



Australian Government

Australian Aged Care Quality Agency

Albury Wodonga Health Residential Care Program

RACS ID 3945
52 Sydney Road
BEECHWORTH VIC 3747

Approved provider: Albury Wodonga Health

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 December 2019.

We made our decision on 24 October 2016.

The audit was conducted on 20 September 2016 to 21 September 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



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Audit Report

Albury Wodonga Health Residential Care Program 3945

Approved provider: Albury Wodonga Health

Introduction

This is the report of a re-accreditation audit from 20 September 2016 to 21 September 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 20 September 2016 to 21 September 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:	Lesley Richardson
Team member:	Deanne Maskiell

Approved provider details

Approved provider:	Albury Wodonga Health
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Details of home

Name of home:	Albury Wodonga Health Residential Care Program
RACS ID:	3945

Total number of allocated places:	15
Number of care recipients during audit:	13
Number of care recipients receiving high care during audit:	13
Special needs catered for:	Psychogeriatric care

Street:	52 Sydney Road
City:	BEECHWORTH
State:	VIC
Postcode:	3747
Phone number:	03 5723 8970
Facsimile:	
E-mail address:	sandra.davidson@awh.org.au

Audit trail

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

Interviews

Category	Number
Nurse unit manager	1
Directors/Management	4
Activity coordinator	1
Infection control consultant	1
Human resources staff	1
Catering staff	2
Care recipients	2
Representatives	5
Volunteers	3
Allied health	1
Pharmacist	1
Services manager/maintenance staff	2

Sampled documents

Category	Number
Care recipients' files	6
Care recipients' administrative files	3
Medication charts	4

Other documents reviewed

The team also reviewed:

- Audit schedule, audits, incidents, clinical data and analysis
- Bed pole and smoking risk assessments
- Care recipient birthday list
- Cleaning records
- Clinical and kitchen supplies order forms
- Clinical referral forms and charts

- Communication and wound diaries
- Communication cards, information display and activity resources
- Compliment documentation
- Consolidated incident register and 'workplace aggression and violence reporting tool'
- Continuous improvement plan
- Contractor sign in process, agreement and documentation system
- Education records and performance appraisals
- Emergency procedure manual
- Food safety program documentation including cleaning and temperature monitoring in pantry
- Handover sheet and shift report form
- Human resource documentation including job descriptions and duty lists
- Infection control guidelines and reports
- 'IT steps directory'
- Maintenance and essential services schedules, records and reports
- Meeting minutes, terms of reference, memoranda and electronic mail
- Menu
- Menu selection form, dietary needs, supplement and preference documentation
- Police certificates, statutory declarations and professional registration registers
- Policies, procedures and flow charts
- Purpose, aspiration and core value statements, strategic plan and management structure
- Residential care information booklet
- Roster
- Self-assessment report
- Service level agreement between North East Border Mental Health Service and Albury Wodonga Health Service.

Observations

The team observed the following:

- Activities in progress and nursing staff supporting care recipients
- Emergency and firefighting equipment, evacuation box, map, egress routes and pathways
- Equipment and supply storage areas including signage
- Equipment in use
- Feedback forms, brochures and locked lodgement box
- Handover in progress
- Interactions between nursing staff, care recipients and representatives
- Interactions with volunteers
- Internal and external living environment including smoking area
- Laundry service and maintenance in progress
- Meal and refreshment service
- Notice boards
- Nursing staff interacting with health professionals
- Nursing staff providing clinical care, monitoring and supervising care recipients
- Personal protective equipment, infection control resources and processes
- Records storage areas
- Security processes in operation
- Short group observation of an activity
- Storage and administration of medications
- The 'Charter of care recipients' rights and responsibilities – residential care' on display.

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

Management actively pursue continuous improvement across the Accreditation Standards and demonstrate improvements in management systems, staffing and organisational development. The system includes feedback forms, audits, meetings and active encouragement of feedback. Staff and the organisation identify opportunities for improvement. The continuous improvement plan generally reflects improvement initiatives with objectives set, actions monitored and finalised. Scheduled review of a range of data occurs with feedback of results provided to stakeholders as appropriate. Management monitor the effectiveness of improvement strategies using a range of mechanisms such as observation, discussion with stakeholders and feedback. Representatives are satisfied the home actively pursues continuous improvement.

Examples of recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- Management decided to explore alternative strategies as staff meeting attendance was low and introduced a communication book to support staff communication and dissemination of information. Management said staff use the communication diary consistently and meetings are held on an as needs basis. Management established a distribution list of associate nurse unit managers and said communication of management decisions is improved, with confidential discussions and provision of clinical information occurring as needed.
- Staff expressed difficulty meeting organisational requirements for providing information electronically. Management developed an 'IT steps directory'. This includes step-by-step instructions for tasks such as scanning and emailing information. Management said staff use this resource and feedback has been positive.
- Management improved the handover sheet to include additional information including diagnosis, resuscitation preference and space for staff to record comments for each care recipient as needed. Management said the handover sheet provides staff with a summary of relevant information and ongoing refinement is planned.

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

Management with the support of the organisation has systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation reviews information from a range of sources such as legislative update services, government websites and sector resources to assist with identifying relevant changes and advises the home’s management of any required action. Policies and procedures are developed, reviewed and updated according to required changes. Staff discuss regulatory compliance at relevant meetings and management disseminates information through memoranda, meeting minutes and education. Monitoring of ongoing compliance is through the quality process.

Examples of regulatory compliance in relation to Standard 1 Management systems, staffing and organisational development include the following:

- Management ensured the notification of all stakeholders about the re-accreditation audit within the required timeframe.
- Confidential documentation is stored securely.
- There is a system to ensure all staff, volunteers and appropriate service providers have current police certificates, statutory declarations as applicable and appropriate credentials.

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

Management and staff have the knowledge and skills required to perform their roles effectively. Staff and management are informed of educational opportunities through the organisation's education calendar. Management at the home add additional topics in response to the learning needs of staff onsite. An attendance record is kept relating to the sessions held and sessions are evaluated. Staff complete competency assessments appropriate to their role to ensure maintenance of their skills and scope of practice. Staff have completed a variety of education including a suite of mandatory topics set by the organisation. Care recipients and representatives are satisfied with the skills and knowledge of the staff.

Recent examples of education provided in relation to Standard 1 Management systems, staffing and organisational development include:

- bullying and harassment
- electronic incident reporting
- certificate IV in training
- understanding accreditation.

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

Internal and external complaints mechanisms are available to care recipients, representatives and stakeholders. Feedback is actively encouraged and the complaints process is included in handbooks. Feedback is predominantly verbal or by electronic mail to staff and management. Assistance to complete forms or raise issues is available including access to interpreters if necessary. Management maintains confidentiality, is responsive and uses identified issues to inform the continuous improvement process. Staff use care recipient observation to monitor satisfaction and document consultation with representatives.

Representatives said they are encouraged to provide feedback and are satisfied with the responsiveness of staff and management.

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 purpose, aspiration and core value statements which reflect the organisation's commitment to provide quality care and services. Management display this information in the home and it is included in information packages provided to stakeholders and the strategic plan.

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 are appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration where appropriate once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. New staff participate in orientation and education programs and work 'buddy' shifts. Position descriptions, duty lists, handbooks, policies and procedures and other relevant resources support staff in their roles. There is a process to monitor performance through various means such as competency assessments, performance appraisals or observation of practice. To meet the current and changing needs of care recipients, management monitor staffing levels and skill mix to ensure appropriate roster coverage. Staff were observed interacting with care recipients in a timely, courteous and respectful manner. Care recipients and representatives are satisfied with staff practices, their responsiveness and the manner in which care is provided.

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

Management and the organisation ensure stocks of appropriate goods and equipment for quality care and service delivery are available. Designated staff order from preferred suppliers with monitoring of stock levels occurring. Management review the variety and quantity of goods and equipment to reflect identified needs of current care recipients. A trial process supports the purchase of new items and implementation includes relevant staff training. Facilities are available for the safe storage of equipment, clinical and non-clinical

supplies. Monitoring of contracted maintenance and cleaning systems ensures the safety and cleanliness of furniture and equipment. Established processes support emergency responses to equipment failures. Care recipients and representatives are satisfied with the quality and availability of equipment and supplies.

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

Management with the support of the organisation generally has effective information management systems in place. The organisation has processes for development and review of policies and procedures with strategies in place to communicate and implement relevant changes. Confidential information is stored securely and there are processes to ensure archiving and destruction of relevant documentation to maintain privacy and confidentiality. Staff collect, analyse and report on clinical, incident, infection and audit data. Communication processes include informal discussions, communication books, noticeboards, feedback forms, letters, handover, electronic mail, meetings and meeting minutes. The organisation ensures the integrity of the electronic information system. Staff generally have access to appropriate and sufficient information to support them in their roles. Care recipients and representatives are satisfied with the level 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

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. There is a service level agreement with the local health service who manages contractor contractual arrangements. There are provisions in contracts for provision of information in relation to indemnity insurance, qualifications and certifications. There is a sign in/out register for contractors when on site. The organisation's corporate services monitor services including catering, clinical and allied health services, environmental services, administration and health information management. There is a process to monitor stakeholder satisfaction with services and ensure contractual obligations are met. Care recipients, representatives and management are satisfied with the services provided by external contractors.

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

Management actively pursue continuous improvement in all aspects of care recipient health and personal care. Staff document incidents and analyse a range of clinical data for trends, which are reported, overseen and actioned. Care recipients and representatives 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 in relation to Standard 2 Health and personal care include:

- Management identified an organisational visiting dental service care recipients could access in the home. Nursing staff reviewed all care recipients' dental assessments and identified those who would benefit from a dental appointment. Management said care recipients attending the dentist were satisfied and ongoing access to the service is available as needed.
- With an increase in care recipient needs, management purchased an additional ceiling hoist and an additional vital signs monitor. Management said staff are satisfied with the improved access to equipment.
- Management identified staff accessibility and capacity to monitor care recipients could improve by making the nurses' station more approachable. The door was removed and replaced with a lockable barn door. Management said staff are able to hear what is happening and care recipients interact with staff readily with better engagement.

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

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal

care. Refer to expected outcome 1.2 Regulatory compliance for further information about the home's regulatory compliance system.

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

- Registered nurses undertake care planning and supervise the delivery of specialised nursing care.
- There is ongoing monitoring of professional registrations.
- Medications are stored and managed according to legislated processes.

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 to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 2 Health and personal care include:

- behavioural management
- medication management
- palliative care
- recognising clinical deterioration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. Staff complete a range of clinical assessments on each care recipient on entry to the home and nursing staff generate individualised care plans through the home’s electronic care package. Nursing staff review and update assessments and care plans according to a schedule or in response to changes in the needs of the care recipient. Nursing staff offer care consultations to each care recipient and/or their representatives. Nursing staff refer care recipients to medical practitioners or other health professionals who visit the home or in the wider community depending on care recipient preferences and needs. Management monitor the effectiveness of clinical care systems through audits, clinical data, incident report analysis and stakeholder feedback.

Care recipients and representatives are satisfied with the level of consultation and the provision of clinical care staff provide to those living in 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

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Nursing staff assess, plan and evaluate care recipients’ specialised nursing needs in consultation with medical practitioners and appropriate health specialists.

Registered nurses review specialised nursing care plans regularly and in response to changes in health needs. Specialised nursing care provided to care recipients include diabetic management, oxygen management and wound care. The home has processes in place to ensure adequate stocks of specialised equipment is available to meet the needs of care recipients. Referrals and consultation with other health professionals occurs with recommendations and directions for care documented. Management conduct audits, analyse clinical data and review stakeholder feedback to ensure specialised nursing care systems are effective. Staff have appropriate knowledge and skills to provide specialised nursing care with ongoing education and training provided to ensure quality care. Care recipients and representatives are satisfied with the availability of nurses and the care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Nursing staff in consultation with the individual’s medical practitioner assess care recipients’ needs for health services and arrange referrals as appropriate. In accordance with each care recipient’s abilities and wishes, staff assist with access to visiting health specialists or health specialists of their choice within the broader community. Care recipients have access to a range of health services including physiotherapy, podiatry, occupational therapy, dietitians, mental health specialists, speech pathology, optometry, hearing and dental services. Nursing staff update care recipients’ care plans to include recommendations and ensure care is delivered accordingly. Management monitor the system’s effectiveness through care plan review processes, audits and stakeholder feedback. Care recipients and representatives are satisfied with care recipients’ access to and the range of health specialists available.

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

Management ensures care recipients’ medications are managed safely and correctly. Registered nurses and medical practitioners review each care recipient for their medication support needs and care recipients wishing to manage their own medications are supported to do so within their capabilities. Nursing staff have access to a range of educational sessions relating to medication administration and safety. Medications are stored safely and according to legislative requirements and staff ensure appropriate and consistent medication supply. A medication advisory committee, medication reviews, audits and the incident reporting system contribute to the monitoring of medication systems. Care recipients and their representatives are satisfied with the processes used to supply and administer medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Nursing staff, physiotherapist and medical practitioners assess care recipients’ current and previous experiences of pain and identify pain management strategies. Nursing staff refer care recipients to medical practitioners for review in response to new or ongoing pain or discomfort. Assessment

tools include observational charting for those unable to verbalise their pain. Assessment and pain management strategies include the identification of the site, cause of the pain, past and present history, treatment choices, impact on mood and behaviours and preferred care.

Management monitor the effectiveness of pain management through care plan review, audits and stakeholder feedback. Care recipients and representatives are satisfied with pain management strategies offered to ensure care recipients are as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill care recipients. Care recipients and their representatives are encouraged to discuss end of life wishes and document advanced care directives. Care plans reflect palliative care needs and preferences when required and registered nurses review these needs frequently. Care plans include strategies to ensure physical, spiritual and emotional care needs are met. Staff access medical practitioners and the advice of palliative care specialists when needed. The home has sufficient and appropriate stocks and equipment to provide palliative care and staff attend relevant education. Management monitor palliative care provision through audits, observation and stakeholder feedback. The home has received letters of thanks regarding the care and support provided during palliation.

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 receive adequate nourishment and hydration. On moving into the home, staff identify care recipients’ likes, dislikes, special and religious dietary needs to ensure appropriate diets are provided. Nursing staff with the support of a visiting speech therapist and dietitian review the needs of care recipients who have difficulty with swallowing, weight maintenance or require specialised diets. Assistive devices are available as required and modifications to food texture and alternative dietary items are available for care recipients with special needs and preferences. Management monitor the effectiveness of the nutrition and hydration system through weight audits, care plan review and stakeholder feedback.

Care recipients and representatives are satisfied with the type and variety of meals and beverages provided to those living in the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff assess care recipients’ skin integrity and potential for skin breakdown and develop care plans documenting needs and preferences including the levels of assistance and equipment required. Nursing staff develop wound care charts and provide wound care, where appropriate nursing staff refer care recipients to their medical practitioner and/or wound consultant for review. Sufficient and appropriate supplies of wound care products are available. Staff use emollient creams, protective devices and pressure relieving equipment including air mattresses according to care recipients’ assessed needs. Management monitor the effectiveness of care recipients’ skin care through the audit program, incident analysis and stakeholder feedback. Care recipients and representatives are satisfied with the care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence needs are managed effectively. Staff identify and assess the individual needs of care recipients on moving into the home and in response to changes in health status. Staff consider care recipients’ independence, impact on behaviours, maintenance of comfort and dignity needs in the development of an individualised continence management program. The home provides appropriate aids and equipment based on each care recipient’s assessed need. Care strategies include referrals to continence specialists, dietary and medication interventions, mobility strategies and documented toileting plans.

Management monitor the effectiveness of care recipients’ continence programs through audits, care reviews and stakeholder feedback. Care recipients and representatives are satisfied with the assistance provided by staff.

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

The needs of care recipients with challenging behaviours are managed effectively. The home provides care for care recipients with a range of complex mental health issues. Nursing staff assess each care recipient’s behaviours on moving into the home and in response to changes in the care recipient’s physical or mental health. Specialist mental

health teams and consultants visit the home regularly to assist staff in managing behaviours and to provide education. Care plans identify behaviours, potential triggers and reflect individualised management strategies, which include cultural, social and emotional support. Management monitor the effectiveness of behaviour management strategies through care plan review, incident data analysis, audits and stakeholder feedback. Staff were observed providing individualised interventions for care recipients to manage and prevent challenging behaviours impacting on others. Care recipients and representatives are satisfied with behavioural management at the home.

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’ optimum mobility and dexterity levels are identified and maintained. Nursing staff in conjunction with allied health practitioners assess care recipients for their risk for falls, equipment needs and suitability for individual or group exercise sessions. Care plans include individualised exercise programs and safety and risk management strategies. Mobility and transfer equipment is provided and accessible. Adaptive cutlery and crockery is used to aid care recipients’ independence at meal times. Staff encourage and support care recipients to participate in group exercise programs and provide one to one support to complete individualised exercises. Management monitor the effectiveness of care provided through analysing falls data, care plan review, observations and audits. Care recipients and representatives are satisfied with the care and equipment provided.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Staff conduct oral and dental assessments and formulate care plans to identify aids, equipment and the level of oral and dental care assistance required. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Staff arrange for dental care practitioners to visit care recipients in the home or assist care recipients to attend dental clinics in the community as needed.

Management monitor oral and dental care through care plan reviews, audits and stakeholder feedback. Care recipients and representatives are satisfied with the assistance care recipients receive to maintain their oral and dental care.

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’ sensory losses are identified and managed effectively. Staff assess and identify care recipients’ sensory deficits and develop care plans to ensure these are managed successfully. Staff refer care recipients to specialised health services such as optometrists, audiologists and occupational therapists in response to request or identified need. Staff are aware of the needs of the individual care recipients and assist those who require help with the care, maintenance and fitting of aids and devices. Management monitor provision of care related to sensory loss through care plan review and stakeholder feedback. Care recipients and representatives are satisfied with the support 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 are assisted to achieve natural sleep patterns. On moving into the home, nursing staff monitor and assess the sleep patterns of recipients. Care plans reflect preferences and any individualised strategies used to promote normal sleep patterns. These include individualised behavioural management strategies, settling routines, the use of general comfort measures, evening drinks, snacks and medication as prescribed.

Management monitor care through the care plan review process, handover information, audits and stakeholder feedback. Care recipients are satisfied with the care provided. Representatives confirm staff assist care recipients to rest during the day if needed.

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

Management actively pursue continuous improvement activities in relation to all aspects of care recipient lifestyle. Care recipients and representatives are satisfied with the assistance provided for care recipients to have control of their lives within the home 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 in relation to Standard 3 Care recipient lifestyle include:

- Management identified the need for additional lifestyle resources and purchased a surround sound system installed in the lounge for movies and music. Additional resources purchased for planned use include a wireless interactive system and arts and craft resources. Management said care recipients enjoy watching movies and listening to music and use of the additional resources is planned with the commencement of a new activity coordinator.
- Care recipients now have access to a portable tablet and staff assist with access for games or communication with family and friends. Management spoke of a care recipient’s enjoyment being able to speak to family interstate.

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

Management has systems to identify and comply with regulatory compliance obligations in relation to 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 related to Standard 3 Care recipient lifestyle include:

- Care recipients and representatives receive information about their rights and responsibilities, privacy and consent matters in their information packs and residential agreements.
- The home displays the ‘Charter of care recipients’ rights and responsibilities – residential care’.
- Management has processes to ensure it meets mandatory reporting requirements.

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 to ensure management and staff have the appropriate knowledge and skills to perform their roles relative to care recipients’ lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 3 Care recipients’ lifestyle include:

- dementia and emotional needs
- elder abuse
- person centred care.

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

Management and staff ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. On moving into the home, care recipients receive support to socialise and they and their representatives are encouraged to participate in activities and events. In consultation with the care recipient and their representatives, staff identify care recipients' emotional support needs and preferences. Staff assess emotional support needs on an ongoing basis and implement alternative strategies such as family consultation and the use of touch to ensure effective support. Care recipients are encouraged to decorate their rooms with items of personal significance. Staff monitor the effectiveness of emotional support strategies through observation, talking to care recipients and representatives and regular care plan reviews. Care recipients and representatives are satisfied with the care and quality of ongoing emotional support provided by staff and management.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

Documentation focuses on care recipients' preferences using a risk management approach to enable staff to support their optimal social, physical, financial, cultural and intellectual independence. Care recipients who wish to continue their association with people in the wider community, receive support to do so. Staff provide adaptive equipment and support the use of mobility, sensory and communication aids to promote independence and the optimal involvement in activities. Staff welcome visitors, facilitate shopping options and assist care recipients wishing to pursue special interests. Care recipients and representatives are satisfied with the level of support and encouragement available to care recipients to optimise their independence.

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

Management and staff recognise and respect each care recipient's right to privacy, dignity and confidentiality. Assessment and review includes consideration of each care recipient's specific cultural, spiritual or personal needs to promote privacy and dignity. The home has single bedrooms with space for personalisation and ensuite bathrooms. Strategies and processes for maintaining privacy and dignity are well established. Seating areas are available indoors and outdoors for care recipients to socialise or for personal use. Care recipient information is stored securely and staff respect confidentiality when speaking about care recipients. Staff are discreet when managing care needs. Care recipients and representatives are satisfied management and staff respect care recipients' privacy and dignity.

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

Management and staff encourage and support care recipients to participate in a wide range of interests and activities of interest to them. Staff identify and document preferences and interests in discussion with care recipients and representatives and continue to invite participation to support new interests. The activity program is reflective of care recipient interests and preferences and staff provide activities in small and large groups or on an individual basis. Staff consider cognitive and physical ability and encourage involvement.

Outings occur to the local community or places of interest using the shared vehicle and staff support care recipients to participate in community activities. Visits from community groups occur, with volunteers supporting the program. Active seeking of feedback, observations, and discussion inform staff in implementing the program. Care recipients and representatives are satisfied with the activity program and the support provided to participate.

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

Management and staff meet care recipients' individual interests, customs and beliefs. Cultural and ethnic backgrounds are valued and fostered. Staff consider care recipients' cultural, religious, spiritual and ethnic preferences in planning care and activities. Activity

staff work collaboratively with service staff to develop activities to meet care recipients' needs. Staff understanding of care recipient needs and communication aids available if necessary, assist communication. The home prepares for and celebrates significant personal, cultural, spiritual and commemorative events. Staff support care recipients to access spiritual support with regular community visits occurring. Staff support care recipients during illness, at the end of life and on the passing of another care recipient according to individual preferences. Care recipients and representatives are satisfied with the cultural and spiritual support provided.

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

Each care recipient or relevant representative participates in decisions about services and care recipients exercise choice and control over their lifestyle without infringing on the rights of other care recipients. Assessments record choices and preferences. Staff use a range of strategies including offering timely choices, inviting participation and responding to requests to support choice and decision-making. Care plans, dietary likes, dislikes and records of activities document personal preferences which staff review regularly. Care recipient and representative discussions occur and staff communicate information informally, by display or in writing to support choice and decision-making. Care recipients and representatives are satisfied staff respect care recipients' choices and preferences and encourage care recipients to participate in decisions about care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management has a system to ensure care recipients have secure tenure within the home and they and their representatives understand their rights and responsibilities. When care recipients move into the home, management provides information about security of tenure, privacy, confidentiality, complaints mechanisms and the available care and services through the handbook and residential agreement. The 'Charter of care recipients' rights and responsibilities – residential care', advocacy and independent complaints mechanisms brochures are on display. Management ensures other stakeholders are aware of care recipients' rights and responsibilities through handbooks, training, policies and procedures. Management consult with care recipients and representatives when room changes are considered. Care recipients and representatives said care recipients have secure tenure within the home and are aware of care recipient 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

Management actively pursue improvements to ensure care recipients live in a safe and comfortable environment. Examples of activities that inform improvements related to the environment are observation, third party reports and feedback from stakeholders. Care recipients and representatives are satisfied management actively improves the home’s physical environment. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvement initiatives in relation to Standard 4 Physical environment and safe systems include:

- Management and staff did not have a voice at the work health and safety meetings attended regionally. When North East Border Mental Health Service established their own work health and safety committee, management and the health and safety representative commenced attending meetings there. Management said staff feel part of the process and have access to work health and safety information and support.
- Management identified that carpeting in care recipient rooms is difficult to clean and maintain hygiene standards. Management applied for funding and replaced the carpet in three bedrooms with vinyl flooring. Management said room floors are easier to clean with hygiene standards maintained, and additional funding has been requested to upgrade another room.

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

Management has systems to identify and ensure regulatory compliance obligations in relation to physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

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

- Catering is supplied by an organisation with a current food safety program, certification by third party audits and inspections related to food safety. The home has a food safety plan.
- Procedures are in place for recording, managing and reporting infectious diseases and outbreaks.
- The home’s systems ensure monitoring and maintenance of emergency and essential service systems.

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 to ensure management and staff have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 4 Physical environment and safe systems include:

- food safety
- infection control
- manual handling
- work place emergencies – fire and other emergencies

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 and the organisation actively works to ensure the living environment is safe and comfortable to meet care recipients' needs. Care recipients have single rooms with ensuite bathrooms. Private and communal living areas are clean and of a comfortable temperature. Multipurpose areas offer a range of seating options for flexible usage. External areas have suitable seating options with shade, facilities for socialisation, a pathway and maintained gardens. Corrective and preventative maintenance systems and a cleaning program ensures equipment, fittings and fixtures are safe and functional. Staff monitor the comfort and safety of the living environment through observation, audits and care recipient or representative feedback. Care recipients and representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The organisation and management actively work to provide a safe working environment that meets regulatory requirements. Management inform staff of occupational health and safety requirements through orientation, documented processes, meetings and a manual handling training program. Management supports staff to undertake work health and safety training and to perform related roles. Management and staff monitor occupational health and safety through mechanisms including discussion at meetings, observation, incident reports, maintenance and audits. Staff are encouraged to report any issues and have access to an employee assistance program. Management said they have equipment that promotes safe work practice, access to training, prompt maintenance support and support to manage workloads.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are working to maintain a safe environment that minimises fire, security and other emergency risks. Staff have access to documented emergency management procedures and management monitors staff competence. Fire safety systems are in place including an evacuation box, fire plan, fire detection and firefighting equipment.

Contracted fire professionals regularly monitor and maintain safety equipment. Maintenance staff undertake testing and tagging of equipment and pest inspection occurs regularly. The home is able to respond to other emergencies with access to a generator and a lock up procedure is in place at night. Staff undertake regular fire and emergency training with staff supported to all attend a fire drill and management said staff are comfortable responding to fire or another emergency.

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 an effective infection control program. Designated personnel oversee the infection control program with support from an infection control consultant. Responsibilities include collection of infection surveillance data and overseeing infection control care and practices. Infection control education is included in staff orientation and annual education programs. Policies, procedures and protocols include guidelines for managing gastroenteritis and influenza outbreaks. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Staff explained procedures to follow in relation to managing and preventing infections and their roles in the event of an infectious outbreak. The home encourages staff and care recipients to participate in influenza vaccination programs. Care recipients and their representatives are satisfied with staff practices relating to infection control.

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 manner which enhances care recipients' quality of life and the staff's working environment. Food services are provided in line with relevant food safety guidelines and the home's food safety plan. Meals are prepared in the collocated kitchen and delivered prior to each meal. Meal options are available to meet the needs and preferences of care recipients. Catering staff are informed of allergies, likes, dislikes and special dietary needs of care recipients. Cleaning staff follow processes for maintaining the cleanliness of the environment in accordance with cleaning schedules and infection control guidelines. Additional cleaning is conducted as needed. A contract laundry service launders the home's linen and care recipients' personal items. A small laundry is available within the home. An ironing and labelling service is provided. Adequate cleaning and laundry supplies and equipment are available and chemicals are stored in a safe manner. Management monitor hospitality services through internal and external audits and review of third party certificates relating to food safety and infection control. Staff are provided with education including food safety, chemical handling and infection control. Care recipients and representatives are satisfied with the home's catering, cleaning and laundry services.