



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Jacaranda Village RACS ID: 3451

Approved Provider: Red Cliffs and Community Aged Care Services Inc

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 29 November 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 9 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 1 August 2015 to 1 March 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 29 November 2017

Accreditation expiry date 1 March 2019



Australian Government

Australian Aged Care Quality Agency

Jacaranda Village

RACS ID 3451

220 Calotis Street

RED CLIFFS VIC 3496

Approved provider: Red Cliffs and Community Aged Care Services
Inc

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 01 August 2018.

We made our decision on 09 June 2015.

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

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Jacaranda Village 3451

Approved provider: Red Cliffs and Community Aged Care Services Inc

Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 06 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 May 2015 to 06 May 2015.

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

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

Assessment team

Team leader:	Jordan Galea
Team member:	Dianne Clarke

Approved provider details

Approved provider:	Red Cliffs and Community Aged Care Services Inc
--------------------	---

Details of home

Name of home:	Jacaranda Village
RACS ID:	3451

Total number of allocated places:	75
Number of care recipients during audit:	75
Number of care recipients receiving high care during audit:	30
Special needs catered for:	Elders living with dementia.

Street:	220 Calotis Street	State:	Victoria
City:	Red Cliffs	Postcode:	3496
Phone number:	03 5024 1104	Facsimile:	03 5024 2602
E-mail address:	slynch@jacarandavillage.org.au		

Audit trail

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

Interviews

	Number		Number
Management	2	Elders and representatives	14
Nursing staff	5	Maintenance and ancillary staff	2
Care staff	2	Lifestyle staff	2
Administration and admissions staff	3	Catering, cleaning and hospitality management	4
Quality review staff	2		

Sampled documents

	Number		Number
Elders' files	10	Medication charts	9
Incident reporting	2	Lifestyle care plans	8

Other documents reviewed

The team also reviewed:

- Activities lifestyle calendar and documentation
- Allied health referral
- Audit and survey schedule and associated documentation
- Clinical charting, assessments and complex care directives
- Comments and complaints feedback forms
- Continence aid allocation charts and associated documentation
- Continuous improvement plan and documentation
- Corrective maintenance requests and actions
- Current elders' evacuation list
- Education matrix, records, calendar and documentation
- Elders' information package
- Electronic care planning system and communication dairies
- Electronic email communication system
- Emergency procedures, egress routes and essential services records
- Essential services manual and maintenance contracts
- External contractors records and contracts
- Flow charts
- Food safety plan and catering documentation
- Incident reports, analysis and trending data

- Induction checklist, job descriptions and associated documents
- Infection surveillance register and associated analysis and trending data
- Laundry and cleaning documentation
- Maintenance records
- Mandatory reporting records
- Medication and clinical competencies
- Meeting minutes
- Meeting minutes and newsletters
- Organisation vision statement
- Pest control records and material safety data sheets
- Restraint charts register and risk assessments
- Selected policies and procedures (online)
- Staff and elder handbooks including information package
- Surveys
- Test and tagging register.

Observations

The team observed the following:

- Activities in progress and calendars in rooms / communal areas
- Advocacy information and Charter of residents' rights and responsibilities
- Archive secured storage rooms
- Call bell system, key pad door security and security cameras
- Chemical storage
- Cleaning in progress
- Cleaning trolley and laundry supplies
- Equipment and supply storage areas
- Evacuation kit, egress routes and unobstructed pathways
- Fire detection system and firefighting equipment
- Hand washing facilities and hand sanitisers
- Indoor and outdoor living environments
- Infection control equipment and outbreak management kits
- Infection control posters
- Interactions between staff and elders
- Kitchenettes
- Meal and refreshment service
- Medication storage
- Memorial booklet
- Menu and new vitamised meal mould photographs

- Mobility aids and care recipient transfer equipment
- New bath therapy room
- Notice boards and information displays
- Notification of re-accreditation visit by Quality Agency on display
- Organisation Intranet
- Personal protective equipment
- Pet dogs, rabbit and birds being attended to by elders
- Safety data sheets
- Short group observation – dementia division ‘The Manor’
- Specialised safety equipment
- Staff knocking on elder’s doors prior to entering
- Storage of medications
- Suggestion box
- Waste management systems and disposal areas.

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

The organisation actively pursues continuous improvement across the Accreditation Standards and demonstrates progression in management, staffing and organisational goals. Management identify opportunities for improvement from stakeholder feedback forms, meetings, various audits observation, including surveys. Key staff regularly analyse information detecting trends, implementing strategies to promote and enhance aged care service delivery. Management continuously monitor, manage and evaluate the effectiveness of improvement processes and results. The home's continuous improvement plan identifies and documents improvements across the four Accreditation Standards. Elders, their representatives and staff said management are committed and proactive in providing continuous improvement opportunities.

Examples of recent improvements in regarding Standard 1 Management systems, staffing and organisational development include:

- The home's management identified an opportunity to better streamline and ensure currency of police checks. The new system adopted in August 2014 enables key staff to access information via an electronic database, ensuring new employees, contractors and volunteers have current police checks. This process is more efficient, effective and reliable meeting the home's regulatory compliance needs. Management and key staff express satisfaction with ease, time effectiveness and accuracy of the new system.
- Management identified an opportunity to increase awareness of the home's overall service delivery by implementing a new full-bodied newsletter. The new newsletter circulates concurrently with the current lifestyle newsletter adding extensive topics and key focus areas to interested stakeholders. The new newsletter, also available online, contains a chief executive officer summary, hotel services, upcoming events, a variety of articles and interesting stories for their readers. Management and staff said it creates a sense of a 'bigger picture' as to what's occurring in the elders' home. Feedback from elders, staff and management is highly positive.

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

Management has systems in place to identify and ensure compliance with regulatory requirements, relevant legislation, standards and guidelines within the Accreditation

Standards. Management receive and review information through a variety of professional bodies, external services and communications from Government departments and other agencies. Key staff review policies and procedures in response to legislative changes and communicate information to respective staff through regular meetings, electronic email alerts and educational sessions. Management monitor regulatory compliance through database review, audits, incident reporting, competency tests, read email receipted updates and observations. Management and staff demonstrated an understanding of regulatory compliance and its significance in aged care service delivery.

Examples of regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- Management has a continuous improvement plan that demonstrates progression, objectives, goals and outcomes.
- Confidential documentation is stored securely, with individual password protection for electronic systems. A secure archiving and destruction process occurs for confidential documentation.
- Management ensures recruitment processes incorporate current police certificates and applicable statutory declarations
- Notification to staff, elders and their representatives of the re-accreditation site audit conducted according to legislative timeframes.
- Information is available to elders and their representatives on external complaints and advocacy services.

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 encourages, supports and assists management and staff to develop and maintain the necessary knowledge and skills in order to perform their roles effectively. Development of the education calendar occurs through identification of elders’ needs, identified deficits in staff knowledge and/or skill, or following staff requests. Management and staff are required to attend mandatory training with their attendance monitored and followed up. The education calendar is flexible for staff, advertised in advance and offers education across the Accreditation Standards. Education is presented through, in-services, online learning, conferences, competency training and onsite practical sessions. Management and staff said they are supported to develop and maintain an appropriate level of skill and knowledge.

Recent education and staff development opportunities in relation to Standard 1 Management systems, staffing and organisational development include the following:

- communication systems
- compulsory reporting
- customer service
- understanding accreditation.

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

Internal and external comments and complaints mechanisms are accessible to care recipients, their representatives and other interested parties and feed into the home's continuous improvement system. Forms are accessible to elders, their representatives, staff, volunteers and visitors. All stakeholders can lodge concerns, suggestions and compliments anonymously and or the home's open door policy. Information about internal and external complaint services is accessible through handbooks, elders' agreements and a web portal for feedback and comments. Comments and complaints are actioned by management informing respective individuals and parties. Bi-monthly elders, relative and friends meetings occur and one on one discussion promote freedom of speech. Management monitor, review feedback and measure data trends to meet quality standards. Staff, elders and their representatives said they are aware of and know how to lodge a comment or complaint.

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 documented its residential care service's vision, values, philosophy objectives and commitment to quality. Management displays this information in various areas of the home and is reflected through internal documentation.

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 sufficient appropriately skilled and qualified staff to deliver care and services. Recruitment and selection processes are based on skill and qualification requirements outlined in position descriptions. Newly recruited staff complete an orientation program and a range of competency assessments. An experienced staff member partakes in 'buddy' shifts promoting support and increased knowledge. Staff receive information handbooks and mandatory training with accessible online policies and procedures to guide them in their roles. Management regularly monitor staffing levels and skill mix through observation of staff practice, stakeholder feedback, competency testing, reviews of elders' needs and data trend analysis. There are processes to replace staff for planned and unplanned leave. Staff are satisfied how management maintain staffing level arrangements. Elders and their representatives said there is sufficient and appropriately skilled staff to meet care 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

Management ensure stocks of appropriate goods and equipment for quality care and service delivery are available. Staff order through preferred suppliers and stock rotation and monitoring of stock levels occur. New goods and equipment requirements take into consideration elders' needs and feedback from stakeholders. The trial and evaluation of new equipment occurs and suppliers provide initial and ongoing training as required. Storage areas are organised, secure and appropriately signed. An assets management system, audits, maintenance and cleaning processes ensure timely corrective maintenance and ongoing cleaning of equipment. There are processes for after hours and emergency response to equipment failures. Management reviews and updates goods and equipment to reflect the identified needs of current elders. Staff and elders said they are satisfied adequate supplies of appropriate goods and equipment are available at all times.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home's systems ensure management and staff effectively manage documented and electronic information in accordance with legislative requirements. Elders and their representatives receive information from a variety of sources including handbooks, correspondence, lifestyle and web-based newsletters, meetings and discussions with staff. Staff access policies and procedures and information regarding elder's care plans electronically, noticeboards, during handover and meetings. Management and staff use a multi-integrated email system portal effectively communicating to all facets of the home's service delivery. All electronic information systems have tier password protection for appropriate authorised access and backup occurs regularly. Confidential information is securely stored, archived and disposed of appropriately. Elders, their representatives and staff said they are satisfied with the relevance of information provided by management and their ability to access information as required.

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

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. External services include fire services, physiotherapy, podiatry, speech pathology, pharmacists and hairdressing services. Management source contractors, suppliers and services to ensure they meet the requirements of the home and have appropriate qualifications and registrations. Corporate service agreements apply and management continually monitor and regularly review the quality of service provision through feedback, observation, meetings and reporting processes. Management, staff, elders and their representatives said they are satisfied with external services provided within the home.

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 organisation actively pursues continuous improvement in care recipient's health and personal care. Staff document incidents and key staff analyse a range of clinical data for trends and action accordingly. Elders, their representatives and staff are satisfied the home pursues continuous improvement regarding health management concerns. For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in regarding Standard 2 Health and personal care include:

- The home's medication administration system underwent a review resulting in management implementing an electronic single point data entry process. The new system now minimises time consumption, reducing medication errors and improving the overall communication efficiencies for medication administration. Care staff now use a portable electronic device to record medication administration to elders, simultaneously signalling their pharmacy improving their monitoring and ordering mechanisms. Management, staff and the pharmacy report the new system works cohesively and more accurately.
- The Mildura Base Hospital approached management and presented their 'residential in-reach' program aimed to better assist elders with acute medical conditions in a timely, convenient and comfortable manner. Rather elders and their representatives experience difficulties with logistics and lengthy wait times at the hospital, 'residential in-reach' service offers appropriate care for elders in the comfort and privacy of their own rooms. Elders, their representatives, staff and management report positive outcomes of the new initiative implemented.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for further information about management's regulatory compliance system and processes.

- The home's management has a monitoring system ensuring appropriately qualified staff maintain their registrations.
- Medications are stored and administered according to state legislated processes and guidelines.
- The home's management have a process for reporting absconding elders including notification to appropriate state authorities.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education conducted in relation to Standard 2 Health and personal care include the following:

- link nurse training – palliative care
- medication administration
- venous and arterial ulcers.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. On entry to the home, an interim care plan guides care provision until completion of the assessment period occurs. Staff develop individualised care plans from assessments to identify elders’ needs, preferences and strategies as required. Nurses regularly review care plans and consultation with elders or their representatives occurs. The monitoring of elders’ clinical care occurs through audits, clinical data, incident report analysis and stakeholder feedback. Staff described clinical interventions used to meet elders’ clinical needs. Elders and representatives said they are satisfied with the clinical care elders receive.

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

Appropriately qualified staff identify and meet care recipients’ specialised nursing care needs. Nurses assess, plan and evaluate elders’ specialised nursing needs in consultation with appropriate health specialists and general practitioners. Specific care plans document specialised nursing needs, preferences and strategies required. Monitoring of specialised nursing needs occurs through stakeholder feedback, the home’s audit program and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing care. Elders and representatives said elders receive specialised nursing care in accordance with their needs and preferences.

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 a wide range of health specialists in accordance with their individual needs and preferences. Clinical systems assist staff to identify if elders would benefit from the advice and review of health specialists. Mechanisms exist to capture, record, communicate and incorporate health specialists’ recommendations into the daily care of elders. In accordance with each elder’s abilities and wishes, staff assist elders to access visiting health specialists or health specialists of their choice within the broader community. Management monitor the systems effectiveness through care plan review processes, audits and stakeholder feedback. Elders and their representatives said they are satisfied with the range of health specialists available.

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

There are systems in place to support safe and correct medication management. Appropriately skilled and qualified staff administer medications and quality processes monitor whether they are doing so safely and correctly. Clinical processes assist staff to identify, assess and review elders’ medication needs. Processes exist for the ordering, delivery and disposal of medications. Medications are stored safely and securely in accordance with regulatory guidelines. Policies, procedures and current medication resources are readily accessible and guide staff practice. Management monitor medication management through care plan review processes, medication incident data, audits and stakeholder feedback. Elders and their representatives said they are satisfied with how staff manage elders’ medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Elders’ pain needs and the identification of their risk for potential pain is assessed. Care plans document triggers for pain, strategies and equipment required to maintain optimal comfort levels. Consultation takes place with elders or their representatives and the health care team as needed. Elders have individualised pain programs overseen by a preferred general practitioner and the physiotherapy service. Strategies used include medication, active and passive exercise, heat packs, massage and or electronic stimulation. Management monitor elders’ pain management by care plan review processes, audits and stakeholder feedback. Staff are aware of appropriate pain management interventions to implement. Elders and their representatives said they are satisfied with the management of elders’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill care recipients. Elders and their representatives complete end of life wishes where appropriate. Care plans reflect palliative care needs and preferences when required and review of elders needs is ongoing throughout the palliative care stages. Staff access general practitioners and the advice of palliative care specialists when needed. The monitoring of palliative care occurs by audits and stakeholder feedback. There are sufficient goods and equipment to provide appropriate palliative care and education is provided to staff. Elders and their representatives said consultation occurs regarding elders’ needs and preferences.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration. On entry to the home, elders’ likes, dislikes and special care needs are noted and hotel services are notified with updates occurring as required. Elders weight is monitored and referrals to allied health professionals and general practitioners are implemented to address any issues related to weight variance. Assistive devices are available as required and modifications to food texture and alternative dietary items are available to elders with special needs and preferences. Monitoring occurs through weight audits, care plan reviews and stakeholder feedback. Elders and their representatives said they are satisfied with the approach to meeting elders’ nutrition, hydration and associated needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff assess elders’ skin integrity and care plans document their needs and preferences, including the levels of assistance and equipment required. Incident reports identify breaks in elders’ skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur and care staff have access to a wound consultant when required. Staff have access to appropriate emollient creams, pressure-relieving devices and wound dressings. Management monitor the effectiveness of elders’ skin integrity through the home’s audit program and stakeholder feedback. Elders and their representatives said they are satisfied with the care provided in relation to elders’ skin care management.

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 processes to ensure staff manage care recipients’ continence needs effectively. Assessment, care planning and evaluation of elders’ continence guides the formulation of an individualised program. Consideration is given to elders’ level of independence and maintenance of their comfort and dignity. Staff have access to sufficient continence aids for elders’ needs and individual requirements. Management monitor the effectiveness of elders’ continence programs through regular assessment, the home’s audit program and stakeholder feedback. Elders and their representatives said they are satisfied with continence care provided.

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 needs of care recipients with challenging behaviours are managed effectively. Staff assess elders’ behaviours on entry to the home following a settling in period. Reassessment occurs if new behaviours emerge. Care plans identify behaviours, potential triggers and interventions needed. Referrals to general practitioners and behavioural management specialists take place as required. Management monitor elders’ behaviour needs by incident data analysis, the home’s audit program and stakeholder feedback. Staff are educated on appropriate methods for managing elders with challenging behaviours. Elders and their representatives said other elders’ behaviours do not infringe on their wellbeing.

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’ optimum levels of mobility and dexterity are achieved through initial and ongoing assessment and review by a physiotherapist. Elders are assisted with their individualised program to maintain optimal levels of mobility and dexterity and functional capacity. Identification of elders at risk of falls are identified through a risk assessment and strategies including behavioural strategies, hip protectors and movement sensors are implemented to decrease risk. Management monitor the effectiveness of the system through tracking and analysing falls data, care plans and audits. Elders and their representatives said they are satisfied with how elders’ mobility and dexterity levels are achieved.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Oral and dental care assessments occur on entry to the home with individual care plans identifying aids, equipment and the level of assistance required. If required, access to preferred oral and dental health specialists is available. Management monitor oral and dental care by reviews, audits and stakeholder feedback. Staff assist elders with maintaining their oral and dental hygiene regimes. Elders and their representatives said elders receive assistance as required to maintain their oral and 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

Staff identify, assess and evaluate care recipients’ sensory needs. Specialist services provide advice in managing elders’ sensory losses. The living environment supports elders with sensory losses through design features. Monitoring occurs through care plan reviews, stakeholder observation and feedback. Staff are aware of elders’ individual needs and those who require assistance to fit and clean their aids. Elders and their representatives said they are satisfied with how staff assist them to manage their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Assessment, care planning and review processes support elders to settle and enjoy restful sleep. Sleep disturbances are noted in progress notes, needs reassessed and changes to the sleep and settling regimes occurs. Staff are aware of elders’ individual settling routines and were observed to assist elders with rest periods throughout the day in accordance with their preferences. Elders and their representatives said staff support and enable 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

The organisation’s continuous improvement system demonstrates improvements in the area of care recipient lifestyle. Elders, their representatives and staff are satisfied the organisation is actively sourcing input and improving elders’ lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvement initiatives in relation to Standard 3 Care recipient lifestyle include:

- Due to an unoccupied utility room, management planned and implemented a new ‘therapy bath’. The new room is spacious and fully equipped with a new therapy bath, well-appointed décor and furnishings and scented oils. Elders now enjoy their relaxing bathing experience promoting positive mind and muscle relaxation. Care staff received education, utilising a poster to guide them with the bathing process. Care staff report satisfaction with ease of personal care of elders and observing elders contentment. Elders expressed enjoyment of the new ‘therapy bath’ addition to the home.
- Management and the contracted hairdresser identified an opportunity to better manage hairdressing appointments for elders residing in the five cottages. Previously, the salon did not have an appointment system, consequently resulting in long wait times and disappointed elders. A new effective rotating system between the five cottages and respective elders offers a more timely service, mitigating frustration. Management, staff, elders and the hairdresser all report positive feedback with the new system operating. Elders now attend the salon environment, enjoying positive socialisation during their salon experience.

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 management’s regulatory compliance system and processes.

Examples of regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- The home’s management has appropriate systems for recording incidents of elder abuse and mandatory reporting according to legislative guidelines.
- Privacy and dignity policies and practices exist within the home’s service delivery.
- Management ensure the Charter of residents’ rights and responsibilities is displayed and appropriately documented.

- The home's management demonstrates compliance concerning residential agreements and current legislative changes.

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 processes.

Examples of education and staff development in relation to Standard 3 Care recipient lifestyle include the following:

- discrimination and harassment
- elder abuse/mandatory reporting
- grief and loss.

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

Relevant staff identify and meet care recipients' needs for emotional support upon entry and on an ongoing basis. Staff provide orientation and additional emotional support to elders on their arrival to their new home. Lifestyle staff assess each elder's emotional needs and preferences, develop care plans to include 'social history' and 'positive living assessment' strategies capturing preferred elder traditions and desires. Staff encourage elders' participation with activities to support socialisation. The home offers a range of religious avenues to elders and a community visitor scheme promotes extra socialisation. Elders and their representatives said they are satisfied how staff meet elders' emotional support needs.

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

Staff support care recipients to remain as independent as possible and encourage care recipients to maintain friendships within the home and the local community. Individual elder's social, physical and financial independence are assessed and care plans are developed and reviewed regularly. Staff support and encourage elders to participate in social and recreational activities according to their preferences. A range of activities, outings and opportunities are offered and personal outings can be arranged. Intergenerational programs within the local community promote freedom of independence. Volunteers and lifestyle staff visit isolated elders providing additional support. Elders and their representatives said they

are satisfied with the emotional support provided by staff to promote their wellbeing, achieving optimum 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

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is fostered, recognised and respected. Elder and staff handbooks feature information on elders' rights to privacy, dignity and confidentiality. Elders are encouraged to personalise their own rooms and welcome visitors anytime. There are quiet retreat areas accessible inside and outside the home for privacy. Staff respect elders' privacy and dignity by knocking on doors prior to entering their rooms, referring to elders by their preferred names and discreetly assisting with personal care needs when required. Documentation pertaining to elders is stored securely maintaining elders' privacy and dignity. Elders and their representatives said they are satisfied staff respect elders privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a variety of activities and provide input to program development. Staff identify each elder's leisure and activity interests using 'social history' and 'positive living assessment' tools to reflect individuals' past and current leisure interests. Care plans capture goals and preferences to guide lifestyle and care staff to meet individual leisure interests and activities. Staff regularly review care plans and in response to changing needs. The activity program offers group and individual activities incorporating elders' social, emotional, physical, cognitive, sensory and cultural needs. Leisure interests and activities are monitored through verbal and written feedback, care plan reviews, meetings, attendance and activity evaluations. Elders and their representatives said they are satisfied with the range of activities and celebrations offered at 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

Staff demonstrated its systems and processes are effective in valuing and fostering each individual care recipient's interests, customs, beliefs and cultural background. Staff assess elders' preferences on admission to the home. Key staff document and communicate information to relevant staff members ensuring quality of care delivery. Care and lifestyle services are consistent with care plans and deliver a unified approach fostering individual preferences. Staff have access to a cultural care kit and display knowledge of elders' individual needs and review care plans on a regular basis or as changes occur. Elders and

their representatives said they are satisfied with the support provided by staff enabling elders to maintain their preferred cultural and spiritual pathways.

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

Management and staff support care recipients to exercise choice and decision making in the care, lifestyle and hospitality services they receive while not infringing on the rights of other people. Elders and their representatives are encouraged to express their wishes during the assessment process, during meetings and individual consultations with staff from all facets of the home. Regular care plan reviews aim to reflect each elders' preferences for individualised care and support. Power of attorneys assist with decision making for elders' presenting reduced ability once an assessment has been determined. Staff understand their responsibility to support elder choice through policies and procedures, handbooks and care plan updates. Management and staff promote an open and transparent environment that encourages freedom of choice and decision making mitigating apprehension. Elders and their representatives said they have input into the care and services elders receive inclusive of personal care, meals and activities.

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

There is a system to ensure care recipients understand their rights and responsibilities and have secure tenure. Prior to entry, key staff provide information to elders and their representatives regarding security of tenure, rights, responsibilities and specified care, fees and services. Management offer an agreement to each elder or representatives ensuring any room changes occur only after consultation. Management provide ongoing assistance and legislative updates to elders and their representatives through meetings, one on one contact, electronic mail, newsletters and letters attached to invoices. The Charter of residents' rights and responsibilities is clearly displayed throughout the home and reflected in residential agreements. Elders and their representatives said they are satisfied elders have secure tenure.

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 actively pursues improvements to ensure elders, staff and visitors have a safe and comfortable environment. A variety of audits and inspections, third party reports and feedback from stakeholders demonstrate the home’s pursuit in continuous improvement systems. Staff, elders and their representatives said they are satisfied the organisation aim to improve the home’s physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvement initiatives in relation to Standard 4 Physical environment and safe systems include:

- The hotel services manager identified a need to enhance the appearance of vitamised meals as a result of elder and representative feedback. Trialling to perfect the most effective vitamised meal presentation capturing natural presentation, flavour and elder enjoyment almost exhausted two years. Finally, incorporating ideas and recipes sourced from an educational book and the use of newly purchased food moulds, vitamised meal delivery services have improved. Elders and their representative report satisfaction with their flavour and meal presentation.
- Management identified a safety issue in that doorways to elders’ rooms were not wide enough to remove the beds if an emergency occurred. As a result, management applied for and received funding to install wider doors. The new doors enable staff and elders’ easy access to use mobility aids, transferring of other equipment is now easier and safer. Elders, their representatives and staff report satisfaction with the initiative to improve the wellbeing and safety of elders and staff.

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 management’s regulatory compliance system and processes.

Examples of regulatory compliance at the home relating to Standard 4 Physical environment and safe systems include:

- Maintenance of fire and emergency systems and practices in accordance with accepted requirements, including essential safety measures.
- There is a food safety program including current third party food safety certification.
- Storage of chemicals safely secured in areas with related and current safety data sheets accessible to all staff.

- Occupational health and safety guided procedures, policies and related resources are available and communicated regularly by a designated representative.
- Management and staff are aware of infection outbreak control policies, response and reporting procedures.

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 systems and processes.

Examples of education and staff development in relation to Standard 4 Physical environment and safe systems include the following:

- fire and evacuation
- hand hygiene and infection control
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management of the residential care service is actively working to provide a safe and comfortable living environment consistent with care recipients' needs. Accommodation consists of single or shared rooms with curtains and access to an ensuite bathroom. Elders are encouraged to personalise their individual space, have access to all communal areas which are well lit, kept at a comfortable temperature, appropriately furnished and well maintained. Management monitor the living environment and equipment through established maintenance schedules carried out by maintenance staff or external services contractors, environmental inspections, stakeholder feedback, audit systems, scheduled meetings and incident and hazard reports. Closed circuit television monitoring and key pad security contribute to maintaining a secure environment. Elders and their representatives said visitors are welcome at any time and they feel comfortable and safe in their 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

Management is actively working to provide a safe working environment that meets regulatory requirements. There are policies and procedures in relation to safe work practice which are reviewed to reflect new legislation. Staff are informed of their responsibilities during induction

processes and is reinforced through information displays, audits and ongoing internal and externally sourced education. The home's workplace health and safety committee meeting comprises of trained delegates who meet and monitor safe practice on a regular basis. There are effective processes to address risks identified through hazard forms, observations, internal audits, maintenance requests and equipment testing. Equipment and hazardous material is stored securely and safely. Staff said management promote, support and encourage safe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimises fire, security and emergency risks. Relevant procedures guide response to internal and external emergencies. Experienced external contractors maintain fire equipment, evacuation maps are displayed, exits are clearly signed and free of obstruction and there are external assembly areas. An evacuation kit is maintained and management ensures the elders' evacuation list remains current. Management have measures to maintain secure access to the home and to prevent unauthorised absences. Staff are required to undertake education for emergency and security procedures during orientation then annually and are able to demonstrate knowledge of their responsibilities. Elders and their representatives said they feel safe and have confidence in the ability of staff to respond to 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 organisation has established an effective infection control program. Infection surveillance data is collected, analysed and trending identified by management. Infection control education is included in staff orientation, mandatory education program and in response to changing clinical needs and trends. Management oversee staff knowledge and practices relating to infection control. A range of infection control related policies and procedures include guidelines for managing infection outbreaks, hand hygiene, the use of personal protective equipment and safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislative guidelines. Staff demonstrated knowledge of appropriate infection control practices related to managing and preventing infections and their roles in the event of an infectious outbreak. Elders, their representatives and staff said they have access to annual vaccinations.

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

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Elders' meals and snacks are prepared onsite, in accordance with the home's food safety guidelines. Catering staff demonstrated familiarity and compliance with elders' individual nutrition and hydration requirements, allergies, and preferences. A rotating menu offers elders a variety of meal and beverage choices including alternative options. Linen and personal clothing is laundered onsite. There is a system to minimise lost property and a labelling service is offered and encouraged. Hospitality staff adhere to and comply with cleaning schedules and assigned tasks using appropriate personal protective equipment and machinery. Management monitors service performance through observations, stakeholder feedback, audit checklists, and surveys. Elders and their representatives said they are satisfied with the delivery of hospitality services.