Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Coolamon Villa RACS ID: 0208

Approved Provider: Catholic Healthcare 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 November 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 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 15 July 2015 to 15 November 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	15 July 2015
Accreditation expiry date	15 November 2018

Australian Government

Australian Aged Care Quality Agency

Coolamon Villa

RACS ID 0208
Azalea Street
MULLUMBIMBY NSW 2482

Approved provider: Catholic Healthcare Limited

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 15 July 2018.

We made our decision on 10 June 2015.

The audit was conducted on 05 May 2015 to 06 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Australian Government

Australian Aged Care Quality Agency

Audit Report

Coolamon Villa 0208

Approved provider: Catholic Healthcare Limited

Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 06 May 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 05 May 2015 to 06 May 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:	Felette Dittmer
Team member:	Anita Camenzuli

Approved provider details

Approved provider:	Catholic Healthcare Limited

Details of home

Name of home:	Coolamon Villa
RACS ID:	0208

Total number of allocated places:	55
Number of care recipients during audit:	50
Number of care recipients receiving high care during audit:	33
Special needs catered for:	Care recipients with dementia and related conditions

Street/PO Box:	Azalea Street	State:	NSW
City/Town:	MULLUMBIMBY	Postcode:	2482
Phone number:	02 6684 1252	Facsimile:	02 6684 3217
E-mail address:	manager.coolamon@norlink.com.au		

Audit trail

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

Interviews

	Number		Number
Activities officer	1	Maintenance supervisor/Fire safety advisor	1
Administration assistant	1	Manager	1
Care recipient/Representative	9	Physiotherapist	1
Care support worker	5	Regional manager	1
Contract cleaner	1	Regional supervisor – cleaning	1
Contracts manager - cleaning	1	Registered nurse	2
Hospitality staff	3	Volunteer	1

Sampled documents

	Number		Number
Care recipient's file	10	Personnel file	2
Medication chart	17		

Other documents reviewed

The team also reviewed:

- Activity program, records and evaluations
- Annual education survey
- Audits, schedule and analysis
- Basic morning care needed lists
- Care recipient 'welcome' package (including handbook)
- Care recipients' surveys
- Case conference records
- Cleaning information folder (including manual)
- Cleaning schedules
- Clinical assessment, observation and monitoring records
- Clinical indicators
- Communication books, diaries and folders
- Compulsory staff training and development program records and planner
- Criminal history check matrix
- Dietary analysis
- Dietary needs folder
- Dietitian summary
- Directions for insulin management

- Disaster manual
- Drugs of addiction register
- Duty lists
- Electronic care management system
- Emergency procedures manual
- Entry details
- Evacuation list
- External cleaning contractor handbook
- Fire/smoke detection and firefighting equipment inspection and maintenance records
- Food safety plan
- Food, goods and equipment temperature monitoring records
- Handover sheet
- Improvement log and form
- Incident forms
- Incident/hazard/near miss report (cleaning contractor)
- Letter, reports and facsimiles
- Maintenance equipment reports
- Maintenance log
- Mandatory reporting register and consolidated records
- Memoranda
- Menu
- Minutes of meetings
- Newsletters
- Orientation programs (including checklists and resource books)
- Pathology reports
- Pest control records
- Pest sighting request
- Physiotherapy exercise instructions
- Police clearance matrix
- Policies, procedures and flowcharts
- Position descriptions
- Preventative maintenance schedule
- Quality report
- Register of compulsory reporting and discretion not to report
- Reportable incident form
- Residential care agreement
- Resources order form

- Restraint assessment, authorisation and monitoring records
- Risk acknowledgment and assessments
- Roster
- Safety data sheets
- Self-medication assessment
- Service agreement
- Service suppliers' list
- Speech pathology summary report
- Staff appraisals
- Staff handbook
- Stock control ordering system
- Supplement list
- Tracheostomy cleaning form
- Wound assessment, treatment and progress forms

Observations

The team observed the following:

- Activities calendar on display
- Activities in progress
- Administration and storage of medications
- Advocacy and complaints agencies' brochures on display
- Charter of care recipients' rights and responsibilities on display
- Chemical storage
- Comments form lodgement box
- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Evacuation backpacks
- Fire panel
- Fire/smoke detection and firefighting equipment and inspection tags
- Information brochures on display
- Interactions between staff and care recipients
- Internal and external living and working environments
- Maintenance room
- Menu on display in main dining room
- Midday meal, setting, service and practices
- Mission, vision and values on display
- Mobility, dexterity and falls prevention aids in use
- Morning and afternoon tea service

- Personal protective equipment in use
- Short group observation
- Sign in/out registers
- Smokers’ pergola

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

Coolamon Villa (the home) has organisational and site-specific systems to identify opportunities for improvement including a form (capturing suggestions, comments), informal individual communication with staff and care recipients and/or their representatives, regular care recipient and staff meetings, individual meetings with management, memoranda, electronic mail, and scheduled audits/surveys. Feedback on suggestions or comments is provided verbally to the originator and, where requested or necessitated, in writing by key personnel. Electronic systems have been implemented to support continuous improvement processes and activities, and a log of improvements is maintained for monitoring and reporting purposes. Progress and outcomes of continuous improvement activities are reported to the relevant service areas and stakeholders through newsletters, meetings, electronic mail, reports and memoranda. There is an established auditing schedule. Key personnel and/or an external provider analyse results of audits, risk assessments, incident reports, and staff performance appraisal processes enabling the home to monitor the effectiveness of the quality improvement program. Care recipients, representatives and staff are satisfied improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- To support the new quality management system, a Quality coordinator position has been developed – a suitably qualified care support worker was appointed to the role. The Quality coordinator mentors staff and students; manages education and training, audits and coordinates clinical indicator reports. This initiative has been evaluated as improving information flow into the continuous improvement system; improved access to information for staff and management; encourages care support staff to have input, and improves quality indicator data and subsequent actions.
- Management identified the need of staff to develop a different skill set to respond to the increasing acuity of care recipients. In tandem with increasing education, additional registered nurse coverage has commenced with clinical support on site seven days per week. Care recipients are able to 'age in place' rather than having to be relocated to another home in order to support their higher care needs. The increased registered nurse coverage has also increased staff confidence in their clinical and care service delivery.
- In response to feedback solicited through the annual staff survey, a revised 'staff recognition' program has been initiated – snacks provided at staff meetings; catering staff taken out to dinner, and 'names in hat' monetary prizes when toolboxes and workbooks completed. Management reports they have received positive feedback with staff reporting increased satisfaction around recognition of their work.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home and organisation have implemented systems to identify regulatory requirements and manage compliance with relevant regulations. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and key approved provider roles and documents. The orientation program and compulsory education sessions reinforce relevant regulatory requirements. There are systems to monitor compliance; to notify care recipients and their representatives of the re-accreditation audit; to present self-assessment information, and to ensure all relevant personnel, volunteers and contractors have a current police certificate.

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 provides an education program for management and staff based on identified needs, and legislative, approved provider and advisory requirements. Rostering strategies and external specialists are used to improve access to education and training opportunities and support education sessions/toolboxes conducted by the home and organisation. Staff have an obligation to attend compulsory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at compulsory training. Management monitor the skills and knowledge of staff using audits, competency assessments, and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

Examples of information topics relevant to Standard 1 include: orientation to the organisation, workplace bullying and harassment, assessing the standards, new phone equipment, and working together.

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 and/or their representatives have access to the home's internal comments and complaints system and to external complaints and advocacy mechanisms. The home provides relevant information to care recipients, their representatives and other stakeholders through a variety of communication channels including care recipient entry processes, the residential care agreement, care recipient handbook, meetings, and via external complaints management and advocacy brochures. Care recipients are invited to raise issues at meetings and/or privately with management and staff. Care recipients have access to confidential suggestion/complaints boxes and there are processes for the regular retrieval of feedback forms from assigned receptacles. There is a process to manage informal and

formal comments and complaints and to provide feedback whilst maintaining confidentiality. Care recipients and/or their representatives and staff are familiar with the mechanisms available to initiate a suggestion or raise a concern and are satisfied that management is responsive to their suggestions and responds to their requests in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's values, mission and vision statements are documented and displayed in the home for care recipients/representatives and visitors. They are reflected in policies and procedures of human resource management, care and lifestyle support, and underpin information provided at interview, orientation, and in care recipient and staff information books.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure appropriately qualified, skilled and sufficient numbers of staff are available to meet the needs of the care recipients; the selection of staff is based on experience, qualifications, ability of applicants to meet care recipients' needs and the possession of a criminal history clearance. There is an orientation program; staff are accompanied by experienced staff members for initial shifts and are required to complete competencies within the probationary period. Absences are back-filled with existing staff, and staff skills are monitored through supervision, observation, competencies and performance appraisals. Staff have access to the requirements of their position and are provided with sufficient time to meet the needs of care recipients and obligations associated with their role. A registered nurse is available to supervise the delivery of care to care recipients. Care recipients and/or their representatives are satisfied with the quality of care and services provided by staff at the home and the availability of staff when they require assistance.

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 identifies equipment needs through discussion with staff, quality improvement systems, and monitoring of maintenance. Staff receive training in the use of new equipment and, where appropriate, instructions are available to guide staff in equipment usage. There is a planned preventative maintenance program – the maintenance team, together with external contractors, manage the safe working order of equipment. Equipment and supplies are monitored through auditing programs, observations, staff feedback and maintenance

requests. Adequate supplies to support clinical care and hospitality services are maintained at the home. Stock is stored and rotated appropriately. Care recipients and/or their representatives and staff are satisfied there are adequate supplies and equipment.

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 organisation and home have established processes to ensure information is managed in a secure and confidential way. The home uses both hardcopy and electronic information systems. Staff and care recipient information is stored in secured areas and is accessible only to authorised personnel. Electronic information is secured by passwords, with restricted access depending on your role in the organisation. Electronic information is regularly backed up to prevent loss of information. There is a system to archive information appropriately. Verbal and written strategies (communication diaries, electronic mail, notices, memoranda) are used to disseminate information. Staff have access to information relevant to their position and changes to care recipients' needs are communicated to them in a timely manner. Care recipients and/or their representatives are satisfied with internal communication processes and have access to information about care and service delivery.

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

Service agreements are established and reviewed. Agreements outline the home's requirements on site and the quality of the service to be provided. Performance of external service providers is monitored and feedback is obtained from staff and care recipients. External service providers are provided with information about the home's occupational health and safety processes and requirements. Staff have access to the contact details of key service providers if required after hours or in an emergency. Management and staff are satisfied that external service providers are responsive to concerns raised by the home and that if goods were faulty they would be replaced. Staff and care recipients are satisfied with the quality of 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

The home has a continuous improvement system in relation to care recipients' health and personal care. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- While the home is not legally required to have a 'Drugs of addiction' register, one was purchased as a result of a medication incident form submitted – the incident was subsequently found to be a miscount. A purpose-built drug cupboard was installed along with the register and education provided on the revised medication management system. This initiative increases safe systems in medication management in the home.
- In response to a request from care recipients to have another 'falls prevention' exercise program to be run, the home employed a physiotherapist one day per week. The physiotherapist develops manual handling care plans; provides massage for pain relief and freedom of movement; on-site assessment post fall, and links in with leisure and lifestyle activities offered at the home. The physiotherapist also runs an exercise class – other days, exercise classes and yoga sessions also are run. This initiative has been in place for twelve months and has been found to improve pain management; increased numbers and degree of participation in activities, and increased socialisation.

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

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, and systems for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan and evaluate care recipient medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care recipients, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home provides management and staff with a learning and development program to enable the maintenance and improvement of care and clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of training needs. Competencies for clinical skills are conducted annually or as required. Staff are assisted to attend external tertiary education. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of information topics relevant to Standard 2 include: oral and dental care, continence management, skin integrity, fundamentals of wound care, palliative care, falls prevention, first aid, nutrition and hydration, and diabetes.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Assessment, care planning and evaluation processes guide clinical care delivery and management. Care recipients' clinical care needs are ascertained through information gathered from medical officers, hospital discharge forms, assessment processes and discussion with care recipients and/or their representatives. This information is translated into individual care plans to guide staff regarding needs and preferences of care recipients. Care plans are regularly reviewed for currency to reflect changing care needs. Changes in care recipients' needs are communicated through a variety of methods including via the care plan, progress notes, communication boards, and through the handover process. Care recipients are attended by a medical officer of their choice. Clinical incidents are assessed by a registered nurse and addressed as necessary; strategies are implemented to reduce the risk of incident recurrence. Effectiveness of clinical care is monitored through care recipient feedback, case conferences, incident analysis and the auditing process. Care recipients and/or their representatives are satisfied care recipients receive appropriate clinical care.

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

Specialised nursing care needs are identified and met by appropriately qualified staff. Registered nurses conduct assessments in consultation with care recipients/representatives, allied health professionals and in liaison with the care recipient's medical officer or treating specialist. Care plans and treatment sheets identify, direct and monitor specialised care needs. The home employs a skill mix of nursing and care staff who undergo training and competency assessment to ensure they have the skills to manage specialised nursing care needs. Registered nurses oversee specialised nursing care and are on site from 7.30am to 10.30pm daily and are available via telephone or to attend the home as necessary for support and advice. The home liaises with external specialists should care recipients' needs

exceed the current knowledge and skill of staff and external education is sourced. Resources are available to guide staff in specialised nursing care needs. Care recipients and/or their representatives are satisfied care recipients' specialised nursing care needs are met by appropriately qualified staff.

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 informed about allied health and other health related services available through the 'resident' handbook and discussion with staff. The home has referral processes for care recipients if and when the need arises to a variety of medical and allied health professionals. A physiotherapist visits the home on a weekly basis and care recipients have access to external specialists who visit the home on a regular and as needs basis. Care recipients who require or request to attend appointments outside the home are assisted with appointments, transport, and escort as necessary. Documentation of health specialists' visits is included in care recipients' files and incorporated into the plans of care as appropriate. Implementation of recommended care strategies is monitored and the effectiveness of care is evaluated. Care recipients and/or their representatives are satisfied with the range and access to appropriate health specialists and the follow up care provided to care recipients.

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 needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and are administered by registered staff and care staff who have completed education and skills assessment. Medication charts and care plans contain information to guide staff regarding assistance required when administering care recipients' medication. Care recipients wishing to self-medicate are assessed for competency, and a drawer provided. Medications are stored securely including drugs of addiction; appropriate records are maintained. Effectiveness of medication management is monitored through audits, incident reporting and review by the medical officer and pharmacist. Medication incidents are analysed, trended and discussed with staff and the pharmacy when applicable. Care recipients and/or their representatives are satisfied with the management of care recipients' medications and with the assistance provided by staff.

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 assessed on entry to the home and on an ongoing basis by nursing staff and the physiotherapist. A range of pain assessments can be utilised depending on the cognitive and functional abilities of care recipients. Evaluation of the pain assessment forms

the basis for the care recipient's individual pain management care plan. Care staff monitor effectiveness of pain relieving strategies and report concerns to the registered nurse and/or physiotherapist. If pain is assessed as not being effectively managed, the treating medical officer is contacted and notified of completed pain assessments to enable further investigation and review. Strategies used to manage pain include massage, repositioning, exercise and medication. Medication measures include regular prescribed oral pain relief, transdermal patches, and as required medications. Care recipients and/or their representatives are satisfied that care recipients pain is managed effectively.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill care recipients is maintained".

Team's findings

The home meets this expected outcome

Palliative care needs and preferences are assessed at a time convenient to care recipients and/or their representatives. Information such as enduring power of attorney, advance care plans and health directives are located in care recipients' records. Relatives and significant others are encouraged to be involved in the care of their loved one and are provided with information and support as necessary. Staff have an awareness of individual spiritual and cultural beliefs and endeavour to provide a peaceful environment for the palliating care recipient. Staff can access palliative care specialists for advice and support in symptom management. Additional emotional support, cultural and spiritual care is provided as appropriate by nursing, care and activities staff and visiting pastoral carers. Care recipients' pain and comfort needs are managed in consultation with the care recipient and/or their representative, medical officers, nursing and care staff and pastoral care personnel. Appropriate care and comfort is provided for care recipients at the end stage of their life and through the palliative phase.

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' dietary requirements are assessed on entry to the home, including likes, dislikes and allergies; relevant information is provided to the kitchens and included in care recipients' plans of care to guide staff. Care plans outline strategies required to support nourishment and hydration needs; interventions include assistance with meals, provision of special or texture modified diets and dietary supplements. Care recipients' weights are monitored monthly or more frequently if indicated. Unintended weight variations are analysed by registered nurses for causative factors, with the introduction of special diets, supplements, monitoring of intake and referral to a medical officer, dietitian and/or speech pathologist as required. Strategies from health professionals are incorporated into plans of care, and follow up visits are organised as needed. Care recipients are assisted with meals and fluids as indicated, assistive devices are available to maximise independence with eating and drinking. Care recipients and/or their representatives are satisfied with the provision of food and fluids and the support of staff to meet care recipients' nutrition and hydration needs.

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 assessed on entry to the home and interventions to maintain and promote skin integrity are included in plans of care. Staff observe pressure points and skin integrity during care delivery; changes in skin condition are reported to the registered nurse to enable treatment and intervention strategies to be implemented. Preventative strategies employed include pressure relieving devices, use of emollients, regular positional changes and limb protectors. Manual handling equipment is provided to support the safe transfer and mobility of care recipients and staff receive education in wound management, the maintenance of skin integrity and safe manual handling techniques. Wounds and skin tears are reported to registered nurses who oversee wound management and healing progress; wound charts, progress notes and photographs are utilised to monitor and evaluate wound healing progress. Medical officers, wound specialists and allied health specialists are consulted to provide advice and assistance to nursing staff for ongoing skin issues and complex wounds. Staff have access to external and internal education on wound and skin care. Care recipients and/or their representatives are satisfied with the care provided to care recipients in relation to skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

On entry to the home, care recipients are assessed for their level of continence and strategies are implemented to promote and maintain their continence. Individual continence programs are developed by registered nurses in consultation with care recipients, representatives and other specialists as necessary with needs and preferences recorded on care plans. Staff interventions to manage care recipients' continence requirements include scheduled toileting, use of continence aids and ensuring sufficient fluid intake. Continence aids are provided to care recipients in a manner that ensures their privacy is maintained and respected. Staff complete daily bowel monitoring charts and these are monitored to alert registered staff if changes in care recipients' continence patterns occur to allow intervention strategies to be implemented. Bowel management strategies may include dietary intervention and, following medical officers' directive, regular and as required medication. Care recipients and/or their representatives are satisfied care recipients' continence needs are met and staff support privacy and dignity.

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

On entry to the home, care recipients' challenging behaviours are identified through medical history, previous assessments and discussion with representatives. Ongoing assessment of challenging behaviours is undertaken and information gathered is translated into care plans which guide staff in possible behavioural triggers and management strategies that may be

useful in behaviour intervention. The home has a dedicated secure unit which houses care recipients with a cognitive deficit who may exhibit wandering and require close monitoring. External dementia and mental health advisors can be accessed to assist in the management of complex behaviours and provide support and education for staff. Regular medical officer review occurs and staff are aware of their reporting responsibilities in the event of a behavioural incident. Care and activities staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support. Restraint is utilised when necessary to facilitate safety and is authorised and reviewed regularly. Care recipients and/or their representatives are satisfied the home manages challenging behaviours in an effective manner.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients' mobility and dexterity needs are assessed and managed taking into consideration their medical and life history. Mobility and dexterity needs and preferences are assessed on entry to the home by registered nurses and a physiotherapist to ensure that care recipients mobilise safely and at their optimal capacity. A care plan is formulated which includes mobility, transfer and exercise needs and any equipment required. Staff assist care recipients with individual and group exercises and a walking program. Mobility aids and specialised assistive devices are provided as required. Walkways are clear, handrails are provided in hallways, and equipment is stored safely. Care recipients' falls are monitored and a registered nurse, medical officer and/or physiotherapist review falls; interventions are implemented to prevent recurrence. Staff are provided with training and skills assessments in manual handling techniques. Care recipients and/or their representatives are satisfied with care recipients' ability to maintain optimum levels of mobility and dexterity and the assistance provided by staff.

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 needs are assessed on entry and on an ongoing basis. Individual care needs and the level of assistance required to maintain oral dental health is identified and included in plans of care. Staff encourage care recipients to attend to their mouth care needs as independently as possible and assist as necessary. Mouth care equipment and products are supplied and replaced regularly. Increased frequency of oral care for palliating care recipients is conducted. Oral and dental issues are referred to medical officers or dentists as required. Registered staff liaise with care recipients and their representatives to coordinate dental referral and organise transport if external services are required. Care recipients and/or their representatives are satisfied with the assistance provided by staff to maintain 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 needs and deficits are identified on entry and as changes occur through assessment, review of past history and discussion with care recipients and/or their representatives. Care plans are developed including strategies to address identified needs and personal preferences including reference to use of assistive devices. A referral system is in place with audiology, optometry and occupational therapy services available. Staff assist care recipients to manage assistive devices such as spectacles and hearing aids. Activities and aids to manage sensory loss and maximise function include cooking classes, hand massage, large print books, communication board and tablet computer. Assistance is provided to enable care recipients to partake in activities that require optimum sensory function. Care recipients and/or their representatives are satisfied with management strategies and assistance provided by staff to support care recipients with identified sensory loss.

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Care recipients sleep and rest patterns are assessed on entry to the home to ascertain their usual patterns and settling routines; strategies are implemented to assist each person to sustain their life habits in regards to sleep and rest. Specific sleep management needs or preferences are documented on care plans. Care recipients are able to bring in their own familiar items to ensure they feel comfortable. Night routines maintain an environment that is conducive to sleep and factors that may compromise sleep are identified and addressed. Provision is made for care recipients who need or prefer to have a rest during the day. Drinks and food are available for care recipients who wake and staff assist them to re-settle as necessary. Medical officers are consulted if ongoing sleep issues are identified and pharmacological strategies are utilised as prescribed. Care recipients and/or their representatives are satisfied with interventions to manage care recipients' sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system in relation to care recipients' lifestyle. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements relating to care recipient lifestyle include, but are not limited to:

- Following a review of the leisure activity interests, preferences and specialised skills/qualifications of care recipients, the activity calendar was amended to capture the sessions in the program offered by care recipients – yoga, art and paper art classes. In the four months the classes have been run, management, staff and care recipients advise that they provide additional leisure activities; increase socialisation; provide emotional support, and promote independence, dignity and "sense of purpose".
- In response to care recipient feedback, the home holds an annual dinner dance. Local venues are hired and decorated in the theme for the year with the event catered for by the Women's Committee, a band hired, and other entertainment booked for the evening. Families and staff are invited to attend. The hairdresser and staff volunteer their time to ensure all attendees enjoy the evening. Management, staff and care recipients report the event provides a positive memory; facilitates reminiscing, and provides links to the wider community.

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

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients and/or their representatives are provided with a residential care agreement and information pack. The care recipient information materials detail information relating to care recipients' security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and care recipients' rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The lifestyle staff and care staff support care recipients in relation to their leisure and lifestyle interests, needs and preferences. Education in leisure and lifestyle issues is derived from changing care recipient needs and/or desired outcomes, and through review of training needs. Staff are assisted to attend external education and are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of information topics relevant to Standard 3 include: compulsory reporting of assaults and elder abuse, privacy and dignity, Montessori, 'Personhood' in dementia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives receive information and a tour of the home prior to entry where possible. An opportunity to discuss issues relating to adjustment and life in the home is provided. New care recipients are welcomed with a small gift, introduced to staff and other care recipients, and encouraged to personalise their room. Information regarding social, emotional and family history is collected to identify social needs and preferences for emotional support. Care plans identify interventions and preferred support mechanisms, both internal and external. Family members and friends are welcomed as part of the supportive network and encouraged to visit the home. Nursing, care and activities staff and pastoral carers provide emotional support and are involved in monitoring care recipients' emotional needs. Should the emotional needs of the care recipient exceed what staff at the home can offer, the services of a counsellor or medical referral is organised. Care recipients and/or their representatives are satisfied with the support care recipients receive during their settling in period and with the ongoing support provided by management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Regular assessment of care recipients' independence needs is conducted and translated into plans of care to guide staff. Staff promote and support care recipients' independence within their capacity in relation to personal care and activities of daily living; assistance is given with those aspects of personal care and other activities they are unable to manage unaided. Exercise programs provided are aimed at assisting care recipients to maintain their physical strength and prevent falls. Equipment such as mobility aids and modified cutlery are provided to support independence. Care recipients are assisted to continue to participate in activities of interest both in the home and in the wider community and staff and volunteers assist with

transport and escort when necessary. Regular outings allow care recipients to maintain links with their local community. Care recipients and/or their representatives are satisfied with interventions to maintain care recipients' independence and the assistance they receive from staff.

3.6 Privacy and dignity

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

Team's findings
The home meets this expected outcome

The home has established processes to protect support and maintain care recipients' privacy and dignity. Information is provided to care recipients about their rights, including their right to privacy and confidentiality. Staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality. Care recipients are provided with single rooms with some shared rooms available. Care plans include information on care recipients' preferred names, staff knock on doors before entering rooms and personal cares and procedures are conducted in private areas. On commencement of employment, staff are required to read and sign a confidentiality agreement. The right to care recipients' privacy and dignity is discussed in staff orientation. Administrative and record keeping systems are in place to ensure personal information is secure. Staff provision of privacy and dignity and care recipient satisfaction is monitored through feedback and observation of staff practice. Care recipients and/or their representatives are satisfied privacy and dignity is maintained and care recipients are treated in a respectful manner.

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

Assessment processes identify care recipients' past and present leisure interests, including those in the community. Information gathered is used to develop an individualised care plan reflective of care recipients' abilities and identifying their interests and preferences. A wide range of activities within the home and in the local community are included in the activity program which is formulated by the activities officer with input from care recipients. A monthly activities calendar is developed based on care recipients' needs and feedback; care recipients are encouraged to utilise their interests and skills to teach and encourage others in expanding and developing interests and skills. Activities are monitored and evaluated through individual feedback, care recipient meetings, satisfaction surveys and consideration of participation rates. Care recipients who choose not to partake in activities are respected and those who are unable to partake are provided with opportunities to be passive participants and offered one on one visits. Care recipients and/or their representatives are satisfied care recipients are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

As part of the initial entry processes, care recipients' interests, beliefs, cultural and spiritual needs are identified in consultation with them and their representatives. An individualised care plan is developed to guide and direct appropriate spiritual and cultural care.
Care recipients are assisted to attend religious observances according to their preference; regular church services and weekly communion are offered at the home. Religious representatives visit care recipients at their request according to their beliefs and wishes. Cultural aspects relating to customs, food and practices are adhered to in a manner suitable to the care recipient. The home celebrates special events and cultural celebrations with appropriate catering services provided on these occasions; specific dietary needs are addressed as required. Care recipients and/or their representatives are satisfied that care recipients' cultural and spiritual needs are respected and supported.

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

Care recipients are provided with opportunities to exercise choice and decision making in the planning and provision of care and are encouraged to be actively involved in maintaining control over their life. Alternative decision-makers are identified should the care recipient be unable to make decisions for themselves. Input and feedback is sought from care recipients and/or their representatives through participation in case conferences, one on one discussion, meetings, surveys, suggestions and complaints processes. Staff respect and accommodate care recipients' choices and encourage them within their capacity regarding activities of daily living. Care recipients retain the right to refusal of intervention. The home enables care recipients to participate in activities with a degree of risk involved by liaising with care recipients and/or their representatives, informing them of risks involved and documenting the decision. The opportunity to exercise civic rights through voting is made available at the appropriate time. Care recipients and/or their representatives are satisfied with choices offered in matters relating to the care and services in 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 and representatives are provided with written and verbal information regarding care and service provision prior to and when entering the home. Documents including a residential care agreement and 'resident' handbook provide information regarding terms and conditions of tenure, fees and charges, dispute resolution and 'residents' rights and responsibilities. The Residential Manager is available to answer any questions. Care

recipients are able to remain in the home as long as the service can provide for their care needs. If care needs change and movement to another room would better meet the level of care and support required, relocation within the home is undertaken after consultation with the care recipient and/or their representative and their medical officer. Care recipients and/or their representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- With the increase in care recipient needs there is a corresponding increase in supply requirements. There are plans for upgrade of the physical environment at the home; however, to accommodate the increase in supplied items, room usage has been reallocated to facilitate increased storage requirements. For example, the size and layout of the linen storage area was identified as an area which could be improved. This room was swapped with another and evaluated as eliminating risk of injury; improving access to supplies, and improving infection control.
- To improve the area where care recipients grow tomatoes, a wooden screen and raised garden beds were built so waste disposal bins are obscured and care recipients who use wheelchairs are able to access the garden beds. These changes have been evaluated as supporting independence; promoting mobility and dexterity, and improving the visual appeal of the area.

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

The home has an audited food safety program, and has systems to manage compliance with occupational health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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

Management has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. In conjunction with the mandatory safety education program, staff are afforded the opportunity to attend in-service and external

courses or information sessions conducted by specialist educators. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of information topics relevant to Standard 4 include: fire, food safety, mental health, infection control, restraint, safe use and storage of chemicals, occupational health and safety, and manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The living environment and care recipient safety and comfort needs are assessed and reviewed through regular care recipient and staff meetings, audits, incident reports, risk assessments, maintenance requests and staff observation. The home consists of single and twin share rooms and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for care recipients' needs. Handrails are throughout the home and walkways facilitate care recipient mobility outside. The on-site maintenance officer implements and oversees a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as required. Restraint is utilised for some care recipients and appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken, and staff have access to police and emergency telephone numbers in the event of a security breach. Care recipients and/or their representatives are satisfied with the maintenance, safety and comfort of their living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The organisation and management at the home have implemented a safety system to manage regulatory requirements. The home's safety system is coordinated by organisational health and safety staff in association with the maintenance and management teams. There are processes which enable notification and control of hazards; to manage exposure to risks; for reporting and investigation of staff incidents; management of chemicals; regular safety and environmental audits, and the rehabilitation of injured staff to support their return to work. Staff receive education on their responsibilities in relation to occupational health and safety in a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's fire safety system and installations have been assessed and records of inspection identify that the fire detection, alarm and firefighting system have been inspected and maintained in accordance with relevant standards. Fire exits and pathways to exit are free from obstacles. The home has emergency response guidelines available at key points in the home. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and have access to emergency procedures, firefighting equipment and evacuation diagrams. A care recipients' evacuation list (updated on entry/exit), coupled with sign in/out registers and staff roster, assist with evacuation headcounts. There are procedures to ensure security (day and night) of care recipients, staff and site visitors.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program and staff are aware of infection control principles relevant to their role. Hand washing facilities and hand sanitiser solutions are located throughout the home; an outbreak management system, provision of personal protective equipment and sufficient cleaning supplies assist to minimise the incidence of infection. The home provides vaccinations for staff and care recipients annually and issues relating to infection control are discussed at relevant staff meetings as an outcome of the infection surveillance system, including collection, collation, analysis and trending of infections data. Care recipients with infections are reviewed by their medical officer and monitored by clinical staff with appropriate treatment implemented. Regular pest control services are provided and there are processes for the disposal of general and sharps waste. The food safety program, cleaning and laundry practices support the infection control program and regular relevant training is provided to staff.

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

Care recipients and/or their representatives and staff are satisfied with the catering, cleaning and laundry services provided. Care recipients' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies, likes, dislikes and preferences. This information is communicated to catering staff. The home has a cook fresh system with the capacity to cater for individual dietary needs. Care recipients are presented with options for main meals and may provide feedback. The cleaning program (external contractor) includes duties lists and schedules to guide staff in the cleaning of care recipients' rooms and the environment. Personal clothing is laundered on-site with care recipients encouraged to name personal clothing items to facilitate satisfaction with the laundry service. Regular stock-takes are conducted to ensure linen and crockery is replaced as necessary. The effectiveness of hospitality services is monitored through feedback, meetings, audits and surveys.