Australian Government

Australian Aged Care Quality Agency

Wisteria Lodge

RACS ID 5337
261 Gilston Road
NERANG QLD 4211

Approved provider: Seventh - Day Adventist Aged Care (South Queensland) Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 09 April 2019.

We made our decision on 27 January 2016.

The audit was conducted on 05 January 2016 to 06 January 2016. 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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

Wisteria Lodge 5337

Approved provider: Seventh - Day Adventist Aged Care (South Queensland) Ltd

Introduction

This is the report of a re-accreditation audit from 05 January 2016 to 06 January 2016 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 05 January 2016 to 06 January 2016.

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:	Felette Dittmer
Team member:	Elizabeth White

Approved provider details

Approved provider:	Seventh - Day Adventist Aged Care (South Queensland) Ltd

Details of home

Name of home:	Wisteria Lodge
RACS ID:	5337

Total number of allocated places:	40
Number of care recipients during audit:	38
Number of care recipients receiving high care during audit:	32
Special needs catered for:	Neuro-cognitive degenerative diseases

Street/PO Box:	261 Gilston Road
City/Town:	NERANG
State:	QLD
Postcode:	4211
Phone number:	07 5557 1777
Facsimile:	07 5557 1700
E-mail address:	caremanager.mp@sdaac.com.au

Audit trail

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

Interviews

Category	Number
Acting executive care manager	1
Administrator assistant	1
Care manager	1
Care recipient/representative	10
Care support worker	5
Enrolled nurse	2
Head chef	1
Housekeeping supervisor	1
Lifestyle co-ordinator	1
Maintenance officer	1
Registered nurse	2
Volunteer	4

Sampled documents

Category	Number
Care recipients' files – care, clinical, lifestyle	5
Medication charts	11
Personnel file	4

Other documents reviewed

The team also reviewed:

- Accredited food safety program
- Audit schedule, tools, analysis and action plans
- Care recipient dietary needs and preferences form and summary lists
- Care recipient satisfaction survey
- Care recipients' handbook
- Cleaning manual

- Clinical focus assessments and monitoring charts
- Comments and complaints folder
- Continuous improvement plan
- Controlled drug registers, packing slip and return request form
- Education and training calendar, records and resources
- Electronic communication books and correspondence
- Emergency control procedures
- End of life pathway records
- Evacuation diagrams
- Fire defect register
- Fire/smoke detection and firefighting equipment inspection and maintenance records
- Food and equipment temperature monitoring logs
- Food safety register
- Food services process flow chart
- Incident log and summaries
- Kitchenette supply lists
- Lifestyle documentation, activity evaluations and calendar
- List of care recipients
- Maintenance requests
- Manager's monthly report – including clinical indicators
- Menus
- Minutes of meetings
- Multipurpose/observations record
- Newsletter
- Organisational chart
- Outbreak management flowchart
- Palliative care documentation
- Pest control schedule

- Pharmacy documentation
- Police certificates tracking matrix
- Policies, procedures and guidelines
- Position descriptions/duties lists
- Preventative maintenance schedule
- Re-accreditation self-assessment
- Reportable incidents folder – register and reports
- Request for previous medical history form
- Restraint assessment, authorisation and monitoring records
- Risk assessments
- Roster
- Safety data sheets
- Service suppliers' list
- Specialised nursing care management plans
- Specialist referrals and associated correspondence
- Staff handbook
- Staff signature register
- Wound care folders

Observations

The team observed the following:

- Accreditation information on display
- Activities in progress
- Advocacy and complaints agencies' brochures on display
- Care recipient evacuation list
- Care recipient evacuation vests
- Charter of Residents' rights and responsibilities on display
- Chemical storage
- Emergency exits, lighting and egress routes

- Equipment and supply storage areas
- Falls prevention aids in use
- Fire panel, fire safety equipment tested and tagged
- Hand sanitiser, hand washing facilities and personal protective equipment
- Incoming goods inspection forms – catering
- Interactions between staff and care recipients
- Internal and external living and working environments
- Kits – outbreak, spill, palliative care
- Maintenance shed and storage area
- Midday meal, setting, service and practices
- Mission, vision and values statement on display
- Mobility and dexterity aids in use
- Morning and afternoon tea service
- Sign in/out registers
- Storage and administration of medications
- Waste disposal

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

Wisteria Lodge (the home) actively pursues continuous improvement and uses quality management processes to identify opportunities for improvement, to implement improvement initiatives and to evaluate the home's performance against the Accreditation Standards.

Continuous improvement processes are monitored by the Care Manager and other senior staff, with support from corporate staff who approve specific improvements from an organisational perspective. Feedback is actively sought from care recipients, representatives, staff and other stakeholders regarding delivery of care and services through mechanisms such as audits, meetings, incident and hazard analysis and management observation of staff practice. This information is incorporated into the continuous improvement system, care recipient/reporting and the complaints management and improvement systems. Deficiencies identified through monitoring mechanisms are entered into the continuous improvement plan to ensure action, follow up and evaluation. Care recipients/representatives and staff are satisfied the home actively pursues continuous improvement.

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

- Increased registered nurse hours on weekday morning shifts. Registered and care staff report this is enabling them to provide enhanced clinical care and opportunities for information sharing.

- Implementation of an enrolled nurse on all shifts. Care staff report they feel more supported as there is always a qualified staff member to refer to if necessary.

- Enhanced communication with all levels of staff through use of the electronic database. We observed this during the audit and all levels of staff reported increased/timely information transfer as a result.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify and maintain compliance with relevant legislation, regulations, professional standards and guidelines. The home is supported corporately to inform management of current legislation, with regular updates and development of policies and procedures to guide staff practices. Staff are informed of legislative changes through meetings, memoranda and training. Monitoring of the home's regulatory compliance systems occurs through observation of staff practices by key personnel and monitoring/tracking of key review dates. Training mandated by regulation is scheduled and staff attendance and participation is monitored.

Particular to this Standard, the home has systems to ensure police certificates are current and care recipients/representatives are advised of scheduled accreditation visits.

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 ensures management and staff have appropriate knowledge and skills to perform their roles through provision of ongoing education, training and other staff development processes. The Care Manager identifies staff education needs through legislative requirements, staff and care recipient feedback, complaints and improvement mechanisms such as audits, incident investigation, performance appraisals and observation of staff practices. A range of training delivery modes is used to ensure all staff have access to a learning style suited to their needs; these include self-directed learning modules, face-to-face sessions and the Aged Care Channel. Staff are encouraged to participate in external education opportunities to enhance their knowledge and skills. All staff complete orientation and annual mandatory training sessions; education/attendance records are maintained. Staff are satisfied with the support they receive to identify and develop their skills to enable them to perform their roles effectively. Care recipients are satisfied with the skills and knowledge of management and staff.

Examples of training and education topics relevant to Standard 1 include:

- Documentation
- Incident management
- Leadership development
- Management of complaints
- Use of the home's electronic management systems/data base

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients and/or representatives are provided with information about internal and external complaints mechanisms prior to care recipients entering the home; information relating to complaints processes is discussed further or provided at meetings. Care recipients are encouraged to raise any concerns (as a group or individual) via audits and surveys, at meetings, in writing or personally with management. Staff orientation includes information relating to comments and complaints processes. Compliments/complaints and suggestions for improvement are reviewed by management and logged electronically; the system enables management to follow up complaints and identify trends. Complaints are investigated and prompt action taken to resolve issues, implement improvement actions where necessary and provide feedback. Improvement forms, a locked box for lodgement and information explaining external complaint and advocacy mechanisms are available at the home. Care

recipients/representatives are satisfied any concerns they express would be dealt with promptly and to their satisfaction.

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 its vision, values, philosophy, objectives and commitment to quality; these are displayed within the home. They are reflected in policies and procedures of human resource management, care and lifestyle support, and underpin information provided at interview, orientation, meetings and in care recipient and staff information books.

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 established processes to ensure there are sufficient skilled and qualified staff to ensure care and services are delivered in accordance with the *Aged Care Act 1997,* Accreditation Standards and the home's philosophy and objectives. Management monitors the needs of care recipients and may review/amend staffing hours accordingly. Care recipient/staff feedback and quality data analysis provide information to guide provision staff hours and skill mix to ensure adequacy of staffing across the home. A registered nurse is on site/on call 24 hours a day to support qualified and care staff in delivery of care and services. New staff are made aware of the requirements of their positions through orientation processes, duty statements and ongoing mandatory education. Management conducts annual staff performance appraisals to ensure education/training needs are identified; to ensure staff are aware of their performance requirements, and to promote further individual development. Care recipients/representatives are satisfied with staff skill levels and responsiveness of staff 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 monitors the performance, suitability and maintenance of equipment and stock. Equipment needs are identified through staff requests, identification of care recipients' needs, audits and asset management processes. The home has procedures for assessing risk, trialing, purchasing and replacing equipment. An assets register is maintained and monitored by the organisational head office. When necessary, staff receive onsite training in use and

maintenance of new equipment. A preventative maintenance schedule and corrective maintenance processes ensure equipment is serviced on a regular basis by the maintenance officer and external contractors. Staff identify and remove unsafe equipment for modification or repair, such equipment is returned to use only if/when safe and functional.

Maintenance records, observation and feedback from care recipients and staff indicated there are sufficient supplies and equipment for care and service delivery 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

Information is disseminated to staff, care recipients and representatives, external service providers and other stakeholders through policies and procedures, electronic and written documentation/communication and staff education and training. Information is also transmitted through noticeboards, newsletters, meetings, staff handover processes, handbooks and correspondence. Minutes of meetings, activity calendars and daily menus are displayed throughout the home. The organisation's intranet provides access to policies, procedures, key documents and other information; ongoing development of the home's electronic data base ensures information management systems are sensitive to changes in care needs and service delivery. Computers are automatically backed up externally and are password protected, with access restricted according to designation. The home has secure storage for clinical records, care recipient information and staff personnel files. Records are archived and organisational processes guide destruction of documents no longer required. Care recipients/representatives are satisfied with internal communication processes and have access to information about care and service delivery.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home ensures externally sourced services are provided in a manner that meets the home's needs and quality goals through agreements or contracts with relevant external service providers. The organisation's head office develops contracts/service agreements that specify the organisation's expectations and requirements including quality, criminal history checks, relevant licences, insurance details and education/training for staff where necessary. The maintenance officer manages/monitors agreements and contracts through the home's electronic database, observation, personal contact with external providers and feedback from staff and care recipients. contracts. Monitoring processes ensure consistent quality in service delivery; action is taken when deficiencies are identified. Care recipients, staff and management are satisfied with the quality of externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Centralisation of clinical documentation and equipment in the home's clinical room to enhance communication between staff and the overall quality of clinical care. The aim was to achieve consistent integration of clinical care processes and to enable further development of staff knowledge and skills; the previous location of certain clinical documentation in the four separate units of the home had limited the opportunities for these interactions/activities to occur. Management reported satisfaction with initial outcomes of this initiative and said ongoing evaluation is to be implemented. Staff said the changes centralisation provided increased opportunity for interaction with registered staff, particularly in regard to changes in care recipients' clinical condition.

- Increase in registered nurse coverage to guide clinical practice throughout the home, this includes recruitment of an experienced registered nurse who will relieve the Care Manager (a registered nurse) when they are on leave.

- Enhancement of behaviour management practices by implementing additional volunteer hours in the memory support unit; the volunteer assists care staff in managing agitation and anxiety during 'sun downing' periods and supporting care recipients at this time. Care staff gave positive feedback on this improvement.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, and systems for storage, checking and administration of medications in accordance with regulatory requirements.

Registered nurses assess, plan and evaluate care recipient medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care recipients, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home provides management and staff with a learning and development program to enable the maintenance and improvement of care and clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of training needs. Competencies for clinical skills are conducted annually or as required. Staff are assisted to attend external tertiary education. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of training and education topics relevant to Standard 2 include:

- Dementia/Alzheimer's disease
- Diabetes management
- Medication administration
- Pain 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

Clinically appropriate care is provided to care recipients in accordance with individual health needs and preferences. Registered staff complete an initial assessment and develop an

interim care plan; focused assessments are commenced in accordance with established entry documentation guidelines and individual care plans are developed. Care plan reviews are undertaken in response to changes in health needs and at regular intervals. Care staff, medical officers and care recipients/representatives are consulted in care planning and delivery. The clinical care system is monitored through scheduled audits, feedback from care recipients/representatives and through the monthly evaluation of clinical indicators including falls, skin injuries and infections. Care recipients/representatives are satisfied with the clinical care provided by the home.

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 specialised nursing care needs of care recipients are identified and assessed by registered staff on entry to the home and on an ongoing basis. Care plans incorporate interventions and instructions from the medical officer and other health specialists if applicable. Ongoing education ensures clinical staff have the appropriate skills to deliver individual clinical care to care recipients. Registered staff have access to visiting medical officers, allied health practitioners and external specialist services to provide expertise to assist in the management of complex and chronic conditions. Equipment and clinical stores are maintained and accessible to appropriate staff. Care recipients/representatives are satisfied with the specialised nursing provided by the home.

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 have access to a range of allied health professionals in accordance with their needs and preferences. When the need for allied or other related health professionals is identified, a referral is made. Where the appointment is external to the home, staff assist the care recipient/representative to arrange transport. Allied and other health professionals document their assessments and treatments or recommendations; care staff implement the directives. Follow-up occurs in consultation with nursing staff, medical officer and the care recipient/representative. Examples of allied health and related services accessed by care recipients include physiotherapy, dietetics, speech pathology, podiatry and dental services. Care recipients/representatives are satisfied with their access to allied health and other related services.

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

Qualified nursing staff and medication competent care support workers administer care recipients' medication in accordance with the home's policies and guidelines. All medications including controlled and refrigerated drugs are generally stored and monitored appropriately and the home utilises a sachet medication system to facilitate safe administration. There is an imprest system to provide out of hours and emergency medication if they are required and medical officers conduct regular medication reviews. Care recipients wishing to manage their medications independently are supported to do so through assessment and ongoing review by registered staff and their medical officer. 'As required' and variable dose medications are reviewed for effectiveness and monitored by registered staff and the medical officer.

Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Care recipients/representatives are satisfied care recipient medication is administered safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as use of heat packs, soft tissue massage, repositioning, exercise/movement, walking programs, diversional activity and medication are implemented for care recipients to ensure they remain as free as possible from pain. Regular and 'as required' analgesia are monitored by registered staff and medical officers and all pain management strategies are evaluated for effectiveness. Care recipients are satisfied with the way their pain is managed.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home consults with care recipients/representatives regarding palliative care needs and preferences, including cultural and spiritual needs. End of life wishes and/or advanced care directives are documented when possible, through initial and ongoing consultation with care recipients/representatives. When a care recipient reaches the end of life stage, they are monitored continuously for symptom and comfort management. Resources (palliative care box) and equipment such as pressure-relieving mattresses are available to assist with the provision of comfort. Nursing and care support staff have relevant skills and knowledge in the

management of terminally ill care recipients and are supported when required by external palliative care services. Emotional and spiritual support is provided or facilitated as required. Care recipients/representatives are satisfied care recipient's end of life care wishes are known and respected.

2.10 Nutrition and hydration

This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

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

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients at risk of impaired skin integrity are identified on entry to the home and re-assessed on an ongoing basis. Care plans are developed to guide staff practice and staff receive education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Preferences in relation to hair and nail care are documented and referral to podiatry services is made as required. Skin care needs are reviewed during hygiene routines, reassessed every three months and changes are communicated through handover, care plans and progress notes. Where necessary, manual handling techniques are reviewed and care plans modified. Wound care is provided by qualified staff and evaluation of wounds is undertaken by a registered nurse. Care recipients/ representatives are satisfied with the assistance provided to maintain the care recipients' skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care needs in relation to continence management are assessed when the care recipient enters the home and as care needs change. Care plans guide staff practice and ensure

individual care recipient's preferences are met. Education is provided and networks with continence care services support the implementation of continence care strategies. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Changes to continence regimes are communicated to staff through the electronic communication book, handover records, in records of continence aid use and progress notes. Care recipients/representatives are satisfied that staff support the care recipient's privacy when providing continence care and with the care they receive in relation to continence management.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Care recipients and/or their representatives are satisfied that the activities of other care recipients with a potential to impact on a care recipient's life at the home are managed effectively. Assessments conducted on entry to the home identify actual or potential indicatorsfor behaviours of concern; further assessments are commenced after a settling-in period to aid identification of triggers and interventions to manage specific behaviours. Individual care plans are developed by registered nursing staff to guide other staff in the management of care recipient behaviours. The home can access the support of external mental health and specialist dementia care agencies to assist in the management of complex behaviours should this be required and the home's activity program supports the needs of all care recipients. Staff are aware of interventions they may need to implement in the event of a behavioural incident and of their reporting responsibilities.

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, dexterity and falls risk are assessed on entry to the home. The physiotherapist, in conjunction with other members of the health care team, develops a mobility and transfer care plan that directs staff. The care plan is reviewed regularly and as care recipients' mobility and dexterity needs change. Aids are provided to assist care recipients to mobilise and to maintain their dexterity. Staff are trained in manual handling techniques on an annual basis and as needs are identified. A variety of exercise programs aimed at falls prevention are planned by the physiotherapist and implemented by therapy staff. Falls are reported as incidents, recorded, collated and analysed for trends. Internal audits monitor the environment for clutter and trip hazards and equipment, such as low beds are implemented to reduce the risk of falls. Care recipients/representatives are satisfied with the assistance and programs provided to care recipients to maintain or enhance their mobility.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The oral and dental health care needs of care recipients, including preferences for daily routines, are identified on entry to the home and as care needs change. Referrals to visiting and external dental services are arranged where there is an identified need. Individual mouth care regimes and preferences are implemented, including consideration for the provision of specialised oral care for those care recipients whose health is deteriorating. Nursing and care staff oversee the management of care recipients' oral health with referral to dental services made as required. Care recipients/representatives are satisfied with the oral and dental care provided.

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, taste, smell and touch are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice; there are strategies to address identified needs and personal preferences. Care staff assist care recipients as required, including the removal and management of aids. Care recipients are referred to specialists such as audiologists and optometrists in consultation with the care recipient/representative and medical officer. Staff are educated on individual care requirements and the maintenance of sensory aids and environmental controls required to support care recipients with sensory impairment. Care recipients with sensory impairment are satisfied with the care assistance provided by staff.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients' usual sleep patterns are identified soon after entering the home and this knowledge assists staff to support care recipients to achieve natural sleep patterns in the home. Rising and settling times are known and supported by the staff. Strategies used to manage disturbed sleep include the provision of reassurance, warm/cool drinks and a snack, re-positioning and toileting or continence care. Any potential impacts on natural sleep are identified and addressed, and noise levels are kept to a minimum at night. Where required, referral may be made to the medical officer if sleep disturbances continue. Flexible routines for care recipients assist in optimising sleep and rest. Care recipients are satisfied with the support provided by staff to achieve their natural 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

The home has a continuous improvement system in relation to residents' lifestyle. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of improvements relating to resident lifestyle include, but are not limited to:

- Therapy with Shetland ponies for care recipients. The program 'Healing Hooves' was implemented in December 2015; feedback from care recipients is positive, they said interaction with the ponies added variety to their day and gave them a sense of enjoyment.

- Following the care recipients' response when a staff member's grandchildren visit, the Lifestyle co-ordinator and a volunteer (who is also a young mother) commenced a 'Mums, bubs and grandparents' group which has been meeting monthly at the home for the past three months. The group now meets in the main lounge to accommodate the increased number of young mothers, babies, toddlers and care recipients/grandparents attending. Feedback from participants and staff includes that care recipients who participate feel a "great sense of purpose"; staff and other care recipients enjoy hearing and watching the children and enjoy the interaction; skills resurface, and care recipients report satisfaction and enjoyment from the intergenerational aspect of the group – "…it's so normal".

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The lifestyle staff and care staff support care recipients in relation to their leisure and lifestyle interests, needs and preferences. Education in leisure and lifestyle issues is derived from changing care recipient needs and/or desired outcomes, and through review of training needs. Staff are assisted to attend external education and are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of education/training topics relevant to Standard 3 include:

- Elder abuse/Respect
- Legislative guidelines for reportable/non-reportable incidents
- Privacy and dignity

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/representatives are satisfied with the support received to assist care recipients in the adjustment to life in a communal home environment. Information about the home is supplied to care recipients prior to relocating to the home, with staff providing appropriate emotional support during the transition period following entry. Care recipients' emotional needs and preferences for support are identified and a care plan is developed to guide staff practice. A chaplain attends the home regularly and is able to provide emotional support to care recipients with an identified need. Emotional support is further enhanced through assisting care recipients to furnish their rooms with their personal and familiar items and to maintain regular contact with family and friends who are welcomed as part of the supportive network.

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/representatives are satisfied with the support care recipients receive to achieve optimal independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment of care recipients'

physical and other abilities and needs is conducted to ensure care recipients are assisted to achieve maximum independence. Staff promote and support care recipients' independence in relation to personal care and activities of daily living and appropriate equipment such as mobility aids are provided. Care recipient individualised care conferences and care recipient meetings provide opportunities for care recipients to discuss issues and voice suggestions or issues of concerns. Independence is promoted through the opportunity for care recipients to have mobile telephones, laptop computers and to manage their own financial affairs as able.

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

Care recipients and/or their representatives are satisfied care recipients' privacy and dignity is respected and maintained. The privacy and dignity needs of individual care recipients are identified and the needs and preferences are communicated to staff through care plans and verbally as required. The home's expectations for maintaining privacy, dignity and confidentiality are reinforced through observation and supervision of staff practice. The environment provides care recipients with both indoor and outdoor areas to enjoy visits with family and friends. Care recipients' administrative and care files are stored and accessed in a way that provides security and confidentiality of information. Staff are aware of interventions to support privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients' leisure interests are captured, recorded and evaluated with an activity program devised to promote participation, interest, engagement, independence and enjoyment. Each care recipient has a leisure enhancement plan developed consistent with the care recipient's individual interests and needs. A calendar is developed which includes the celebration of significant days and is issued to all care recipients each month. Family members and friends are encouraged to participate in all activities within and outside of the home. Volunteers are utilised to enhance the lifestyle program, in particular, providing one- on-one time with care recipients whose health status may preclude them from attending too many activities or whose preference may be to not participate in group activities. When developing the activity calendar consideration is given to care recipient's identified cultural or other needs such as sensory or mobility impairment and care recipients have input into the activities within the home through monthly meetings. Monitoring of care recipient satisfaction occurs through care recipient surveys, audits, care recipient attendance at activities and evaluation of events. Care recipients/representatives are satisfied the home offers a range of activities that are of interest to the care recipients.

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/representatives are satisfied care recipients' cultural and spiritual beliefs and preferences are identified and respected. On entry to the home and through ongoing assessment processes, care recipients individual beliefs and preferences are used to inform care planning and to guide staff practice. A chaplain supports the care recipients in maintaining their religious traditions and care recipients are supported to attend services of their preference within or outside the home. Days of personal, cultural and spiritual significance are planned and celebrated at the home as a community and on an individual basis. The home is able to accommodate culturally appropriate diets when this is requested or identified during the entry process. Care recipients/representatives are satisfied care recipients' cultural and spiritual beliefs and preferences are identified 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

The rights of each care recipient/representative to make decisions and exercise choice and control over lifestyle and care planning are recognised and respected. The home uses consultative processes to actively obtain information from care recipients and representatives including surveys, meetings, suggestions and one-to-one communication. Monitoring processes include personal care and activity plan reviews, and evaluation of feedback through the continuous improvement system. Staff encourage and assist care recipients to participate in choice and decision-making in relation to the services provided to them. Care recipients/representatives are satisfied with their participation in making choices and decisions about issues that affect care recipients' daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. On entry to the home care recipients are provided with a 'resident information book' which details information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. 'Resident agreements' are offered to all care recipients and include details regarding security of tenure and documents care and services provided. Care recipients/representatives are consulted where changes may require a move

within the home. Staff are informed of resident rights through orientation and ongoing training with care recipient satisfaction 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

The home has a continuous improvement system in relation to residents' lifestyle. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

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

- Introduction of sachets in place of laundry powder in laundries used by care recipients to ensure safety and avoid any chemical handling. Care recipients report use of the washing machines is easier as a result; management and staff said care recipient safety is increased as a result as any chemical handling is avoided.

- Introduction of a monitored chemical system for use by cleaning staff. We observed the system in use; the housekeeping supervisor said the system is "much more efficient" and provides improvements in chemical and manual handling for cleaning staff.

- Use of moulds to prepare/serve pureed meals for care recipients. The appearance of meals is enhanced as a result; feedback from care recipients is positive.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. In conjunction with the mandatory safety education program, staff are afforded the opportunity to attend in-service and external courses or information sessions conducted by specialist educators. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of training and education topics relevant to Standard 4 include:

- Chemical safety
- Food safety
- Infection control
- Safe manual handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home has policies, processes, practice protocols, flowcharts and education to ensure the environment is maintained in a safe and comfortable way consistent with care recipients' needs. Care recipients are encouraged to personalise their rooms, dining and lounge areas are furnished to provide a home like environment.

Monitoring processes include audits, checklists and visual inspections of the environment and equipment and reporting and investigation of hazards. Maintenance requests are created and actioned in a timely manner. Incidents are logged, investigated and processes changed if necessary after discussion with relevant staff. Delegated staff and external providers maintain the environment via programmed preventative maintenance and cleaning processes. Care recipients/representatives are satisfied the home ensures a safe and comfortable environment according to the care recipients' needs and preferences.

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 is actively working to provide a safe working environment that meets regulatory requirements through its policies, procedures and practice protocols, monitoring mechanisms, maintenance and education processes. Monitoring systems include audits, identification and actioning of hazards and investigation of clinical incident data. Identified deficits are discussed and actions are taken to minimise the risk of potential and actual hazards related to the physical environment, chemicals, equipment and infection. Education processes include completion of identified competencies, information for safe work practices and reporting mechanisms to maintain a safe working environment. There is an on-site health and safety coordinator to maintain compliance with policies, procedures and monitoring processes.

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, security and safety systems are maintained through policies, processes and practice protocols, programmed maintenance by qualified personnel and education processes.

Monitoring processes include audits and visual inspections for the identification and reporting of risk, potential and actual hazards related to fire, security and other emergencies. The maintenance officer monitors attendance/performance of external service providers and manages overall fire safety, security and emergency protocols in collaboration with the Care Manager. Education processes include information provided at orientation and annually thereafter relating to emergency, disaster, fire safety and security procedures. Care recipients/representatives and staff are satisfied with the safety and security of the physical environment.

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 based on identification and treatment/tracking of care recipients' infections, staff education in infection control and collation and analysis of infection data. Processes for care, catering, cleaning and laundry are designed to prevent/minimise risk of cross infection. Hand washing facilities and hand sanitiser are available; staff have access to personal protective equipment. Food is stored safely; temperature monitoring of cold food and heated foods, storage and serving is conducted in accordance with the home's food safety plan. Staff and care recipients are encouraged to participate in immunisation/vaccination programs. 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 services are provided in a way that enhances care recipients' quality of life and the working environment. Care recipients/representatives are satisfied with the standard of catering, cleaning and laundry services provided at the home. Catering services are provided by an external company whose employees receive annual education including food safety, infection control and manual handling. Care recipients' dietary needs are assessed/identified including allergies, likes, dislikes and cultural preferences; care recipients' specific requirements are documented to ensure their individual needs and preferences are met.

Menus are seasonal; issues relating to hospitality services are discussed at relevant meetings and with representatives of the external service provider when catering is involved. Cleaning services are provided by on-site staff; laundry processes, excluding those relating to care of personal items, are managed off-site. Cleaning, laundry and catering services are monitored to ensure services are provided in accordance with infection control practices and in a manner reflecting care recipients' needs and preferences.