Australian Government

Australian Aged Care Quality Agency

Reconsideration Decision

Carinya Residential Care Centre RACS ID: 6762

Approved Provider: Allity Pty Ltd

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	10 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 February 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 06 April 2015 to 06 December 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	06 April 2015
Accreditation expiry date	06 December 2018

Carinya Residential Care Centre

RACS ID 6762
39 Fisher Street
MYRTLE BANK SA 5064

Approved provider: Allity Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 April 2018.

We made our decision on 10 February 2015.

The audit was conducted on 12 January 2015 to 13 January 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1:   Management systems, staffing and organisational development
Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2:   Health and personal care
Principle:
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3:   Resident lifestyle
Principle:

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

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

Standard 4:   Physical environment and safe systems
Principle:

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

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

Audit Report

Carinya Residential Care Centre 6762

Approved provider: Allity Pty Ltd

Introduction

This is the report of a re-accreditation audit from 12 January 2015 to 13 January 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 January 2015 to 13 January 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:	Sandra Lloyd-Davies
Team member:	Cate Quist

Approved provider details

Approved provider:	Allity Pty Ltd

Details of home

Name of home:	Carinya Residential Care Centre
RACS ID:	6762

Total number of allocated places:	59
Number of care recipients during audit:	57
Number of care recipients receiving high care during audit:	57
Special needs catered for:	People with dementia or related disorders

Street:	39 Fisher Street	State:	SA
City:	MYRTLE BANK	Postcode:	5064
Phone number:	08 8130 6444	Facsimile:	08 8130 6414
E-mail address:	wmartin@ech.asn.au		

Audit trail

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

Interviews

	Number		Number
Management (site and corporate	5	Care recipients/representatives	9
Clinical, care and lifestyle staff	11	Ancillary staff	6
Administration and quality assurance staff	2		

Sampled documents

	Number		Number
Care recipients' files	6	Medication charts	9

Other documents reviewed

The team also reviewed:

- Action summary reports

- Activities program

- Audit schedules

- Cleaning schedules

- Communication diary

- Competency assessments

- Continuous improvement plan and project information

- Contractor management processes

- Corrective and preventative maintenance records

- Dietary supplement list

- Education and training information

- Equipment service records

- Equipment trial evaluations

- Food safety program monitoring information

- Handover sheets

- Human resource management information

- Incident and hazard data and analysis

- Lifestyle activities review schedule

- Mandatory reporting register

- Menu

- Newsletters

- Nutritional analysis of the menu

- Pest control records

- Police certificate management process
- Reportable infection notification log
- Resident and accommodation agreement
- Resident dietary needs information
- Resident handbook and admission information pack
- Restraint authorisations
- Schedule 4 and 8 drug licence
- Self-assessment
- Staff handbook
- Staff orientation handbook
- Staff registration monitoring system
- Temperature testing records
- Test and tag records
- Triennial fire safety certificate
- Various audits, surveys, action plans and outcomes
- Various meeting minutes
- Various policies, procedures and guidelines
- Work health and safety information
- Workplace inspections

Observations
The team observed the following:
- Activities in progress
- Archive storage
- Charter of residents' rights and responsibilities
- Chemical storage
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation box
- Fire-fighting equipment and guidelines
- Infection control boxes
- Interactions between staff and care recipients
- Living environment
- Meal service
- Medication round
- Personal protective equipment
- Security systems
- Short observation in the memory support unit

- Storage of medications
- Suggestion boxes
- Various noticeboards

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

Carinya is part of the Allity Group and is guided by a corporate continuous improvement system to identify improvements and monitor performance against the Accreditation Standards. Continuous improvement ideas originate from a variety of sources, including care recipient and other stakeholder feedback, staff suggestions, strategic planning processes and analysis of adverse event data. Care recipients are encouraged and supported to make suggestions and their ideas are recorded, considered and acted upon. Activities identified as genuine improvement opportunities are recorded on a continuous improvement log and progress monitored through individual action summary reports and evaluation records. Progress and evaluation of improvements is reviewed at senior management and Quality Committee meetings. Staff interviewed gave examples of current improvements and said they are encouraged to make suggestions and to participate in ongoing improvement of care and services.

Examples of improvement initiatives implemented over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to a suggestion from care recipients, management implemented a recognition and reward program for staff. Their objective is to recognise staff who go above and beyond their duties to assist care recipients, families and other staff. The general manager personally thanks two selected staff every month and gives them a thank you card and gift voucher. Staff feedback shows they appreciate recognition of their contribution to care and services.

- In response to staff feedback, management reviewed staff development practices in relation to supervision and management of care. Their objective was to give registered and enrolled nurses support to develop leadership skills and to better manage care recipient requirements and other staff. Two retreats for nursing staff were conducted in 2014. Topics included leadership, clinical assessment, documentation, brain and behaviours, dementia, restraint, coaching and mentoring and roles and responsibilities. Feedback from staff shows attendees enjoyed the retreat and said they gained knowledge and skills to assist in their role. Managers feedback they have noticed an increase in staff ability to lead teams and problem solve.

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

Allity has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Regulatory compliance is overseen by the Regulatory Compliance Committee, who meet every month, review policies, procedures and changes in legislation and distribute information to site management. The general manager uses the home's communication systems to inform staff of legislative changes and updates to professional practice guidelines. The home monitors regulatory compliance through the audit system, site inspections and review of staff practices. Results show processes are effective in identifying and communicating regulatory compliance requirements. Staff interviewed gave examples of legislative responsibilities relevant to their role.

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

- Care recipients and representatives notified in writing of accreditation audits

- System to manage police certificates for relevant individuals

- System to monitor professional registrations

- Informing staff of Living Longer Living Better reform process.

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. Management identify training needs through review of the annual Professional Development Program, audit findings, analysis of incident data, current care recipients' needs and staff feedback. Training mechanisms include induction programs, staff retreats, on-line education packages and internal and external training facilitators. Individual training sessions are evaluated and the effectiveness of the program is monitored through staff performance development and competency assessment procedures. Results show the home provides a variety of training to meet staff professional development needs and organisational mandatory requirements. Staff interviewed said they are encouraged and supported to participate in the ongoing education program. Care recipients interviewed 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 organisation development include:

- Leadership training for managers and nursing staff

- Managing staff

- Coaching and mentoring

- Documentation for care workers

- Bullying and harassment.

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. Mechanisms for complaint are documented in resident handbooks, agreements and newsletters and discussed at resident forums. Internal feedback forms and external complaint and advocacy information is displayed throughout the home. Secure suggestion boxes are on display. Suggestions, compliments and complaints are recorded on a register, collated into category and reviewed every month by the management team. Management reviews the effectiveness of complaints mechanisms through feedback from care recipients and representatives. Results show care recipients and representatives are aware of internal and external complaint mechanisms and their concerns and suggestions are responded to in a timely manner. Staff interviewed described processes for responding to care recipient complaints and said management are responsive to issues raised. Care recipients and representatives interviewed said they are comfortable to raise concerns and suggestions and are satisfied with the timeliness and actions taken as a result.

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

Allity values, vision, philosophy of care and commitment to quality are documented throughout care recipient and staff information and displayed in the home. Allity's philosophy is to promote person-centred care with the aim of providing quality care and services in a home-like environment where residents are valued and respected.

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 is guided by corporate processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. The management team monitors staffing levels and skill mix through consideration of care recipient care needs, staff feedback and regulatory requirements. New and relief staff are allocated through the organisational resource pool with agency staff as back up if required. Corporate and on-site processes, including, orientation, training, competency assessment and buddy shifts, support new and relief staff to perform their role. Positon descriptions, duty statements and on-site guidelines inform staff of their responsibilities. There are processes to monitor staff qualifications and police certificate requirements. Management review staff numbers and

monitor staff skills through audits, training programs, staff feedback, performance management processes and review of adverse event data. Results show the home maintains sufficient and appropriately skilled staff to deliver care and services. Staff interviewed said they have access to information regarding their duties and they have sufficient time to provide appropriate support for care recipients. Care recipients interviewed said they are satisfied with staff practices, their responsiveness and the manner in which care is provided.

1.7   Inventory and equipment

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

Team's findings
The home meets this expected outcome

The home is guided by corporate systems to identify and monitor goods and equipment required to provide a quality service. Corporate purchasing systems, approved supplier agreements and imprest stock systems, direct management of goods and equipment. There are risk assessment and safe operating procedures for equipment and training for staff in safe use and management of goods and equipment. Electrical items are tested and tagged and there are scheduled maintenance and cleaning programs for equipment. Monitoring processes include audits, staff feedback, medical supply usage reporting and service registers. Results show sufficient supplies of safe and appropriate goods and equipment are maintained. Staff, care recipients and representatives are satisfied there are adequate and appropriate stocks of goods and equipment to provide 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 and representatives through activities programs, noticeboards, handbooks, staff and care recipient meetings. Shift handover, communication diaries, email, intranet, policies, procedures, guidelines and education sessions support staff communication processes. Care recipients are assessed on entry to the home and care plans are developed from this information. Monitoring processes include feedback forms, resident and staff meetings, audits, surveys, incident and hazard reporting. Results show information is used effectively to communicate with relevant stakeholders. The home has processes for the effective storage, archiving, disposal and management of information. Care recipient care plans are kept in locked trolleys. Care recipient files are kept in nurses' stations with access limited to appropriate staff, medical officers and allied health professionals. Computers are password protected and staff have an individual logon. Staff interviewed are satisfied they have access to information to guide them in the delivery of care and services. Care recipients and representatives interviewed 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

External services are provided in a way that meets organisational safety and quality requirements. The contractor management process is overseen from a corporate level and includes contractor agreements and specific requirements for on-site practices. Processes include maintenance of appropriate licenses and police certificate requirements, liability insurance, contract review and site induction. The home monitors satisfaction with external contractors through observation of practices, feedback from care recipients and staff and audit process. Results show contactor services are managed and provided according to the home's care service needs and organisational service quality goals. Staff and care recipients interviewed said they 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, clinical staff record and monitor clinical incident data and consult with care recipients and representatives during the care review process. Improvement opportunities are identified through this process.

Examples of improvement initiatives related to health and personal care implemented in the last 12 months include:

- In response to feedback from staff and families, senior staff identified an opportunity to improve staff knowledge, skills and comfort in providing palliative care. The palliative care specialist implemented a training program for care and nursing staff with topics including hot towel sponges, the use of infusion pumps and palliative care. Staff also completed a DVD and workbook for palliative care. The palliative care specialist provided on the spot demonstrations for staff and discussed individual care needs and comfort measures. The program included a session for care recipients and families regarding end of life care and dementia. Evaluation processes show the program was effective in improving staff knowledge and skills in providing palliative care.

- An opportunity to improve pain management was identified through observation of staff practices and consideration of staff feedback. The objective was to improve staff practices regarding the application of compression bandage for pain management. Clinical staff reviewed storage of individual supplies and implemented storing compression bandage in care recipients' rooms. Information regarding the area for application was identified by a diagram and detailed information in the care plan. An audit of staff practices led to further improvements in the instructions and diagram for staff regarding the correct placement of the compression bandage. These details are displayed in the care recipient's room for easy access. Evaluation processes show staff are now providing pain management according to planned care needs.

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 further information relating to 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:

- Licences to possess and administer S4 and S8 medications

- Protocol and procedures for management and reporting of missing care recipients

- Processes and appropriately qualified staff to provide for specified care and services

- Medication Advisory Committee meetings.

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.

In relation to Standard 2 Health and personal care, staff performance development processes, staff practice audits and changes to care recipients' needs are used to identify and plan staff education.
Examples of education conducted in the last twelve months in relation to Standard 2 Health and personal care include:

- Wound management

- Clinical skills workshop for care staff

- First aid

- Managing behaviour

- Dementia/palliative care

- Clinical risk

- Continence management

- Behaviour 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 receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and review processes. An initial assessment and interim care plan are completed on entry to the home. Assessments are completed in consultation with care recipients/representatives and other health care providers. This information is used to develop care plans that are reviewed four monthly. The home monitors care recipients' clinical care through monthly weighs, bowel charts, pain charts, 'Head to Toe' checks, care reviews and clinical audits. Changes are communicated to staff through handover, progress notes and diaries. Medical officers are notified of significant changes in care recipients' health status. Care recipients are referred to specialists and mental health services as required. Results show care recipients' needs are documented, reviewed and changes to care are implemented as required. Information provided by staff interviewed is consistent with care recipients' care plans. Care recipients

and representatives interviewed said they are satisfied with the health and personal care provided.

2.5   Specialised nursing care needs
This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients' care needs change. Individualised care plans are developed in consultation with care recipients' medical officers and other health professionals. The home has access to external specialists to assist in meeting care recipients' individual needs. Specialised nursing care is monitored through care plan reviews, audits and observations. Results show care recipients' needs are documented and reviewed. Staff interviewed said they have access to education where specialised care is required, including stoma and catheter care, wound care and pain management. Care recipients and representatives interviewed said they 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

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients' needs for specialist health referrals are identified through care reviews, consultation and observations. Physiotherapy services are provided on-site and assessments of care recipients' needs are completed on entry to the home and on an ongoing basis. Care recipients are referred to a variety of health services, including podiatry, dietary, speech pathology and mental health services. Changes to care recipients' needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include audits, care reviews and consultation with care recipients and representatives. Results show care recipients' needs are documented and reviewed. Staff interviewed said they assist care recipients to attend external appointments where possible. Care recipients and representatives interviewed said they are satisfied they have access to health specialists according to care recipients' needs and preferences.

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

Care recipients' medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients' medication needs are identified on entry to the home. Each care recipient has a medication chart with their photograph, personal details and administration instructions. Medications are stored safely and securely. Medications are pre-packaged in sachets and

administered by registered and enrolled nurses. Monitoring processes include care reviews, incident reporting and audits. Medication issues are discussed at relevant meetings. Results show a reduction in signature omissions following the implementation of a new auditing system. Relevant staff interviewed said they undertake annual medication competencies. Care recipients and representatives interviewed said they are satisfied with the level of consultation and management of care recipients' medication.

2.8   Pain management
This expected outcome requires that "all care recipients are as free as possible from pain".

Team's findings
The home meets this expected outcome

Care recipients' pain is managed to ensure they are as free as possible from pain. Care recipients' pain is managed through initial and ongoing assessment and review processes. This information is used to develop individualised care plans in consultation with medical officers and other health professionals. Pain monitoring tools are used to assess all care recipients including those with cognitive deficits. In addition to medication, the home uses interventions, such as massage, heat packs, therapeutic creams and repositioning to assist in managing care recipients' pain. Monitoring processes include care plan reviews, observations and audits. Results show care recipients' pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients' pain is managed according to their individual needs and preferences.

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 maintain the comfort and dignity of terminally ill care recipients. Care recipients' end of life wishes are identified on entry to the home. This information is used to develop individualised care plans. The home has links with external palliative care services. Pastoral services are available to provide emotional and spiritual support to care recipients and representatives. Monitoring processes include observation, clinical review and feedback from representatives. Results show care recipients' advance directives or medical power of attorney are documented and implemented as required. Relevant staff interviewed said they have attended palliative care education. Written feedback from representatives expressed satisfaction with the home's approach to the care provided for terminally ill care recipients.

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 nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage

care recipients' nutrition and hydration needs and preferences. This information is used to develop individualised care plans. Dietary supplements are provided to care recipients as required. Care recipients' with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary. Monitoring processes include monthly weighs, audits and care plan reviews. Results show care recipients' needs in are accurately documented and reviewed. Clinical staff are responsible for updating care recipients' nutrition and hydration care plans and communicating changes to kitchen staff. Staff interviewed said they assist care recipients with their meals as required. Care recipients and representatives interviewed said they are satisfied care recipients' nutrition and hydration needs and preferences 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

Care recipients are provided with care that maintains their skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. A skin assessment tool is used to assess the level of risk for each care recipient. This information is used to develop individualised care plans. Preventative strategies include memory foam mattresses, moisturising creams, bed cradles, air flow mattresses, limb protectors, compression bandages and repositioning. Wounds are assessed, managed and reviewed by registered nursing staff. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show regular 'Head to Toe' checks have been effective in monitoring care recipients' skin integrity. Staff interviewed said they use various strategies to maintain care recipients' skin integrity. Care recipients and representatives interviewed said they are satisfied care recipients' skin integrity is maintained.

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 receive care that manages their continence according to their individual needs and preferences. Initial and ongoing assessments and review processes identify and manage care recipients' continence needs. This information is used to develop individualised care plans that document continence aids, assistance required and strategies for managing continence. A continence link nurse supports care recipients' continence needs. Monitoring processes include, bowel charts, toilet schedules, care plan reviews and observations. Results show care recipients' needs are documented and reviewed. Staff interviewed said they have attended continence management education. Care recipients and representatives interviewed said they are satisfied care recipients' continence needs are managed effectively.

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

Team's findings
The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews and audits. Wrist alarms are also used for care recipients at risk of absconding. Referrals are made to mental health services and behaviour management specialists as required. Results show care recipients' behaviours are documented and reviewed. Staff interviewed said they use of variety of strategies to assist with the management of challenging behaviours. Care recipients and representatives interviewed said they are satisfied with the home's approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings
The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients' mobility and dexterity needs. These processes include assessment by a physiotherapist. Equipment such as, low beds, mobility aids, hip protectors and specialised cutlery are available to assist care recipients to maintain their independence, mobility and dexterity. Monitoring processes include incident reporting, care plan reviews, clinical audits and physiotherapy reviews. Results show care recipients' mobility, dexterity and rehabilitation needs are documented and reviewed. Staff interviewed said they attend annual mandatory manual handling education. Care recipients and representatives interviewed said they are satisfied the care provided optimises care recipients' mobility and dexterity.

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

Team's findings
The home meets this expected outcome

Care recipients' oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' oral and dental needs. This information is used to develop individualised care plans. Care recipients are able to choose their own dentist and are assisted to book appointments. Monitoring processes include care plan reviews, audits and 'Head to Toe' checks. Results show care recipients' dental needs are documented and reviewed. Staff interviewed said they have access to oral and dental hygiene education. Care recipients and representatives interviewed said they are satisfied the care provided maintains care recipients' 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

Care recipients' sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' sensory needs for all five senses. Care recipients are assisted to use equipment such as hearing aids and prescription glasses where appropriate. Equipment and services used to support care recipients with sensory loss include large print books, newspaper readings and audio books. Monitoring processes include care plan reviews and audits. Results show care recipients' sensory needs are documented and reviewed. Staff interviewed said they assist care recipients and representatives with referrals to optometrists and audiologists. Care recipients and representatives interviewed said they are satisfied care recipients' sensory losses are identified and managed 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

Care recipients are provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients' sleep patterns. This information is used to develop individualised care plans that identify care recipients' sleep preferences, including preferred settling and rising times. Environmental preferences and strategies, including warm drinks, repositioning and pressure care mattresses are offered to support natural sleep patterns. Monitoring processes include care plan reviews, incident reporting and audits. Results show non-pharmacological strategies are effective in assisting care recipients' to achieve natural sleep patterns. Staff said they use the home's Lifestyle Model of Care in relation to sleep strategies. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients' to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle
Principle: Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1   Continuous improvement
This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 3, Care recipient lifestyle, improvement opportunities are identified through care recipient feedback and evaluation of the activity program.

Examples of improvement initiatives related to care recipients' lifestyle implemented in the last 12 months include:

- Through observation of care recipients' comments during the admission process, staff identified an opportunity to assist care recipients to feel welcome in their new environment. Staff implemented a welcome process, including a welcome pack, flowers from the garden and card. The welcome pack includes a nail care kit, toiletries, comb, toothbrush, shower cap and shower caddy. Feedback from new care recipients shows they appreciate the welcome process and the useful gifts.

- In response to feedback from families, the home reviewed lifestyle activities in the memory support unit in the afternoon. Staff duties were restructured to allow lifestyle staff to remain in the unit in the afternoon to provide activities for care recipients. Following staff consultation a new program of activities has commenced in the afternoon, including domestic activities, sing-a-long, balloon volley ball and craft, in addition to the activities already in place. Staff observe care recipients are engaged and participate in the activities which improves sleep patterns and reduces wandering behaviours.

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 further information relating to the home's regulatory compliance systems and processes.

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

- Advising staff of changes to the Privacy Act

- Advising staff of changes to Advance Care Directives

- Procedure for reporting of assaults and relevant staff education

- Security of tenure procedures.

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.
The staff performance development processes, staff practice audits and changes to care recipients' needs are used to identify and plan staff education.

Examples of education conducted in the last twelve months in relation to Standard 3 Care recipient lifestyle include:

- Elder abuse

- Privacy, dignity and confidentiality

- Lifestyle model of care

- Integrity, respect , empathy, values

- Customer service.

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

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are assessed on entry to the home in relation to their emotional needs and are assisted to settle into their new environment. Initial assessment, ongoing review processes, observations and one-to-one discussions identify care recipients' emotional support needs and personal preferences. This information is used to develop individualised care plans. Care recipients receive a welcome pack on entry to the home and are introduced to staff and other care recipients. The home monitors care recipient satisfaction with emotional support through comments and complaints, lifestyle and care reviews and surveys. Results show that the home's assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed said they report any identified changes in care recipient health status to senior staff. Care recipients and representatives interviewed are satisfied that care recipients' receive emotional support 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 maintain independence, friendships and participate in the life of the home and community. Care recipients' lifestyle preferences, interests and abilities are identified during the care planning process and reviewed regularly. Physiotherapy

assessments and mobility aids support care recipients to maintain their independence. Care recipients' have a locked drawer in their rooms and access to a trust fund account. Representatives and community groups are welcomed in the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, meetings and surveys. Results show the home's processes are effective in identifying care recipients' preferences and abilities. Staff interviewed said they have strategies to assist care recipients' to achieve maximum independence. Care recipients and representatives interviewed are satisfied the home assists care recipients' to maintain 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 and lifestyle plans identify care recipients' privacy and dignity needs and requests. Shared lounges and private areas are available for care recipients and representatives to use. Staff support care recipients' privacy, dignity and confidentially by knocking on doors before entering, calling care recipients by their preferred name and ensuring care recipients' information is stored securely. Monitoring processes include comments and complaints, meetings and surveys. Results show the homes' documentation is effective in informing care recipients of their right to privacy, dignity and confidentiality. Staff interviewed said they have strategies to maintain care recipients' privacy and dignity. Care recipients and representatives interviewed are satisfied that care recipients' privacy, dignity and confidentially is recognised and respected.

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 are encouraged and supported to participate in a range of interests and activities of interest to them. On entry to the home care recipients and/or representatives are consulted and a lifestyle assessment is completed. Care and lifestyle assessments identify care recipients' interests, abilities and preferred activities. This information is used to develop group and individual activity programs. Activity programs are displayed on noticeboards around the home and in care recipients' rooms. Care recipients are informed about activities by lifestyle staff and are provided with support to attend. Lifestyle plans are evaluated on a four monthly basis through reviewing activity participation and consultation with care recipients and/or representatives. The lifestyle program is monitored through attendance records, feedback at meetings and surveys. Staff interviewed said care recipients' are supported to attend activities of interest to them. Care recipients and representatives interviewed are satisfied with the support provided to participate in group and individual interests and activities.

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. Initial and ongoing assessments identify care recipients' individual cultural and spiritual preferences. Care recipients are assisted to maintain religious and spiritual support through pastoral visits and church services at the home. Volunteers support care recipients in these activities. The home celebrates significant spiritual and cultural days such as birthdays, Christmas, Anzac Day, Australia Day and Melbourne Cup Day. Monitoring processes include care and lifestyle reviews, comments and complaints, audits, surveys and meetings. Result shows care recipients' cultural and spiritual preferences are documented. Staff interviewed said care recipients' cultural and spiritual needs are respected. Care recipients and representatives interviewed are satisfied that care recipients' individual interests, religious and cultural needs are identified and fostered.

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

Team's findings
The home meets this expected outcome

Each care recipient or their representative participate in decisions about the services the care recipient receives and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipient preferences for activities of daily living, leisure and lifestyle choices, civic interests and medical officers. This information is used to develop care plans. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings and surveys. Brochures for external advocacy services are displayed in the home. Results show information about care recipients' rights and responsibilities are included in residential service agreements and care recipients' choices are respected and encouraged. Staff interviewed said care recipients' rights to make informed choices are respected. Care recipients and representatives interviewed are satisfied care recipients' right to exercise choice and control is met.

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

Corporate and on-site systems support care recipients to understand their rights and security of tenure arrangements. Prior to entry the care recipient and family are given an information pack with details of the care to be provided, care recipient rights and responsibilities and security of tenure information. On entry the resident handbook and resident agreement provide security of tenure details and feedback mechanisms. Ongoing access to information is provided through clinical consultation, displays of care recipient rights and responsibilities

and advocacy service information. Staff induction includes information relating to care recipients' rights and staff responsibilities to protect those rights. Compliance with security of tenure responsibilities is monitored through regulatory compliance audits and feedback from care recipients and representatives. Results show the home meets legislative requirements with regard to security of tenure. Staff demonstrated their understanding of care recipient rights and staff responsibilities. Care recipients and their representatives are satisfied they have access to relevant information and are satisfied with security of tenure arrangements.

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, improvement opportunities are identified through review of environmental monitoring results and care recipient feedback.

Examples of improvement initiatives related to the Physical environment and safe systems implemented in the last twelve months include:

- In response to a staff injury, sharps management practices were reviewed and improved. The clinical management team researched for appropriate, safe equipment for use with injections and blood glucose testing. Retractable syringes and lancets have been sourced and implemented. In addition, a point of use sharps container assists staff to maintain safe practice. There have been no further incidents with sharps.

- In response to a staff request, management reviewed staff practices and general infection control procedures. Following review and consultation processes the home has implemented new practices including:

  o Out-sourcing the regular changing of catheters to a specialist service. Developing an overview monitoring sheet to show when catheter replacements are due.

  o All care staff completed a competency for the management of urinary drainage bags.

  o Review of the infection control box resulted in an updated check list and available equipment.

  o A month focus on hand hygiene included hand hygiene checking audits and staff education.

Evaluation shows the new processes have improved staff knowledge and skills and infection control management processes.

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 further information relating to 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 Living environment include:

- Systems to maintain a safe work environment

- Triennial fire inspection

- Audited Food Safety Plan

- Infection control program.

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.

In relation to Standard 4 Physical environment and safe systems, hazard and incident data, staff performance development processes, staff practice audits and infection control data are used to identify and plan staff education.
Examples of education conducted this year in relation to Standard 4 Physical environment and safe systems include:

- Manual handling

- Work health and safety

- Infection control

- Food safety

- Chemical safety

- Hand hygiene

- Fire and emergency and chief fire warden training

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 are actively working to provide a safe, comfortable environment consistent with care recipients care needs. Carinya has a number of lounges, courtyards and secure outdoor areas available for care recipients and their families. The memory support unit has a secure garden with a circular walking track. Nursing staff assess and monitor individual needs and preferences and document safety requirements in the care plan. There are procedures to protect care recipients who may wander, including safety alarms and security cameras. Restraint is minimised. Monitoring procedures include routine and preventative building and equipment maintenance, worksite inspections, hazard management, audits and surveys. Results show care recipients have access to a safe and comfortable environment. Staff interviewed gave examples of individual safety and comfort interventions, including access to call bells, security measures and privacy requirements. Care recipients and representatives interviewed said they are satisfied the environment is safe and secure and meets individual needs and preferences.

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

Corporate resources, policies and procedures guide the home to provide a safe working environment that meets regulatory requirements. Corporate and site specific orientation and ongoing training programs, guide staff in maintaining safe work practices, operating equipment and recognising and reporting hazards. Staff attend mandatory training every year, including manual handling, infection control and hazard identification. Equipment is risk assessed and trialled prior to purchase and safe operating procedures are available. Monitoring processes include audits, worksite inspections and hazard management. The Work Health and Safety Committee meet every month to review and monitor staff incidents, reported hazards and related work health and safety related information. Results of monitoring processes show the home has an active work health and safety program that maintains a safe working environment. Staff interviewed said they are consulted and encouraged to contribute to safety management and to maintain safe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Carinya has a site emergency evacuation plan, evacuation kit, updated care recipient evacuation list and emergency information manuals readily accessible to staff. Staff undergo fire evacuation training every year. Preventative maintenance of fire systems is conducted by a licenced contractor and the home has a current fire safety certificate. Safety processes include testing electrical items, reporting hazards, smoking policy and maintenance of a safe environment. Security systems include key padded doors, security camera and lock up procedures. Emergency systems are monitored through internal and external audits and regular review of environmental and safety incident data. Results show the home maintains fire and security systems according to organisational and legislative requirements. Staff interviewed described procedures to be carried out in the event of a fire or other emergency. Care recipients and representatives are satisfied the environment is safe and secure.

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 recipient and staff vaccination, pest control and safe food handling. Care recipient infections are identified by clinical staff and appropriate interventions implemented. Pest control treatments are conducted by external service providers. The home has an audited food safety plan and has processes to manage infectious outbreaks, including infection control boxes and hand sanitisers. The infection control program is monitored through internal and external audits,

incident reporting and workplace inspections. Results show an effective infection control system is in place. Staff interviewed said they have access to personal protective equipment and attend food safety and infection control education. Care recipients and representatives interviewed said they have access to an annual flu vaccination program provided by the home.

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 care recipients' quality of life and the staff's work environment. Nursing staff assess, document and monitor care recipients' dietary needs and preferences and maintain updated information for catering staff. The four weekly menu provides choice and variety and is reviewed for nutritional requirements. Care recipients are encouraged to provide feedback, either at meal time or through the residents' forum. Central catering services visit the home when the menu changes from summer to winter and provide tastings and an opportunity for care recipients to comment on the new menu. Laundry services on-site cater for care recipients' personal laundry and clothing labelling service assists to reduce loss. Cleaning programs are documented, monitored by the hospitality coordinator and provided according to health and hygiene standards. The hospitality coordinator monitors services through regular audits and inspections and feedback mechanisms, in addition to corporate monitoring systems. Results show hospitality services are provided to meet individual needs and preferences and organisational standards. Staff interviewed described their practices regarding infection control relevant to their role and said they are satisfied with their working environment. Care recipients and representatives interviewed said they are provided with information on hospitality services and individual needs and preferences are considered.