



Australian Government

Australian Aged Care Quality Agency

Blue Care Star of the Sea Elders Village

RACS ID 5372
Waiben Esplanade
THURSDAY ISLAND QLD 4875

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 27 December 2019.

We made our decision on 16 November 2016.

The audit was conducted on 11 October 2016 to 13 October 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Blue Care Star of the Sea Elders Village 5372

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

Introduction

This is the report of a re-accreditation audit from 11 October 2016 to 13 October 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 October 2016 to 13 October 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Mary Tattam
Team member:	Sandra Lloyd-Davies

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Q.)
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Details of home

Name of home:	Blue Care Star of the Sea Elders Village
RACS ID:	5372

Total number of allocated places:	19
Number of care recipients during audit:	17
Number of care recipients receiving high care during audit:	16
Special needs catered for:	People of Aboriginal or Torres Strait Island descent

Street/PO Box:	Waiben Esplanade
City/Town:	THURSDAY ISLAND
State:	QLD
Postcode:	4875
Phone number:	07 4069 2585
Facsimile:	07 4069 2642
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Service manager	1
Assistant service managers	2
Registered nursing staff	3
Care staff	6
Administration officer	1
Activities staff	2
Facilities manager rural and remote	1
Care recipients	6
Catering staff	1
Laundry staff	1
Cleaning staff	2
Facilities and maintenance manager	1
Maintenance supervisor	1

Sampled documents

Category	Number
Care recipients' files	8
Medication charts	10

Other documents reviewed

The team also reviewed:

- 'Resident of the day' records
- Accident/incident monthly summaries
- Action plans
- Activities documentation (including 'Key to me', attendance and evaluation records and spiritual care daily charts)
- Activities program

- Allied health referral documentation
- Asset register
- Audits
- Behaviour of concern register
- Bowel charts
- Care recipient handbook and agreement
- Chemical use guidelines
- Clinical observation charts
- Clinical risk assessments (including smoking, skin and falls)
- Communication diary
- Compliance updates
- Continuous improvement register
- Correspondence
- Cultural awareness handbook
- Diabetes management documentation
- Dietary profiles
- Dietitian's report
- Feedback forms
- Filing management system
- Fire and evacuation plan
- Fire safety and equipment records
- Food safety program and audit report
- Food, fridge, freezer temperature records
- Handover sheets
- Healing touch workbook and assessments
- Helpdesk after hours contact details
- Incident and hazard reports
- Infection control guidelines

- Infection control reports
- Infection monitoring reports and surveillance records
- Mandatory reporting register
- Menu
- Minutes of meetings
- Monthly clinical feedback reports
- Nutrition and hydration summaries and nutritional supplement register
- Pathology reports
- Police certificate monitoring alerts
- Position descriptions and duty lists
- Preventative and corrective maintenance records
- Record of medical reviews
- Redevelopment site plans
- Restraint assessment and authorisations and monitoring matrix
- Roster
- Self-assessment
- Special day care 'Have a yarn' records
- Staff education records
- Staff handbook
- Surveys
- Weight register
- Work instructions
- Wound management documentation and monitoring register

Observations

The team observed the following:

- Activities in progress
- Care recipient and staff notice boards
- Charter of care recipients' rights and responsibilities displayed

- Daily exercise program and singing
- Disaster kit
- Equipment and supply storage areas
- External complaints and advocacy brochures
- Hand washing facilities and bacterial gel units
- Interactions between staff and care recipients
- Living environment
- Meal and beverage service
- Medication administration and storage
- Outbreak kit
- Small group observation
- Spill kits, sharps containers, and outbreak management kits
- Staff practices

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

Star of the Sea Elders Village is operated by Blue Care and supported locally by the organisation's Indigenous Services Cluster. The home identifies improvement opportunities from feedback forms, quality improvement requests, care recipient/representative meetings, audits, surveys, incident and hazard forms, staff suggestions and verbal feedback. Identified improvements are recorded on an improvement register. The Service Manager monitors actions and timelines generated from continuous improvement activities. Care recipients and staff are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Corporate management identified an opportunity to improve staff development. A leadership program has been developed with a view to providing opportunities for Aboriginal and Torres Strait Islander people to transition into senior management roles. Assistant service manager roles have been developed as part of the organisation's succession planning. The organisation is focusing on sustainable management by mentoring staff across all areas of facility. This is a work in progress.
- Following a review of the electronic filing system, the Service Manager identified an opportunity for improvement. A simple management system has been introduced with hard copy files numbered from one to 10 reflecting the same numbering system as the electronic filing system. Feedback has been positive with management reporting an improvement in communication and time management. Staff state information is easier to find whether in hard copy or on computer.

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 systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The Service Manager ensures legislative updates received from corporate office are distributed to relevant staff. Information is disseminated to staff via email, tool box education sessions, staff meetings and noticeboards. Compliance is monitored through internal and external audits. Results show audits are effective in identifying compliance issues and actions are implemented as required. Staff are satisfied they are informed of changes in relation to regulatory compliance. Care recipients are aware of the re-accreditation audit.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Notification in writing and by telephone of re-accreditation audit communicated to care recipients and representatives,
- Police certificates are current for staff and external contractors,
- Professional registrations are monitored for clinical and allied health staff.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Education needs are identified through staff feedback, clinical indicators, changes to processes and audits. Tool box education sessions are provided on a regular basis. Commencing employees undertake mandatory training as part of the orientation process. Results show the home provides relevant education across the Accreditation Standards. Staff are satisfied with the education and support provided by management. Care recipients are satisfied staff have appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Electronic information management
- Filing system
- Orientation

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

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. On entry to the home care recipients/representatives are provided with information about internal and external complaints mechanisms.

Documentation with this information includes the care recipient handbook and agreement. Feedback forms and brochures about complaints mechanisms are displayed in the home. A locked feedback box is available for confidential lodgement of comments or complaints.

Complaints are recorded on a register and monitored by the Service Manager. Results show care recipients and representatives are aware of internal and external complaints mechanisms. Staff are aware of the comments and complaints system and feel supported in raising concerns with management. Care recipients are satisfied concerns they raise are managed effectively.

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, mission and values are documented in the care recipient handbook, staff position descriptions and code of conduct. Documentation containing the home's values has consistent content and is displayed in the home. The Service Manager reports to the Assistant General Manager, Indigenous services who is responsible to the senior executives. Staff are familiar with the home's values, philosophy of care and commitment to quality.

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 to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. The organisation has recruitment processes to ensure potential employees have appropriate skills and qualifications. Corporate and site processes monitor police certificates and professional registrations. Commencing employees complete an orientation program. The home's management monitors staffing levels and skill mix through staff feedback and care recipients' needs on an ongoing basis. Vacant shifts are filled by local staff. Staff are guided in their roles by duty lists, position descriptions, guidelines and policies and procedures. Staff are satisfied they have sufficient time to complete their tasks. Care recipients are satisfied staff have the appropriate skills to deliver care and services.

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 a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home uses corrective and preventative maintenance processes and external contractors to monitor plant and equipment. Re-ordering and re-stocking of supplies are delegated to relevant staff from various areas within the home. Monitoring processes include an asset register and feedback from staff. Results show stock levels of goods and equipment are reviewed and maintained. Staff and care recipients are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

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's information management systems are effective. The home has processes to provide management and staff with access to sufficient accurate and appropriate information to support them in meeting the requirements of their roles. The home communicates relevant information to staff, care recipients/representatives through activities programs, noticeboards, newsletters, staff and care recipient/representative meetings. Shift handover, email, policies and procedures and tool box education sessions support staff communication processes. Care recipients are assessed by registered staff on entry to the home and care plans are developed from this information. Monitoring processes include feedback forms, care recipient/representative and staff meetings, audits, surveys, incident and hazard reporting. The home has processes for the effective storage, archiving, disposal and management of information. Care recipient files are kept in locked rooms with access by appropriate staff and allied health professionals. Computers are password protected with restrictions on levels of access. Results show staff practices comply with organisational and legislative requirements. Staff are satisfied they have access to information to guide them in the delivery of care and services. Care recipients are satisfied they have access to appropriate information to assist them to make decisions about care and lifestyle preferences.

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 uses externally sourced services to assist in meeting the residential care service's needs and service quality goals. The organisation has agreements with external contractors, including allied health services, pest control, maintenance, fire safety, chemical and pharmacy. Preferred suppliers are required to meet the organisation's safety standards and service quality goals. Monitoring processes include staff feedback, service reports and observation. Results show processes for ensuring external contractors have appropriate qualifications, police certificates, licences and insurance are effective. Service providers are reviewed and changed if considered unsatisfactory. Staff and care recipients are satisfied with the external services provided.

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 continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, the home identifies improvements from care recipient, representative and staff feedback. Other sources of feedback include comments and complaints, clinical audits, incidents and care reviews. Care recipient incidents are monitored, including falls, wounds, infections, behaviours and medication errors. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 2 Health and personal care include:

- Management identified an opportunity to improve behaviour and pain management for care recipients. An external consultant has been engaged to facilitate the 'healing touch' program. Staff have been supported to attend education in Cairns. A workshop has been held on site and three staff have completed higher level training as 'champions' of the program. The program has been incorporated as part of activities of daily living. Initial feedback has been positive with management stating the healing touch program has helped reduce care recipients' challenging behaviours, aggression and pain.
- Following consultation with the Speech Pathologist an opportunity was identified to improve the consistency and variety of modified fluids. Pre-mixed modified drinks that are portion controlled have been introduced. Initial feedback has been positive and care recipients have a greater choice of flavours. This initiative is yet to be fully evaluated.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Care recipients are assessed by appropriately qualified and skilled staff,
- Medication is stored safely and securely,
- A register for the reporting of absconding care recipients is maintained.

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 and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Bowel management
- Diabetes management
- Falls management
- Oral care
- Pressure area care
- Wound 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

Care recipients residing at the home are receiving appropriate clinical care. Clinical care provision is overseen by registered nurses with the support of management and care staff. Initial and ongoing assessment and care planning processes ensure the current care needs of care recipients are identified and met. A medical officer regularly attends the home and care recipients have access to other health professionals when a need is identified. Health professional directives and recommendations are captured in care planning and implemented. Care recipients and/or their representatives have input into care planning interventions through individual consultation and meetings. Care staff are kept informed of changes in care recipients’ health status through shift handover, a communication diary and care plans. Registered and care staff are provided with education opportunities to support them in meeting care recipients’ needs. Clinical care is monitored through monthly ‘resident of day’ reviews, audits, observation of staff practices and the collation, analysis and trending of incidents. Care recipients are satisfied their care needs are met.

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 and met by appropriately qualified staff. Following assessment chronic disease management plans and specialised nursing treatment plans are developed to meet the specialised nursing care needs of care recipients. The home is currently meeting the complex needs of care recipients who require diabetes management, complex wound care and medication related pathology. Specialised equipment can be accessed if required and staff are competent in its use. Care recipients have access to registered staff 24 hours a day and in an emergency can be attended by local hospital resources. Care recipients are satisfied their complex nursing care needs are met.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients have access to other health related services when a need is identified. The home is supported by health professionals from the local hospital and has arrangements with specialists who visit the Island. Referral processes are in place and care recipients have access to services which include podiatry, physiotherapy, dietetics, speech pathology, hearing and vision. Health specialist recommendations are captured,

relevant staff informed and care plans updated accordingly. Staff assist care recipients to attend external appointments if this is required. Care recipients are satisfied with their access to other health professionals.

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 processes to ensure care recipients’ medication is managed safely and correctly. Medication prescriptions are overseen by the visiting medical officer and medications are administered by registered staff. Care recipients who wish to administer their own medications are assessed as competent and supported by staff. Medications are stored safely and stock is monitored for expiry. The frequency of ‘as required’ (PRN) medication use is evaluated and monitored by staff. The home is supported by the local pharmacy and after hours medication can be accessed. Medication receipt and destruction processes are in place and the care recipients’ medications are regularly reviewed by their medical officer.

The medication management system is monitored through the conducting of audits, analysis of medication incidents and observation of staff practice. Care recipients are satisfied with the management of their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients’ pain needs and preferred pain relief interventions are identified through consultation and pain assessment processes (verbal and non-verbal). Pain management interventions are captured in individual care planning to direct staff practice. In addition to medication intervention care recipients are offered heat-packs, massage, healing touch therapy, exercise and movement programs to optimise their comfort. Specialised equipment to manage complex pain can be accessed when a need is identified. Staff are aware of the signs and/or symptoms a care recipient may present with which may indicate they are experiencing pain and the appropriate interventions. Care recipients are satisfied with the interventions to manage their 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 to ensure the comfort and dignity of care recipients during the end stage of their life. The medical officer with the support of registered and care staff oversee the pain and comfort needs of terminally ill care recipients. Care recipient and/or representative conversations relating to palliative care planning is undertaken with respect to the cultural and spiritual needs of the care recipient. Management and staff support the community engagement which may occur during this time and are guided by the wishes of close family members. Care staff are aware of care interventions to maintain the comfort and dignity of care recipients. We observed frail care recipients’ privacy, dignity and comfort cares being attended by staff in accordance with care planning.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Care recipients’ dietary needs, preferences and allergies are identified on entry to the home and reviewed on an ongoing basis. Care recipients’ nutrition and hydration requirements, special diets and preferences are reflected on dietary profiles and meal trays (when utilised) to guide staff. Care recipients are weighed monthly (or more frequently as required) and changes in weight are monitored by registered staff. In the event of care recipients experiencing weight loss interventions include the provision of dietary supplements and fortified meals and/or referral to allied health professionals. Care recipients stated they are satisfied with the meals and drinks they receive.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin assessments identify the individual needs of care recipients. Skin care interventions include the use of moisturisers, pressure relieving devices and limb protectors. Skin care needs are reviewed during hygiene routines, regular re-assessment and changes are communicated in shift handover sessions and care plans. The home has sufficient supplies of skin care products to meet the skin and wound care needs of care recipients. Staff are aware of practices to maintain care recipients’ skin integrity such as regular repositioning and safe manual handling. Monitoring processes include observation of staff practices and the

analysis of skin injury incidents. Care recipients are satisfied the skin care provided by staff meets their needs.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed through assessment and care planning processes. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Care recipients’ continence is monitored daily and care plans are regularly reviewed. Bowel management interventions may include dietary intervention and, following medical officer referral, regular and PRN medication. An external continence advisor can be accessed to support the home and provide education for staff. Processes are in place to ensure sufficient stock of continence aids is maintained to meet care recipients’ individual requirements. Changes to continence routines are communicated to staff at shift handover and in care planning. Care recipients advised their hygiene needs are met by staff.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care and lifestyle assessment, monitoring and care planning processes identify the needs of care recipients with challenging behaviours. Behavioural assessment and individual care planning is undertaken by registered staff and consideration is given to factors which may contribute to a care recipient exhibiting a challenging behaviour. Mental health professionals can be accessed to assist in the management of complex behaviours when required. Care recipients who have challenging behaviours are encouraged to participate in the activities program. Regular medical officer review occurs and staff are aware of their reporting responsibilities in the event of a behavioural incident. Staff are aware of interventions to support care recipients with challenging behaviours. Care recipients advised they are not disturbed by the activities of other care recipients.

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

Processes are in place to assist care recipients to achieve optimum levels of mobility and dexterity. Registered staff and the physiotherapist undertake mobility assessment and regular review of care recipients mobility and transfer requirements. Mobility care plans are developed to guide staff practice. In between the physiotherapist’s visits staff undertake walking and exercise programs, massage and healing touch therapy to

optimise care recipients' mobility and dexterity. Assistive aids such as walking aids, dietary assistive aids and specific manual handling equipment are available. Fall incidents are reported and actioned, and the data collected is analysed and trended on a monthly basis. Care recipients are satisfied with the assistance they receive from staff to mobilise within the home and out in the community.

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 are assisted to maintain their oral and dental health. Care recipients' dental history and preferences relating to the management of their oral and dental health are identified on entry to the home through interview and assessment of their oral health status. Care staff monitor care recipients' ability to self-manage their oral care and assist when required. Registered staff co-ordinate dental referral when the need is identified and transport is arranged to enable care recipients to attend external appointments. Sufficient stocks of equipment and products to meet care recipients' oral hygiene needs are maintained. Care recipients are satisfied with the assistance provided by staff to maintain their 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

Assessment processes identify care recipients' sensory losses relating to hearing, vision, taste, touch and smell. Interventions are developed with consideration of care recipients' care and lifestyle requirements and preferences to optimise their participation in activities of daily living and social interaction. Care recipients are referred to specialists which include an audiologist, optometrist and speech pathologist as needs indicate. When required staff assist care recipients to manage assistive devices such as spectacles and hearing aids to maximise sensory function. Care recipients are satisfied their sensory loss such as hearing and vision is known by staff and that they are assisted appropriately to undertake activities of daily living.

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

The home has processes to assist care recipients achieve natural sleep patterns. The environment is monitored to provide adequate lighting and minimal noise levels are maintained. Staff provide assistance when care recipients have difficulty sleeping which

includes the provision of refreshment and snacks, re-positioning and attending to hygiene cares. Staff are aware of the individual assistance care recipients require to support their preferred sleep and settling routines. Care recipients indicated satisfaction with interventions to manage their 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 continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient/representative meetings, surveys, comments and complaints and verbal feedback. Staff encourage and support care recipients/representatives to provide feedback and suggestions. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- Following a review of the activities program by the Service Manager and Administration Officer an opportunity was identified to improve the activities program. Management and staff developed ideas with a focus on activities that cater for the cultural and spiritual needs of care recipients. The Administration Officer is able to purchase items on-line for the development of the program. The activities calendar has been updated to reflect culturally relevant activities with a greater focus on community involvement. Feedback has been positive and management state care recipient Elders performed for the local community earlier in the year.
- The Service Manager identified an opportunity to improve monitoring processes for the activities program. An external service provider assists the Administration Officer with review of care plans and the ‘resident of the day’ program. The Administration Officer has been supported to undertake education in leisure and lifestyle with a view to developing a program without assistance from the external service provider. Leisure and lifestyle documents are up to date, providing current information on care recipients. This is an ongoing initiative and yet to be fully evaluated.
- Following an interview by a local radio station of an Elder representative, an opportunity was identified to create a broadcast on a regular basis with care recipient input. The broadcast is recorded and used to communicate with family members on the surrounding islands. Care recipients talk, sing and send messages to their families. The broadcast is played by the local radio station on a fortnightly basis. Feedback from care recipients has been positive and staff state care recipients enjoy hearing themselves on the radio. The program has encouraged care recipients to reminisce about life on the islands.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Privacy and consent to release information is available,
- A consolidated record for reporting allegations of elder abuse is maintained, Residential services agreements are provided.

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 and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Consumer protection (elder abuse)
- Cultural awareness handbook
- Healing touch.

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

On entering the home care recipients are supported by management and staff to adjust to their new surroundings. Care recipients are encouraged to participate in social functions at the home and establish new friendships. Valued community connections are identified and staff assist care recipients to maintain this contact. Pastoral support is available to provide

additional emotional support when required. Care recipients are encouraged to furnish their rooms with their personal and familiar items and family visits are encouraged.

Communication processes between the clinical and lifestyle staff ensure relevant staff are informed of the current emotional needs of the care recipients. Staff are aware of strategies to provide assistance and emotionally support care recipients residing at the home. Care recipients are satisfied with the way staff emotionally support them to adjust to the home on entry and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment and re-assessment of care recipients' needs is conducted to ensure care recipients are assisted to achieve maximum independence relating to care, lifestyle and decision making while residing at the home. Regular review of care recipients' ability to perform activities of daily living are undertaken and inform care planning. Care recipients' social, civic and cultural needs and preferences are identified and facilitated by the home. Care recipients' family and other significant persons are informed of events at the home and encouraged to participate in social functions and outings. Staff are aware of interventions to support care recipients to achieve maximum independence. Care recipients are satisfied with the staff support they receive which enables their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care recipients' privacy and dignity needs are identified through consultation and assessment processes and communicated to staff. The home's expectations for maintaining privacy, dignity and confidentiality are reinforced during observation and supervision of staff practice. Staff obtain consent for entry to care recipients' rooms, close doors/curtains during cares and respectfully address care recipients using their preferred name and in a culturally appropriate manner. Care recipients' confidential information is stored securely. Care recipients are satisfied their privacy and dignity is maintained.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients past and current lifestyle interests are identified on entering the home and considered in the development of the home's activities program. A wide range of activities are provided within the home and outings into the community are accommodated. Care recipients and their family members are encouraged to attend the home to participate in the daily activities. Care recipients have opportunity to provide feedback and have input into the program through meetings and on a one to one basis with activities staff. Staff advised they have sufficient equipment and resources to meet care recipients' craft requirements and other activities of interest. Monitoring mechanisms include care recipient feedback at meetings, monitoring care recipient attendance at activities and evaluation of events. Care recipients are satisfied with the variety of leisure activities offered by the home.

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

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Situated in the Torres Strait local culture is fundamental to daily life at the home. Religious services are regularly held in the home's chapel and care recipients are supported to attend services in the community if this is their preference. Religious advisors are available to visit individual care recipients to provide cultural, spiritual, social and emotional support if this is requested. Days of personal, cultural and spiritual significance are planned and celebrated with family members encouraged to attend. Care recipients are regular participants in cultural celebrations and events on the Island. The home regularly provides a meal which is culturally familiar to care recipients and management is receptive to care recipient suggestions regarding these meals. Care recipients are satisfied their cultural practices and spiritual beliefs are provided for and respected by management and staff.

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

Information is provided to care recipients and/or their representatives on entry to the home regarding the care and services offered to meet their physical, cultural, emotional

and social needs. Consultation processes ensure care recipients and/or their representatives have an understanding of avenues to lodge a complaint or suggestion and advocacy processes.

Management and registered staff are aware of processes to appoint alternative decision makers for care recipients when a need has been identified. Staff are aware of interventions to enable care recipients to exercise choice and make decisions relating to activities of their daily living. Care recipients are satisfied they are enabled to exercise choice and make decisions over their lifestyle at the home.

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 have secure tenure within the home, and are informed of their rights and responsibilities. Care recipients and/or their representatives are provided with information regarding care recipients' rights and responsibilities and security of tenure prior to and on entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure and goods and services to be provided by the home. Care recipients and/or their representatives are consulted about any changes to their security of tenure, rights or responsibilities through correspondence, individual conversation, and discussion at meetings as the need arises. Care recipients' rights and responsibilities are displayed at the home and care recipients advised they are aware they have secure residency.

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 continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through observation, incident and hazard reports, comments and complaints processes, maintenance records and audits. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- Corporate management identified an opportunity to improve manual handling practices for their staff. An external manual handling consultant was engaged to provide education and assistance. Two staff have been nominated by their peers to take on the role of manual handling champions. The manual handling champions work with care staff to identify and document manual handling risks using a manual task hazard identification card. Staff identify risks and are assisted to develop actions to resolve safety issues. This initiative is a work in progress. Ongoing support is provided by the consultant and management state the program has empowered staff.
- Following approval for a grant from the Australian Government, management have developed plans for a major redevelopment of the existing site. The redevelopment will include a combination of new and refurbished accommodation for 40 care recipients and a total of 32 staff. The redevelopment will be undertaken in three stages, with stage one scheduled to commence late November 2016. The management of the home, staff, care recipient and members of the Indigenous community have met with the architects to discuss planned improvements to the living environment. This improvement is a work in progress and due for completion in June 2018.

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 regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Fire safety records
- Food safety plan and audited report
- Personal protective equipment is available.

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 and staff development systems and processes.

Examples of education provided to staff in the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Chemical
- Fire safety
- Food safety
- Hand washing
- Infection control
- Manual handling
- Risk management
- Work, health and safety

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Management actively works towards providing a safe, clean and comfortable environment that is consistent with care recipients' care needs. Care recipients are accommodated in single rooms with ensuite bathroom facilities. Care recipients have access to communal living and dining areas, including grassed areas and a gazebo. Care recipients are encouraged to personalise their rooms to reflect individual preferences. The home has a minimal restraint approach and physical restraint is risk assessed and used in consultation with the care recipient and/or representative. The living environment is monitored through environmental inspections, incident and hazard reporting, audits and preventative and corrective maintenance processes. Results show observations are conducted on a regular basis and safety issues are identified and addressed. Staff are aware of their roles in assisting to maintain a safe and comfortable environment. Care recipients are satisfied with the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. Risk assessments are conducted on all hazardous substances and an electronic risk register is maintained for all other work, health and safety risks. A Work, Health and Safety Advisor supports the service to review incident and hazard reports.

Monitoring processes include audits, incident and hazard reporting, environmental observations and preventative and corrective maintenance. Results show work area inspections are effective in identifying safety issues. Staff receive training regarding their work, health and safety responsibilities at orientation. Manual handling trainers provide support to staff to identify and minimise risks in the work environment. Staff have access to personal protective equipment, standard operating procedures and guidelines.

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 systems and processes to provide a safe environment through the minimisation of fire, safety and security risks. Evacuation maps are located throughout the home and emergency procedures are accessible to staff. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems.

Monitoring processes include audits, incident and hazard reporting and environmental observations. Results show fire safety records are up-to-date and maintenance requests are actioned promptly. Staff attend annual fire training and are aware of their responsibilities in the event of an emergency. Notices on what to do on hearing a fire alarm are posted in the facility.

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 maintains an infection control program that meets Australian government infection control guidelines. There are processes for outbreak management, care recipients and staff immunisation, pest control and safe food handling. Care recipient infections are identified by registered staff and appropriate interventions implemented. Pest control treatments are conducted by external service providers. The home has an audited food safety program and has processes to manage infectious outbreaks, including colour coded laundry bags. The infection control program is monitored through internal and external audits, incident reporting and observations. Results show an effective infection control system is in place. Staff have access to personal protective equipment, hand sanitisers and attend infection control education.

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 provides hospitality services in a way that enhances each care recipients' quality of life and the staff's work environment. Care recipient needs are assessed on entry and hospitality services are planned, implemented and monitored. Catering staff use a four week rotating menu which has been reviewed by a dietitian. Meals are prepared on site and catering staff are guided by a food safety plan and care recipient dietary profile. Cleaning and laundry services are guided by infection control procedures, duty lists and safety data sheets. Cleaning is scheduled throughout the week for care recipients' rooms

and communal areas. Laundry services are available on-site for care recipients' personal clothing and flat linen.

Monitoring of hospitality services includes audits and care recipient/representative feedback. Results show care recipients' needs in relation to catering, cleaning and laundry are documented and reviewed on a regular basis. Staff are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients are satisfied hospitality services are provided in a manner that meets their needs and preferences.