furniture and decorations. There are is a range of indoor and outdoor areas including secure areas with fenced gardens providing care recipients with the opportunity to participate in outside activities while in a safe environment. Management and staff monitor the safety of the home including a preventative and corrective maintenance program. Staff assist to make care recipients safe and comfortable through ensuring access to items such as call bells and mobility aids. Care recipients and representatives are satisfied the living environment is comfortable, safe and secure.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management work to provide a safe working environment that meets regulatory requirements. Staff are informed of their occupational health and safety responsibilities during the 'Essentials' training at induction and ongoing training, through policies, meetings and memoranda. The system to manage staff incidents is effective; incidents are investigated and action is taken to minimise recurrence. The system to manage hazards includes hazard identification, risk assessment, hazard control or elimination and a hazard register. The home

has an effective maintenance program including maintenance requests and a preventative maintenance program. Staff access appropriate inventory and equipment to promote safe work practice and regular manual handling training ensures the safety of staff and care recipients. Current material safety data sheets and appropriate supplies of personal protective equipment are available. Staff confirmed they follow processes to maintain a safe working environment.

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

Management and staff work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. Staff received comprehensive training regarding the home's emergency and response systems during induction and ongoing. Fire equipment is maintained by a qualified external contractor and there are effective processes to monitor the maintenance of essential services equipment. Emergency evacuations plans are on display throughout the home and management ensures emergency exits and egress routes are free from obstruction. Care recipients, visitors and contractors sign in and out to assist in identification of who is in the building. A current evacuation list including details of care recipients and their mobility needs is available. Care recipients are reminded at meetings about what to do in the case of an emergency. Care recipients said they feel safe and secure 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's infection control program is effective. Staff practices are consistent with the home's infection control procedures. The home provides personal protective equipment and sufficient cleaning supplies to minimise the incidence of infection. Regular pest control services are engaged and there are processes for the disposal of general, clinical and sharps waste. The food safety program and laundry practices support the infection control program and regular training is provided to staff. Infection data is collated and analysed to identify trends and action is taken. All staff have been offered the Fluvax injections. An outbreak management plan and outbreak kits are available to provide a rapid response should an outbreak occur. The home recently managed an outbreak which demonstrated the effectiveness of the infection control program with one area being locked down for 10 days.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and the working environment for staff. Care recipients dietary needs and meal preferences are identified on admission and on an ongoing basis and communicated to the kitchen and servery. Care recipients and representatives have input into the home's menu and are offered a choice of meals. Dining rooms and table settings enhance care recipients' dining experience. Cleaning of care recipients' rooms, communal areas and high cleaning is completed as per the cleaning duty lists and staff are provided instruction in the use of personal protective equipment, general cleaning equipment and chemicals. Care recipients' clothing is labelled by the home to minimise loss during laundry process. Laundry services for linen and care recipient personal items are managed through the onsite laundry. The effectiveness of hospitality services is monitored through meetings, audits, improvement process and surveys. Care recipients and representatives are satisfied with the catering, cleaning and laundry services provided. Catering, cleaning and laundry staff are satisfied with their working environment.