



Australian Government

Australian Aged Care Quality Agency

Wynyard Care Centre

RACS ID 8419
Cnr Quiggin St & Moore St
WYNYARD TAS 7325

Approved provider: IBIS No 3 Pty Limited

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 13 May 2018.

We made our decision on 23 March 2015.

The audit was conducted on 10 February 2015 to 11 February 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



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Audit Report

Wynyard Care Centre 8419

Approved provider: IBIS No 3 Pty Limited

Introduction

This is the report of a re-accreditation audit from 10 February 2015 to 11 February 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 10 February 2015 to 11 February 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:	Carolyn Ashton
Team member:	Nicola Walker

Approved provider details

Approved provider:	IBIS No 3 Pty Limited
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Details of home

Name of home:	Wynyard Care Centre
RACS ID:	8419

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

Street:	Cnr Quiggin St & Moore St
City:	Wynyard
State:	Tasmania
Postcode:	7325
Phone number:	03 6442 1760
Facsimile:	03 6442 1765
E-mail address:	manager-wynyard@synovumcare.com.au

Audit trail

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

Interviews

Category	Number
Leadership team	3
Registered nurses	2
Enrolled nurses	3
Care staff	4
Care companions	6
Allied health contractors	2
Care recipients	10
Representatives	9
Lifestyle staff	2
Ancillary staff	5
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	14
Resident agreements	7
Medication charts	8
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities planner, attendance, evaluation and reports
- Audit schedule and reports
- Care plan review documents and schedule
- Care recipients' information package and handbook
- Catering forms and related documentation
- Cleaning schedules

- Clinical resource documents
- Comments, suggestions and complaints data and documentation
- Compulsory reporting register
- Consent forms
- Education records, record of attendance and resources
- Electrical tagging records
- Fire safety inspection records, evacuation maps, fire safety plan
- Food safety plan and associated monitoring documentation
- General practitioner communication records
- Infection surveillance documentation and reports
- Material safety data sheets
- Meeting agenda and minutes
- Nurse and professional registration matrices
- Personal protective equipment
- Plan for continuous improvement and related documentation
- Police certificate matrix
- Policies, procedures and guidelines
- Position descriptions
- Preventative and corrective maintenance documentation
- Refrigerator temperature checking records
- Staff handbook
- Staff memos, notices, communication diaries and notifications
- Staff selection, employment and orientation records.

Observations

The team observed the following:

- Activities in progress, activity planner displayed, activity supplies, photo displays
- Call bell system
- Charter of care recipients' rights and responsibilities displayed

- Cleaning in progress
- Clinical storage areas, supplies and equipment
- Comments, suggestions and complaints forms and external advocacy information
- Continence management equipment and allocation system
- Document control, management, secure storage and destruction processes
- Electronic and hard-copy information systems
- Emergency medications box
- Equipment and supply storage areas
- Evacuation pack
- Fire panel, fire detection, fire alarms, signage, isolation systems and firefighting equipment
- Infectious and general waste management processes and equipment
- Interactions between staff and care recipients
- Internal and external living environment and 'small scale living' arrangements
- Kitchens and food storage areas
- Laundries and chemical storage areas
- Material safety data sheets and personal protective equipment
- Meal and refreshment services and assistance to care recipients
- Medication storage, administration, disposal and supply
- Menu displayed
- Notice of Quality Agency visit displayed
- Noticeboards and information displays for staff and care recipients
- Nursing stations
- Pest control
- Resident mobility, skin protection and pressure limiting equipment
- Residents mobilising independently and using mobility aids.
- Short observation of activity in lounge room
- Sign in-out registers

- Staffroom
- Unobstructed exits, egress routes and assembly areas.

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

There is a system to support the pursuit of continuous improvement at the home. Scheduled audits and defined feedback pathways including suggestion forms, meetings, emails and direct correspondence contribute to the identification of improvements. A plan for continuous improvement documents opportunities, actions and timeframes and assists with monitoring progress towards results. The leadership team informs stakeholders of improvements through meeting minutes, memoranda and display notices. Evaluations occur through audits and informal consultation processes. Residents, representatives and staff said they are satisfied with opportunities to contribute to the continuous improvement program and that continuous improvements are occurring at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- As a result of a staff survey encompassing anonymous contributions, communication emerged as a focus area for the organisation. Regular leadership meetings commenced where staff obtain greater exposure to organisational events and strategic direction. An existing meeting structure was augmented with a six weekly meeting of all general staff and a fortnightly clinical meeting for registered and enrolled nurses. The meetings provide an additional opportunity for education and exchange of ideas. The leadership team said the initiative has been well received and staff have greater understanding of actions occurring in the organisation. Staff said they enjoy the opportunity to discuss issues.
- In alignment with the introduction of the organisation's model of care, 'your life your way', the leadership team introduced a new recruitment framework. The model concentrates on local community recruitment with an extensive focus on the behaviour and attitude of prospective staff. The leadership team said use of the recruitment framework led to successful filling of recent vacancies, broadening the staff mix and introducing the role of care companion. While further evaluation of this initiative will follow, the leadership team said they intend extending the model to the organisation's other homes.
- In response to internal review, an upgrade to the existing electronic care documentation program was implemented. The change facilitates movement of processes such as resident charting from paper to electronic. The leadership team said the integration of

information improves data accessibility and management, including greater staff involvement with ongoing chart enhancements to suit the needs of residents.

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’s leadership team has systems for identifying relevant legislation, regulatory requirements, professional standards and guidelines. Members of the leadership team receive direct notification of updates to government legislation and regulatory requirements through subscription to email alert services and from agencies and industry bodies. Key personnel review professional standards and policy guidelines. Documentation and communication processes disseminate industry alerts and policy changes to all relevant staff via meetings, memoranda and education events. Staff inform residents and representatives of changes to regulatory compliance through meetings and direct contact. The leadership team monitor regulatory compliance through observation of staff practice, competency assessments, comments and complaints, incident reports and audits.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- The organisation has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Personal information is managed and destroyed in accordance with regulatory requirements.

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

There is a system at the home to ensure the leadership team and staff have the appropriate knowledge and skills to perform their roles effectively. Staff attend internal and external education and professional development opportunities and information about upcoming events is available. The home has an education calendar that a registered nurse develops through suggestions from staff, availability of opportunities in the local area and needs identified by the leadership team and senior staff. A number of different training modalities are utilised such as face-to-face education, one-on-one mentoring, external trainers and electronic tools. Staff said they have access education and professional development appropriate to their roles and needs and complete all mandatory education. Residents and representatives said staff have the appropriate skills and knowledge to meet residents' needs.

Recent training and development opportunities relevant to Standard 1 include:

- 'Day book' and resident admission process
- a new model of care
- access to internet-based electronic documentation
- Diploma of Management
- electronic clinical information system upgrade.

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

There is a system to ensure each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. Residents' agreements, handbooks and welcome packs convey information about the complaints process and external complaints and advocacy services. The leadership team receives feedback from stakeholders through comment, suggestion and complaint forms, resident and representative meetings and surveys, staff meetings and formal and informal discussions with staff and contractors. Staff are guided in managing complaints by a policy describing escalation pathways and resolution timeframes. Communication of complaint outcomes to stakeholders occurs via personal communication and action plans where appropriate.

Residents, representatives and staff said members of the leadership team are approachable and they are aware of the comment and complaints process.

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 leadership team has documented the organisation's overriding guiding principles and commitment to continuous improvement in policies and other publications.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There is a system at the home to ensure there are appropriately skilled and qualified staff sufficient to deliver services in accordance with the standards and the organisation's guiding principles. All staff generally have formal qualifications or specific experience to undertake their roles and responsibilities. The leadership team ensures a formal recruitment process and monitors staff registration and other certification required by legislation. All roles have position descriptions to guide staff and staff sign employment contracts and position descriptions. A registered nurse is on duty on every shift and consistent staffing levels occur across the home. Residents, representatives and staff said they are satisfied with the skills and knowledge of staff and levels of staff rostered.

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

There are systems at the home to ensure stocks of appropriate goods and equipment, sufficient for quality service delivery are available at all times. Designated staff are responsible for monitoring different stock supplies and reordering items as required.

Identification of equipment needs occurs through incident and hazard reporting, observations, meeting structures, resident needs and audits. The leadership team has a system to procure required equipment on the recommendations and feedback from staff or contractors and ensures staff receive training to operate new equipment as required. Storage areas are generally secure, clean and sufficient. The home's preventative and reactive maintenance program maintains equipment. Residents, representatives and staff said they are satisfied with the quantity and quality of supplies and equipment used by the home.

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 leadership team ensures staff have access to electronic and 'hard-copy' information that is accurate and appropriate to their roles. Residents and their representatives receive information from a variety of sources including handbooks, correspondence, care and nursing staff, meetings and informal discussions. The leadership team ensures information remains accurate and current through a process of document review and control. Staff receive information from policies and procedures, education, meetings, handover and position descriptions. Staff understand and respect the confidentiality of personal and identifying information and generally handle information securely. The leadership team collect and analyse key data and generally make the results available to staff. Confidential records are securely stored, archived and destroyed as required. Stakeholders are satisfied with the quality and timeliness of information provided

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

There are processes at the home to ensure the provision of externally sourced services is consistent with the home's needs and service quality goals. The leadership team establishes and manages service agreements, specifies standards of service delivery and monitors performance through audits and staff, resident and representative feedback. Residents, representatives and staff said they are satisfied with the current external service providers.

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 leadership team actively pursues continuous improvement across all aspects of care recipients' health and personal care. Residents and their representatives advised they are satisfied with the quality of care provided by staff. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following an internal review of medication management, the home implemented a managed medication system. It consists of new medication packaging, updated charts and pharmaceutical ordering processes along with staff education and assessment. The leadership team and staff are reassured the change is positive, describing the process as simplified and streamlined, enabling staff to utilise time more effectively in attending to residents' needs.
- In response to staff feedback, an internal review of medication management and symptom control for residents with palliative care needs was undertaken. Actions resulting from the review include improved out-of-hours medication access through the expansion of the emergency medication supply. The leadership team report staff have expressed satisfaction with this initiative. Ongoing evaluation is planned.
- In response to feedback from residents, representatives and staff, continence management practices were reviewed throughout the home. Subsequently, the process for stock management was strengthened, new products introduced and further education for staff implemented. The leadership team said staff feedback is positive and further evaluation is planned.

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 leadership team has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to

expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- Processes to ensure medications are appropriately and securely stored.
- Registered nurses supervise the provision of clinical care according to relevant legislation and resident needs.
- A system to ensure compliance with legislation in the event of a resident's unexplained absence.

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

There is a system at the home to ensure the leadership team and staff have the appropriate knowledge and skills to perform their roles effectively in relation to Standard 2 Health and personal care. Refer to Expected outcome 1.3 Education and staff development for details of the home's education system.

Recent and upcoming training opportunities relevant to Standard 2 Clinical and personal care include:

- a new medication administration process
- dementia behaviour management
- diabetes management
- pressure care seminar
- the palliative care approach.

2.4 Nursing care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

There is a system at the home to ensure care recipients receive clinical care appropriate to their needs and preferences. Nursing staff assess each resident's clinical needs and preferences when they move into the home using evidence based assessment tools, information provided by other health professionals and discussions with the resident and their representative. Nursing staff develop care plans and review these on a regular basis to ensure they remain consistent with each resident's needs and preferences. Care and nursing staff discuss and handover daily details about the ongoing or changing care needs of each resident

between shifts and record relevant details in the progress notes. The leadership team arranges for audits to ensure an expected standard of care, communication and documentation continues. Residents and representatives said they are satisfied with the care and representatives said they are satisfied staff communicate relevant changes when residents' nursing needs change.

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

There is a system at the home to ensure appropriately qualified staff meet care recipients' specialised nursing care needs. Nurses, in conjunction with the resident's doctor or other health care consultants assess each resident's needs and preferences when they move into the home and develop an individual care plan. A registered nurse reviews the care plan to ensure it reflects appropriate monitoring requirements, specific needs, equipment, resources, instructions and strategies to optimise care delivery. The leadership team arrange education for staff to ensure they can effectively manage the needs of residents with specialised nursing care needs and risks. Residents and representatives said and documentation generally demonstrated they are satisfied with the way staff meet the specialised care needs of residents.

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

There is a system at the home to ensure prompt referral of care recipients with special needs to appropriate health specialists. The system includes identification of needs, consultation with the resident or representative, referral procedures and a process of information sharing and ongoing communication. Specialist health service providers include physiotherapists, a consultant pharmacist, a dietitian, a specialist mental health service, speech pathologists, podiatrists, palliative care nurses, continence specialists and a wound specialist. Health specialists record relevant information and recommendations in the progress notes and nursing staff update resident care plans and instructions for staff. Nurses communicate changes in care to other nurses, care or other relevant staff during handover, face-to-face meetings or via electronic mail. Residents and representatives are satisfied with the way the home arranges referrals to relevant health specialists when required.

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

There is a system at the home to ensure the safe and effective management of each care recipient’s medications. An external pharmacy supplies resident medications and medications are stored securely and in accordance with legislative requirements. All nurses administering medications undergo an annual competency assessment and a computerised system reduces the risk of medication or documentation errors. A consultant pharmacist conducts regular or as-needed reviews of each resident’s medications and makes recommendations to the resident’s doctor. The leadership team conduct audits of the home’s medication system and audit results inform the staff education and continuous quality improvement processes. A medication advisory committee oversees medication safety in the home and promotes continuous improvement of the system. Residents and representatives said they are satisfied residents’ medication administration occurs in a safe and timely manner and in accordance with needs and preferences.

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

There is a system at the home to ensure care recipients are as free as possible from pain and discomfort. Feedback from care staff and regular observations and charting enable nursing staff to develop an understanding of the causes, quality, frequency and types of pain and discomfort experienced by a resident and implement appropriate management strategies. The home’s physiotherapist and staff provide non-pharmacological pain management interventions such as massages and heat packs for residents as appropriate. Nurses communicate with the resident’s doctor if medication is required to treat pain and discomfort or if resident’s needs change. Staff said the various approaches enable residents to be as free as possible from pain and discomfort and continue their daily routines and activities. Residents and representatives said they are satisfied with the way staff optimise pain management.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome

Staff at the home use a recognised palliative care philosophy and practice to provide the comfort and dignity of terminally ill residents. Nursing staff discuss end-of-life issues with residents and/or their representatives and document these to ensure staff are able to meet the needs of the resident and their family. The palliative care approach aims to support resident’s and their family’s needs and nursing staff review and update the care plan as the resident’s needs progress. Separate accommodation is available for residents who share a room or

those who choose to use it. Staff arrange for the involvement of religious personnel and an external palliative care service to provide additional support for residents and their families if required. Staff said they have access to appropriate equipment to assist in resident care during this time.

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

There is a system at the home that aims to ensure care recipients receive adequate nutrition and hydration. Nursing staff assess each resident’s nutrition and hydration status as well as food preferences and swallowing risks when they move into the home. Staff weigh residents monthly or more regularly if required and monitor each resident’s weight changes on an ongoing basis. Nurses refer residents to a speech pathologist or dietitian if they are at risk of swallowing difficulties, poor nutritional and hydration status or experience weight changes.

Staff utilise strategies to ensure residents remain hydrated and risks associated with dehydration are minimised during heat-wave periods. Residents said they liked the food and representatives said they are satisfied with the way staff at the home meet residents’ nutrition, hydration and associated needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

There is a system at the home to assess each care recipient’s skin care needs when they move into the home and nursing staff document strategies to minimise skin integrity risks in the resident’s care plan. Strategies include regular repositioning, limb protectors, pressure relieving equipment and use of emollient creams. A podiatrist visits residents at the home regularly and care staff routinely monitor residents’ skin integrity. A registered nurse oversees wound management and assesses injuries such as skin tears, pressure injuries, bruising and any skin trauma. The home has processes to collate, analyse and review skin integrity data to ensure expected standards of care continue. Residents and representatives said they are satisfied with the way staff assist residents to maintain 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

There is a system at the home to manage care recipients’ continence needs effectively. Care and nursing staff assess each resident’s toileting and continence needs when they move into the home and may implement extended assessments to collect detailed information over a

period of several days. Care planning, staff education and hygiene processes ensure low rates of complications associated with incontinence. There is regular communication between care and nursing staff to ensure care plans and continence equipment remain consistent with residents' needs. Residents and representatives said they are satisfied with the way staff at the home meet residents' continence needs.

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

There is a system at the home to manage care recipients who demonstrate challenging behaviours. Staff are encouraged to complete education in caring for residents living with dementia. Nursing staff assess residents' behaviour patterns and characteristics when they move into the home and obtain further information from representatives and previous caregivers. A detailed care plan reflects assessment findings and provides appropriate instructions in relation to the resident's specific behavioural care needs. Senior nursing staff consult with external specialist services for residents who require further review and management. Residents and representatives said they are happy with the way staff manage residents experiencing challenging behaviours when these occur.

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 is a system at the home to support care recipients achieve optimum levels of mobility and dexterity to maintain their independence. Nursing staff and the home's physiotherapist assess each resident's mobility, dexterity and rehabilitation needs when they move into the home and develop a care plan. The care plan outlines equipment or support needs and is re-evaluated regularly. Equipment is available to assist residents with mobility and dexterity.

Nursing staff assess residents for their risk of falling and implement strategies to manage this such as regular and frequent visual checks and other safety measures. Residents and representatives said they are satisfied with the way staff at the home support residents' mobility, dexterity and rehabilitation needs.

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

There is a system at the home to ensure care recipients are able to maintain or improve their oral and dental health. Nursing staff assess each resident's oral and dental health when they move into the home and develop a care plan. The care plan details the degree of assistance

residents require to manage their own oral hygiene. Nursing staff evaluate the care plan regularly to ensure consistency with care needs. Staff assist residents to arrange visits to their own dentists and the home has dental and mouth care supplies available for residents that include swabs, mouthwashes and toothbrushes. Residents and representatives said they are satisfied with the way staff assist residents with mouth care and support their independence.

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 is a system at the home for identifying and managing care recipients’ sensory losses across all five senses. A range of staff members capture this information when residents move into the home. Staff arrange relevant specialists such as audiologists, optometrists and dieticians to visit residents in the home as required or assist residents arrange external appointments. The home has resources available to minimise the impact of sensory loss and the lifestyle program provides activities that highlight the different senses and compensate for sensory loss. Residents and representatives said they are satisfied with the identification and management of residents’ sensory losses.

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

Staff assess each care recipient’s preferences and usual routine in relation to sleep and develop strategies to assist care recipients achieve natural sleep patterns. Initial and extended observational assessments ensure staff obtain a good understanding of each resident’s sleep patterns and identify any problems they are having. Nursing staff document resident preferences and care strategies in the care plan and evaluate this regularly to ensure it remains current. Staff at the home use a variety of methods to promote sleep and nursing staff consult with a resident’s doctor if medication is required. Staff use strategies including pain relief and other comfort measures to assist residents get to sleep. Residents said they are satisfied they are able to communicate their sleep needs and the environment supports their sleep.

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 leadership team actively pursue continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Residents and their representatives expressed satisfaction with the assistance provided for control of their lives within the residential care service and the community. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- In response to feedback from residents and representatives, staff introduced a men’s and ladies program. Staff added specific activities and outings to the program based on the gender of participants. Resident participation in outings is maximised through securing availability of a bus accommodating up to seven wheelchairs. The leadership team reported favourable attendance and comment from residents, representatives and staff, indicating residents’ enjoyment of the opportunities for interaction with contemporaries.
- To enhance the dining and lifestyle experience of residents, staff facilitate a special celebration for birthdays. Supplementing the existing practice of recognising monthly birthdays within the home, each resident has the opportunity for a personal celebration on the date of their birthday. Residents select a meal preference and extend an invitation to family or friends who join with them in a secluded dining area. Residents and representatives are complimentary of the meal and celebratory experience.
- To support the organisation’s model of care, ‘your life your way’, the leadership team recruited an events manager. This position expands the lifestyle team and provides additional resources. Planned formal review will broaden the activity range and consolidate evaluation processes, ensuring integration of residents living in the small scale living houses into the existing care centre. Ongoing review and evaluation will be scheduled.

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

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Residents receive information on their rights and responsibilities, privacy and consent in their information handbook and residential agreement.
- The home displays a poster of the ‘Charter of care recipients’ rights and responsibilities’.
- Processes to manage compulsory reporting of assaults that includes staff education in elder abuse, incident reporting and a reportable assault register.

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

There is a system at the home to ensure the leadership team and staff have the appropriate knowledge and skills to perform their roles effectively in relation to Standard 3 Resident lifestyle. Refer to Expected outcome 1.3 Education and staff development for details of the home’s education system.

Recent and upcoming training opportunities relevant to Standard 3 Resident lifestyle include:

- cultural learning
- elder abuse
- sexuality and dementia.

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 receive support during adjustment to living in the home and on an ongoing basis. Staff meet with prospective residents and provide an opportunity to tour the home. Staff provide a welcome pack that contains orientation information and a handbook.

Assessment of residents' preferences and emotional support needs occurs in consultation with residents and representatives. Staff regularly review resident emotional and social interactions and adjust care plans and strategies accordingly. These include identification of meaningful life history events and dates of significance to residents. Residents can attend religious services held at the home and volunteers from the community visit residents to provide friendship and support. We observed staff interacting with residents and representatives in a sensitive manner. Residents and representatives said they are satisfied with the emotional support provided by staff at the home and its appropriateness to their needs and preferences.

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

Staff assist care recipients to maximise independence, maintain friendships and participate in community life within and outside the residential care service. Staff assess residents' abilities when they move into the home and on an ongoing basis. These assessments inform care plans that record each resident's needs and strategies for appropriate maintenance of physical, cognitive, social and civic independence. Strategies include physiotherapy and exercise programs, mobility aids, participation in small scale cooking and laundering, structured activities and visiting community volunteers. Activities are adapted for inclusion of residents with specific mobility or sensory requirements. Residents and representatives said they are satisfied residents' independence is supported by the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The leadership team and staff ensure each care recipients' right to privacy, dignity and confidentiality is recognised and respected. The leadership team inform residents about these rights when they move into the home and staff establish their individual privacy and dignity needs and preferences. Each shared room has fitted privacy screens. Resident files are stored within password protected electronic systems that maintain privacy and limit access to

appropriate personnel. Staff demonstrate awareness of strategies to maintain privacy, dignity and confidentiality and were observed assisting and communicating with residents and representatives in a considerate and respectful manner. Residents and representatives said that staff respect residents' 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 receive encouragement and support to participate in a range of interests and activities. Consultation occurs when residents move into the home, to identify the interests and social preferences of residents and develop a plan to support residents' participation in activities. Staff review the plan on an ongoing basis. Lifestyle staff ensure monthly calendars are displayed within the home and in residents' rooms. Activities include quizzes, games, cooking, crafts, entertainers, movies and outings. Staff visit with residents for individual connection and conversation and community volunteers visit the home. Staff monitor participation level to inform ongoing scheduling of events. Residents and representatives provide input into the schedule of activities through meetings, surveys, evaluations and informal feedback. We observed residents participating in varied activities. Residents and representatives said staff support their participation in activities and they are satisfied with the program.

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

The leadership team and staff value and foster the interests, customs, beliefs and cultural and ethnic backgrounds of care recipients. Staff identify and document significant cultural and spiritual preferences through consultation with each resident and representative. Staff coordinate religious services at the home from a range of denominations. Residents celebrate cultural days with customised activities, food and decorations. Staff observe special events and birthdays with consideration of resident preferences. Multicultural resources are available to assist resident communication. Residents and representatives said they are satisfied the home values and fosters each residents' individual interests, and residents are able to maintain their cultural and spiritual customs.

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

There are systems to support and encourage care recipients and representatives to participate in decisions about care and services they receive. Staff consult with residents and representatives when they move into the home and establish residents care needs, choices and preferences. Staff review assessments and plans on an ongoing basis. Residents and representatives participate through family meetings, resident and representative meetings, surveys, comments and complaints forms and feedback to staff. Advocacy information is available. Staff demonstrate practices and strategies that encourage and acknowledge residents choices. Residents and representatives said residents are able to exercise choice and make decisions in a way that does not impinge on the rights of other people.

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

There is a system at the home to ensure care recipients have secure tenure and understand their rights and responsibilities. Prior to moving into the home, staff meet with residents and representatives and provide information about entry requirements, security of tenure, resident agreements and residents' rights and responsibilities. Where a change of room is required, staff consult with residents and representatives and consent is obtained. Residents and representatives said residents have secure tenure within the home and are aware of their resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The leadership team actively pursue continuous improvement activities in relation to all aspects of the physical environment and safe systems. Residents and their representatives are satisfied with the safety and comfort of the living environment and the quality of the services provided. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- To support the organisation’s model of care, ‘your life your way’, two residential houses have been constructed onsite to replicate a privately shared home environment. The houses have separate entrances, laundry and kitchen to the main care centre and provide residents with independence, choice and decision making opportunities in relation to the living environment and meal preparation. The leadership team reports feedback from staff, residents and representatives is supportive with early indicators emerging of benefits for care, lifestyle and environmental support of residents. Further evaluation is ongoing.
- In conjunction with construction of the small scale living houses, new garden and courtyard areas were created. Residents can safely access vegetable and herb garden beds, lawn, smoking areas and a simulated community environment with phone box and bus stop. The leadership team said residents are complimentary of the spaces and opportunities for interaction with the environment.
- To enhance the internal living environment, building refurbishment was undertaken in consultation with dementia and aged care property consultants. Goals included reducing shadows and a homely colour scheme and design and were achieved with the use of bold colours and extensive carpeting. The leadership team said feedback from staff, residents and representatives is favourable.

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

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Staff attend mandatory training in fire and emergency procedures each year.
- Regular monitoring and maintenance of the fire and safety systems occurs.
- Material safety data sheets are available where chemicals are stored or used.
- The centre’s main kitchen has a current independent food safety certificate.

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

There is a system at the home to ensure the leadership team and staff have the appropriate knowledge and skills to perform their roles effectively in relation to Standard 4 Environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for details of the home’s education system.

Recent and upcoming training opportunities relevant to Standard 4 Environment and safe systems fire and evacuation

- develop workplace fire safety awareness
- healthy linen healthy living
- 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

Practices of the leadership team and staff support the delivery of a safe and comfortable environment consistent with care recipient needs. Residents reside in a mix of single and shared rooms. Rooms in the 'small scale living' houses have a private ensuite. Corridors are wide, well lit and have handrails to assist resident mobility. Sitting areas, courtyard and gardens offer additional living space. Residents are encouraged to personalise their rooms to meet their comfort and care needs. Maintenance and cleaning staff keep the home clean, safe and comfortable and environmental audits are conducted and actioned. Residents and representatives expressed satisfaction with the comfort of the home and residents said they feel 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

The leadership team is actively working to provide a safe working environment that meets regulatory requirements. Policies, procedures, work instructions and notices promote awareness of safe work practices. Staff participate in relevant training at orientation and on an ongoing basis. Personal protective equipment is accessible and material safety data sheets are suitably located. Staff identify and report hazards through improvement forms, regular maintenance practices and audits. An occupational health and safety committee meets regularly to examine reported hazards, audit outcomes and required actions. Staff are informed of outcomes through meeting minutes and memos. Staff demonstrate an understanding of safe work practices and said they are satisfied management is actively providing 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

The leadership team and staff demonstrate they are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Clear signage highlights emergency exits and evacuation routes. Independent external contractors service and inspect equipment. An evacuation kit with resident lists, mobility and care needs is accessible and contingency arrangements documented. There are sign in-out procedures for visitors to the home. Staff attend fire and evacuation training on a regular basis and said they are aware of fire response actions. Residents 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

There is a system at the home to prevent, identify, manage and contain infections. Infection control education is part of the orientation program and staff are required to complete infection control training including hand washing. The leadership team arranges for the collection and analysis of monthly infection data and a registered nurse identifies and implements strategies and interventions to manage infections as they occur. Outbreak guidelines, protective equipment, vaccination, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place.

Residents, representatives and staff said they are satisfied with the identification and management of infections.

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

The leadership team ensures hospitality services are provided in a way that enhances care recipients' quality of life and staff's working environment. Food is prepared in each of the three on-site kitchens. Residents have the choice of eating meals in shared dining rooms or within their room. Each resident has a meal plan supported by a process to record and update any changes. There is a summer and a winter four-week menu that staff review regularly, with input from residents and representatives and a dietitian. Cleaning staff follow a daily and weekly schedule for bathrooms, resident rooms and common areas. Laundry staff wash bed linen, towels and residents' personal clothing on-site. The leadership team monitors the services provided through resident and representative feedback, meetings, audits and observations. Residents and representatives said they are satisfied with the catering, cleaning and laundry services.