Reconsideration Decision

Blue Care Flinders View Nowlanvil Aged Care Facility RACS ID: 5456

Approved Provider: The Uniting Church of Australia in Property Trust (Q.)

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	11 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 10 April 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 30 May 2015 to 30 October 2018.
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	30 May 2015
Accreditation expiry date	30 October 2018

Australian Government
Australian Aged Care Quality Agency

Blue Care Flinders View Nowlanvil Aged Care Facility

RACS ID 5456
205-215 Ripley Road
FLINDERS VIEW QLD 4305
Approved provider: The Uniting Church in Australia Property Trust (Q)

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 30 May 2018.

We made our decision on 10 April 2015.

The audit was conducted on 02 March 2015 to 04 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

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

3

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

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

4

Audit Report

Blue Care Flinders View Nowlanvil Aged Care Facility 5456

Approved provider: The Uniting Church in Australia Property Trust (Q)

Introduction

This is the report of a re-accreditation audit from 02 March 2015 to 04 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

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

1

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 March 2015 to 04 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:	Robyn Sullivan
Team member/s:	Andrea Hopkinson

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Q)

Details of home

Name of home:	Blue Care Flinders View Nowlanvil Aged Care Facility
RACS ID:	5456

Total number of allocated places:	114
Number of care recipients during audit:	100
Number of care recipients receiving high care during audit:	97
Special needs catered for:	Not applicable

Street/PO Box:	205-215 Ripley Road	State:	QLD
City/Town:	FLINDERS VIEW	Postcode:	4305
Phone number:	07 3288 8311	Facsimile:	07 3288 6470
E-mail address:	Nowlan@gil.com.au		

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

2

Audit trail

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

Interviews

	Number		Number
Residential Service Manager	1	Care recipients/representatives	17
Clinical Manager	1	Safety staff	1
Clinical Nurse	1	Maintenance staff	1
Registered staff	4	Administration staff	2
Care staff	5	Cluster support staff	5
Hospitality staff	8	Quality and education coordinators	2
Lifestyle staff	2	Dietitian	1

Sampled documents

	Number		Number
Care recipients' files	10	Medication charts	15
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Activity calendar and attendance matrix

- Advanced health plans

- Allied health referrals and documentation

- Archiving and retention registers

- Audit program

- Biographical profiles

- Blood glucose level results

- Bowel charts

- Case conference records

- Catheter change records and management plans

- Chemical safety information

- Clinical and lifestyle assessments

- Clinical indicator data

- Complaints repository

- Compulsory reporting folder

- Contracts and correspondence

- Controlled drug registers

- Diabetic management plans

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

3

- Dietary profiles and nutritional supplement lists

- Duties lists

- Electronic mail communication, letters and memoranda

- Equipment service reports

- Feedback forms

- Fire and emergency procedures

- Fire service reports

- Food safety documents and records

- Handover sheets and workbook reports

- Hazard reports

- Incident and accident reports

- Legislative updates and alerts

- Maintenance records

- Management monthly reports

- Medical officers' authorities for registered nurse initiated medications

- Medical officers' documentation

- Menus

- Minutes of meetings

- Mobility handling charts

- Newsletters

- Orientation and education program

- Pathology results

- PEG (enteral feeding) nutrition chart and management care plan

- Performance management documents

- Police certificates register

- Policies and flow charts

- Position descriptions

- Preferred supplier list

- Professional nursing staff registration

- Purchase/expenditure forms

- Quality action plans

- Quality improvement examples

- Recruitment policies and procedures

- Residential care agreement

- Residents' information handbook and information package

- Residents' smoking assessments

- Restraint authorisation and review forms

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

4

- Risk assessments

- Rosters allocations

- Safe work procedures

- Security documentation and registers

- Self-medication assessment

- Self-assessment for re-accreditation

- Sign in and out registers

- Staff competencies and assessments

- Staff handbook

- Tailor made posters

- Temperature monitoring records

- Tracheostomy management care plan

- Training records and matrix

- Weight records

- Wound assessment and treatment plans

Observations

The team observed the following:

- Accreditation information displayed

- Activities in progress

- Activity program on display

- Administration and storage of medications

- Advocacy, internal and external complaints brochures on display

- Colour coded equipment and personal protective equipment in use

- Equipment and supply storage areas

- Evacuation plans on display

- Hand washing facilities and sanitising gel dispensers

- Interactions between staff, residents and representatives

- Living environment

- Locked suggestion boxes

- Meal services

- Sharps disposal

- Short group observation

- Spills kits and outbreak management kits

- Staff practices

- Storage of information

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

5

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

Blue Care Flinders View Nowlanvil Aged Care Facility (the home) is a part of the Blue Care organisation. An organisational quality system is implemented to support the active pursuit of continuous improvement within the home. This system is comprised of processes to support the input and consultation with various stakeholders through feedback forms, meetings, surveys, compliments and complaints as well as hazard reporting. Identified opportunities for improvement are captured within an electronic quality management system and various registers; these are monitored and evaluated by the Quality Coordinator, Residential Service Manager as well as other key staff. A program of internal monitoring activities such as audits and reviews are undertaken to monitor the home's performance against internal requirements and the Accreditation Standards. Residents/representatives and staff are satisfied with being able to provide suggestions and feedback for improvement.

Example of improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to an organisational initiative, an electronic quality management system has been implemented. Quality activities and other related actions are captured and monitored for completion. The new system has been reported to enable effective communication and allocation of tasks to relevant staff and ensures the timely follow up of improvements.

- Following a review by key staff, the home has undertaken a review of their orientation processes. The half a day education session was expanded to a full day and includes the involvement of all managers to outline key information and service expectations. Management advised positive feedback has been received from staff regarding the new program; the new program has resulted in a more streamlined and structured process as well as standardised training provided to 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 organisation has implemented systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Organisational staff identify changes to legislative requirements and these are incorporated into policies, procedures and other related documentation. A system to communicate changes is

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

6

implemented and inclusive of the intranet, meetings, memorandums, newsletters and through education relevant to staff roles. Monitoring of compliance occurs through the use of internal registers, the organisation's auditing program and external reviews.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to police certificates and notification of reaccreditation audits. Processes are in place to ensure these requirements 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

Systems ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Recruitment criteria and position descriptions set out the knowledge and skill requirements for the role. New staff are orientated at a corporate and site level and supported by staff to assist them in understanding the requirements of the role. Ongoing training needs are identified and provided as part of the home's education program or delivered on a one to one basis. A variety of educational resources are available for staff to access training and undertake professional development. A program of staff assessment is undertaken on commencement and then following an identified risk or need; these are monitored by key staff using internal registers. Staff performance is monitored through an appraisal process, internal audit program as well as feedback mechanisms; a process to address performance issues is implemented. Residents/representatives are satisfied with the knowledge and skills of staff.

Particular to this Standard, staff have been provided with education sessions in relation to orientation, code of conduct/professional boundaries and the organisation's quality management portal.

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

Residents, representatives and others have access to complaints mechanisms. Information is provided to residents, representatives and others on the home's internal complaints processes and external mechanisms through information packs, newsletters, orientation and via meetings. Feedback forms and brochures are on display throughout the home along with a locked suggestion box. Residents and representatives are encouraged to provide feedback either verbally or in writing at the site or via other internal avenues. There are processes to support the management of an anonymous or confidential complaint; complaints are investigated and feedback provided on the outcomes to the relevant party. Monitoring of the complaints mechanism occurs through the completion of surveys and audits. Residents/representatives and staff are generally satisfied with access to and management of their complaints.

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

7

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's vision, values, philosophy, objectives and commitment to quality have been documented and these documents are available to residents, staff and others.

1.6   Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes for ensuring there are appropriately skilled and qualified staff sufficient to provide care and services relevant to the needs of residents. The recruitment and selection of staff is undertaken by management based on the relevant skills, qualifications and experience held. New staff are orientated and provided with educational opportunities to enhance their current skills. Staff skills and qualifications are monitored and evaluated through competency assessments/questionnaires, performance reviews, observations and via feedback mechanisms. Nursing registrations and police certificates are checked and monitored to ensure their currency. The home's staffing model is based on the identified needs, acuity of residents and the skill mix of staff to provide the necessary care and services. Strategies to manage workloads are implemented following planned and unplanned leave. The sufficiency of staff is monitored through feedback mechanisms, audits and call bell response times. Residents/representatives are satisfied staff are able to meet resident's individual care and service needs.

1.7   Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

There are systems and processes to ensure appropriate stocks of goods and equipment are available for service delivery. The monitoring and ordering of stocks is designated to key staff using preferred suppliers. Goods are checked on receipt, rotated and securely stored. Equipment needs are identified through various mechanisms including internal reviews/audits, clinical assessments, maintenance programs and work health and safety processes. Organisational staff provide support for the purchase of equipment to ensure its suitability and safety. Staff are provided with education and information on the correct use of equipment. Maintenance programs are implemented and staff are supported by an organisational call centre to assist with work order management and after hours repairs. Residents/representatives and staff are satisfied with the availability of goods and equipment.

Home name: Blue Care Flinders View Nowlanvil Aged Care Facility   Date/s of audit: 02 March 2015 to 04 March 2015
RACS ID: 5456

8

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 processes to ensure there are effective information management systems. Residents' care and lifestyle needs are assessed by appropriate staff and this information is used to develop plans of care. Data is routinely collected and information is generally available and updated to support the home's activities and monitoring processes. Dissemination of information occurs through verbal systems as well as through newsletters, education, memorandums and meetings. Information is stored securely, confidentiality is maintained and appropriate archiving and retention of documents is conducted in accordance with organisational requirements. Staff, residents/representatives are satisfied with the effectiveness of the home's information systems.

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

Systems ensure external service providers meet the needs and service requirements of the home. Externally sourced services are predominately managed by organisational staff and include the use of contracts and service agreements. Service requirements are specified and performance of external providers is monitored. Systems to follow up and address breaches are implemented where performance is unsatisfactory. Staff access the organisation's preferred supplier list for regularly required services and an organisational call centre is available for the management of contractors. Residents/representatives and staff are satisfied with 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 improvements for information about the organisation's continuous improvement systems and processes.

Example of improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- In response to an organisational initiative, the home has implemented an electronic care management system. The system enables residents' details, clinical records, activities and assessments to be electronically captured and the creation of electronic care plans. Other applications of the system include management of waiting lists and other internal reporting capabilities. Staff have received education in its uses and champions created to support ongoing training for staff. Management advised the system has improved the management of residents' information as well as internal communication of care requirements with staff.

- Following the identification of an organisational initiative, the home has implemented a palliative care program. This has included the appointment of two palliative care link nurses, the establishment of a working party, review of palliative care tools and assessments and the engagement of advance care planning specialist to assist in care planning and case conferences. Management advised they have received positive compliments from families regarding this initiative.

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 organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to medications, nursing registrations and unexplained absences of residents. Processes are in place to ensure these requirements 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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education processes.

Particular to Standard 2 Health and personal care, staff have been provided with education sessions in relation to stoma care, continence management and postural hypotension.

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 established processes for the identification and assessment of residents' clinical needs utilising comprehensive baseline health assessments and a range of focus assessment tools. The registered nursing staff develop an interim care plan on entry to the home to guide staff practice. Comprehensive and focus assessments are then completed to form individualised care plans that direct the provision of care. Registered nursing staff review care plans three monthly or in response to a change in residents' care needs. Referral to medical and/or allied health professionals occurs in accordance with residents' needs and preferences. Residents and/or representatives are consulted during the assessment and care planning process and case conferences are offered. Continuity of care is discussed at shift handover and recorded in progress notes and care staff are knowledgeable of individual resident's needs and preferences. Clinical processes are monitored regularly through communication with staff, resident/representative feedback, reassessments and the audit and incident reporting processes to ensure compliance with organisational policies and procedures. Residents/representatives are satisfied with care provided, the consultation processes and the way care is delivered.

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

Residents' specialised nursing needs are identified in consultation with the resident and/or their representative, medical officers and other health professionals. Provision of specialised nursing care is managed and generally overseen by the Clinical Manager and registered nursing staff. Types of specialised care provided include enteral feeding, tracheostomy care, catheter care, diabetes management, anticoagulant therapy management, oxygen therapy and complex wound management. Registered nurses are onsite 24 hours a day and assess specific care requirements. Care strategies are developed and recorded within care and treatment plans and evaluated regularly by registered staff. Staff indicated they generally have access to education, appropriate equipment and sufficient resources to provide care and treatment effectively. Residents/representatives are satisfied with the specialised nursing care provided.

2.6   Other health and related services
This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings
The home meets this expected outcome

Residents are referred to a range of health services and allied health professionals including specialist doctors, hospital services, dementia management, physiotherapy, dietetics, speech pathology, podiatry, pathology, dental, hearing and optical services with assessments undertaken for individual residents as required. Referrals are initiated in a timely manner and directions for ongoing care interventions are documented in residents' clinical records. If services are not provided on site then assistance is provided by residents' representatives or care staff for residents to attend external appointments when required. Implementation of care is monitored and the effectiveness of care is regularly evaluated. Residents/representatives are satisfied with the range of and access to allied health specialists.

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 medication management system ensures safe management of residents' medication. Medical officers prescribe medication and the orders are dispensed by an external pharmacy service in a multi dose sachet system. Information about the time and frequency of medications as well as alerts about medications not packed in the sachets is effectively communicated to registered staff to ensure residents receive their medications as prescribed. Medication prescriptions, administration instructions and allergies are documented on individual medication charts to guide staff practice. Procedures relating to storage, administration and disposal of medication, including controlled drugs reflect safe medication management. Medical officers review residents who wish to self-administer medications, with these medications being stored securely. Effectiveness of medication management processes is monitored through an auditing program and incident reporting processes. Residents/representatives are satisfied with the management of medications and the assistance and support provided.

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 experiencing pain or discomfort are identified through comprehensive assessment and reassessment using verbal and nonverbal processes. Care plans for pain management are developed in consultation with the resident's medical officer and allied health professionals as required. Residents' individual pain management programs and care plans are monitored and evaluated three monthly, or as required to determine the effectiveness of strategies such as massage, heat creams, heat packs, gentle exercise, repositioning, rest, and administration of regular or 'as required' pain medications. Residents report staff respond in a timely manner when they report pain and they are satisfied with current pain management strategies and the additional assistance provided.

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

Palliative care strategies are discussed as part of advance care planning and identify residents' special needs, and resident and/or representatives' preferences and wishes. Residents' end of life wishes are documented in individualised care plans and are reviewed in response to changes in residents' clinical care status. A range of specialised nursing equipment such as syringe drivers for pain relief and mouth care products are available to ensure appropriate care. Residents' needs are met within the home whenever possible, with assistance from the local hospital/palliative care services as required. Support for the comfort and dignity of palliative residents and their representatives is provided by staff and the organisational chaplain. Staff are aware of residents' care needs and measures to provide comfort and dignity for palliating residents.

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

Residents' dietary needs and preferences including special requirements, food allergies and residents at risk of impaired nutrition are identified on entry to the home and recorded in dietary profiles. Residents' weights are recorded monthly and monitored by registered nurses. Strategies implemented to manage unplanned weight loss/gain include more frequent weight recording, monitoring of food intake, introduction of food supplements and/or fortified meals. Dietician and/or speech pathologist reviews are completed as required with texture modified diets/fluids introduced according to assessed needs. Residents are assisted with meals and fluids, with special eating utensils supplied according to assessed need. Residents/representatives are satisfied with the meals and fluids and that nutritional requirements are 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

The home's assessment processes identify residents at risk for compromised skin integrity. Strategies to prevent skin breakdown in individual residents are implemented, documented in care plans and monitored for effectiveness. Strategies implemented include application of moisturiser, correct manual handling procedures, repositioning and pressure area care, maintaining mobility, pressure relieving devices, protective clothing and monitoring nutritional status. Wound management processes include actions to monitor and evaluate progress of healing with wound care managed by registered staff and delivered in accordance with directives. Incidents of skin tears or pressure injuries are captured through the incident reporting process. Residents/representatives are satisfied with the care of residents' 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

Residents' continence status is assessed on entry to the home and monitored regularly for changes. Individualised strategies to promote and manage continence are developed by registered staff in consultation with the resident/representative. Residents' urinary and bowel patterns are monitored by care staff and interventions initiated by registered staff as required. Bowel management programs include dietary interventions, encouragement of fluids and regular exercise and administration of prescribed medication as required. Staff are knowledgeable of continence promotion strategies that include the use of continence aids and/or toileting programs. Residents/representatives are satisfied with the assistance provided by staff in respect to continence management.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Residents are assessed on entry to the home and as required, to identify actual or potential triggers for challenging behaviours and effective behavioural management interventions. Assessment is repeated when behaviours escalate and/or incidents related to challenging behaviours increase. Behaviour management strategies are documented in the care plan and regularly reviewed. Residents' episodes of challenging behaviours are managed through care staff interventions with referral to external behavioural specialists as required. The home actively works towards the use of minimal restraint with the aid of low beds and additional mattresses on the floor for residents at risk of falling by attempting to self-mobilise. Residents who require the use of two bedrails have a restraint authorisation from the medical officer and these are regularly reviewed. Staff demonstrate knowledge of individual resident's behaviours and appropriate management interventions. Residents/representatives are satisfied with the way the needs of residents with challenging behaviours are managed.

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

Residents are encouraged to mobilise either independently or with the assistance of mobility aids and/or staff as required. The home has initial and ongoing processes for assessing residents in relation to their mobility, dexterity and transfer needs. A falls risk assessment is conducted by the physiotherapist who develops individualised exercise programs and mobility/transfer care plans. Regular education is provided to care staff to enable them to effectively assist residents with manual handling procedures, their exercise program and to maintain and/or improve their mobility and dexterity in accordance with planned care. Aids for mobility and dexterity such as walking aids, hip protectors and specific dietary utensils are provided to promote independence in accordance with residents' needs. Resident falls are monitored, associated data is collated and analysed, with actions taken to reduce incidence of falls for residents requiring staff assistance to mobilise. Residents/representatives are

satisfied with the assistance provided by staff to achieve optimum levels of mobility, dexterity and independence.

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

Team's findings
The home meets this expected outcome

The oral and dental needs of residents are identified on entry to the home and maintained through regular assessment. If needed, residents are referred for medical and/or dental services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to effectively maintain residents' oral and dental health are developed, communicated to staff and implemented. Care staff are instructed in assisting residents with their oral care and registered staff arrange dental referrals as necessary. Equipment to meet residents' oral hygiene needs is available. The effectiveness of strategies in maintaining residents' oral and dental health is regularly evaluated. Residents/representatives are satisfied with the assistance provided by staff to maintain oral and dental health.

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

Residents' sensory abilities such as vision, hearing, smell, taste and touch are assessed and if sensory loss is identified, residents are referred for specialist medical and/or allied health services in accordance with their needs and preferences. Care strategies to effectively manage residents' sensory loss are developed, communicated to staff and implemented. Staff receive instruction in correct use and care of sensory aids and are aware of the interventions required to meet individual residents' needs. The effectiveness of strategies in identifying and managing residents with sensory losses is regularly evaluated. Residents/representatives are satisfied with the assistance provided by staff to manage sensory losses effectively.

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

Residents' usual sleep patterns, settling routines and personal preferences are identified during the comprehensive assessment on entry to the home. Residents experiencing difficulty sleeping are offered warm drinks, snacks and/or assisted with hygiene requirements should this be required. Registered staff monitor residents' ongoing needs and effectiveness of strategies in promoting natural sleep. Residents are satisfied with the care and assistance provided to make them comfortable in bed and promote 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 improvements for information about the organisation's continuous improvement systems and processes.

Example of improvements undertaken by the home in relation to Standard 3 Care recipient lifestyle include:

- In response to an organisational initiative, the home has commenced a project to support the uptake and embracement of a person centred care model of care. Training workshops have been conducted for staff and a person centred care committee commenced. The committee supports the generation of new ideas and improvements for residents relating to this new model of care. Management advised positive feedback has been received especially in response to a recent initiative implemented for residents to enhance their dining experience. Further training, improvements and evaluations will continue.

- In response to a suggestion, the home has revised their processes for management of residents' belongings when they have passed away. This has included the use of suitable storage containers to package personal items in preparation for collection by their families. Management advised this new process has enhanced residents' dignity.

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 organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to resident lifestyle.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to compulsory reporting, privacy and security of tenure. Processes are in place to ensure these requirements 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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education processes.

Particular to Standard 3 Care recipient lifestyle, staff have been provided with education sessions in relation to, multicultural awareness, consumer protection and person centred care.

3.4 Emotional support
This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings
The home meets this expected outcome

The home provides information and support to residents before and upon entry to the home and on an ongoing basis to assist their adjustment to the new environment. Information is gathered to identify residents' lifestyle preferences, personal traits and assessment of residents' emotional needs is undertaken. Information about residents' individual needs in relation to emotional support is shared with relevant staff and additional requirements for support are identified on an ongoing basis. Staff support residents who are having difficulty adjusting to their changed circumstances. Residents are given additional assistance to meet other residents within the home, develop friendships and participate in the lifestyle of the home at a pace that suits them. Residents are satisfied with the support they receive and the care and concern shown by staff.

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

Residents' preferences and abilities are assessed by registered nurses and physiotherapist on entry to the home and on an ongoing basis and risks are identified. Residents with special needs are provided with appropriate equipment and support with provision made to maintain personal, legal and civic rights to their optimum ability. Residents' representatives or care staff support access to the community for services, appointments or special events. Staff demonstrate an awareness of individual resident's preferences and limitations. Residents/representatives are satisfied with the assistance received in maintaining personal independence and friendships 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

The home has processes to support residents' privacy and dignity. Residents' privacy and dignity needs are recognised and respected and preferences of each individual resident are communicated to staff. Staff demonstrate an understanding of maintaining residents' privacy, dignity and confidentiality as well as the individual preferences of the residents. Staff are sensitive and respectful in the recording of residents' personal information and information is stored in computer files with password protection and in secure locations. Staff are aware of strategies to maintain residents' privacy and dignity when providing cares. Residents/representatives are satisfied with the level of privacy and respect for dignity being provided by staff at the home.

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

Residents' social history, leisure interests and lifestyle preferences are identified and the information gathered from residents/representatives is then used to create activity programs to stimulate residents' physical, emotional, intellectual, creative, spiritual and social skills. Residents are supported by staff to participate in a range of activities and their choice not to attend is respected. The Lifestyle Coordinator develops a monthly activity calendar and this is communicated to residents, advertised in the newsletter and displayed on noticeboards. Residents participate in the development of the varied group activities and provide feedback individually and in meetings resulting in adjustment of the program in accordance with feedback provided. Residents/representatives are generally satisfied with the support provided by staff to be involved with activities of their choice.

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

Residents' cultural and spiritual needs and preferences are identified and supported and information is communicated to staff to ensure these preferences are reflected in the delivery of care, leisure pursuits and other services. The home accommodates culturally diverse diets as requested or identified on entry. The home recognises and celebrates a variety of traditional and religious events throughout the year in keeping with the residents' preferences and residents are assisted to attend. Religious services are held regularly and residents are supported to attend services of their preference within or outside the home. The organisational Chaplain is available for residents and families/representatives as requested. Residents are satisfied that staff are sensitive to their individual beliefs, customs and cultural backgrounds and the assistance provided to maintain their choices.

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 encourages residents to participate in decisions about the services and care they receive and to have choice and control over their lifestyle. Residents' preferences for care, lifestyle and routines are identified and reviewed on a regular basis. Residents' enduring power of attorney or information about alternative decision-makers is requested and information provided is then made available to staff. Residents have opportunity to express their preferences through day to day interaction with staff, residents' meetings and the home's compliments and complaints process. Staff provide opportunities for choice and utilise strategies to incorporate choice into residents' daily care routines, leisure interests and residents are provided a choice with meal selection where appropriate. Residents/representatives are aware of their rights and responsibilities, have access to information about internal and external complaints processes and are satisfied with their ability to be involved in decision making.

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

Processes are in place to provide information to residents/representatives in regard to security of tenure and their rights and responsibilities through meeting minutes, newsletters and other correspondence. The residential care agreement and resident handbook offered to new residents contains information about residents' rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about advocacy and dispute resolution services. Residents/representatives are consulted should any changes in residents care needs require a room transfer or transfer to an alternative home. Residents/representatives are aware of residents' rights and responsibilities and are satisfied that residents' tenure at the home is secure.

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 improvements for information about the organisation's continuous improvement systems and processes.

Example of improvements undertaken by the home in relation to Standard 4 Physical environment and safety systems include:

- Following review by management, the home has revised their security processes. This involved the rekeying of the facility and creation of key types depending of staff positions. A register is used to monitor the issuing of keys and staff are issued keys according to their positions to restrict unauthorised access. Management advised as a result of this initiative, there has been an improvement in overall security and monitoring of key allocations within the home.

- In response to a review of infection control process by management, the home has implemented a colour coded tagging system. This system is used on meals trays and rooms to alert staff of residents with infections to ensure staff minimise the risk of cross infection. Staff demonstrated knowledge and provided positive feedback on the use of this new system.

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 organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to physical environment and safety systems.

Particular to this Standard, management and relevant staff are aware of their regulatory responsibilities in relation to fire and building compliance, food safety and work health and safety. Processes are generally in place to ensure these requirements 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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education processes.

Particular to Standard 4 Physical environment and safety systems, staff have been provided with education sessions in relation to fire, manual handling, safe food handling and infection control.

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 has processes to provide a safe and comfortable living environment for residents in accordance with their care needs. Residents' safety and comfort needs are assessed when they move into the home and on an ongoing basis. Accommodation provided for residents include a mixture of single and shared rooms with access to common areas for dining, activities and outdoor gardens. There are processes to support the reporting and risk assessment of safety issues, hazards and incidents. The living environment is maintained through cleaning schedules, maintenance programs and the reactive maintenance request system. A planned refurbishment program is scheduled to occur and monitoring of the environment occurs through observations, surveys and the completion of internal audits. Residents/representatives are satisfied with the safety and comfort of the home's living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safety environment that meets regulatory requirements. Management and key staff work in consultation with organisational safety staff to manage work health and safety at the home. Policies and safe work procedures are developed and accessible to staff. Staff are trained in safety requirements at commencement through the orientation program and based on identified risk or need. Hazard and incident reporting processes are implemented to support the identification, assessment and control of risks. Safety assessment and inspections are conducted and actions taken to address identified deficiencies. The home has a safety committee that meets regularly to discuss any safety issues or concerns as well as changes to safety legislation or procedures. Staff are satisfied with management's responsiveness to any safety issues or concerns.

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 ensure fire, security and other emergencies risks are minimised. Fire safety equipment and detection systems are generally inspected and maintained by external service providers in accordance with relevant requirements. Residents are provided with information on what to do in the event of emergency, staff are trained in fire and

emergency procedures and have access to documentation relating to fire, emergency and other incidents. Evacuation diagrams are displayed and fire lists available. Fire drills are conducted to test staff knowledge of emergency procedures, staff attendance is monitored and staff demonstrated appropriate knowledge of the home's fire and evacuation procedures. The home has sign in and out registers for residents and visitors and procedures are implemented to minimise security risks. Monitoring of fire, security and emergency risks occurs through internal inspections/audits and observations.

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

Team's findings
The home meets this expected outcome

The home has an infection control program consisting of preventative procedures and practices, appropriate and sufficient equipment and staff training relevant to their role and responsibilities. The home has pest control measures, waste management processes and a vaccination program in place for staff and residents. Staff have access to hand washing facilities and personal protective equipment located throughout the home. There is information to guide infection control processes throughout the home with outbreak policies and kits in place to guide staff practice should an outbreak occur. There is a monitoring program that oversees the incident of infections to identify trends that may occur and audits are undertaken to ensure staff practices are maintained. Staff attend infection control training on a yearly basis and have knowledge of and practiced infection control principles during care for the residents and service delivery.

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 has processes to ensure that hospitality services are provided in a way that enhance residents' quality of life and staff working environment. Residents' dietary needs and preferences are assessed and this information is communicated to kitchen staff. A cook chill process is implemented for the provision of meal services. All laundry is conducted onsite, residents' personal items are collected and labelled to support the effective return of items. A process to facilitate the return of unlabelled items is implemented. Cleaning duties and information is provided to staff to guide the provision of these services. Monitoring and reviews of the home's hospitality services is conducted through audits, observations, surveys and via other internal feedback mechanism. Staff are provided with ongoing education and safety of the work environment is monitored. Residents/representatives are generally satisfied with the provision of hospitality services at the home.