Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Goodwin Ainslie (Goodwin House) RACS ID: 2906

Approved Provider: Goodwin Aged Care Services Limited

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	1 February 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 06 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 September 2015 to 21 September 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	1 February 2018
Accreditation expiry date	21 September 2019

Goodwin Ainslie (Goodwin House)
RACS ID 2906
35 Bonney Street
AINSLIE ACT 2602
Approved provider: Goodwin Aged Care Services 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 21 September 2018.

We made our decision on 06 August 2015.

The audit was conducted on 07 July 2015 to 09 July 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

Goodwin Ainslie (Goodwin House) 2906

Approved provider: Goodwin Aged Care Services Limited

Introduction

This is the report of a re-accreditation audit from 07 July 2015 to 09 July 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 07 July 2015 to 09 July 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:	David Stevens
Team member:	Anne Ericsson

Approved provider details

Approved provider:	Goodwin Aged Care Services Limited

Details of home

Name of home:	Goodwin Ainslie (Goodwin House)
RACS ID:	2906

Total number of allocated places:	108
Number of care recipients during audit:	97
Number of care recipients receiving high care during audit:	94
Special needs catered for:	People with dementia and related disorders

Street/PO Box:	35 Bonney Street	State:	ACT
City/Town:	AINSLIE	Postcode:	2602
Phone number:	02 6175 5101	Facsimile:	02 6175 5170
E-mail address:	jshelley@goodwin.org.au		

Audit trail

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

Interviews

	Number		Number
Executive manager	1	Care recipients/representatives	15
Deputy executive manager, residential	1	Quality manager	1
Manager, operations residential	1	Manager, people and culture	1
Care managers	2	Medical officer	1
Clinical nurse practitioner	1	Physiotherapist	1
Registered nurses	3	Physiotherapy aides	2
Care staff	10	Manager hospitality corporate	1
Co-ordinator lifestyle	1	Ancillary staff	4
Activity officer	1	Manager, estate maintenance	1
Hairdresser	1	Maintenance officer	1

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, case conference records, progress notes, medical officers notes and associated documentation	10	Medication charts	10
Accident/incident	10	Staff files	8

Other documents reviewed

The team also reviewed:

- Audit reports and audit schedule

- Care recipients' information handbook, information package

- Cleaning schedules and checklists

- Clinical care documents including: advanced care directives, case conferences, wound management, blood glucose level monitoring, pain, behaviour, bowel, weight monitoring, observations, shower lists

- Clinical indicators

- Comment and complaint data, feedback forms

- Communication documentation: diaries, handover reports, memoranda, newsletters

- Continuous improvement plan and records

- Drugs of addiction register

- Education schedule, attendance and evaluation records, training needs analysis

- Fire and emergency plan and procedures, fire safety reports and documentation, electrical tagging records

- Food safety plan and menu, food temperature records, fridge temperature, oxygen monitoring documentation, dietary data sheets

- Goodwin House Re-accreditation audit self-assessment documentation

- Incident reporting trends and analysis

- Infection control data and analysis

- Mandatory reporting consolidated records

- On call phone log/nursing services

- Organisational chart

- Physiotherapy and occupational therapy documentation, podiatry assessments/podiatry files

- Police check register, nurse registration records

- Policies, procedures, flowcharts

- Preventative and corrective maintenance records, pest management documentation

- Recreational activity resource folders

- Regulatory compliance documentation

- Residential agreements

- Restraint authorisation for memory support unit

- Safety data sheets

- Staff competencies, staff handbook, orientation and induction information and checklists

- Staff rosters, position descriptions, performance appraisal records

- Various meeting minutes, surveys

- Weekly medication audit folder

- Welcome pack

- Work health and safety information

- Work instructions

Observations
The team observed the following:

- Activities information hub, activity room and resources, activity calendar, activities displayed on television screens, activities in progress

- Activity equipment

- Advocacy information displayed

- Archive storage

- Australian Aged Care Quality Agency re-accreditation audit notice displayed

- Brochures and posters - external complaint and advocacy services, various others

- Call bell system and staff responding promptly

- Charter of Care Recipient' Rights and Responsibilities on display

- Chemical storage and protective equipment

- Cleaning in progress

- Comment and complaint information displayed

- Daily menu on display (dining rooms and television screens)

- Dementia specific secure garden courtyard

- Dining room environment during midday meal service including the meal presentation, staff assistance and supervision

- Dressing trolley and wound care supplies; oxygen, skin tear box, palliative care box

- Electronic care management system and medication system in use

- Emergency home stock drug box

- Feedback and suggestion forms/box

- Filtered water dispensers

- Firefighting equipment, egress routes, and fire panel

- First aid boxes

- Hairdressing salon

- Hand gel stations

- Infection control resources – hand washing facilities, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, spill kits, waste management outbreak boxes

- Information noticeboards

- Interactions between staff and care recipients

- Internet café, kiosk

- Living environment - internal (personalised rooms, communal areas) and external

- Meal service

- Medication round and secure medication storage

- Mobility aides/pressure relieving equipment

- Mobility and lifting equipment including lifters, slings, walking belts

- Physiotherapy equipment room

- Short group observation in a communal area

- Sign in/out books for visitors and residents

- Staff practices, staff handover, interactions between residents, representatives and staff

- Staff work areas

- Supplies and storage areas

- Theatrette

- Wellness centre

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

Goodwin Ainslie (Goodwin House) is part of the Goodwin Group. The home has a systematic and planned approach to continuous improvement. Continuous improvement initiatives arise out of internal audits, care recipient and staff meetings, incident and hazard data, audits, suggestions, and evaluations. The home has a continuous improvement plan and annual schedule for reviewing compliance with the Accreditation Standards. Management regularly update the plan for continuous improvement and set timeframes for evaluation of the benefits to care recipients and staff. Management regularly monitor the progress, inputs, and outcomes of continuous improvement activities. Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

The home has implemented the following improvement initiatives relating to Standard1:management systems, staffing and organisational development in the last 12 months:

- The staff found the handover process and handover document hard to follow and limited in some details on changes in the needs of care recipients. The home has introduced an electronic handover process and document which is developed through the computerised care planning system. Staff feedback shows the electronic handover process and notes are more comprehensive, and include notes from allied health practitioners. Monitoring by the home has identified improvements in staff reporting on care recipients' needs and progress note entries due to being better informed at handover.

- The management team identified a need to improve information management systems to provide management and staff with easier access to information on training, equipment, and contractors. Databases have been set up specifically for monitoring the lifespan of equipment, staff skill sets/training undertaken, and for tracking the completion of requirements for contracts and service agreements. Feedback from management and staff shows they are more able to track equipment, review staff skill sets and training, and review the obligations and performance against each contractor and service agreement.

1.2 Regulatory compliance

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

Team's findings
The home meets this expected outcome

The organisation and home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Through membership by the organisation with professional organisations, peak industry bodies and updates from Government departments the home is updated about all relevant changes. Regulatory compliance is discussed at staff and care recipient meetings. The home monitors regulatory compliance through internal and external audits. Results show processes are effective in identifying compliance requirements for the home and taking action to address any deficits. Staff interviewed stated they are regularly informed about updates and could identify examples of recent changes to legislation.

Examples of regulatory compliance being met by the home in Standard 1: Management systems, staffing and organisational development include:

- Changes to the Quality of Care Principles

- Police checks for staff and volunteers

- Ongoing monitoring of professional registration of clinical staff

1.3 Education and staff development:

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

Team's findings
The home meets this expected outcome

The organisation and home has systems in place to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. The home has a specific education program which is responsive to requests from staff and the needs of care recipients. Training needs are identified through a variety of sources including performance appraisals, audits, changing care recipient needs, training needs analyses, and staff requests. Staff are notified of education opportunities through meetings, an education calendar, and via verbal and written reminders. There is a mandatory training program in place and staff attendance at education sessions is recorded and monitored. The organisation provides training through direct presentations from internal and external trainers, and some online modules. Staff are encouraged to attend outside training which is deemed of benefit to the home. Staff interviewed expressed their satisfaction with the education available to them.

Examples of education and training provided in relation to Standard one include:

- Understanding Accreditation

- Mentoring and coaching skills

- Performance management

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

There are processes to provide care recipients and other stakeholders with access to internal and external complaint mechanisms. Information about comment and complaint processes is provided to care recipients on entry. Improvement log forms used by the home to record feedback, are available throughout the home and in each care recipient's room. There are processes to enable lodgement of confidential feedback. Feedback from all sources is documented on a register and actioned according to corporate procedures, which includes acknowledging receipt and feedback on action taken. Trends are regularly reviewed and improvement initiatives identified. Staff induction and reminders at staff meetings inform staff of their advocacy responsibilities and staff described how they support care recipients to provide feedback. Comment and complaint processes and care recipient satisfaction are monitored through resident meetings and surveys. Results show a low level of complaints and a significant level of compliments are provided to the home. Care recipients said their feedback is acknowledged and actioned to their satisfaction.

1.5 Planning and leadership

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

Team's findings
The home meets this expected outcome

The organisation has a written philosophy, objectives and a commitment to quality which are included in the care recipient information package and handbook. The organisation has a strategic plan which outlines the objectives and strategies for quality and operational requirements. The vision and mission statement reflects the philosophy of care and values of the organisation.

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 processes for identifying and assessing the required staffing levels and skill mix to meet care recipients' needs on an ongoing basis. Management recruit staff with appropriate identified skills and monitor the knowledge and skills of staff, including competency testing. Management conduct regular performance appraisals for all staff positions and seek feedback from staff to enable them to meet the requirements of their role. The home has processes for reviewing staffing levels, and adjusts the staffing roster in accordance with changes in care recipient requirements. Nursing and care staff hours are reviewed in relation to changes in care recipients' needs and operational requirements. There are processes for monitoring staff and volunteer police checks, and nursing registrations to ensure these are up to date. Staff said they work together as a team to complete their required tasks. Care

recipients and their representatives are satisfied with the responsiveness of staff and the level of care provided to them.

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

Team's findings
The home meets this expected outcome

The home has processes for assessing the goods and equipment care recipients and staff need for the delivery of quality services. There are processes for monitoring and maintaining adequate stock levels of supplies and equipment. Equipment trials are carried out by the organisation and feedback sought from care recipients, management and staff at the home. There is a system for preventative maintenance and repairs to provide plant and equipment that is fit and appropriate for use. There is sufficient storage space for equipment and stock. Staff said they follow documented procedures for ordering and stock rotation. Care recipients, their representatives, and staff are satisfied with the level of goods and equipment provided by the home to meet their needs.

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

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, job descriptions and duty lists and have access to current policies, procedures and forms. Updated information for staff is available through verbal handover, electronic messaging system, care documentation, communication books, memos, noticeboards and meetings. All staff have access to electronic policies and procedures and the care management system. Key staff have access to management electronic systems. A care recipient agreement, information pack and handbook inform care recipients/representatives and updated information is provided through meetings, noticeboards, electronic and verbal communication. Care recipients/representatives interviewed believe they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in the home.

1.9   External services
This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings
The home meets this expected outcome

The organisation and home has processes for the identification and selection of external suppliers based on care recipients' needs and operational requirements. There are processes for monitoring the ongoing performance of external suppliers through collecting feedback from care recipients and staff and checking tasks are complete. Formal agreements and contracts with external suppliers stipulate the service requirement, price and

quality. Changes occur to supplier arrangements based on feedback from care recipients and staff. The review process for external contractors and suppliers involves ongoing monitoring through feedback mechanisms, meetings and surveys. There are processes for checking the compliance requirements for external suppliers. Observations indicated the external services provision occurs according to the service contracts. Staff said external contractors regularly visit the home and complete tasks as required in a timely manner. Care recipients, their representatives, and staff are satisfied with the quality and delivery of the external services provided.

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

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

Team's findings
The home meets this expected outcome

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

The home generates continuous improvement initiatives through analysis of clinical data, incidents, observation, staff and care recipient feedback, audits, and care evaluations. Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

The home has implemented the following improvement initiatives relating to Standard 2: Health and personal care in the last 12 months:

- The home identified an opportunity to improve practice in palliative care. A palliative care action plan was developed focused on innovation and service delivery. A partnership with an external palliative care specialist service has been established. A palliative care specialist nurse and geriatrician visit the home to identify care recipients who are palliative, provide training to staff, and support the home with the implementation of the palliative care toolkit. The home has introduced a palliative care needs round, which includes a focus on care recipients' directives and case conferencing. Results show the home has improved the rate of care recipients who are palliative staying in the home rather than being transferred to hospital by 79%. Feedback from care recipients and their representatives indicates they are more confident to stay in the home during palliation.

- Nursing staff identified the need to promote a more holistic approach to assessment and care planning for care recipients and their representatives. Registered Nurse (RN) clinics have been set up to which the care recipients and their representatives are invited to develop more proactive strategies to meeting care recipients' clinical needs. The RN clinics select care recipients with special conditions and unmet needs. Feedback from care recipients and representatives shows the approach is more inclusive and provides a more comprehensive approach to meeting their needs.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

In relation to Standard 2: Health and personal care, there are processes within the home for monitoring regulatory compliance relating to health and personal care. Management communicate to relevant staff changes to legislation and standards relating to health and

personal care. Staff said they are aware of regulatory requirements relating to care recipients' health and personal care, including the provision of prescribed care and services, medication storage and administration and the professional registration of nurses and allied health providers.

Examples of regulatory compliance being met by the home in Standard 2: Health and personal care include:

- Care plan assessments and reviews undertaken by appropriately skilled staff

- Current storage and possession of Schedule 8 drugs

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. In relation to Standard 2, Health and personal care, management ensure staff have the knowledge and skills required for effective performance in their roles. Clinical policies and procedures, position descriptions, and care plans guide staff practices. Staff attend education pertaining to various clinical topics and the completion of clinical competencies occurs.

Recent education sessions relevant to Standard 2: Health and personal care include:

- Pain and end of life

- Aggressive behaviour management

- Continence 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

The home has a system to ensure appropriate clinical care is provided for care recipients. Information collected prior to entry and from the assessment process is used to generate care plans which contain specific interventions for each care recipient. Any changes to care recipients' condition or care needs are communicated to staff by verbal handovers, communication diaries, progress notes and care plan updates. Care plans are regularly evaluated for effectiveness. Ongoing clinical assessments are attended by the nurse practitioner and the registered nurse clinic to support staff and the home has established networks with clinical support services in the community. Care recipients have a choice of local medical officers who visit the home and arrangements are in place to ensure care recipients have access to after-hours medical treatment or transfer to hospital. Clinical care practices are monitored through internal audits, staff competencies and care recipient satisfaction surveys. Care staff demonstrated positive attitudes toward their work, a good understanding of the tasks required of them and the importance of the care of care recipients. Care recipients/representatives are satisfied with the 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 specialised nursing care needs of care recipients are identified when they move into the home. Systems ensure care recipients' specialised nursing care needs are met by appropriately qualified nursing staff, supported by the medical officer, gerontologist and the nurse practitioner. Current specialised nursing care includes pain management, enteral feeding, diabetic, complex wound dressings and stoma and catheter care. Systems ensure appropriate stock is available and equipment is checked regularly. Staff access the services of specialists and use resources from local area health professionals as necessary. Staff demonstrated knowledge and understanding of care recipients' specific needs and said they are provided with education. Competency and skills audits assessments are in place. Care recipients/representatives stated staff are skilled in providing and managing care recipients' specialised nursing 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

Referrals to other health and related services are planned and consistent with care recipients' ongoing needs and preferences. Care recipients are able to access a range of allied health professionals, many of whom will visit the home. These include speech pathology, dietetic, psychogeriatric, dental, podiatry and pathology services. The nurse practitioner and the gerontologist arrange referrals for care recipients to other health and related services in accordance with care recipients/representatives needs and preferences. Care recipients' care plans are updated to reflect changes or recommendations in care delivery. Care staff assist with appointments and registered nurses monitor care to ensure changes are effective. Interviews with care recipients/representatives and staff, and a review of clinical documentation, confirm the home has a prompt and responsive system for referral of care recipients to appropriate health specialists. Care recipients/representatives said they are assisted with appointments and transportation requirements to external providers and are satisfied with the arrangements.

2.7 Medication management
This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings
The home meets this expected outcome

The home has processes to ensure care recipients' medication is managed safely and correctly with regular pharmacy deliveries, secure storage of medications and internal/external audits. Staff deemed competent administer medication using a prepacked medications system. Registered nurses oversee the home's medication management system and administer controlled drugs in accordance with legislated guidelines and regulatory compliance. Medication management, policies and procedures, and a system for reporting medication incidents are in place to ensure medication orders are current and reviewed

regularly by medical officers and pharmacists. Medication incidents are monitored through the incident reporting system. Care recipients/representatives said they are satisfied with the home's management of the care recipients' medication.

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

Team's findings
The home meets this expected outcome

The home has an effective system to assess and manage care recipients' pain. The physiotherapist/occupational therapist and registered nurses assess each care recipients history of pain and care recipients' experiencing acute or chronic episodes of pain are commenced on ongoing pain assessments. Strategies to manage pain involve a multidisciplinary approach and both pharmaceutical and non-pharmaceutical pain relief are considered when planning pain management. Interventions include massage, heat therapy, wax therapy, repositioning, passive exercise and distraction strategies such as meditation. Staff interviewed demonstrate knowledge of specific pain management interventions for care recipients and monitor and document the efficacy of pain management strategies. Care recipients are satisfied their pain is managed effectively and say staff are responsive to their changing needs.

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

Team's findings
The home meets this expected outcome

The home has a suitable environment and culture to ensure the comfort and dignity of terminally ill care recipients. Staff provide the opportunity for all care recipients/representatives to make choices about care when faced with a terminal illness. Decisions regarding management of terminally ill care recipients are made in consultation with the care recipients/representatives and their medical officer. Advanced care directives are discussed to enable staff to implement the care recipients' wishes and care requirements. The home has access to an external palliative care team who assist with providing specialised end of life care to ensure care recipient comfort. There are specialised clinical and comfort devices at the home for use to maintain care recipient palliation needs and preferences. Pastoral care is offered and provided in the home for care recipient/representatives. Staff demonstrated an awareness of the needs and emotional support requirements of care recipients who have a terminal illness.

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

The home demonstrates a system to ensure care recipients' nutrition and hydration needs are assessed, documented and regularly reviewed. Care recipients' dietary needs, preferences and allergies are recorded and communicated to the kitchen staff and special diets are catered for. Care recipients are encouraged to eat their meals in dining rooms and

care recipients' nutrition is monitored by supervision and observation. Care recipients, weights are recorded monthly and food charts are in place for monitoring care recipients who have lost weight. Care recipients have a choice of meal and are encouraged to maintain hydration, with drinks provided at and between mealtimes. Supplements are provided when a nutritional deficit is identified. The daily menu is displayed and care recipients/representatives said they are generally happy with the food.

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

There are systems to ensure care recipients' skin integrity is consistent with their general health status including assessments on entry to the home and as necessary. Care recipients identified as at risk have skin integrity care plans with management strategies outlined. Pressure relieving equipment and limb protectors are available for use as required. Care staff state they monitor skin integrity daily, apply emollient creams to care recipients' skin following showering and report any changes to the team leader. Care recipients who have wounds have a wound assessment and wound management is attended by the registered nurse. Ongoing education on wound care is provided for staff in the home. Care recipients/representatives state they are satisfied with the management of care recipients' skin care.

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

Team's findings
The home meets this expected outcome

The home has a system in place to ensure that care recipients' continence is managed effectively. Care recipients' continence status is assessed on entry to the home, regularly reviewed and evaluated. Toileting regimes are maintained for as long as possible. Care plans identify strategies to assist in managing care recipients' continence and bowel regimes. A disposable continence aid system is in use in the home for care recipients with intractable incontinence. Staff interviewed informed us there are always adequate supplies of continence aids available to match the individual needs of the care recipients. Continence management is included in regular education sessions for staff at the home. Care recipients/representatives expressed satisfaction with the management of residents' 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

The home has a system to ensure the needs of care recipients with challenging behaviours are managed effectively. All care recipients are assessed on entry, behaviours of concern are identified and strategies to manage the behaviours are developed. Care recipients/representatives and medical officers are involved in care planning with staff. The

home has access to the dementia behaviour management advisory service and a psycho-geriatrician who will visit the home. Following appropriate assessment, referrals are made to manage any change in the care recipients' behavioural care needs. An activity program based on Montessori dementia principles is in place and staff at the home interact with care recipients in a caring and calming manner. Care recipients/representatives confirm care recipients with challenging behaviours are monitored by staff and identified strategies are implemented as required.

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

There are processes to optimise care recipients' levels of mobility and dexterity. Care recipients' mobility and dexterity is assessed by the physiotherapist, occupational therapist and/or the registered nurse on entry to the home and on a needs basis. The physiotherapist assisted by physiotherapy aides and the occupational therapist provide individual programs for care recipients. The accident and incident reporting system includes analysis of incidents to identify trends and strategies to be implemented to reduce the incidence of falls care recipients incur. The home has a range of mobility and exercise equipment. Regular exercise classes are held for care recipients including yoga, fitness and balance classes. Staff interviewed showed an understanding of their responsibilities in relation to optimising care recipients' mobility and dexterity. Care recipients/representatives expressed satisfaction with the homes mobility program and the allied health team support.

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

Team's findings
The home meets this expected outcome

The home's system for ensuring that care recipients' oral and dental health needs are identified on entry to the home and are regularly maintained, includes consultation with the care recipient/representatives. Staff demonstrated knowledge of policy and practice in relation to the oral and dental care provided at the home, including the cleaning of teeth and oral health care. Care recipients' with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth brushing. Dental assessment services visit the home and residents are assisted to access local dental services in the community. Care recipients/representatives indicated satisfaction with the care and services provided in relation to dental care.

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

The home has systems to ensure care recipients' communication requirements and sensory losses are identified through the assessment and care planning process. Care recipients who are identified as having sensory deficits, for example who require glasses or hearing devices,

have management strategies documented in their care plans. Care recipients are assisted to access services or equipment that will support them and referrals are made to specialist services as required. Staff demonstrated the knowledge and skills to manage care recipients' needs. Care recipients/representatives stated that they are satisfied with the care they receive from staff in relation to their sensory losses.

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

Strategies are in place to assist care recipients achieve natural sleep patterns. On entry to the home, a past history of care recipients sleep routines is obtained from the care recipient and/or their representative. Interventions to support care recipients' sleep include offering of warm drinks or snacks, appropriate continence management, pain management and sedation if ordered by the medical officer. Specialised pressure relieving mattresses are available to assist with care recipients' comfort. Staff stated and reviewed care plans demonstrated the various ways in which care recipients are supported to maintain their preferred sleep routines. Care recipients stated the environment is generally quiet at night and staff use a range of strategies to assist them to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

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

The home generates continuous improvement initiatives through analysis of data and information collected from internal audits, care recipient and staff meetings, suggestions, and lifestyle evaluations. Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

The home has implemented the following improvement initiatives relating to Standard 3: Care recipients' lifestyle in the last 12 months:

- The lifestyle team identified opportunities to increase mental stimulation for care recipients through Montessori based activities. The 'bib and bobs' stall was set up with care recipients running the store each weekday for one or two hours. A food cooking program has also been established to provide care recipients with an opportunity to cook food and share this with others. Feedback from care recipients and staff indicates the engagement of care recipients in roles has provided them with a sense of purpose and contributing to the home and other care recipients.

- The care recipients requested more activities which focused on wellness. The home trialled a 26 week program including dance, music and humour. Care recipients underwent a pre-assessment measuring quality of life and wellbeing. Results show the activities led to an improvement in care recipients' overall scores for wellbeing and their sense of self-esteem. Staff feedback indicates care recipients enjoy the activities which create a positive mood state.

3.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

The home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to care recipient lifestyle. Management regularly update the care recipient agreement to reflect changes in legislation. The home has a separate register for mandatory reporting. Staff said they are aware of regulatory requirements relating to care recipient lifestyle, including protecting care recipients' privacy, maintaining confidentiality of care recipient information, security of tenure, and mandatory reporting of

assaults. There are processes for monitoring ongoing regulatory compliance relating to care recipient lifestyle.

Examples of regulatory compliance being met by the home in Standard 3: Care recipient lifestyle include:

- Policies and procedures for reporting of elder abuse

- Security of tenure contracts, processes and policy

- Privacy policies to protect the use of care recipient information

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. In relation to Standard 3, Care recipient lifestyle, management ensure staff have the knowledge and skills required for effective performance in their roles. Stakeholder feedback and observations monitor staff skills and knowledge in relation to care recipient lifestyle needs.

Recent education relevant to Standard 3: Care recipient lifestyle includes:

- Cultural diversity

- Dignity and risk

- Montessori approach

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

Staff at Goodwin House recognise the importance of providing emotional support for new and existing care recipients. Care recipients' emotional needs are assessed on entry to the home and care recipients/representatives are invited to participate in initial care plan formulation and ongoing reviews to ensure care recipients' needs are met. Care recipients have personalised their rooms and have access to personal telephones. A review of care plans demonstrated a clear understanding of each care recipients individual needs in relation to emotional support. Management has an open door policy and meetings with care recipients and family can be initiated at any time. Observations of staff interactions with care recipients showed warmth, respect, empathy and understanding. Care recipients/representatives provided positive comments regarding the ongoing support they receive at the home.

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 home has processes which encourage care recipients' independence and participation in community life. Care recipients' level of independence and their need for assistance are assessed on entry to the home and reviewed as needed. Exercise programs are provided to optimise residents' mobility and dexterity. The home promotes care recipients' links with the external community through bus trips and through providing opportunities for care recipients' interaction with volunteers and visitors. Care recipients' friends and families are encouraged to share special events with care recipients and to participate in their life within the home. Care recipients' independence is also promoted through providing onsite shopping opportunities and in arranging attendance by electoral officers at election times. Care recipients/representatives stated they are satisfied with the home's processes to maximise care recipients' independence and to foster their community involvement.

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 a comprehensive system that ensures each care recipients' right to privacy, dignity and confidentiality is recognised and respected. Systems and processes ensure care recipients' personal information is stored securely. Information on rights and responsibilities is provided to care recipients/representatives and staff. A system to gain consent from care recipients/representatives to display or publish photographs, celebrate birthdays and/or disclose any personal information is in place. Staff were observed knocking on doors and waiting for an invitation before entering care recipients' rooms. All personal care is attended to in the privacy of the care recipients' own rooms. Care recipients/representatives confirm staff care for them in a dignified manner and with respect.

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

The home has a wide range of activities available for care recipient participation. Systems and processes are in place to capture information for planning leisure interests and activities. Personal interest information gathered on entry to the home in the 'key to me' document is used to compile a social profile. This information is incorporated in the care plan. The activity calendar is displayed at the home. Activities include bus outings, visiting entertainers, movies, music, themed days, games and exercise classes. Staff were observed to assist and support care recipients to participate in group activities and one-to-one time during the re-accreditation audit. Case conferencing, the manager's open door policy and care recipients' meetings enable care recipients/representatives to provide feedback. Care recipients/representatives expressed a high level of satisfaction with the activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' cultural and spiritual needs are fostered through the identification and communication of care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds during the assessment processes. The home recognises and incorporates care recipients individual interests, customs and beliefs into the home's day-to-day activities. Pastoral visitors of various denominations regularly visit and regular religious services are held at the home. Days of cultural, religious and personal significance are celebrated at the home. Care recipients/relatives confirmed care recipients are encouraged and supported to continue with their own interests. Care recipients/representatives confirm care recipients' cultural and spiritual needs are being met.

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

Interviews with care recipients/representatives identified care recipients are satisfied with the choices available to them. The systems in the home offer care recipients choice and control over their lifestyles through case conferencing, one-to-one feedback, care plan reviews and care recipient/representatives meetings. Information is also provided in the care recipient handbook. Care recipients/representatives are supported and encouraged to participate in decisions regarding personal care, meals, cultural and spiritual life and health care. Care recipients can choose to participate in activities of their choice and furnish their rooms with their own belongings. Care recipients/representatives confirm staff actively support care recipients to participate in individual lifestyle choices and decisions. Care recipients choice not to participate in activities and events is also respected.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Corporate services provide secure tenure within the residential care service, and ensure care recipients/representatives understand their rights and responsibilities through the application process and on an ongoing basis. Admission processes are established to identify and support each care recipient's security of tenure. Information about care recipients' rights and responsibilities, entry details, fees and charges and the contents of the care recipient handbook and agreement are discussed with care recipients and representatives. If a change in accommodation or care requirements is recommended, alternative care options and or accommodation are explored in consultation with the care recipient, their representatives, the medical officer and other relevant parties. Results show and staff confirmed they are aware of care recipients' rights and responsibilities. Care recipients are

satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

Standard 4 – Physical environment and safe systems
Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

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

Team's findings
The home meets this expected outcome

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

Management generates continuous improvement initiatives related to the physical environment and safe systems through analysis of data and information collected from internal audits, care recipient and staff meetings, incident and hazard data, suggestions, and workplace inspections. Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

Examples of improvement activities and achievements relating to the physical environment and safe systems in the last 12 months include:

- Care recipients and their representatives requested more formal arrangements to have meals with care recipients' onsite. The home set up private tables with accessories which care recipients and relatives can book. The tables are separated from the general dining area and have formal linen tablecloths, glassware and cutlery. Feedback from care recipients and relatives shows the private dining arrangements are more conducive to share an intimate meal as a family and allow for the care recipient to have a special dining experience, when they can no longer go out to a restaurant.

- Care recipients requested more visual information on the menu and activities which they could clearly see. The home has installed large television monitors on each floor. The daily menu and activities are displayed on a continuous loop, as well as special events coming up. Feedback from care recipients and relatives indicated the information on the television monitors is easier to see and is accessible to them across the day. The information also prompts care recipients to attend activities and special events.

- Care recipients requested brighter lighting to read and do activities. The home reviewed the lighting configuration and made changes to improve brightness. Feedback from care recipients and relatives indicates the lighting levels have improved and make it easier to read and enjoy activities.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

There are processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to the physical environment and safe systems. Staff are

aware of regulatory requirements relating to the physical environment and safe systems, including implementing work health and safety regulations, monitoring and maintaining fire safety systems, and maintaining appropriate storage and identification of chemicals used in the home.

Examples of regulatory compliance being met by the home in Standard 4: Physical environment and safe systems include:

- Documented food safety plan

- Mandatory training for manual handling, infection control, fire and emergency education for all staff

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. In relation to Standard 4, Physical environment and safe systems, management ensure staff have the knowledge and skills required for effective performance in their roles. Management monitor attendance to education pertaining to the home's mandatory education sessions to ensure annual staff attendance, understanding, and competency.

Recent education relevant to Standard 4: Physical environment and safe systems includes:

- Work health and safety

- Infection control

- Fire training

- Safe food 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 home has a system for monitoring the external and internal living environment including hazard and incident reporting, and conducting regular inspections to provide a safe and comfortable environment for care recipients. The home is on three levels and includes a memory support unit on the ground floor with a separate secure garden. There is a central administration and services area including the kitchen and laundry. Care recipients are able to access internal courtyard garden areas on the ground floor. The rooms are single with ensuite facilities. Care recipients participate in choosing fixtures and furnishings to provide an attractive, safe and comfortable environment consistent with their needs. The home has processes for maintaining the buildings, plant, environmental operating systems and external grounds of the home. Care recipients are able to furnish their rooms with personal items and furniture within the space they have available. The home has policies and procedures for restraint management, including review of authorisation and monitoring. Staff interviewed

said the home was comfortable and provided a safe environment. Care recipients are satisfied with the safety and comfort of the 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

There are systems to provide a safe working environment for staff through regularly assessing potential and identified hazards/risks, and implementing strategies to minimise risks. Staff members regularly receive updated information on safe work practices to maintain a safe working environment and reduce the potential for injury, including education on manual handling and hazard identification. There is appropriate equipment to maintain staff safety and processes for regular servicing of equipment to ensure it is fit for use. Staff said they have input into the home's work health and safety system through reporting mechanisms and work safety is regularly discussed at meetings. Staff interviewed are aware of safe work practices, receive education and contribute to creating a safe work 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 has fire detection equipment, security and evacuation procedures and plans. There are processes for regular maintenance and independent checks of fire suppression equipment, exit checks and fire alarms. Fire emergency instructions are available to staff in each main area of the home. Maps indicating evacuation points and the location of fire suppression equipment are displayed throughout the home. Fire blankets are available in areas of the home including the kitchen and outside areas. The home has processes to ensure compliance with fire regulations and adhering to recommendations from inspections by the state fire department. An evacuation transfer list is available to staff which is up dated on a regular basis to record which care recipients are absent and changes in their transfer needs. Staff complete annual fire safety and emergency training and fire drills. The home has processes for following up staff who do not attend mandatory fire and emergency training. Staff said they are aware of requirements in the case of 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's infection control program includes policies, procedures and guidelines to identify, document, manage and minimise infections. The home has a food safety program, a vaccination program for care recipients and staff, and outbreak management contingency plans. The home collects and analyses infection control data and the results are used to monitor clinical outcomes for the care recipients. The kitchen, cleaning and laundry areas have effective infection control measures in place. We observed personal protective equipment and colour coded equipment in use. Hand washing facilities, hand sanitisers,

sharps waste disposal containers, locked clinical waste bins and spill kits are readily accessible. A pest control program is in place. Staff receive infection control education at orientation and as part of ongoing education. Staff described infection control measures, including the appropriate use of personal protective equipment and hand hygiene procedures.

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

Team's findings
The home meets this expected outcome

The provision of hospitality services enhances care recipients' quality of life and the staff working environment. A dietitian reviews the home's rotating menu which is prepared in accordance with a food safety plan. Care recipient feedback is valued in relation to the menu and meal choices are available. Staff were observed assisting care recipients with their meals in a dignified way. A cleaning schedule guides staff practice to ensure all areas of the home are clean. Cleaning occurs according to infection control and chemical handling guidelines and appropriate personal protective equipment is utilised. The laundering of personal clothing occurs on site, with sheets and towels laundered by an external contractor. The labelling of care recipients' personal clothing is coordinated by the home and there is a system to prevent the loss of personal items. Staff said they are aware of food safety guidelines and have clear procedures to follow in providing catering, cleaning and laundry services. Staff are satisfied with the working environment for providing hospitality services and support from management. Care recipients and representatives said they are satisfied with the hospitality services provided at the home.