

BaptistCare Cooinda Court

RACS ID: 0063

Approved provider: BaptistCare NSW & ACT

Home address: 159 Balaclava Road MACQUARIE PARK NSW 2113

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| 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 24 June 2021.  We made our decision on 24 April 2018.  The audit was conducted on 13 March 2018 to 14 March 2018. 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.

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.

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 services and in the community.

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

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



Audit Report

Name of home: BaptistCare Cooinda Court

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# Introduction

This is the report of a Re-accreditation Audit from 13 March 2018 to 14 March 2018 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 13 March 2018 to 14 March 2018.

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.

# Details of home

Total number of allocated places: 68

Number of care recipients during audit: 66

Number of care recipients receiving high care during audit: 62

Special needs catered for: N/A

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Acting care team manager | 1 |
| Acting residential manager | 1 |
| Care improvement consultant | 1 |
| Care recipients | 14 |
| Care staff | 9 |
| Care staff/care supervisor | 1 |
| Care staff/continence advisor | 1 |
| Care staff/physiotherapy aides | 2 |
| Chef Manager | 1 |
| Cleaning staff | 1 |
| Cleaning Team Leader | 1 |
| Client Liaison Administrator | 1 |
| Client Liaison Coordinator | 1 |
| Clinical systems advisor | 1 |
| Education Advisor | 1 |
| Hotel Services Manager | 1 |
| Laundry staff | 2 |
| Lifestyle coordinator | 1 |
| Maintenance/Fire safety officers | 2 |
| Physiotherapist | 1 |
| Recreational activities officer | 1 |
| Registered nurses | 3 |
| Training Coordinator | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 7 |
| Incidents | 6 |
| Medication charts | 10 |

## Other documents reviewed

The team also reviewed:

* Activities program including activity descriptions, work instructions, activity evaluations
* Advance care planning records
* Audits and satisfaction survey records including schedules, results, and action plans
* Care recipient accommodation agreement, respite agreement, information handbooks, brochures and fact sheets, admission checklist
* Care recipient sign in/out register, staff sign in/out register and visitor and contractor sign in/out registers
* Care recipients' clinical assessments and care plans including behaviours, continence, infections, medications, mobility, nutrition and hydration, oral and dental, pain, sensory, skin including wounds, sleep, specialised nursing care including catheter care, complex pain management, and diabetes management
* Care recipients' clinical observations, monitoring and treatment charts including anticoagulant therapy, behaviours, blood pressure, blood glucose levels, fluid output, infections, insulin therapy, pain, special dietary supplements, weights, wounds including photographs
* Care recipients' individual incident forms including challenging behaviours, falls, infection, medication error, wounds including skin tears; clinical indicator reports - monthly and annual trending and analysis
* Care recipients' individual lifestyle assessments and care plans including social, cultural and spiritual; care recipient attendance records and evaluations including individual and group
* Care recipient security of tenure records including resident agreement
* Care recipient consent forms for the collection and handling of personal information, information handbook
* Chaplain’s records including progress notes
* Cleaning service records including staff rosters, orientation skills observations, training transcripts, records and attendance sheets, cleaning inspection reports
* Clinical indicator records including monthly and annual trending, analysis, reports
* Communication records including clinical information manuals, doctor’s and allied health communication book, staff diary, handover sheets
* Comments and complaints register, completed feedback forms
* Compulsory reporting records
* Computer-based and hardcopy information systems
* Continuous improvement plan
* Cultural and linguistically diverse information including brochures, pamphlets
* Firefighting and safety equipment records, emergency management plan
* Food safety program including summer menu, events menu planner, servery diet report, summary of diet preferences, meals photos and alerts, food service manual, equipment, goods ordering, cleaning and pest inspection, kitchen staff training attendance records and meeting minutes
* Human resource management documentation: staff roster, employee orientation checklist, performance and development review, staff code of conduct, staff handbook, roles and responsibilities, duty statements and work instructions
* Infection control records including policy and procedure; surveillance, trend and analysis data, outbreak management records, care recipients/staff vaccination records, infection reports
* Information system documentation including flowcharts, communication memoranda, notices, organisational information, messages and ‘tasks’ on electronic documentation system, policies and procedures
* Laundry service: staff roster, daily cleaning schedule, deep cleaning schedule, laundry cleaning checklist, emergency shut down procedures
* Maintenance documentation including electronic system, preventative maintenance schedules/inspection reports, maintenance and approved supplier documentation, maintenance service reports and warm water temperature check records, pest control, legionella species reports, maintenance request logs, stock ordering and environmental audit
* Medical and other related health care personnel notes including audiologist, care recipients’ doctors, dentist, mental health specialists including psychiatrist, optometrist, pharmacist, physiotherapist, podiatrist, hospital discharge notes
* Medication records including controlled drugs register, records of 'return to pharmacy' and disposal of controlled dugs, records of reordering of medications; medication management audits and reviews, controlled drugs patch check charts, drug monitoring records including residential medication management reviews (RMMRs), psychotropic use audits
* Meeting schedules, agendas and minutes including care recipients, staff, leadership committee
* Newsletters and other publications
* Quality management system including mission, philosophy, purpose, values statement displayed, clinical governance framework, complaints register and associated records including feedback forms
* Regulatory compliance including risk management framework, national criminal history record check monitoring system, NSW Food Authority Licence, professional registration records, electrical equipment inspection and consent forms for the collection and handling of personal information
* Self-assessment report for Re-accreditation and other documents for quality surveyors
* Staff and care recipient influenza vaccination records
* Staff training records including electronic system, mandatory training, mandatory care skills, skill competency assessments, clinical education and system orientation, employee resource book, training needs survey and results, referrals for education, education calendar and attendance sheets
* Volunteer records including criminal history record check monitoring system
* Work health and safety system documentation including staff incidents, hazard reports, work health and safety records, safety data sheets, risk assessments, workplace inspection checklists including work health and safety and maintenance aspects

## Observations

The team observed the following:

* Activities in progress, activities programs on display
* Australian Aged Care Quality Agency Re-accreditation audit notices displayed throughout the home
* Care recipients in residence, care recipients’ general appearance
* Charter of care recipients rights and responsibilities on display
* Courteous and respectful interactions between staff and care recipients; and between staff, relatives/representatives, visitors
* Daily handovers between care team manager, registered nurses and care staff
* Dining environment during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipients’ seating arrangements, menu on display, meal delivery to care recipient rooms
* Equipment and supplies in use and in storage including manual handling equipment, protective and pressure relieving equipment, clinical and continence supplies, personal hygiene and wound care requisites
* Fire panel, fire-fighting equipment, fire doors, emergency exits, emergency evacuation diagrams on display, emergency guide flip charts, annual fire safety statement, emergency evacuation kit, assembly points
* Infection control items including hand wash stations, hand sanitiser dispensers around the home, infection control notices, general and contaminated waste disposal systems, colour coded cleaning equipment, equipment sanitisers, sharps containers, personal protective equipment, and spills kits
* Information noticeboards with posters, notices, brochures and forms displayed for care recipients, representatives and staff
* Internal and external complaints mechanisms information on display including in various languages, secure suggestion box and feedback forms accessible by care recipients, visitors and staff
* Living environment - internal and external including courtyards and garden areas, common areas, dining room and adjacent servery, chapel, library, family room, palliative care room
* Medical officer in attendance
* Medication system and processes including administration and storage; secure safe for storage of controlled drugs, drug disposal system; medication supplies, eye drops and medicated creams
* Mission, vision and values statement on display
* Mobility equipment including mechanical lifters, walk belts, wheel chairs, shower chairs, adjustable beds, structural strategies to assist care recipient mobilisation such as ramps, internal lift, handrails and level pathways
* Nurse call system in operation and staff response
* Secure chemical storage
* Secure storage of confidential care recipient and staff information
* Short group observation
* Smoking areas - two designated areas
* Staff room with notices, staff work practices and work areas including administrative, clinical, recreational, catering, cleaning, laundry and maintenance

# 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 services, 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

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* Management identified that staff were not fully conversant with the process to follow in responding to mandatory reporting incidents. While training is provided annually, management established that staff were not entirely confident in the steps to be taken at the time of such an incident. A local work instruction was developed setting out the actions, escalation and reporting requirements to guide staff through the process. Additional training has been provided for 73 direct and ancillary staff to date and the local work instructions made available and easily accessible for ready reference. Management reports increased confidence in the ability of staff to respond quickly in a confident manner to incidents which may require mandatory reporting.
* Management identified that there was insufficient equipment to manage the transfer of care recipients during isolation due to outbreaks of gastroenteritis and influenza, as slings cannot be shared during this time. A number of care recipients in isolation experienced a rapid decrease in mobility and an increase in falls was noted. Equipment supplies were reviewed and disposable slings were purchased. Care recipients who require slings for transfers have been provided with their own sling which is labelled, hand washed by staff as required and stored in the care recipient’s room for their personal use. Management advises that infection control and safety concerns have been addressed by this strategy.
* Management identified that the staff communication system was not always working due to issues with the wireless networking technology (Wi-Fi) including system failure. Reception can be poor in certain areas and communication may not be received by staff, for example in care recipient rooms. While there are annunciators throughout the home, staff may not have line of sight and may not be alerted when a call bell has been activated. Staff are unable to communicate via the system when the fire alarm is triggered due to the volume of noise. In response, management purchased eight walkie talkies which allow effective communication throughout the home. Management advises staff have provided positive feedback on the efficiency of the walkie talkies, call bell wait times have reduced and care recipients satisfaction has increased following the prompt response by staff.

### 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 a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1 Management systems, staffing and organisational development, management are aware of the regulatory responsibilities in relation to police certificates and the requirement to provide advice to care recipients and their representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met.

### 1.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include incident response procedures and mandatory reporting requirements.

### 1.4 Comments and complaints

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

#### Team's findings

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal.

### 1.5 Planning and Leadership

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

#### Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents.

### 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 systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services 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

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team's findings

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. The majority of care recipients interviewed said they are satisfied the information provided is appropriate to their needs, and supports them in their decision-making most of the time or always. This includes staff following up when they raise things with them. One care recipient said staff follow-up only some of the time but did not provide further information. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. Staff interviewed stated they are satisfied they have access to current and accurate information.

### 1.9 External services

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients and staff interviewed stated they are satisfied with the quality of externally sourced services.

## Standard 2 - Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

* Management identified that improvement was required in tracking of safe ranges for care recipients on anticoagulant medication. A schedule is in place to support monthly monitoring however management identified that pathology results were not consistently sought on the same day prior to administering the evening medication. Education was provided to registered nurses, reinforcing that the pathology results should be obtained and communication with the care recipient’s medical practitioner should occur prior to administering the evening dose. Management reports that consistent tracking now occurs to ensure the safety of care recipients receiving anticoagulant medication.
* An initiative of the organisation has been the introduction of a palliative care trolley to ensure all care recipient needs can be readily met in respect of comfort care. While the home has a palliative care room, care recipients may choose to remain in their room and due to the differing sizes of rooms across the home, the palliative care trolley allows for comfort care to be provided in the care recipient’s room. The trolley contains care supplies and comfort items such as music and aromatherapy. A resource folder is included for ready reference by staff. The palliative care room is made available for the use of care recipient representatives and family should they choose to stay close to the care recipient during this time. Management reports that care recipients and their families have provided positive feedback on the palliative care approach.
* The home has introduced a hot / cold day program for the comfort and hydration of care recipients during temperature extremes. It is the home’s usual practice to ensure care recipients have jugs of water at hand at all times and are provided with cool bottles of water during the day. The home monitors the weather forecast and purchases ice blocks for afternoon tea and provides iced water to ensure care recipients remain hydrated when temperatures may exceed 36 degrees in the summertime. During winter, care recipients are provided with a hot chocolate with marshmallow for afternoon tea. Management reports care recipients have said they are very pleased with the comfort food and love the ice blocks and hot chocolate.

### 2.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2 Health and personal care, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

### 2.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include monthly clinical documentation system orientation, medication management and falls management.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive appropriate clinical care which is overseen by the residential manager and care team manager. The home provides registered nurse coverage seven days a week to supervise and direct care recipients’ clinical care. Care recipients’ clinical care needs are identified on entry, and on an ongoing basis through consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by registered nurses and reviewed regularly with changes in care needs identified and documented; where appropriate, referrals are made to medical officers or other health professionals. There are processes to ensure staff have access to current information to inform care delivery including handovers, care plans and progress notes. Staff interviewed said they have sufficient time to provide care and they demonstrated knowledge and understanding of the care recipient's clinical care needs consistent with individual care plans. Clinical care incidents are addressed by the registered nurses, the care team manager and the residential manager and the information is reviewed and analysed to inform care plan reviews and identify trends. Care recipients interviewed are satisfied with the clinical care being provided.

### 2.5 Specialised nursing care needs

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

#### Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home or as required. The care team manager said, and document review shows the home has established effective working relationships with other health related specialists, to ensure additional access to clinical expertise occurs as needed. Specialised nursing care is planned and managed by registered nurses and in liaison with the care team manager, doctors and/or other health professionals, and is documented in the care plan. Specialised nursing care needs are reassessed when a change in a care recipient’s need/s occurs, and on a regular basis. Document review and interviews with staff confirm when a care recipient’s specialised care needs change specialised expertise is accessed from medical and/or other health related specialists, and the local hospital and its clinical support teams if/as required. Specialised nursing care is delivered by registered nurses is consistent with the care plan and they have access to specialised equipment and information to ensure care recipients' needs are met. Care recipients interviewed are satisfied with how their specialised nursing care needs are managed.

### 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

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff support care recipients to attend external appointments with health specialists. Care recipients interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 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

The home has systems to ensure care recipients' medication is managed safely and correctly. Each care recipient has their medication needs assessed on entry to the home and ongoing, and an individualised medication care plan is developed and regularly reviewed. Registered nurses and medical officers assess and regularly review and monitor care recipients who self-administer medications. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. The documented medication orders provide guidance to registered nurses when administering medications. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly and processes to support safe administration and disposal of medications. A medication advisory committee provides advice on the home's medication management system and a pharmacist regularly conducts medication reviews for individual care recipients. Procedural guidelines provide clarification surrounding safe medication practices and the home's monitoring processes include review and analysis of medication incident data with opportunities for improvement being identified and addressed. Care recipients interviewed are satisfied their medications are provided as prescribed and in a safe and timely manner.

### 2.8 Pain management

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

#### Team's findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Registered nurses, medical officers and other health related specialists are involved in the management of care recipients' pain. Care recipients’ verbal and non-verbal indicators of pain are regularly monitored and re-assessed and monitoring incudes the use of specific assessment tools for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated and updated to ensure interventions remain effective. Pain management strategies implemented by clinical and care staff include medication, aromatherapy and repositioning. Physiotherapists assist with pain management through means such as heat therapy, exercises and massage; and pain management specialists from the local area health service provide assessment, recommendations on pain management strategies, support and education to the care recipients and staff if/as required. Care recipients interviewed are satisfied they 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 has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative as desired; to identify end of life care wishes and this information is documented in a care plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff interviewed show they follow and respect care recipients’ end of life wishes including any changes which may be requested. Care recipients interviewed are satisfied their comfort, dignity and end of life wishes are recognised, are respected as desired/required, and are/would be followed.

### 2.10 Nutrition and hydration

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

#### Team's findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated by registered nurses who are responsible for monitoring care recipients' nutrition and hydration and identifying those care recipients who are at risk. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff interviewed show knowledge and understanding of care recipients' needs and preferences including the need for assistance, texture modified diets, nutritional supplements and /or specialised equipment. Care recipients interviewed are satisfied their nutrition and hydration requirements are being met.

### 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 care requirements, preferences and special needs are assessed and identified, in consultation with registered nurses, care recipients and/or their representatives. Care recipients’ skin care needs are monitored, evaluated and reviewed as required and initial and regularly reviewed care plans reflect strategies to maintain or improve care recipients' skin integrity. The care team manger oversees wound management and the registered nurses are responsible for all wound care, and the completion of documented treatment records. Referral processes to other health specialists are available if a need is identified including clinical nurse consultants in wound care, and podiatrists in accordance with care recipients’ needs. Results show progressive healing of complex wounds, a lowered incidence of skin tears, and referrals to and review by a wound care specialist, as required. The home's monitoring processes identify opportunities for improvement in relation to skin care including analysis and trending of skin integrity incidents. Staff interviewed show they promote and maintain skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients interviewed are satisfied with the assistance provided to maintain their skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

Continence management processes are managed by the care team manager, registered nurses and a continence nurse, in liaison with care recipients, and/or their representatives, doctors, and as required, an accredited continence advisor. Registered nurses identify care recipients' continence needs and preferences during the initial assessment process; and monitor and reassess changing needs as required to identify alternative management strategies. Strategies to manage care recipients' continence are documented in the care plan and updated as required to ensure strategies remain effective. Care staff interviewed show knowledge and understanding of individual care recipients' continence needs and how to promote privacy and dignity when providing continence care. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management including surveillance and analysis of infection data. Data analysis, progress notes, care review summaries, survey results and care recipient interviews show care recipients’ continence needs are being effectively managed.

### 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

Behaviour management is monitored by the residential manager, the care team manager and registered nurses. The needs of care recipients with challenging behaviours are identified through assessment processes in consultation with the care recipient, their representative, doctors and/or other health related specialists. Individual strategies to manage challenging behaviours are identified, documented in the care plan, and are regularly reviewed and evaluated to ensure they remain effective. Where appropriate, referrals are made by doctors to mental health professionals within the local area health service. Management advised physical restraint is not used at the home. The home's monitoring processes identify opportunities for improvement relating to behaviour management including a regular review, analysis and trending of behavioural incidents. Results of interviews with care recipients and our observations show staff responding in a timely, supportive and caring manner toward care recipients with behaviours which may impact on others. We observed staff monitoring, and using strategies to support care recipients at risk of wandering. Care recipients interviewed are satisfied the needs of care recipients with challenging behaviours are being well managed by the home.

Staff interviewed show knowledge and understanding of how to manage individual care recipients' challenging behaviours and confirmed they receive education on managing challenging behaviours.

**2.14 Mobility, dexterity and rehabilitation**

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

#### Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  A physiotherapist employed by the home completes an initial and ongoing mobility assessment of each care recipient and the results and updates are recorded in a physiotherapy care plan. Where a need is identified, referrals are regularly made to other health specialists including physiotherapists specialising in pain management. Strategies to manage care recipients' mobility and dexterity are documented in the mobility care plan to ensure care recipients' needs are met. An accident and incident reporting system includes analysis of falls incidents to identify trends and the implementation of strategies to reduce falls. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Care recipients interviewed are satisfied with the support provided to them for achieving optimum levels of mobility and dexterity.

### 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 needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff interviewed sate they provide assistance with oral and dental care and where necessary, registered nurses said referrals are made to health specialists such as dentists. A dentist is available to visit the home as needed. Care recipients interviewed are satisfied with the assistance given by staff to maintain their oral and dental care including referrals to, and assistance with appointments, to preferred dentists 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. Audiologists and optometrists visit the home annually, and on ‘as needs’ basis. Staff interviewed show they receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs including assistance with hearing aids. Care recipients interviewed are satisfied with the support provided to manage their sensory needs.

### 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' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients interviewed are satisfied support is provided to them and they are assisted to achieve natural sleep patterns.

## Standard 3 - Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* The home’s demographics have evolved over time with an increase in culturally and linguistically diverse care recipients now in residence. In response, the home has introduced a number of multicultural recreational activities to cater for the diversity of care recipients. For example, multicultural movies are provided with English subtitles and cultural festivals are celebrated to promote inclusion and participation for all care recipients. In addition, the home’s evacuation procedure has been translated for care recipients and placed on the back of the door to their room to ensure they are aware of the procedures in the event of an emergency.
* The home has introduced a ‘Lavender group’ for those care recipients living with dementia who are ageing in place and whose families wish the care recipient to remain living at the home. Management observed that care recipients with advancing dementia were finding it more challenging to participate in activities and that the activities were not necessarily appropriate for their level of engagement. Additional staff hours were implemented, and dedicated staff assigned to provide one-on-one engagement which is meaningful for the care recipient and to be responsible for the provision of personal care and housekeeping of the care recipient’s room. Staff develop a positive relationship with the care recipient and get to know them well. Staff are employed to undertake this role until 8pm daily and lifestyle staff provide one-on-one engagement on weekends including pet therapy. An activity box has been implemented specifically for this program, which contains resources according to each care recipient’s interests and facilitates their choices. Care recipient choices in respect of personal care are supported with a showering list indicating their usual preferred time, for example 2:30pm, and which is flexible in response to care recipient choice on a daily basis. All staff are encouraged and supported to undertake dementia competency education to meet the needs of care recipients. Management reports reduced wandering and displays of distress, with care recipients receiving more interaction, being more settled in their environment and having an improved quality of life.
* Management observed that care recipients were approaching staff repeatedly to enquire as to the day of the week, as they were not aware or could not remember. The home has installed light boxes in the lobby, lift, near the ramps and in the dining room to ensure that care recipients are informed and are no longer embarrassed at having to continue to ask staff for the information. Management reports that care recipients are pleased with the strategy and are more empowered to make decisions regarding the activity and dining options for the day in question.

### 3.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3 Care recipient lifestyle, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

### 3.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include elder abuse and dementia 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

Care recipients' emotional needs are identified on entry and on an ongoing basis and the results inform the development of a lifestyle care plan that is regularly reviewed and updated to ensure care recipients’ emotional support needs are met. Processes to assist care recipients include the provision of an interview and an information pack prior to entering the home, support during the settling in period, involvement of family and/or significant others. The home’s chaplain provides support to care recipients, as desired. Management and staff encourage care recipients to have personalised rooms with individualised decors featuring photographs, paintings, ornaments and/or furniture. Care recipients interviewed said if they are feeling a bit sad or worried there are staff they can talk to. We observed management and staff showing warmth, respect, empathy and understanding in their interactions with care recipients. Care recipients interviewed are satisfied they are supported on their entry to the home and on an ongoing basis, as required.

### 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' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs; and strategies to promote care recipients' independence are documented in the care plan and evaluated and reviewed to ensure they are current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. Staff interviewed show knowledge and understanding of the independence needs and preferences of care recipients consistent with individual care plans. Care recipients interviewed are satisfied with the assistance provided to them to achieve independence and said they are encouraged to do as much as possible for themselves.The care recipients said they are encouraged and supported to maintain friendships and participate in the community within and outside 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' preferences in relation to privacy, dignity and confidentiality are identified and documented on entry, and on an ongoing basis to ensure their needs are recognised and respected. Permission is sought from care recipients for the disclosure of their personal information and we observed strategies for ensuring their privacy and dignity documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The majority of care recipients interviewed said staff treat them with respect. One care recipient interviewed said staff respect them only some of the time, saying they believe it is due to some staff’s English language barriers. Staff interviewed confirmed they have received education in relation to privacy, dignity and confidentiality and we observed their practices in support of this. Our observations and interviews with staff demonstrate they understand and respect care recipients’ privacy and dignity, knocking on doors before entering and calling them by their preferred name. Care recipients interviewed said they feel their right to privacy and confidentiality is respected and observed.

### 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

The home ensures care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients’ social and cultural history and their current activity interests are identified when they move into the home and are included in their individual care plan. A comprehensive program is developed by the lifestyle team based on care recipients’ identified preferences and on feedback received through various means. Documentation shows ongoing evaluation of the activities program ensuring relevance and changes in care recipients’ interests. Observation of varied activities for individuals and groups showed the participants are engaged in socialisation, exercise and enjoyment. Care recipients interviewed said they are supported and encouraged to participate in activities of interests to them and stated if they choose not to participate in activities, their wishes are respected. They confirmed the home offers a range of various activities for them to choose from including specific activities of a culturally and linguistically diverse origin.

### 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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans, lifestyle plans and dietary information. This information is regularly evaluated and reviewed. Care recipients with a cultural and linguistically diverse background are supported by their families, their doctors, the staff, a community visiting scheme with bi-lingual volunteers, and by preferred religious clergy and on-site religious services, as required. Provision is made for the observation and/or celebration of culturally specific days, with festivities consistent with the care recipients residing in the home. Staff said and we observed they support care recipients to attend and participate in activities of their choice. Care recipients interviewed confirm their cultural and spiritual needs are being met, and their customs and beliefs respected.

### 3.9 Choice and decision making

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

#### Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on a care recipient’s entry to the home; and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representative/s where necessary. Care recipients are encouraged to exercise choice and make decisions about preferences for care and services. Strategies used to foster participation in decision making include one-on-one conversations, care recipient meetings, comments and complaints mechanisms, care discussions, annual surveys and feedback forms. Interviews with management show the home employs a mix of bi-lingual staff to facilitate choice and decision-making for care recipients from a culturally and linguistically diverse background. Staff interviewed said they are provided with information about care recipients' rights and responsibilities and show they understand and support care recipients' rights to make choices and decisions while not infringing on the rights of other people. Care recipients interviewed are satisfied with the support the home provides to them in making their choices and decisions.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team's findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a transfer to another home, it is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Security of tenure was appropriately recorded in the resident agreement and handbook. Staff demonstrate an understanding of care recipient rights. Care recipients interviewed are satisfied they have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 - Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* Management identified that access to the designated smoking area posed a risk to care recipients, particularly those with limited mobility. A risk assessment was conducted and identified hazards were reported. A handrail was installed to assist care recipients to navigate the ramp safely. It was determined that the ramp was not safe to navigate alone via wheelchair. Application has been made for upgrade of the smoking area, by levelling the path and erecting a walkway covering and new pergola at the designated site. Management advises that the home is awaiting approval for this work to commence. An interim second smoking area is currently designated with safe level access and smoking aprons on hand.
* Management identified there were gaps in the knowledge of registered nurses when responding to emergency systems, particularly on activation of the fire alarm after hours and on weekends. While regular mandatory training is provided, management established that there was a lack of confidence in handling the situation at the time an event occurred. Registered nurses and the care team manager were provided with specific training in the emergency coordinator role. Currently there are five registered nurses and one care team manager trained as emergency coordinators. Two registered nurses currently on leave will be provided with this training on their return to work. Training will be mandatory on an annual basis. A plaque is displayed on the noticeboard identifying the emergency coordinators to ensure care recipients and visitors are informed and able to identify the person responsible in the event of an emergency. Management reports increased confidence in the emergency response practices.
* With a view to infection control, management reviewed the heat packs in use which were being shared across care recipients as required. While the heat packs were placed in a freshly laundered linen cover, management considered that this was not necessarily best practice. Combination hot/cold packs were researched and a washable version was sourced from an interstate supplier. Care recipients are now provided with their own personal hot/cold pack, labelled with their name, washed by staff and on hand in the care recipient’s room for their own use. Management advises care recipients have said they love having their own personal pack.
* In response to feedback from the on-site laundry staff, management reviewed staff practices in managing cytotoxic contaminated laundry items. Management advises that dermatologists often prescribe cytotoxic cream for treatment of skin cancer and that staff were not fully aware of the infection control practices in this regard. A local work instruction was developed and disseminated to all staff, training was conducted and procedures and practices discussed at staff meetings. Contaminated waste disposal equipment and supplies were reviewed to ensure adequate supplies on hand at the point of care provision. Registered nurses and care service employees provide care and manage contaminated waste for care recipients receiving cytotoxic medications. Management reports concerns raised are resolved resulting in a reduction in infection control incidents.

### 4.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 4 Physical environment and safe systems, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 4.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include infection control, outbreak management and emergency response procedures.

### 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's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients interviewed are satisfied the living environment is safe and comfortable.

### 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 processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team's findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

### 4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

#### Team's findings

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients and staff interviewed are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

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

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home has monitoring processes to identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. The majority of care recipients interviewed said they are satisfied with the quality of meals, have a range of choices and options, and like the food most of the time or always. Four care recipients said they like the food only some of the time: two said they would like more variety in vegetables including green leafy types, another said they would like only soft food varieties on the menu, and the fourth said they would like only “old-fashioned English” cuisine choices on the menu such as “cutlets and gravy”. A further two care recipients interviewed said the meat is sometimes tough, and another said they would like larger portions. Care recipients interviewed are satisfied the cleaning and laundry services meet their needs. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided.