



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

BaptistCare Carey Gardens Centre RACS ID: 2910

Approved Provider: BaptistCare NSW & ACT

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 13 October 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 29 April 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 5 June 2015 to 5 February 2019.

Reason for decision

Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from

13 October 2017

Accreditation expiry date

5 February 2019



Australian Government

Australian Aged Care Quality Agency

BaptistCare Carey Gardens Centre

RACS ID 2910

111 Carnegie Crescent

RED HILL ACT 2603

Approved provider: BaptistCare NSW & ACT

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 05 June 2018.

We made our decision on 29 April 2015.

The audit was conducted on 24 March 2015 to 25 March 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

| Expected outcome | Quality Agency decision |
|-------------------------------------|-------------------------|
| 1.1 Continuous improvement | Met |
| 1.2 Regulatory compliance | Met |
| 1.3 Education and staff development | Met |
| 1.4 Comments and complaints | Met |
| 1.5 Planning and leadership | Met |
| 1.6 Human resource management | Met |
| 1.7 Inventory and equipment | Met |
| 1.8 Information systems | Met |
| 1.9 External services | Met |

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

| Expected outcome | Quality Agency decision |
|---|-------------------------|
| 2.1 Continuous improvement | Met |
| 2.2 Regulatory compliance | Met |
| 2.3 Education and staff development | Met |
| 2.4 Clinical care | Met |
| 2.5 Specialised nursing care needs | Met |
| 2.6 Other health and related services | Met |
| 2.7 Medication management | Met |
| 2.8 Pain management | Met |
| 2.9 Palliative care | Met |
| 2.10 Nutrition and hydration | Met |
| 2.11 Skin care | Met |
| 2.12 Continence management | Met |
| 2.13 Behavioural management | Met |
| 2.14 Mobility, dexterity and rehabilitation | Met |
| 2.15 Oral and dental care | Met |
| 2.16 Sensory loss | Met |
| 2.17 Sleep | Met |

Standard 3: Resident lifestyle**Principle:**

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

| Expected outcome | | Quality Agency decision |
|---|--|-------------------------|
| 3.1 Continuous improvement | | Met |
| 3.2 Regulatory compliance | | Met |
| 3.3 Education and staff development | | Met |
| 3.4 Emotional support | | Met |
| 3.5 Independence | | Met |
| 3.6 Privacy and dignity | | Met |
| 3.7 Leisure interests and activities | | Met |
| 3.8 Cultural and spiritual life | | Met |
| 3.9 Choice and decision-making | | Met |
| 3.10 Resident security of tenure and responsibilities | | Met |

Standard 4: Physical environment and safe systems**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

| Expected outcome | | Quality Agency decision |
|---|--|-------------------------|
| 4.1 Continuous improvement | | Met |
| 4.2 Regulatory compliance | | Met |
| 4.3 Education and staff development | | Met |
| 4.4 Living environment | | Met |
| 4.5 Occupational health and safety | | Met |
| 4.6 Fire, security and other emergencies | | Met |
| 4.7 Infection control | | Met |
| 4.8 Catering, cleaning and laundry services | | Met |



Australian Government

Australian Aged Care Quality Agency

Audit Report

BaptistCare Carey Gardens Centre 2910
Approved provider: BaptistCare NSW & ACT

Introduction

This is the report of a re-accreditation audit from 24 March 2015 to 25 March 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 March 2015 to 25 March 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: | Veronica Hunter |
| Team member: | Kate Lohse |

Approved provider details

| | |
|--------------------|-----------------------|
| Approved provider: | BaptistCare NSW & ACT |
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Details of home

| | |
|---------------|----------------------------------|
| Name of home: | BaptistCare Carey Gardens Centre |
| RACS ID: | 2910 |

| | |
|---|----|
| Total number of allocated places: | 68 |
| Number of care recipients during audit: | 64 |
| Number of care recipients receiving high care during audit: | 59 |
| Special needs catered for: | |

| | | | |
|-----------------|-----------------------|------------|--------------|
| Street/PO Box: | 111 Carnegie Crescent | State: | ACT |
| City/Town: | RED HILL | Postcode: | 2603 |
| Phone number: | 02 6221 8101 | Facsimile: | 02 6239 7927 |
| E-mail address: | Nil | | |

Audit trail

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

Interviews

| | Number | | Number |
|-------------------------------|--------|---|--------|
| Residential manager | 1 | Care recipients/representatives | 12 |
| Registered nurse | 2 | Lifestyle coordinator/diversional therapist | 1 |
| Care staff | 4 | Activity staff | 1 |
| Administration coordinator | 1 | Pastoral care worker | 1 |
| Project officer – PeoplePoint | 1 | Care supervisor/continence coordinator | 1 |
| Care improvement consultant | 1 | Laundry staff | 1 |
| External laundry managers | 2 | Chef | 1 |
| Catering area manager | 1 | Cleaning staff | 1 |
| Client Liaison manager | 1 | Maintenance staff | 1 |
| Property Asset manager | 1 | Work health and safety consultant | 1 |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|-------------------|--------|
| Care recipients' files | 9 | Medication charts | 9 |
| Summary/quick reference care plans | 9 | Personnel files | 4 |
| Resident agreements | 6 | | |

Other documents reviewed

The team also reviewed:

- Activities program information
- Asset register
- Audits and audit schedule
- Care recipients' information handbook and information package
- Catering documentation including temperature recording sheets, calibration records, food safety plan, resident dietary assessment report, monthly rotating menu
- Cleaning documentation including schedules and education
- Client handbook and admission pack
- Clinical care incident monitoring and results, clinical audits and results
- Clinical care information including computerised clinical care system PeoplePoint and training manual
- Clinical care policies and procedures manual

- Contenance management information
- Continuous improvement plan, improvement log and action plans
- Education calendar and education documentation including data base for mandatory education, attendance records, training need analysis
- External contracts folder
- Fire documentation including records of recent inspection and maintenance in the home
- Human resource information including job descriptions, duty lists, staff roster, roster communication book, staff allocation sheet, daily allocation sheet, employment pack, team member handbook.
- Infection control information
- Laundry policy and folder
- Medication management information
- Meeting minutes
- Newsletter
- Nutrition and hydration information including menu planning, special diets, allergies and individual preferences
- Oral and dental health information
- Pain management information including the physiotherapy pain management program
- Palliative care information
- Pest control records
- Policy and procedure manual
- Reactive and preventative maintenance records
- Regulatory compliance folder
- Resident surveys and results
- Specialised nursing care information
- Staff handbook
- Staff handover information and computerised handouts
- Work health and safety action plan, hazard reports, management systems auditor report, walk through safety check list, moving safety risk profile summary.
- Wound management information

Observations

The team observed the following:

- Activities in progress and the new wellness centre downstairs
- Annual fire safety statement
- CCTV security camera monitors
- Chapel and residents computer stations
- Cleaning in progress, associated equipment, supplies and storage

- Displayed notices including accreditation notices; aged care complaints scheme and advocacy brochures; Charter of care recipients' rights and responsibilities; menus, vision, purpose and philosophy statement
- Emergency flip charts close to phones
- Emergency procedures manual both local and organisational
- Equipment and supply storage areas
- Evacuation box
- Fire safety equipment, fire panels and evacuation maps on display
- Hairdressing salon
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen – central and servery areas
- Meal times and birthday celebrations
- Medication administration in care recipient rooms
- Residents using mobility equipment
- Security system including nurse call bell system, key pad entry and sign in-out registers
- Sharps containers, contaminated waste container
- Sign in and out books in foyer
- Small group observation in wellness centre
- Staff and resident notice boards, staff memorandums
- Storage of medications

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

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include; improvement logs, regular meetings, feedback mechanisms, a program of audits and surveys, and analysis of monitoring data. Opportunities for improvement are identified and recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the residential manager and care recipients and their representatives and staff are encouraged to actively contribute to this process. Care recipients and their representatives and staff interviewed say they are aware of ways they can make suggestions for improvement and that management is responsive to suggestions and feedback.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard 1- Management systems, staffing and organisational development and recent examples are listed below.

- In response to care recipient feedback and information provided by staff regarding rising care recipient acuity, an extra morning shift of five hours five days each week has been introduced. Now staff are managing the work load much better and care recipients are more satisfied.
- In addition to the education provided by BaptistCare Learning and Development division, the manager takes the opportunity to send staff to available external courses outside the home. This year courses in mental health, palliative care and dementia management have been attended by staff.
- At the request of care recipients and families, two king size single beds have been purchased for care recipients whose physical characteristics prevent them from being comfortable in ordinary beds. Care recipients say their comfort is much improved with the new beds.
- One bariatric wheelchair together with three ordinary wheelchairs have been purchased as more care recipients require assistance to attend the dining room for meals or leave the home for outings. Four sensor mats for chairs and two sensor mats for beds have been purchased to assist with falls management. Six lifter slings have been purchased so each care recipient is able to have their own sling for reasons of infection control.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to a number of government and independent information services and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. The residential manager monitors adherence to regulatory requirements through audit processes and observation of staff practice. Management ensure changes in policy and procedure are communicated to staff through the intranet, memorandums meetings, notice boards, daily handover and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard 1- Management systems, staffing and organisational development include:

- A system to ensure all staff, contractors and volunteers have current police checks.
- The provision of information to care recipients and their representatives and stakeholders about internal and external complaint mechanisms.
- Notices were on display to advise care recipients and their representatives and staff that the re-accreditation audit was taking place. Stakeholders had also been notified by other methods.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure staff have the requisite skills and knowledge to perform their roles effectively. There is an orientation program for all new staff which includes staff skills assessment, competencies, mandatory education and buddy shifts. Regular mandatory training days include fire education, infection control, mandatory reporting and manual handling. Records of staff attendance at all training sessions are maintained and staff attendance at mandatory training sessions is monitored. Training needs for staff are identified through staff performance appraisals, audit results, training needs analysis and site specific issues. Educators work alongside staff to educate in practical skills as well as theoretical knowledge. Care recipients and their representatives generally expressed satisfaction with staff knowledge and skills.

Education topics related to Accreditation Standard 1 - Management systems, staffing and organisational development include, but are not limited to: Certificate III in aged care is offered to care service employees not in possession of this qualification and appropriate staff are offered Certificate IV in aged care. Staff are supported to undertake Bachelor of Nursing studies and other traineeships. Senior staff are supported by the organisation to undertake external courses and internal management courses.

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

BaptistCare Carey Gardens has processes to provide care recipients and their representatives with access to internal and external complaint and advocacy mechanisms. Information on internal and external complaints is included in the client handbook and care recipient agreements, displayed brochures, care recipient and their representative meetings and through direct communication with staff and an "open door" approach by the residential manager. Internal compliments, complaints and suggestions can be made through the organisation's "Have your say" forms which are accessible to care recipients and their representatives in the foyer. Provision is made for complaints to be lodge anonymously. Additional forums for care recipient feedback include regular care recipient meetings and an annual satisfaction survey. Issues arising from comments and complaints are documented in the feedback register demonstrating action and follow up. Care recipients and their representatives generally say they are happy to voice complaints or concerns to the staff or management and they are followed up in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

BaptistCare communicates its vision, values, philosophy, objectives and commitment to quality to care recipients and their representatives and staff through the client handbook provided to all care recipients and the contents of the team member handbook which is included in staff orientation. The Purpose and Values and RESPECT Philosophy are well documented and displayed in the home. The 'Charter of Care Recipients Rights and Responsibilities' is displayed on the wall and included in appropriate documents. The residential manager supports staff to extend the Purpose, Values and Philosophy to care recipients on a daily basis.

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 to deliver services in accordance with the home's purpose, values and philosophy. Applicants for most positions are recruited and interviewed at the home. All staff sign a contract and receive a position description. Orientation occurs on a regional basis and buddy shifts are worked at the home with extra shifts if necessary. Feedback from staff, care recipient care levels, clinical indicators and work load assist in determining appropriate staffing levels at the home. Management reported and rosters indicate there is an appropriate skill mix on each shift and sufficient staff are employed daily to assist care recipients maintain a high quality of life. Extra staff are

available if necessary. Staff performance is managed through annual staff performance appraisals. Staff are required to obtain a satisfactory police check before they are employed. Casual and permanent part time staff are used to backfill annual leave and vacant shifts. Staff said they are happy working at the home, they receive appropriate information to perform in their positions and they feel valued by management.

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

Care recipients and their representatives and staff confirm there are adequate levels of goods and equipment for the delivery of quality services. Chemicals, food, incontinence aids and clinical stores are well stocked. Equipment is plentiful and well maintained. Organisational purchasing is done centrally and fresh food is purchased locally. Staff participate in trials of new equipment where possible. Preventative and corrective maintenance of equipment is carried out by external contractors and the onsite maintenance staff. Reactive maintenance is managed on a priority basis. Staff are educated in the safe use and storage of chemicals. Staff said all maintenance is prioritised and responded to in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Information systems provide all stakeholders with information that is relevant to them in a timely manner. The communication system includes meetings, client and team member handbooks, intranet, newsletters, policies and procedures, noticeboards, orientation and training memoranda, staff handover, clinical documentation and the residential manager's open door policy. Surveys, audits and data collection provide information on quality of care and service delivery. The collection, processing, accessing, reporting, storage, archiving and destruction of information and records is in line with policy and procedures, relevant regulatory requirements including confidentiality and privacy requirements. Access to the computerised care system is password protected and limited to authorised personnel. Computer based information is backed up daily by the organisation's corporate services technology system. Care recipient and staff files are stored securely. Staff confirm they receive and have access to relevant information that allows them to perform their roles effectively.

1.9 External services

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

Team's findings

The home meets this expected outcome

Feedback from the residential manager, staff and care recipients and their representatives demonstrate satisfaction with the goods and services provided by external suppliers. The

organisation has contracts and/or agreements in place with suppliers and service providers and there is a system to monitor the currency of all contracts and agreements. The home monitors the quality of goods and services provided by external service providers through observation, audits and feedback from residents and staff. Management said that poor service and goods were rarely received at the home however the organisation has systems to manage any such occurrence.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Accreditation Standard 2 Health and personal care include:

- The Australian Capital Territory Health mobile dental clinic is a government initiative which promotes dental care in aged care facilities. BaptistCare Carey Gardens consulted with care recipients and their representatives regarding the use of the service. There was overwhelming support for the initiative and the majority of care recipients received treatment from the dental staff. The van spent three weeks at the home and depending on project funding, it is hoped this will be an annual event. There has been very positive feedback from care recipients and their representatives.
- To facilitate care recipient care days in each section of the home, staff requested the purchase of two extra clinical assessment kits. These include a sphygmomanometer, tympanic thermometer and pulse oximeter. These extra kits have provided for much faster and more accurate readings for care recipient care day clinical observations.
- The residential manager and senior staff noted that care recipients were refusing or having to be persuaded to drink nutritional supplements to prevent continuing weight loss. After consulting a dietician the home began a program of freshly prepared milkshakes with extra nutrients added such as skim milk powder, ice cream and flavouring. These have proven very popular with care recipients who drink different flavours with enjoyment. Preventable weight loss has ceased and some very underweight care recipients have achieved a pleasing weight gain.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance specific to Accreditation Standard 2 Health and personal care include:

- The home holds current registration information for all registered health professionals practising within the home.

- An accredited pharmacist undertakes care recipients medication management reviews for the home.
- Assessments, care plans, progress notes and other medical records are kept for all care recipients in accordance with legislative requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for a description of how the home provides education to ensure management and staff have appropriate skills and knowledge.

Examples of education relating to Accreditation Standard 2 Health and personal care include, but are not limited to: a variety of Aged Care Channel clinical subjects with questionnaires returned to the clinical educator. Clinical topics current in the home include mental health, dementia management and palliative care and practical skills such as showering and oral hygiene practised with educators at bedside.

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 and their representatives reported quality clinical care is provided at the home and individual needs and preferences are respected. A comprehensive program of assessments is undertaken when a care recipient moves into the home and a care plan is developed using the computerised clinical care system. Care plans are regularly reviewed and evaluated in consultation with the care recipient, their representatives, and the health care team. Medical officers review care recipients regularly and as requested and referrals to specialist medical and allied health services are arranged as required. A range of care based audits, clinical indicators, resident surveys, meetings and staff handovers are used to monitor the quality of care. Staff said they enjoy working at the home and receive clinical care training, supervision and have access to appropriate supplies of equipment to ensure quality clinical care is provided for all care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients and their representatives said they are satisfied with specialised nursing care at the home. There are systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Specialised nursing care needs are assessed and documented in care plans when a care recipient moves into the home. A review of documentation including the computerised clinical care system shows changes are documented in progress notes, clinical charts, specialist forms and charts and in care plans.

Care plans are regularly reviewed and evaluated in consultation with the care recipient and or their representatives and the health care team. Registered nurses attend care recipients' specialised care and equipment is supplied as needed to meet individual need. Staff said they receive training in specialised nursing care and the use of equipment.

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 and their representatives said they are consulted when a referral is required and they are assisted to attend specialist appointments as needed. A review of documentation including care recipients' files and interviews with staff show care recipients are referred to medical specialists and other allied health professionals such as physiotherapist, podiatrist, speech therapist, occupational therapist in a timely manner and any changes are incorporated into care planning. External providers of specialist services visit care recipients in the home.

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

Medication is managed safely and correctly at the home. Care recipients and their representatives reported they are satisfied with the way medications are managed and their medications are regularly reviewed by their medical officer. An accredited external pharmacist conducts medication reviews. Registered nurses monitor medication management and corrective action for any incidents is responded to appropriately and reviewed at appropriate staff meetings including the medication advisory committee which meets regularly. A review of documentation shows residents who self-medicate are assessed by their doctor and the registered nurse. Staff receive regular education on medication management, follow policies and procedures and medications competencies are completed annually and as needed.

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

Residents and their representatives stated management and staff ensure they are as free as possible from pain. Care recipients and staff reported the physiotherapy services contracted to provide the pain management program has improved health outcomes for care recipients. Care recipients are provided with holistic individualised care based on assessment of need including consideration of cultural and spiritual aspects for pain management. A review of documentation shows pain management is regularly reviewed and evaluated by the care recipient's medical officer and health care team in consultation with the care recipient and their representatives. Staff receive training in pain management and a range of equipment is

available to assist with pain management including heat and ice packs, massage, gentle exercise, TENS machine and mattresses for pressure relief and comfort.

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

Management and staff ensure the comfort and dignity of care recipients who are terminally ill is maintained and families and friends are supported during the care recipient’s illness and bereavement period. A review of documentation including policies and procedures and care plans show holistic individualised care is provided based on assessment of individual need and are regularly reviewed and evaluated. The home liaises with the palliative care team and visiting medical officers and advanced care directives and pastoral care are offered to care recipients. Staff receive regular education, follow the palliative approach guidelines and end of life care pathway and are competency tested for the use of specialised equipment such as syringe drivers. Each care recipient has their own room and ensuite at the home and specialised equipment is available. Family accommodation is available on site during this period and thank you cards have been received from families.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care recipients have input into menu planning and a dietician and speech pathologist are available as needed. Meals are prepared on site and nutrition supplements, modified cutlery, equipment and assistance with meals are provided as needed. The registered nurse identifies any care recipient at risk of weight loss and malnutrition by monitoring regular weight records. Observation confirmed the menu is displayed in the dining area and care recipients said they are satisfied with the catering services provided and any concerns they may have are discussed at relevant meetings and with staff to ensure their needs are met. Management, staff and care recipients said the introduction of room-based medication procedures has improved the dining experience at 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 and their representatives confirmed they are satisfied with the way skin integrity is managed at the home. A review of documentation shows care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity is assessed when they move into the home and care staff reported they monitor care recipients’ skin integrity as part of daily care and report any changes to the registered nurse for review and

referral as needed. Complex wound management is carried out by the registered nurses and skin tears and infections are recorded and monitored by management. A podiatrist and hairdresser regularly visit the home, a beauty therapist is available and a range of skin protective devices such as massage, skin emollients, pressure relieving mattresses, hip protectors and protective bandaging are available. Staff receive education in skin care and the registered nurses are trained in complex wound management and refer to specialist services as need.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Care recipients are satisfied with the way continence is managed at the home and said staff are respectful and ensure privacy and dignity is maintained. A review of clinical documentation and interviews with staff confirm continence management strategies are developed for each care recipient and care plans are regularly reviewed and evaluated to ensure individual need is met. The home has sufficient stock of continence aids in appropriate sizes to meet individual need and education in continence management is provided for staff and care recipients as needed. All care recipients have their own bathroom and toilet and staff were observed being considerate of care recipient’s privacy and dignity at all times.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients and their representatives reported management and staff ensure a calm environment is maintained at the home and there are strategies in place to assist care recipients with challenging behaviours. A review of documentation shows assessment and monitoring of challenging behaviour is conducted on entry to the home and triggers that may lead up to challenging behaviours are identified and included in individual care plans which are regularly reviewed and evaluated. Care recipients with challenging behaviours are referred to appropriate specialist services as required including the psychogeriatrician and the dementia consultant visits the home. New activities have been developed by the activities staff for care recipients with dementia and those with challenging behaviours. Care and activities staff were observed respectfully and patiently working with care recipients with challenging behaviours to ensure their individual needs were met and stated they have received training in dementia care and management of challenging behaviours. The pastoral carer is available four days per week to support care recipients, families and staff.

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 and their representatives reported they are satisfied with the way mobility; dexterity and rehabilitation are achieved at the home. Care recipients, their representatives and staff confirmed the physiotherapist pain management program including a weight exercise program to improve strength and balance, daily walking groups, the falls prevention program and one-on-one programs have improved health outcomes and mobility and dexterity for care recipients. Interviews with the physiotherapist, physio aide and staff and a review of documentation show assessments, care plans, and accidents/incidents including falls are regularly reviewed to ensure optimal levels of mobility and dexterity are achieved and appropriate referrals are made. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available and maintained by maintenance staff. Some care recipients own their own personalised wheelchairs and electric scooters.

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 and their representatives said they are satisfied with the way oral and dental care is maintained for care recipients. A review of documentation shows care recipients' oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet changing needs including observation for pain or discomfort. Diet and fluids are provided in line with the resident's oral and dental health needs and preferences. Specialist advice for care recipients with swallowing difficulties is provided as needed and dental consultations are arranged in accordance with care recipients' needs. The ACT Health mobile dental clinic was recently launched at the home and dental and oral health care was provided for care recipients. Care recipients' individual oral and dental health equipment is labelled, stored appropriately and staff are trained in oral and dental health and assist care recipients as required.

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 and their representatives said sensory losses are identified and managed effectively by caring and respectful staff. A review of documentation shows care recipients' sensory loss is identified when they move into the home and management strategies are implemented. Strategies to manage sensory loss are regularly reviewed for changing need and evaluated in consultation with the care recipient and the health care team and referral to specialist services arranged as needed. We observed the home has good light with natural lighting and glare is reduced as needed. Rooms and corridors are spacious and uncluttered and equipment is maintained to ensure care recipient independence and safety including hand rails. Staff have received education in sensory loss and use a variety of strategies to

assist care recipients maintain their independence including the provision, maintenance and cleaning of equipment such as glasses and hearing aids, assistance to move around the home and activities specifically designed to maximise sensory ability.

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 and staff reported single rooms, the encouragement of daily activities, keeping noise to a minimum at night and temperature control are conducive to sleep. Care recipients’ sleep patterns are assessed when they move into the home and care plans are regularly reviewed to ensure individual and changing needs are met. Risk assessments are conducted for care recipients who prefer not to be disturbed by night staff who conduct regular rounds. Door alarms and motion sensors are in place for care recipients who wander. Environmental triggers that may alter care recipients sleep patterns are addressed and when care recipients find it difficult to sleep staff offer snacks and drinks, assess for pain, assist with toileting and provide emotional support as needed to assist 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

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Accreditation Standard 3 Care recipient lifestyle include:

- Wi fi was installed in the home to allow devices to be used for clinical purposes. Some care recipients requested that they also be able to use the wi fi. Technicians adapted the system and now care recipients are able to use electronic devices requiring wi fi. This has been a very popular initiative with the care recipients.
- Care recipients and their representatives commented that television reception was poor and requested a review. Two new digital designated aerials and amplifiers were installed and now reception is perfect all over the home. Care recipients and their representatives are delighted.
- The home has introduced national theme days to the activities calendar and the first was St Patricks Day. The celebrations were held over two days as some care recipients were absent on one of the days. Staff dressed up, music was provided and special food was served to celebrate the day. Care recipients commented positively about the entertainment on the day.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements relating to Accreditation Standard 3 Care recipient lifestyle include:

- The ‘Charter of Care Recipients Rights and Responsibilities’ is displayed in the home and included in the client handbook and care recipient agreement which are given to all care recipients.
- Care recipient and staff information is stored in a manner that meets privacy legislation requirements.
- An organisational policy and procedure for mandatory reporting are kept by the home. Staff education in mandatory reporting occurs at orientation and on a regular basis. A mandatory reporting log is kept at the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Education topics related to Accreditation Standard 3 Care recipient lifestyle include, but are not limited to: external education in management of resident living with 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

The home has systems to ensure each care recipient is supported adjusting to life when they move into the home and on an ongoing basis. The admission registered nurse welcomes care recipients on the day of arrival and assists families with the transition to the new environment. The residential manager meets with care recipients and families to address any concerns and care and lifestyle staff spend one on one time with care recipients during their settling in period and thereafter as needed. Referral to external services is provided as needed and the pastoral care worker provides support as requested. A review of documentation shows staff receive training in emotional support and all staff interviewed reported they work as a team to provide emotional support for all residents. Care recipients and their representatives said staff are caring, polite and respectful and emotional support is provided at the home.

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 and their representatives commended the residential manager and staff and their efforts to assist care recipients achieve maximum independence, maintain friendships and participate in life in community life in the home and in the community. Relatives and friends said they are encouraged to visit and always made feel welcome when they visit the home. Staff facilitate participation in the local community through walking groups, bus trips, participation in special community projects, open days and by inviting community groups and volunteers to participate in community life at the home. A review of documentation shows care recipients' assessments and care plans are regularly reviewed and evaluated and specialised equipment is provided and maintained to assist independence. Care recipients are involved in meetings to plan care and service delivery and can move safely and freely throughout 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

Care recipients and their representatives reported staff are respectful of privacy and dignity. Each care recipient has their own room with ensuite and locked drawers and medications are administered in the privacy of their own room. Observations confirm staff address care recipients in a respectful manner by their preferred name and knock before entering rooms. Staff are trained in privacy, dignity and confidentiality. A review of documentation shows care recipients' individual preferences are documented and known by staff and care recipient records are securely stored. Each staff member has a unique password to access the computerised care management program.

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 and their representatives commended the lifestyle coordinator/diversional therapist and staff who provide a diverse program of activities to meet individual and group needs. A social life history is gathered on care recipients and this assists activity program planning which is regularly reviewed and evaluated and remains flexible to meet changing care recipient preferences. The lifestyle coordinator/diversional therapist has introduced and coordinates innovative programs within and outside the home and provides one on one programs as requested. Trained volunteers assist with the program. Care recipients and their representatives and staff reported the new wellness centre originally designed for care recipients with dementia has been so successful, other care recipients are participating in the activity program in the wellness centre downstairs. The wellness centre is colourful with indoor and outdoor areas, barbeques, raised garden beds and an aviary. Care recipients and their families enjoy spending time in the centre.

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

Each care recipient's cultural and spiritual needs are assessed on entry to the home and included in care planning which is regularly reviewed and evaluated to ensure individual needs are met and end of life cultural choices supported. Pastoral care and services from a variety of denominations are provided regularly for care recipients to attend if they wish to do so. Specific cultural days such as ANZAC Day, Australia Day, and St. Patrick's Day, Christmas and Easter are commemorated with appropriate festivities and a monthly birthday morning tea is enjoyed by care recipients, their representatives and visitors. Care recipients and their representatives reported they are satisfied cultural and spiritual life is valued and fostered at the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients participate in decisions about the care and services they receive and are enabled to exercise choice and control. Care recipients and their representatives reported management and staff promote and encourage choice and decision making through the provision of appropriate and relevant information, discussion, case conferences, focus groups, surveys, resident meetings, meeting minutes, the newsletter, comments and complaints mechanisms and the resident consultative committee. Personal risk is explained prior to risk taking activity and risk assessments are completed. Care recipients' choice of medical officer and allied health services are respected. Care recipients have personalised their rooms with memorabilia and items of their choosing and some have established personal gardens with the assistance of staff.

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

The home has processes to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. BaptistCare Liaison manager ensures that care recipients and their representatives in the home are provided with information about security of tenure and care recipients understand their rights and responsibilities. Documentation provided to all new care recipients and families includes a client handbook and a care recipient agreement which explain the conditions under which a person may be transferred, conditions for ending the agreement, and complaints resolution procedures. The documentation also includes information regarding the 'Charter of Care Recipients Rights and Responsibilities' and lists specified care and services provided by the home. Care recipients interviewed generally feel secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Accreditation Standard 4 Physical environment and safe systems include:

- The home has updated the local fire and emergency procedures and work instructions at the time of installation of sprinklers throughout the building. All staff have had their fire education updated in line with changed procedures on the completion of the work.
- A lockable thermostat cover for the air conditioning control unit in the dining room has been installed. Care recipients were continually adjusting the thermostat resulting in extreme hot and cold temperatures. The temperature is now comfortable and constant for all care recipients.
- Shutters have replaced curtains in the corridors of the home. Glass exit fire doors have had frosted glass installed with a clear strip for viewing outside for security reasons. The shutters have been so successful with care recipients the manager is obtaining a quote to extend the shutters through the dining room. The shutters throughout have provided much more light in the corridors of the home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements relating to Accreditation Standard 4 Physical environment and safe systems include:

- The home has a food safety program in use.
- Infection control guidelines are in place and there is a safe system for the disposal of sharps, contaminated and general waste. Infection control practices and cleaning requirements are monitored to ensure safe practices occur.
- The home provides material safety data sheets with stored and used chemicals.
- Staff attend mandatory fire education annually.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Education topics relating to Accreditation Standard 4 physical environment and safe systems include, but are not limited to: mandatory education, fire safety, manual handling, infection control, mandatory reporting. All care staff as well as catering staff complete education in safe food handling. Regular education is held in safe chemical 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

The home is comfortable, air conditioned, homely and spacious. Care recipient accommodation is on one level and all rooms are single with ensuite bathrooms. There is a large lounge area and a separate dining room. Several smaller lounge areas throughout the home are available for reading, conversation or activities. There is a computer station with three computers for care recipient use and wi fi is available throughout the building. The home is situated in spacious grounds and secure outdoor areas for the use of care recipients and their visitors are pleasant and useable in different weather conditions. A wellness centre on ground floor level provides a dedicated area for activities and companionship. A hairdresser visits several days each week. The home is secure with code pads on all external doors. A reactive and preventative maintenance system ensures fittings, furnishings and equipment are well maintained. Care recipients and their representatives are very satisfied with the comfort of the home.

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

There are systems to ensure management and staff members are actively working together to provide a safe working environment. The work health and safety committee, which has representatives from all areas of the home, meets regularly at the home supported by a BaptistCare work health and safety consultant. Discussion includes risk management and audit results. Regular specialised education is delivered by the consultant to groups of staff and in one to one situations. Incidents/accidents and hazards are evaluated for any preventative action that could be used. Staff members report any workplace incidents and these are followed up by the committee with a focus on injury prevention. A return to work program is supported by the manager and consultant and individually tailored for the staff

member. Care recipient and staff incidents are monitored to ensure the home is a safe living and 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 home has processes to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home's fire safety system includes fire doors, emergency exit lights, fire alarms and a newly installed sprinkler system throughout the building. Fire equipment and systems are regularly checked and maintained and evacuation plans are displayed at strategic locations throughout the home. A current care recipient list and emergency response kit are maintained in case of evacuation. The organisation has an emergency action plan but the home has a localised emergency action plan both of which are familiar to staff. Emergency flip charts are located next to each phone. Security measures include night security patrols and full external CCTV cameras monitor the outside of the building. There is a sign in/out register for visitors and staff wear an identification badge while on duty. Staff are aware of their role in dealing with an emergency and are confident they would know what to do if a fire or emergency was to occur. Care recipients and their representatives stated they feel safe within 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

A review of documentation, observation and interviews with care recipients and their representatives and staff show the home has an effective infection control program. Care recipients and their representatives and staff said infection control is closely monitored at the home and they receive ongoing training in infection control. The home has infection control policies and procedures and staff are knowledgeable on the topic. Signage, equipment including an outbreak kit, supplies and fittings are available to promote and prevent cross-contamination and facilitate hand washing/sanitisation. Care recipient infection data is regularly collected, analysed, discussed at meetings and handover and actioned to address any trends. A food safety program operates for the catering service and compliance has been confirmed through inspection by an external body.

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

There are systems to ensure hospitality services are provided in a way that enhances care recipients quality of life. Meals are fresh cooked according to a four week rotating menu that offers variety and choice and is reviewed by a consultant dietician. Care recipients have input into the menu through discussion at care recipient/representatives meetings. The chef regularly speaks with care recipients and attempts to resolve any concerns and suggestions

for improvement. Care recipients' special dietary needs and meal choices are identified and met. Care recipients and their representatives said they are mostly satisfied with the food. Care recipient rooms, bathrooms and all other areas of the home are being cleaned on a regular basis according to a cleaning schedule. Cleaning staff explained the use of colour coded mops and cloths for cleaning and cleaning duties in the event of an outbreak. We observed the home to be clean and care recipients and their representatives are satisfied with the cleaning. All laundry is attended onsite. Staff said they have enough time to launder care recipients' clothing within a reasonable timeframe and according to procedure. Care recipients and their representatives are generally satisfied with the laundry service.