



Australian Government

Australian Aged Care Quality Agency

Jallarah Homes

RACS ID 6053
10 South Terrace
MENINGIE SA 5264

Approved provider: Jallarah Homes 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 31 October 2019.

We made our decision on 05 September 2016.

The audit was conducted on 01 August 2016 to 03 August 2016. 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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

Jallarah Homes 6053

Approved provider: Jallarah Homes Inc

Introduction

This is the report of a re-accreditation audit from 01 August 2016 to 03 August 2016 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 August 2016 to 03 August 2016.

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:	Catherine Wohling
Team member:	Linden Brazier

Approved provider details

Approved provider:	Jallarah Homes Inc
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Details of home

Name of home:	Jallarah Homes
RACS ID:	6053

Total number of allocated places:	30
Number of care recipients during audit:	25
Number of care recipients receiving high care during audit:	22
Special needs catered for:	People with dementia or related disorders

Street:	10 South Terrace
City:	MENINGIE
State:	SA
Postcode:	5264
Phone number:	08 8575 1317
Facsimile:	08 8575 1143
E-mail address:	jallarah@lm.net.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical, care and lifestyle staff	6
Quality officer	1
Care recipients/representatives	8
Hospitality and maintenance staff	4
Allied health	1

Sampled documents

Category	Number
Care recipients' files	6
Summary/quick reference care plans	6
Medication charts	6
Personnel files	5

Other documents reviewed

The team also reviewed:

- Activities calendars
- Activity attendance and evaluation records
- Audit schedule, various audits and results
- Call bell response monitoring documentation
- Care recipients' information handbook
- Cleaning schedule
- Clinical procedures and flowcharts
- Comments/complaints/suggestions
- Communication diaries
- Continuous improvement plan and opportunity for improvement forms

- Contracts
- Council food safety inspection audit
- Dangerous drugs of addiction register
- Dietary change forms
- Education records
- Emergency evacuation list
- Feedback forms
- Fire drill report
- Incident and hazard reports, including analysis
- Infection control data
- Job specifications and routine duty lists
- Maintenance program
- Mandatory reporting documentation
- Memoranda and newsletters
- Police clearance lists – volunteer and staff
- Preventative and corrective maintenance documentation
- Resident agreements and handbook
- Rosters
- Safety data sheets
- Schedule 4 and 8 drug licence
- Staff orientation information
- Stores requests
- Triennial fire report
- Various minutes of meetings
- Various policies, procedures and guidelines
- Various surveys
- Various temperature monitoring records

Observations

The team observed the following:

- Accreditation notice displayed
- Activities calendar displayed
- Activities in progress
- Advocacy information, brochures and posters throughout the home
- Care recipients rooms and communal areas
- Cleaning in progress
- Equipment and supply storage areas
- Fire safety equipment/evacuation maps
- Food dated and stored
- Infection control resources
- Interactions between staff and care recipients
- Keypad entry/exit
- Meal service
- Noticeboards with information for staff and care recipients
- Personal protective equipment
- Short group observation in dining area
- Sign in/out folders for visitors and contractors
- Storage and administration of medications
- Suggestion box

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 home has systems to identify, action and evaluate improvements and to monitor performance against the Accreditation standards. The home's management, care recipients and staff identify and report opportunities for improvement through meetings, feedback forms, surveys, audits and analysis of data. Continuous improvement activities are discussed at staff and management meetings. Action plans are generally developed to monitor actions following surveys, staff comments, audit/data analysis and inspections. Staff interviewed described how they use the home's continuous improvement system and results of various continuous improvement initiatives. Care recipients interviewed stated they use meetings and if required comments and complaints system to make suggestions for improvements.

Improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Staff identified that the resident booklet did not contain all the services the home provided. As a reference guide, management obtained resident handbooks from other facilities and reviewed the resident booklet. The new booklet has been distributed to care recipients and representatives. Management plans to obtain feedback from care recipients and representatives at the next resident meeting.
- Following work health and safety training, a consultant advised that many aged care facilities use a single form for hazard documentation. The home revised the hazard form to a single document and updated the risk assessment section, included an area to document near miss injuries and additional space to document the hazard. Staff were advised of the change by memo. The home plans to evaluate the form at the next staff meeting.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Policies and procedures are reviewed and revised to reflect current legislation and guidelines. Staff are informed of change through memos and staff meetings. Care recipients are informed about relevant legislation at resident meetings and through site newsletters. The home’s auditing systems monitors’ regulatory compliance. Staff interviewed are aware of current systems to inform them about legislation changes. Care recipients interviewed are satisfied they are informed of changes in relation to regulatory compliance.

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

- Care recipients and representatives are informed in writing about accreditation visits.
- The home has systems to monitor and record criminal record checks for staff, volunteers and contractors and monitors currency of registration of health practitioners and nursing 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

Management and staff generally have the knowledge and skills required to perform their roles effectively. Position descriptions reflect the required skills and qualifications and when required are used to guide recruitment of appropriately skilled staff. Performance appraisals are conducted annually. There are processes for orientation of new staff and generally staff training records are maintained and monitored. The annual training schedule includes topics across all Accreditation Standards. The home supports staff to undertake professional development, and provides access to educational resources via the Aged Care Channel.

Staff skills and knowledge is monitored through care recipient feedback, audit results, and collation/analysis of incident data and compliments and complaints.

Examples of education and training provided over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Orientating new staff – being a better buddy – Aged Care Channel
- Care recipient funding education for management
- Using resident feedback – QUEST education session

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Care recipients and representatives have access to internal and external complaints mechanisms. Information about external complaints and advocacy services are available. The home's comments and complaints process is documented in the resident agreement, resident handbook and complaints form and a suggestion box is available for confidential feedback. Care recipient and representative feedback is invited at resident meetings and care review. The home's policies outline processes for handling complaints. Care recipients interviewed are aware of comments and complaints processes.

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

Jallarah Homes Inc generally has a documented mission statement, objectives and reconciliation statement.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home generally has appropriately skilled and qualified staff sufficient to provide services consistent with the Accreditation Standards and the home's philosophy and objectives.

Management processes ensure currency of police certificate checks and management monitors staff professional registration and qualifications. New staffs undergo orientation and complete an orientation checklist. Registered nurses are rostered every day during office hours and an on call registered nurse is available at other times. Management monitors staffing skills and levels through observation, call bell response monitoring, care recipient feedback and performance development. The home uses minimal agency staff. Staff and care recipients interviewed stated there are sufficient numbers of skilled staff to meet the care recipients' care and lifestyle 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

The home has systems for identifying and monitoring suitable goods and equipment are available for quality service delivery. Key staff in clinical, administration and ancillary areas have responsibility for ordering supplies of goods and equipment for the provision of care and services at the home. Staff interviewed are aware of their responsibilities for managing stock levels and where appropriate stock rotation processes. A preventative maintenance schedule is used to coordinate equipment maintenance and to manage day to day maintenance. The home monitors the effectiveness of the inventory and equipment ordering and maintenance processes through regular meeting and staff feedback. Staff and care recipients are satisfied there are adequate and appropriate stocks of goods and equipment to provide care.

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 has information management systems which provide staff, care recipients and relevant representatives' access to accurate and appropriate information. The home communicates relevant information to staff, care recipients and representatives through activities calendars, noticeboards, handbooks, newsletters, memoranda, care recipient and staff meetings. A variety of information is available on site including meeting minutes, noticeboards and memoranda and all staff have access to policies and procedures. The staff handover processes facilitate the identification, documentation and communication of changes in care needs. Specific information, such as incident data is collected and analysed. There are procedures for secure storage and management of confidential information. The home monitors information systems through audits and feedback from care recipients/representatives and staff. Results show staff practices comply with organisational and legislative requirements. Staff interviewed said they have access to accurate information to assist them to perform their role. Care recipients and representatives are satisfied they have access to information to make decisions about care recipients' care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

External services are provided in a way that meets the home's requirements. Generally there are systems in place for establishing, monitoring and reviewing contacts with external service providers. Agreements reviewed contained the home's expectation relating to safe work practices and following Australian standards when required. Police checks and insurance

documentation is mostly monitored by management. Staff and care recipients are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home conducts clinical audits related to pain, medication management, clinical care, consistent with an organisational schedule and reports to management any concerns relating to care plan review. Additional clinical audits are conducted as issues are identified.

Improvement initiatives implemented by the home in relation to Standard 2 Health and personal

- Following a clinical audit, it was noted that a number of care recipients' had skin tears on their lower limbs. The home purchased limb protectors and applied them to the care recipients' frail skin. As a result of this initiative skin tears have reduced and there is less chance of infection.
- Staff identified that additional physiotherapy services could enhance care recipients' functional capacity. Physiotherapy hours were increased to 20 hours per week. This has resulted in an improvement in care recipient functional capability and a reduction in pain for some care recipients.

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.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- There is a documented procedure for staff to follow in relation to notification of unexplained absences of care recipients.
- Storage and administration of schedule eight medications as required under legislation.

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 homes’ systems and processes to ensure management and staff have appropriate knowledge and skills.

Examples of education conducted over the past 12 months in relation Standard 2 Health and personal care include:

- Oral and dental care
- Pain management
- Thickened fluids
- Parkinson’s disease

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 processes to ensure each care recipient receives appropriate clinical care. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s clinical care needs. In consultation with the care recipient and their

representative an interim care plan is developed. Care recipients are assessed using a set of comprehensive tools covering all areas required to generate a detailed care plan. Care plans used by staff to guide care are reviewed four monthly or updated as required to reflect changes to care needs. Clinical care is monitored through audits, observations, clinical incident data, care recipient and staff feedback. Results show care recipients are referred to medical officers and/or allied health specialists where there are changes to clinical care needs. Staff interviewed said they have access to up-to-date care plans and are notified of changes to care recipients' clinical care needs through verbal handover and progress notes. Care recipients interviewed said they are consulted about their clinical care needs and are satisfied with the care provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Clinical care staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients' care needs change. Individualised care plans are developed in consultation with care recipients' representatives, medical officers and other health professionals. The home has access to external specialists to assist in meeting care recipients' individual needs. Specialised nursing care is monitored through care plan reviews, audits and observations. Results show care recipients' needs are documented and reviewed. A review of documentation and staff interviews confirm staff have access to specialised clinical guidelines. Care recipients interviewed said they are satisfied with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients are referred to appropriate health specialists in accordance with each care recipient's needs and preferences. Referral requirements are identified through assessment processes, progress notes, clinical incidents and observations. A range of allied health specialists visit the home including podiatry, dental and speech pathology services. A physiotherapist visits the home four times a week for assessment and ongoing review of care recipients' needs. The home monitors the effectiveness of allied health referrals and outcomes through care plan review processes.

Results show care recipients are referred to appropriate allied health specialists as required and care plans are updated to reflect specialists' recommendations. Staff interviewed described referral processes and said care plans are updated to reflect care recipients' current care needs. Care recipients interviewed said they are referred to appropriate specialists as required.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients’ medication needs are identified on entry to the home. Each care recipient has a medication chart with personal details and administration instructions. Medications are stored safely and securely. Medications are pre-packaged in blister packs and administered by credentialed direct care workers and registered nurses. Monitoring processes include care reviews, incident reporting and audits. Medication issues are discussed at relevant meetings. Results show care recipients’ medications are documented and reviewed. Education records and staff interviews confirm staff undertake annual medication competencies. Care recipients interviewed said they are satisfied with the level of consultation and management of their 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 systems to ensure all care recipients are as free from pain as possible. On entry care recipients are assessed by nursing staff, allied health and medical officers for needs and preferences relating to pain. The home uses a pain assessment tool to assess care recipient pain levels. Care planning includes addressing identified pain through a variety of interventions, such as physiotherapy, massage, exercise programs and pharmacological interventions. Care recipients’ pain levels are monitored through observation and care plan review processes. Results show pain management is routinely discussed at clinical and handover meetings which include any issues relating to pain being addressed promptly through reassessment, screening of pain and referral pathways. Staff interviewed said they have access to guidelines to assist in managing experiences of pain. Care recipients interviewed said they are satisfied that pain issues are managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure the comfort and dignity of terminally ill care recipients. On entry to the home, care recipients and representatives are consulted about their individual care needs including end of life care wishes and preferences. Assessment processes identify cultural and spiritual needs and preferences which are reflected in plans of care. When a care recipient enters the palliative care phase, a collaborative approach is used which includes the care recipient, representative, medical officer and allied health specialists to maintain comfort

and dignity of the care recipient at all times. There is a referral pathway to direct consultation with external palliative care services if required. The home has equipment for staff to facilitate therapeutic management and ongoing education is provided to staff. Results show through care plan review that care recipients are monitored for change in health status and care and activities are altered to reflect the change. Staff said they feel well supported and confident in being able to support and manage care recipients through the palliative process. Representatives were complimentary in writing of the care provided to loved ones.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ nutrition and hydration needs and preferences. This information is used to develop individualised care plans. Drink supplements are provided to care recipients as required. Care recipients with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary. Monitoring processes include monthly weighs, audits, care plan reviews and observations. Results show care recipients with an assessed need are provided with assistive crockery and cutlery. Clinical staff interviewed said they update care recipients’ nutrition and hydration care plans and communicate changes to kitchen staff. Care staff interviewed are able to provide information consistent with the care recipients’ care plans. Care recipients interviewed said they are satisfied their nutrition and hydration needs and preferences are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients are provided with care that maintains their skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients’ skin care needs. A skin assessment tool is used to assess the level of risk for each care recipient. This information is used to develop individualised care plans. Preventive strategies include moisturising creams, pressure care mattresses, limb protectors, repositioning and protective dressings. Wounds are assessed, managed and reviewed by registered staff. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show care recipients’ needs are documented and reviewed. Staff interviews confirmed they have attended skin integrity education. Care recipients interviewed said they are satisfied their skin integrity is maintained.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s continence management needs. Care plans outline a range of support strategies including aids and assistance required. Bowel habits are documented and monitored on a daily basis. Staff promote regular fluid intake and dietary strategies are implemented to maintain continence, minimise the incidence of infections and promote regular bowel habits. The effectiveness of continence management strategies is monitored through care plan review processes and care recipient and staff feedback. Results show the incidence of urinary tract infections is monitored and collated. Strategies are implemented where trends are identified. Staff interviewed described strategies to support care recipients’ continence needs. Care recipients interviewed said they are satisfied their continence needs are being met.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews, audits and observations. Results show care recipients’ behaviours are documented and reviewed. Staff interviewed are able to provide examples of strategies to assist with the management of challenging behaviours. Care recipients interviewed said they are satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure optimum levels of mobility and dexterity are achieved for all care recipients. The home has a structured approach for identifying, assessing, monitoring, referring and communicating each care recipient’s mobility requirements. A physiotherapist visits the home four times a week to assess and conduct ongoing review of care recipients’ mobility, dexterity and pain management. Care plans outline a range of mobility support strategies including assistance required, exercise programs and mobility aids. The effectiveness of mobility and dexterity support strategies is monitored through care plan review processes, observation and care recipient and staff feedback. Results show the incidence of

falls is monitored collated and analysed. Strategies are implemented where trends are identified. Staff interviewed described mobility and dexterity support strategies for care recipients consistent with documented care plans. Care recipients interviewed said they are supported to optimise their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral health is maintained through established processes. Assessments are undertaken in consultation with each care recipient and their representative. Care plans provide individualised oral and dental hygiene strategies. Oral equipment is replaced every season and monitored by care staff. Monitoring of care recipients’ oral care is completed through staff observations, care plan review processes, feedback from dental specialists, care recipients and their representatives. Results show care recipients’ oral and dental care is documented and reviewed. Staff interviewed said they undertake education in oral hygiene and described strategies to support care recipients’ oral and dental health. Care recipients interviewed said they are satisfied their oral and dental health is maintained.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. The home has structured processes to identify, assess, monitor, refer and communicate each care recipient’s sensory support needs. Care plans outline a range of support strategies including communication strategies, aids and environmental strategies. The effectiveness of sensory support strategies is monitored through care plan review processes, care recipient and staff feedback. Results show care recipients are referred to allied health specialists where specific sensory issues are identified. Staff interviewed described sensory support strategies for individual care recipients consistent with documented care plans. Care recipients interviewed said they are satisfied with the way care recipients sensory losses are managed.

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

The home has processes to ensure care recipients are able to achieve natural sleep patterns. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s individual preferences for achieving natural sleep. Care plans outline a range of support strategies including assistance with positioning to maximise comfort and warmth and environmental preferences. Care recipients are referred to medical officers or

allied health specialists where ongoing sleep disturbances are identified. The effectiveness of sleep management strategies is monitored through care plan review processes and care recipient and staff feedback. Staff interviewed described strategies to support natural sleep patterns for individual care recipients consistent with documented care plans. Care recipients interviewed said they are able to achieve a good night's sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home conducts lifestyle service audits and surveys.

Improvement initiatives implemented by the home in relation to Standard 3 Resident lifestyle include:

- Care recipients said that sometimes they are interrupted during activities of daily living and private times with partners. Care recipients were provided with door signage to use and a memo was circulated to staff. The signage acts as a visual prompt to staff. Care recipients report a reduction in interruptions following the implementation of the signage alert system.
- Following care recipients and staff feedback, it was identified that the turtle had out grown its tank. An alternative home was found for the turtle and care recipients were informed at a resident meeting that the fish tank would be moved to the dining room. Care recipients stated the fish tank is relaxing and calming to watch. Visitors and volunteers also stop and admire the fish and staff reports it is a good talking point with the care recipients.

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.

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

- The home maintains a register for documenting reportable incidents and actions taken.
- Staff are informed about their responsibilities in relation to privacy and confidentiality.
- The home provides care recipients with a resident agreement, including information about their rights and responsibilities and security of tenure.

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 homes’ systems and processes to ensure management and staff have appropriate knowledge and skills.

Examples of education conducted over the past 12 months in relation Standard 3 Care recipient lifestyle include:

- Elder abuse
- Personalised lifestyle programming
- Dementia – meaningful activities.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Care recipients are supported emotionally in adjusting to life in the home and on an ongoing basis. The home has a structured approach for identifying, assessing, monitoring, referring

and communicating each care recipient's emotional needs. Care recipients have access to pastoral care support as required. Visits from family and friends are encouraged. Staff and volunteers provide support to help care recipients settle into their new environment, companionship and one-to-one support. Care recipients identified as at risk of social isolation have strategies to reduce risk and promote wellbeing. The home monitors the effectiveness of emotional support strategies through meetings, consultation and lifestyle review processes. Results show assessment processes are effective in capturing care recipients' emotional support needs. Care recipients said they are satisfied with the level of emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maintain independence, friendships and connections with the home and broader community. Care recipients' capabilities, preferences and wishes are identified through initial and ongoing assessments and review processes. Individualised care plans are developed from this information. Care recipients are assisted and encouraged to maintain contact with the local community, including family, friends and social groups.

Visitors and community groups are welcomed in the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes and audits. Results show the home's processes are effective in promoting independence, including identifying care recipients who wish to vote in elections. Staff interviewed said they encourage care recipients to maintain their independence. Care recipients interviewed are satisfied they are assisted to maintain friendships and physical 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

The home has processes to maintain each care recipients' right to privacy, dignity and confidentiality. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient's privacy and dignity needs and preferences. Care recipients are provided with information about their rights and responsibilities in the resident agreement. The home maintains processes to protect care recipients' privacy and dignity.

Care recipients have access to private areas to meet with family and friends. Monitoring processes include feedback mechanisms, resident meetings, audits and verbal feedback. Results show staff practices are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed described appropriate practices, such as knocking on care recipients' doors and maintaining privacy when delivering personal care. Observations of staff practices were consistent with those which support care recipients' privacy and dignity. Care recipients said staff are polite and respectful of care recipients' privacy.

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 individual and group activities of interest to them. Lifestyle assessments and social history profiles identify care recipients' interests and preferred activities. This information is used to develop group activity programs and to implement strategies to assist care recipients to maintain or develop personal interests and activities. Activity program calendars are displayed around the home and in care recipient rooms. Care recipients are informed about activities by lifestyle staff and volunteers and are provided with support to attend if they wish. The effectiveness of the activities program is monitored through lifestyle reviews, comments and complaints, attendance records, activity evaluations, meetings and audits. Results show care recipients' leisure interests are identified and supported. Staff interviewed said they assist care recipients to attend activities of interest. Care recipients interviewed are satisfied with the support provided to enable them to participate in leisure interests and activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and spiritual needs are recognised and supported. Assessment processes assist the home to identify the cultural background, spiritual beliefs and social profile of care recipients on entry. Care plans are developed to include strategies to support each care recipient's cultural and spiritual preferences. Care recipients are supported to engage in events and activities of cultural and spiritual significance to them within the home. Religious services are held at the home on a regular basis. Significant cultural days are celebrated including Christmas, Easter and Australia day. The home monitors spiritual and cultural needs through activity attendance records and through lifestyle review processes. Results show care recipients attend cultural and spiritual activities of importance to them. Staff interviewed described strategies to support individual cultural and spiritual preferences consistent with documented plans of care. Care recipients said they are satisfied the home values and promotes their individual interests, beliefs and cultural backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and representatives are encouraged to make decisions and exercise choice about care recipients' care and lifestyle. Assessment processes assist the home to identify each care recipients' preferred needs, authorised representatives and contacts. Care plans outline care recipients' preferred preferences including, activities of daily living, meals and sleep. Care recipients are encouraged to raise concerns through the resident meetings, feedback forms and through consultation processes. The home monitors their processes in relation to choice and decision making through care recipient and representative feedback. Results show care recipients make decisions and exercise choice and control over their care and lifestyle needs and preferences. Staff interviewed described their responsibilities in providing care recipients with opportunities to make choices about the care and services they receive. Care recipients interviewed said they are encouraged and supported to make choices and decisions about their care and lifestyle needs.

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

The home provides care recipients secure tenure and information about their rights and responsibilities. The resident agreement and resident handbook includes information about security of tenure, including possible need to move rooms within the home, and the charter of rights and responsibilities. Noticeboards have additional information relating to aged care advocacy and external complaints process. Monitoring occurs through audits, management observation and care recipient feedback. Care recipients interviewed are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home monitors compliance and identifies opportunities for improvement through environmental safety audits, hospitality services audits.

- Staff reported that staff shower boots took up a lot of floor space in the hairdresser’s room, that they were untidy and a trip hazard. A boot rack was built to store the boots. Staff feedback is that the boots are now stored neatly and the trip hazard is reduced.
- A complaint was raised at a resident meeting regarding call bell response times. A call bell audit was developed to monitor response times. Results were analysed and staff were reminded to answer call bells promptly. Call bell response time reduced to below three minutes in April and there have been no further complaints. Management continues to monitor call bell response time.

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.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Food safety audit
- WorkCover audit
- The home maintains a current Triennial fire certificate

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 homes' systems and processes to ensure management and staff have appropriate knowledge and skills.

Examples of education conducted over the past 12 months in relation Standard 4 Physical environment and safe system, include:

- Fire and emergency training
- Food safety
- Manual handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe and comfortable environment for care recipients. Single rooms with ensuites provide care recipients privacy and rooms are decorated with personal belongings. The home has a variety of lounge areas, outdoor areas and communal living areas. Care recipients have access to call bells and walking aids.

Maintenance staff generally undertake building and equipment maintenance consistent with a scheduled monitoring program and in response to staff and care recipients request for maintenance/ repairs. Cleaning and environmental audits are conducted to monitor safety of the living environment. Staff interviewed described practices to support care recipient safety. Care recipients interviewed are satisfied the home provides a safe, comfortable 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

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has policies and procedures in relation to occupational health and safety to guide staff in maintaining a safe working environment. Staff attend mandatory manual handling and infection control training to assist them to undertake their roles safely.

Staff use hazard and incident reporting systems and hazards and incidents are investigated and actioned. Compliance with occupational health and safety policies and procedures is monitored through internal audits, work site inspections, and the accident, incident and hazard reporting processes. Staff interviewed are satisfied management is providing a safe working environment at the home.

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 minimise fire, security and emergency risks. The home has a current Triennial fire safety certificate and external contractors test essential fire safety equipment, including signage, warning devices and extinguishers, according to fire safety log book requirements. The home responds to required actions as identified through external compliance checks or internal audits, and maintains currency of electrical tagging and testing of site and care recipient equipment. The home maintains an updated care recipient evacuation list and there is information about evacuation procedures throughout the home. Staff generally attends mandatory fire safety training. Security measures include a process for securing doors and a sign in and out register for residents, visitors and contractors. Monitoring occurs through environmental audits and external equipment and system audits. Staff and care recipients interviewed are aware of fire and emergency procedures within the home.

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

There is an effective infection control program in the home. Infection data is collated, analysed, trended and interventions implemented as needed. Infection control is managed through the home's policies and procedures. Guidelines, outbreak management procedures and resources are readily available. Staff and care recipients have access to an annual influenza vaccination program. There are processes for the appropriate disposal of contaminated waste and sharps. A food safety plan guides staff practice. Management monitors infection control by infection data analysis, audits and staff education. Results show an effective infection control system is in place. Staff interviewed said there is adequate personal protective equipment available and they are aware of infection control guidelines.

Care recipients interviewed said they are satisfied staff maintain infection control practices when needed.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that meets care recipients' needs and preferences and enhances their quality of life. Clinical staff identify, document and monitor care recipients' needs and preferences in relation to hospitality services. The seasonal menu, is supplied by the hospital and provides variety and choice for care recipients.

Laundry services are provided over seven days and there are processes to minimise lost clothing. Monitoring processes include cleaning audits, and care receipt feedback at resident meetings and through resident surveys. Staff interviewed said they are provided with cleaning schedules and infection control procedures. Care recipients interviewed are satisfied with all hospitality services.