



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Crowley Retirement Village RACS ID: 0010

Approved Provider: The Trustees of the Roman Catholic Church for the Diocese of Lismore

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 08 December 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 23 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 11 August 2015 to 11 January 2019.

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 11 August 2015

Accreditation expiry date 11 January 2019



Australian Government

Australian Aged Care Quality Agency

Crowley Retirement Village

RACS ID 0010
154 Cherry Street
BALLINA NSW 2478

Approved provider: The Trustees of the Roman Catholic Church
for the Diocese of Lismore

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 11 August 2018.

We made our decision on 23 June 2015.

The audit was conducted on 19 May 2015 to 21 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

Crowley Retirement Village 0010

Approved provider: The Trustees of the Roman Catholic Church for the Diocese of Lismore

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 21 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 19 May 2015 to 21 May 2015.

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

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

Assessment team

Team leader:	Mary Allen
Team member/s:	Meredith MacLeod
	William Tomlins

Approved provider details

Approved provider:	The Trustees of the Roman Catholic Church for the Diocese of Lismore
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Details of home

Name of home:	Crowley Retirement Village
RACS ID:	0010

Total number of allocated places:	71
Number of care recipients during audit:	68
Number of care recipients receiving high care during audit:	48
Special needs catered for:	Care recipients requiring a secure environment

Street/PO Box:	154 Cherry Street	State:	NSW
City/Town:	BALLINA	Postcode:	2478
Phone number:	02 6686 5090	Facsimile:	02 6686 6082
E-mail address:	mpenhey@crowley.org.au		

Audit trail

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

Interviews

	Number		Number
Executive Manager Operations and Finance	1	Care recipients/representatives	16
Chief Executive Officer	1	Manager Residential Care Services	1
Registered clinical staff	5	Manager Hotel Services	1
Stakeholder Liaison Coordinator	1	Catering, cleaning and laundry staff	8
Quality Services Coordinator	1	Volunteers	2
Care staff	8	Maintenance staff	2
Leisure and Lifestyle Officers	2	Work Health and Safety Chair	1
Administration and payroll staff	2	Fire Safety Officer	1

Sampled documents

	Number		Number
Care recipients' files	10	Medication charts	7
Personnel files	8		

Other documents reviewed:

The team also reviewed:

- Action plans
- Activity calendar
- Audit and survey results
- Bowel charts
- Building emergency control plan/building evacuation diagram
- Care recipient health review form
- Care recipient evacuation list
- Catering operations manual
- Charter of residents' right and responsibilities
- Chemical restraint authorisation form
- Cleaning service procedures
- Clinical observation forms
- Code of conduct
- Complaint investigation report
- Compliment and complaint management procedure
- Compulsory reporting log and elder abuse documentation

- Contractor induction checklist
- Contractor's letter of acceptance/contractors' code of conduct
- Contractors register/contractors' handbook
- Contracts of employment
- Controlled drug register
- Dietary lists and menu preference sheets
- Dietary preference form
- Dietician's special diet form
- Dietitian /nutrition summary of reviews
- Emergency management action plan
- Employee handbook
- End of life pathway form
- Equipment evaluation checklist
- Events calendars
- Family Matters – news from Crowley Care Services
- Feedback and continuous improvement records
- Fire and emergency incident form
- Fire safety statement (annual)
- Fire service records
- Food safety plan
- Handover sheets
- Hazard identification checklist
- Hotel services training manual
- Human resources and work health and safety report
- Incident accident form
- Incoming goods log
- Interventions declaration form
- Leisure and lifestyle program
- Lifestyle assessment
- Maintenance request book
- Memoranda and staff communication notes
- Menus
- Minutes of meetings
- Nurses registrations
- Performance appraisals – documentation
- Plan for continuous improvement
- Planned evacuation feedback form

- Police checks
- Policies, procedures and guidelines
- Position descriptions and duty guides
- Post emergency checklist
- Privacy consent forms
- Recruitment, selection and appointment guidelines
- Resident handbook
- Resident lifestyle manual
- Residential care information booklet
- Risk management/risk assessment tool
- Safety data sheets
- Satisfaction surveys
- Security of tenure documentation
- Service providers agreements
- Staff roster
- Temperature records – food/equipment
- Volunteer manual and handbook
- Weight loss flow chart
- When required (PRN) stickers
- Work health and safety management plan/work health and safety policy
- Work health and safety review/action plan
- Wound treatment record

Observations

The team observed the following:

- 'I have a concern' brochures and aged care complaints brochures
- Activities in progress
- Assembly areas
- *Banjo's* cafe/care recipients and visitors socialising
- Catering operations
- Chemical store
- Cleaning operations/cleaner's room/cleaner's equipment
- Clinical equipment storage areas
- Cold storage/dry storage
- Emergency management zones
- Emergency response pack
- Equipment and supply storage areas
- External complaints and advocacy information on display

- Feedback forms on display
- Fire detection/firefighting equipment
- Fire panel
- Hand sanitiser and hand washing facilities
- Interactions between staff, care recipients and visitors
- Internal and external environment
- Laundry operations
- Meal/beverage service and delivery
- Medication administration and storage
- Notice boards and information on display
- Personal protective equipment
- Resident care equipment
- Sharps and waste disposal
- Short observation of lunch service in secure area
- Sign in/out registers
- Spills kit
- Staff assisting care recipients
- Storage and administration of medications
- Suggestion boxes
- Utility rooms and spill kits

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

Crowley Retirement Village Nursing Home (the home) has a continuous improvement system with multiple mechanisms to assist in the active pursuit of continuous improvement. Opportunities for improvement are identified through audits, comments and complaints, care data analysis, surveys, meetings, improvement forms and risk and hazard reporting. The clinical governance team meets monthly to ensure continuous improvement activities are reviewed and progressed. Feedback on and review of improvements is communicated through meetings, memoranda, newsletters and noticeboards. 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:

- In response to an audit which identified staff and care recipients were unfamiliar with completing documentation in relation to the home's feedback system, a training module has been developed. The 'how to handle feedback module' is completed by staff during mandatory training sessions and management advised it has resulted in increased feedback from staff. In addition, staff have also been providing an increased level support for care recipients when they wish to provide feedback.
- Senior staff conducted a review of the home's complaint management policy and procedure and identified enhancements including using a 'feedback card' to raise issues and a 'thankyou' card to acknowledge feedback and complaints. Complaint investigation records have also been enhanced with the addition of a risk rating section on the form. Staff have completed a self-directed learning package to ensure they are familiar with using the process.
- The home uses an annual review process for the mandatory training program and training handbook. As a result of the 2014 review the training program for 2015 included more interactive activities and an updated handbook. The orientation and mandatory training sessions have been separated to occur on different days and each session is being evaluated by staff to identify opportunities for further improvements. Staff completing the training programs in 2015 provided positive feedback in relation to the improvements.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has implemented systems to identify and ensure compliance with regulatory requirements and manage compliance with relevant regulations. Information relating to legislative and regulatory changes is obtained through the organisations' membership of peak organisations and committees, subscriptions, education and government agencies. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines via memos, newsletters, meetings, notices and training sessions. The orientation program and mandatory 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 have registrations and 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, legislative and organisational requirements. The organisation supports training and education with a range of training opportunities for staff. Self-directed learning packages, organisational and external specialists are used to improve access to education and training. A staff survey is conducted every two years to identify opportunities for education and training. Staff attend mandatory education and attendance is monitored by key personnel with measures taken to action non-attendance at essential 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 training and education topics relevant to Standard 1 include:

- Certificate IV in frontline management
- Understanding accreditation
- Practical positive leadership
- Managing staff conflict

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 others have access to internal and external complaints mechanisms, are satisfied with the processes in place and are confident to raise issues or

concerns with management. Information is disseminated in documents including the Residential Care Information Booklet and the Resident Handbook, posters, brochures and discussion at meetings. When complaints are received they are registered via the organisational recording system and actioned. Issues raised are handled in a confidential manner and if appropriate also entered into the continuous improvement system. Staff receive information and training in relation to handling comments, complaints and suggestions during their orientation. Stakeholders who have raised issues are responded to promptly and staff are aware of the processes to assist care recipients to communicate their concerns to management.

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 vision, core beliefs and strategic directions are reflected in policies and procedures and underpin information provided at interview, orientation and induction in staff and care recipient handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has recruitment and selection processes, supported by the organisation and external consultants for employing and managing staff. Staff receive position descriptions, undergo a process of induction/orientation and ongoing education and training to acquire and/or maintain the skills and knowledge required to perform their roles effectively. Staff skills are monitored through performance reviews, competency assessments, care recipient and staff feedback and observations by team leaders. Staffing levels are monitored to ensure care recipients' changing care needs are being met and rosters are adjusted as needed. The home has processes for replacing staff on planned leave or unexpected absences. Care recipients/representatives are satisfied there are sufficient staff who understand and are responsive to care recipients' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There is a purchasing process to ensure sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. New equipment is purchased in accordance with the organisation's purchasing policy to ensure equipment is evaluated in a consistent manner and maintenance requirements are checked. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care

products, and housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There are approved suppliers and contracts are reviewed annually or when there are concerns and stakeholders are asked for their input where appropriate. A contractors' handbook provides information to contractors regarding the home's policies procedures and systems. A planned maintenance program ensures ongoing reliability of equipment and infrastructure, and a corrective maintenance program to attend to minor items needing attention. Care recipients/representatives and staff indicated they are satisfied with the availability and appropriateness of the goods and equipment provided.

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

There are systems to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Staff have access to care plans and progress notes, as well as other necessary information on computers, and passwords give access at the appropriate level. Staff files are stored securely in senior administration managers' offices and accessible to appropriate personnel. Staff indicated that the information necessary to enable them to perform their jobs is readily available and that regular staff briefings keep them informed on a range of relevant topics. Communication to staff is via meetings, diaries, newsletters and noticeboards, in addition to verbal handover at change of shift for nursing and care staff. Records are archived on site for the required statutory period and then removed for destruction under contract at the appropriate time.

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

Externally sourced services are contracted in order to meet the home's care service needs and service quality goals. Allied health services sourced external to the home include speech pathology, podiatry, dental and a dietitian. Other services sourced externally include hairdressing, pest control, chemicals, waste management, and fire equipment maintenance. External services are covered by the purchasing policies of the provider, service agreements are in place and performance reviewed as required. Care recipients and staff indicated satisfaction with the 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:

- Following a suggestion from the Director of Nursing (DON) and in collaboration with Alzheimer's Australia an 'admission checklist' has been developed to record the assessment process when a new care recipient enters the home. The form is colour coded to highlight responsibilities according to staff roles and also includes timelines for completing the assessments. While the initial improvement related to the development and implementation of the form a further improvement has been identified since the introduction of the process. To improve staff access to the information a folder is being developed to file all the checklists in one place rather than having them in individual care recipient files.
- In order to enhance the availability of transport for care recipients to attend specialist appointments in the community, the DON has made arrangements for Home Care staff and volunteers to take care recipients to external medical appointments. The staff have relevant training to assist the care recipients, the service is reliable and care recipients are accessing a range of specialist services.
- An electronic management system has recently been introduced at the home. The system enables registered staff to go to care recipients, administer their medications and record details on an electronic tablet (tough book). The system has reduced medication errors, has been positively received by staff and will be enhanced to enable staff to record care recipient assessments at their bedside.
- In response to Registered Nurse (RN) feedback, the home has revised the location and range of resources stored on the RN resource trolley. The trolley is located in a central location in the home stocked with the diary, wound management information, clinical equipment such as blood pressure monitor and the electronic medication system tool, 'tough book'. The trolley improves time efficiency of the RN in the large geographical area of the home. Review of the trolley location and stores indicated the new process is 'working effectively' and management reported the RN's "like" the improved system.

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. Registered clinical staff 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 clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of staff training needs. Refer to expected outcome 1.3, Education and staff development for details on the home’s overall system.

Examples of training and education topics relevant to Standard 2 include but are not limited to:

- Wound management
- Understanding dementia
- Managing skin tears
- Huntington’s disease
- Insomnia 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’ clinical needs are assessed on entry to the home through interviews with care recipients and their representatives, assessment information and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of identified assessment tools guide staff in the development of care plans. Registered staff review assessments and care plans. Care staff are knowledgeable of individualised care recipient requirements, and their knowledge is consistent with care plans. Information relating to care recipients’ health status and progress

notes is communicated through the home's electronic care management system. Care recipients/representatives are satisfied with the clinical care provided by staff.

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

The home has systems and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound and pain management. Registered staff assess initial and ongoing specialised nursing care needs, and establish care recipients' preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered staff are onsite 24 hours a day, and oversee and assess specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

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 appropriate health specialists in accordance with the care recipient's needs and preferences. Referral processes are followed by registered nursing staff to access mental health professionals, specialised health clinics, podiatrist, speech pathologist, dietitian, optometrist, audiologist and dental services. Health professional reports and recommendations are documented and where indicated care plans updated and relevant staff notified. Care recipients are assisted to attend external appointments and health specialists visit the home to meet the needs of the less mobile care recipients. Health specialist visits are monitored by the Nurse Practitioner and registered nursing staff through regular care plan review processes. Care recipients/representatives stated care recipients are referred to other health specialists if a need is identified and are satisfied with the assistance of staff to attend appointments.

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. Registered staff administer medications and assist care recipients with their medication from a pre-packaged system utilising an electronic recording system. Registered staff undergo annual medication competencies. Care recipients wishing to self-medicate are assessed by their medical officer and a registered nurse to ensure competency and the outcome is documented. Medications are stored appropriately including controlled medications which are housed within a locked safe. The effectiveness of the medication

management system is monitored through auditing processes, incident reporting and discussion at nursing staff and pharmacy advisory network meetings. Care recipients are satisfied with the management of their 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

The pain management needs of care recipients are identified through initial assessments on entry to the home with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massage and heat packs. Medication measures include regular prescribed oral pain relief and pain patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Care recipients interviewed stated they are as free from pain as possible and are satisfied with the care they receive to minimise pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Palliative care strategies and wishes are discussed with care recipients and their representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and advance health directives are located in care recipient records if required. Staff have access to a range of palliative care resources such as mouth care products and specialised bedding to ensure appropriate care provision. Care recipients’ families are encouraged and supported to stay at the home during the palliation phase. Staff are aware of the care needs and measures to provide comfort and dignity 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 nourishment and hydration. Dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and forwarded to the catering staff. Care recipients are weighed on entry and monthly review and variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. Registered staff monitor weight management at the home. Care recipients are assisted with meals and fluids, and specialised eating utensils supplied as necessary. Care and catering staff are aware of the dietary requirements of care recipients. Care recipients are satisfied their nutrition and hydration requirements are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and planned interventions are included in their care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, protective garments and assistance with personal hygiene. Wound care is directed and delivered by registered staff in accordance with directives. Staff have an understanding of factors associated with risks to care recipients’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Care recipients are satisfied with the management of their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence needs are assessed on entry to the home and on an ongoing basis. Care recipients’ continence programs are assessed and developed by the registered staff in consultation with care staff trained in continence management. Care plans direct staff practice and ensure individual care recipients’ preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every two months. Individualised bowel management programs are developed and include medication and other natural methods. Care recipients are satisfied with the assistance by staff to maintain their continence.

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 are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Staff monitor and chart challenging behaviour to enable assessment by the registered staff in liaison with the Nurse Practitioner and the development of care plans that generally identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual’s care needs and risks. Staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist care recipients with challenging behaviours is discussed during handover processes and communicated in progress notes. Care recipients are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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, transfer, dexterity needs and falls risks are identified on entry to the home. Referral to a therapy service conducted by an RN occurs when there are identified issues relating to mobility and for new care recipients entering the home. Care plans are developed and reviewed regularly and as required. Therapists and care staff provide assistance to care recipients with exercise and range of movement activities. Mobility aids such as wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the provision of walking aids and gentle exercise classes. Staff are provided with mandatory training in manual handling techniques. Care recipients are satisfied with the assistance provided to maintain mobility and maximise independence.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for care recipient preferences. The level of assistance required to maintain oral and dental hygiene is determined and this information is included in the care recipient's care plans to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Care recipients are assisted to attend their preferred dental service. Care recipients are satisfied with the assistance given by staff to maintain oral and dental health.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Assessment processes identify hearing and vision loss and management interventions are captured in care planning processes. Care interventions are developed with consideration of care recipients' hygiene and lifestyle care planning. Care recipients are referred to specialists including an audiologist, optometrist and speech pathologist as needs indicate. Staff assist care recipients to manage assistive devices, such as spectacles and hearing aids, to maximise sensory function and are aware of care recipients' individual requirements. Care recipients/representatives are satisfied with management strategies and the assistance provided by staff to meet the needs of care recipients with 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’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist care recipients to settle and remain asleep. Care recipients are monitored overnight by care staff at the home. Care recipients’ medical officers are consulted if interventions are considered to be ineffective. Care recipients are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest 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

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 ‘major review’ of the leisure and lifestyle program conducted by management, changes have been made to rostered hours and areas of responsibility in the home for staff. The changes include rostering staff to work until 6.30pm and allocating individual staff members to the three areas of the home. The DON advised the changes have resulted in staff establishing improved rapport with care recipients as they have the opportunity to get to know them better and are more aware of individual care recipients’ needs. The extended hours have also resulted in additional staff being available to assist and support care recipients at the evening meal time.
- The documentation and information available for volunteers has been revised and streamlined. Previously the volunteer handbook was printed ‘in house’. Production of the revised Volunteer Handbook has now been outsourced and this has resulted in improved volunteer information and enhanced marketing for the program.

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/representatives are provided with a resident agreement and information, including a handbook. The resources detail information relating to care recipient 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

Leisure and lifestyle staff and care staff support care recipients in relation to their leisure and lifestyle needs. Education in leisure and lifestyle issues is derived from changing care recipient needs and through review of training needs identified by staff. 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 training and education topics relevant to Standard 3 include:

- Certificate IV in Leisure and Health
- Compulsory reporting
- Privacy, dignity and confidentiality
- Elder abuse

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

Information collected during entry to the home is incorporated into care plans to assist care recipients adjust to a new living environment. Care recipients are provided with the Resident Handbook and orientated to the home's environment and community. All staff provide ongoing informal support for care recipients and representatives as they settle into the home. The emotional health of care recipients is evaluated through feedback from care recipients, at meetings, case conferences and audits conducted by the home. Multi faith support is available in times of need; the activity program of the home includes group and one on one activities and visits by volunteers. Care recipients/representatives are satisfied with the support provided by the staff in adjusting to the home's environment.

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

The independence of care recipients is supported through assessments and care plans that identify and incorporate the individual care recipient's goals for maintaining independence. The home has formed partnerships with other services collocated on the site to support care recipients attending community based activities. The home has provided small sitting lounges and garden areas for care recipients and visitors and the home has a cafe and is able to cater for family events. Care recipient participation in regular shopping trips and visits to areas of interest in the community is encouraged. Care recipient meetings provide

opportunities for discussion on issues and voice suggestions or concern. Care recipients are satisfied with the level of support and encouragement received to maintain 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 and/or their representatives receive information on privacy, dignity and confidentiality on entry to the home through the 'resident handbook'. Education provided by the home outlines the expectations of staff to maintain and support privacy, dignity and confidentiality. Management monitor staff practices in relation to ensuring staff have consent prior to entering care recipients' rooms, use of preferred names and actioning individual requests and preferences. Culturally and linguistically diverse needs of care recipients are communicated to staff to incorporate into the care plan. Confidential documentation is securely stored and electronic access is password protected. Care recipients/representatives are satisfied staff provide care in a respectful and courteous manner and ensure confidentiality is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

A leisure and lifestyle program is developed to reflect the preferences and requests of care recipients. Lifestyle staff complete key assessments to identify individual interests, social and work history and ability/interest in attending activities. The lifestyle plan is developed annually in consultation with care recipients. The program is evaluated regularly and outings are assessed for access and risk. The activity program is discussed at care recipient meetings allowing feedback and suggestions to be raised on current and new activities, events and interests. Volunteers at the home play an active role in supporting group activities and care recipients who prefer not to attend group activities. Attendance at activities and participation in planned programs is monitored and adjusted in response to changes in care recipients' interests and abilities. Care recipients/representatives are satisfied with the leisure and activity programs offered by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The cultural and spiritual needs of care recipients are collected on entry to the home by lifestyle staff and communicated through care plans. The home has a chapel for use for spiritual services and care recipients are supported by the home's multi-faith pastoral visitors. Culturally and linguistically diverse care recipients are able to be supported through the provision of culturally specific foods and events and multilingual staff, volunteers and visitors. Culturally and socially specific events are celebrated based on the mix of care recipients and

their interests, with representatives invited and encouraged to attend. Care recipients are satisfied they receive care that is supportive of their spiritual and cultural backgrounds.

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 encouraged and supported to make decisions about their care with information provided to care recipients/representatives on entry outlining their rights. Substitute decision makers, next of kin and future health planning documents are recorded and incorporated in care planning. Staff incorporate individual care recipients choice into daily care routines and leisure activities, with care plans documenting specific requests including hygiene times, settling routines, specific equipment and meal likes and dislikes. Care recipients are satisfied individual choices are actioned and respected in lifestyle and care delivery at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

On entry, each care recipient/representative is offered a Residential Care Agreement outlining accommodation fees and charges, services provided by the home and the consultation process used if a change in accommodation is necessary. The home has access to a range of resources designed to provide information to care recipients and their representatives during entry to the home and management are available to answer questions and concerns. Room changes as a result of changes in health care needs are conducted in consultation with care recipients/representatives with all discussion and subsequent decisions documented; support from staff is provided throughout the process. The Charter of Residents Rights and Responsibilities is provided to care recipients and is displayed in the home. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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:

- In response to a review of work, health and safety at the home, conducted at the beginning of 2015, documents have been updated and an action plan has been developed to capture planned improvements. The work, health and safety committee is to have a more strategic focus and members of the committee have been provided with education to enhance their understanding of the role of the committee. Management advised the focus on and monitoring of work, health and safety has improved as a result of the changes implemented.
- Following suggestions from staff, emergency evacuation backpacks have been developed. Previously one evacuation box was kept in the Riverview wing of the home, resulting in staff from the other wings in the home having to go to that wing to access the resources in the case of an evacuation. With one backpack in each nurses’ station (five in all), the accessibility of emergency resources has been improved. The resources are being reviewed three monthly to ensure their currency.

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 a food safety program, and has systems to manage compliance with work 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

Refer to expected outcome 1.3 Education and staff development for information relating to the home’s education and staff development systems and processes.

Examples of training and education topics relevant to Standard 4 include but are not limited to:

- Fire safety
- Risk and incident reporting
- Work health and safety
- Infection control
- Identifying hazards and risk management
- Food safety
- Manual

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 is actively working to provide care recipients with a safe and comfortable living environment consistent with their care needs. Care recipients are encouraged to personalise their spaces with their own belongings with an emphasis on their own and staff safety in moving about the room. All beds are electric and bed-side lockers have lockable drawers. Communal lounge/dining areas and external garden areas provide care recipients with places to meet with visitors and other care recipients. Routine scheduled maintenance, daily corrective maintenance and cleaning schedules and audits, hazard identification and risk assessments ensure a safe environment both internally and in outdoor areas. Authorisation is obtained for those care recipients who may require protective assistance. Lock down procedures, external cameras, and sensor lighting of car parks optimise the safety of care recipients and staff after daylight hours, and a security firm is contracted to check the home during the night. Care recipients and their representatives report satisfaction with the safety and comfort of the internal and external living areas of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and education programs. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of supervisory staff and by annual mandatory training programs. Quarterly safety meetings monitor incidents/accidents and hazards to plan and implement improvement strategies. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in safe working condition. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

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

Procedures are in place and staff are trained and understand the processes to follow in the event of fire or other emergency. Training sessions are conducted as required and training records indicate all staff have completed their annual statutory fire training. Fire drills are carried out to ensure all staff on all shifts are confident of the procedures to follow in the event of an emergency. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, smoke and fire doors, exit lights, and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building and assembly areas are signed and easily accessible. A certificate of maintenance regarding fire safety is held. A lock down procedure is followed each evening. Care recipients are notified of the safety procedures to follow when they enter the home and through their meetings and stated they are satisfied with the safety of their environment and the ability of staff to handle an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program consisting of preventative procedures and practices, appropriate and sufficient equipment and staff training relevant to their role and responsibilities. A vaccination program is in place for staff and care recipients. Staff have access to hand washing facilities and personal protective equipment located throughout the home. Infection control and outbreak information is located throughout the home to guide staff practice should an outbreak occur. There are processes and practices in the hotel services areas to minimise the risk of cross infection including hand hygiene, a food safety program, cleaning services and laundry services. There is a monitoring program that oversees the incidence of infections to identify trends that may occur. Staff attend infection control training on an annual basis and have knowledge of and practise infection control principles during care recipient care and service delivery.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients' dietary needs and preferences are identified through assessments and this information is effectively communicated to catering staff. The home has a four-week menu that is based on input from care recipients and a dietician and all meals are cooked fresh on site. The dining rooms, dining tables and table settings support care recipients' quality of life. An on-site cafe provides additional options for care recipients, visitors and staff and was observed to be well patronised. Rooms and communal areas are regularly cleaned. Cleaning staff follow a schedule and use specialised cleaning equipment and products which they have been trained to use safely. Care recipients' clothing is collected, laundered at the on-site laundry and returned to their rooms folded or hung. There are processes to label

clothing to minimise loss. Catering cleaning and laundry staff are aware of their role in ensuring high standards of infection control practice. Care recipients/representatives are satisfied with catering, cleaning and laundry services provided by the home and staff are satisfied with the working environment.