



Aged Care
Standards and Accreditation Agency Ltd

Carindale Brook Innovative Care Centre

RACS ID 5394
40 Scrub Road
CARINDALE QLD 4152

Approved provider: Queensland Rehabilitation Services Pty Ltd

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 24 September 2015.

We made our decision on 30 July 2012.

The audit was conducted on 18 June 2012 to 19 June 2012. 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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Carindale Brook Innovative Care Centre 5394

Approved provider: Queensland Rehabilitation Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 18 June 2012 to 19 June 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 18 June 2012 to 19 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Paula Gallagher
Team member:	Elizabeth White

Approved provider details

Approved provider:	Queensland Rehabilitation Services Pty Ltd
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Details of home

Name of home:	Carindale Brook Innovative Care Centre
RACS ID:	5394

Total number of allocated places:	50
Number of residents during audit:	49
Number of high care residents during audit:	49
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	40 Scrub Road	State:	QLD
City/Town:	CARINDALE	Postcode:	4152
Phone number:	07 3843 4657	Facsimile:	07 3843 4658
E-mail address:	mary.lennon@qrs.org.au		

Audit trail

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

Interviews

	Number		Number
Facility Manager	1	Residents/representatives	10
Supporting Facility Manager	1	Physiotherapist	1
Chief Executive Officer	1	Psychologist/Lifestyle Officer	1
Clinical nurse manager	2	Environmental Services Area Manager	1
Care staff	5	Chef/Site manager	1
Administration Assistant	1	Cleaning Supervisor	1
Corporate Administration	1	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files	6	Medication charts	20
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Accident and incident data and forms
- Activity program
- 'Aged Care Early Intervention Program' contact list
- Allied health folder
- Annual building approval compliance report
- Annual compulsory education matrix
- Audit tools and data results
- Behaviour assessments
- Behaviour management checklist
- Case conference checklists
- Cleaning schedules
- Comments and complaints status log and forms
- Continuous improvement action plan and improvement forms
- Contractors handbook
- Controlled drug register
- Diabetic guidelines and record sheets
- Doctors book
- Duties lists

- Education records and evaluation sheets
- Emergency and disaster plans and emergency flip charts
- Falls risk assessments
- Fire maintenance inspection and service reports
- Flowchart: Management of residents after a fall
- Food business licence
- Food safety plan
- Food safety supervisor certificates
- handover sheets
- Hazard substance register and risk assessments
- Infection data
- Job descriptions
- Maintenance duties and task schedules
- Maintenance records
- Malnutrition action flowchart
- Material safety data sheets
- Medication clinical benchmark frame work
- Medication incident data flow chart
- Medication management folder
- Menu (four weekly)
- Minutes of meetings
- Newsletter
- Physiotherapy referral folder and resource folder
- Police check matrix
- Position descriptions
- Recruitment policies and procedures
- Registered staff members registrations
- Resident accident and incident data
- Resident evacuation list
- Resident focused care information
- Resident nutrition and hydration requirements
- Resident weight charts
- Residents' handbook
- Roster
- Sign in and out books for visitors and contractors
- Staff availability list
- Staff handbook

- Temperature monitoring charts

Observations

The team observed the following:

- Activities in progress
- Assembly points
- Care delivery
- Cleaning in progress
- Colour coded equipment
- Directional signage
- Emergency evacuation diagrams displayed throughout
- Emergency exits, lighting and paths of egress
- Equipment and supply storage areas
- Fire fighting equipment and inspection tags
- Hand washing facilities
- Handover in progress
- Interactions between staff and residents
- Internal and external living environment
- Kitchen white board displays special dietary requirements
- Meal service
- Medication administration
- Medication fridges
- Outbreak and spills kits
- Personal protective equipment in use
- Resident and relative notice boards
- Residents using mobility aids
- Staff practices
- Storage of medications
- Vision and mission statement displayed
- Winter menu on display

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 residents, 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

Residents/representatives and staff advised they are encouraged to discuss and contribute at meetings, and they are satisfied with management's responsiveness to suggestions. The organisation has a framework to identify, plan, implement, review and evaluate continuous improvement activities within the home. Staff, residents, and representatives contribute to the home's improvement system through feedback forms, (suggestions, comments and complaints), hazard and incident reports, at meetings, through audits and surveys. A continuous improvement action plan is maintained by the Facility Manager and is used to track improvements. Evaluation of improvement actions is through individual feedback, surveys and audits.

Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development implemented by the home include:

- In response to concerns expressed by relatives/representatives regarding the lack of an adequate supply of clothing protectors on several occasions, management reviewed the distribution process and availability of the clothing protectors. As a result, a purchase order was submitted for the purchase of additional clothing protectors. Education was given to staff and staff practice changed to equally distribute the clothing protectors throughout the facility. Management and staff report there have been no further issues.
- In response to a request from staff for extra registered staffing hours for the evening shift (between 15:00hrs and 18:00hrs) to assist with duties such as medication rounds, the increasing restlessness of residents and the added duty of answering phones and replacing staff, management completed a review of the clinical nurse managers' hours. Management commenced the clinical nurse managers on a rotational roster whereby one clinical nurse manager commences at 06:30hrs and the other at 10:00hrs. This provides additional clinical oversight and support to the registered nurse, staff, residents and relatives during the busy period of the evening shift. Management and staff reported the new process is working well.
- Management identified a need to track staff competencies, education and regulatory compliance in a more cost effective and efficient manner. The organisation purchased a computer program that enables all key personnel to manage and monitor these processes. Data contained within the program is available to staff and the executive team. The program is designed to alert and prevent rostering of any staff who do not have a current police check or registration certification. Management report the system has improved data control and monitoring.

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 established systems to identify and ensure compliance with current legislation, professional standards and industry guidelines through head office and management meetings. The information is disseminated to the Facility Manager who distributes relevant information through memoranda, e-mails, newsletters, staff notice board, staff meetings and education. Where changes to legislation directly affect the day to day lives of the residents this is discussed at the residents/relatives meetings. A spread sheet is used to record evidence of regulatory compliance such as criminal record checks for staff. Systems to inform residents, their representatives and other stakeholders of complaints mechanisms are effective. Compliance with legislation is monitored through the audit process, staff and resident feedback and observation of staff work practices.

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

Residents/representatives reported that staff have sufficient skills and knowledge to attend to residents' needs. The home's education program ensures that management and staff have the knowledge and skills to perform their roles effectively. Procedures include a comprehensive orientation program, mandatory training/competencies, self-directed learning packages, identified training needs and other development opportunities. There is a "buddy" system in place to support new staff through the induction and orientation process. An education calendar is developed and reviewed regularly using information collected through a response to residents changing needs, monthly trending of incidents/accidents, continuous improvement opportunities, performance evaluations and training needs analysis. Education sessions are communicated to staff via education flyers and verbal notification. Records of attendance and training evaluation are maintained to ensure that all staff attend mandatory and elective training. Staff report that they receive appropriate education to enable them to perform their duties effectively.

1.4 Comments and complaints

This expected outcome requires that "each resident (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

Residents/representatives stated they have access to internal and external complaints mechanisms and are satisfied with the way feedback is managed. The home has systems and processes to ensure each resident, representatives and other interested parties, have access to internal and external complaints mechanisms and advocacy services. Information is provided in formal resident agreements, the resident handbook and during orientation to the home. Brochures and literature regarding external and internal complaints mechanisms are available and accessible to residents/representatives. Staff are aware of processes to

assist residents to lodge a complaint. Management and staff advised they have access to external interpreter services if required for non English speaking residents.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission, vision, philosophy, objectives and goals are documented and displayed in the main foyer of the home, and included in the residents' and staff handbook. The induction for new staff includes the quality commitment of the organisation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the responsiveness of staff and their level of skill to meet residents' needs. The home has a system to recruit appropriately skilled and qualified staff that is based on policies and procedures and regulatory requirements. This includes recruitment, selection, orientation program, buddy shifts and mandatory training. All staff are required to have a valid police certificate and evidence of professional registration prior to commencement of work and staff are notified when police certificates are due to expire. Rosters are planned in advance which includes access to qualified staff 24 hours a day with planned and unplanned leave filled by casual staff members. Position descriptions are provided to staff at commencement of work; work instructions are detailed on duty lists appropriate to the shift and job role and are available to staff. Staff performance is monitored via initial and annual appraisals, feedback mechanisms such as complaints, surveys, audits, and clinical indicators. Staff are satisfied they have sufficient time and appropriate skills to carry out their duties effectively.

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

Residents/representatives and staff are satisfied with the availability, suitability of goods and equipment. There are processes to ensure appropriate stocks of goods and equipment are available for quality service delivery. Stock control including levels, labelling, secure storage, rotation and other practices ensure the home can verify the safety, working order and useability of appropriate goods and equipment. There is a reactive and preventative maintenance program to ensure that equipment is identified, maintained, repaired, or replaced as required. Regular audits are undertaken to ensure that goods and equipment are maintained at sufficient levels.

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

Residents and representatives stated that sufficient information is provided, and residents' personal and private information is managed sensitively and appropriately. The home has processes to guide the effective collection, use, storage and destruction of information in accordance with regulatory requirements. Staff receive information relevant to their specific roles through policies and procedures, care plans, memoranda, communication books, on notice boards, at handover and during meetings. Electronic information is secured by individual password access and systems are in place for the automatic back up of all information stored electronically on the organisation server. Security of confidential information is maintained, and all staff sign a code of conduct as part of the recruitment process. Residents and representatives are provided with information when moving into the home, in meetings, on notice boards, newsletters, and verbal reminders from staff. Staff advised us they have access to sufficient information to perform their role.

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

Staff and residents are satisfied with externally sourced services provided by the home. Processes ensure all externally sourced services are provided in a way that meets the organisation's needs and service quality goals. Processes at head office include the completion of a contract form with preferred service suppliers after reading the organisation's contractor handbook which contains reference to the organisation's standards, relevant legislation and guidelines. A preferred suppliers list is available for staff. The home in conjunction with head office reviews the performance of external services to ensure quality service delivery is maintained. External service providers are given the opportunity to improve their service and or take appropriate action if required. Quality of service is monitored through audits and feedback from staff and residents.

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.

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 system and processes.

Examples of improvement initiatives related to Standard 2 Health and personal care implemented by the home include:

- Management have purchased and introduced a computer program to monitor initial and ongoing continence aid assessments and the use of appropriate aids for individual residents. The new program promotes privacy and dignity for residents as individual toileting schedules are developed and based on the data collected. The clinical nurse managers report the program is beneficial and has positive outcomes for the residents with the data providing a higher degree of accuracy which enables staff to deliver continence care on a needs assessed basis.
- In January 2011 the home implemented a resident focused primary care model to enhance the delivery and standard of care for all residents. Management report this model of care ensures delivery of holistic care. The care staff are now responsible for the individualised care of their allocated residents', this has allowed for a continuity of care and the enhanced development of a therapeutic rapport and confidence between the resident, their relative and staff. In conjunction with the resident focused primary care model a clinical nurse manager has been designated to the dementia specific areas and the high care areas to provided clinical oversight and support. Staff and residents reported satisfaction with the care model.
- Management reported in response to a recommendation from an external audit the home reviewed and made alterations to their dietary profile form. The dietary profile form now contains information relating to residents sensory loss and/or impairment such as heat, cold smell and taste.
- The home implemented the services of a new pharmacy provider in November 2011. Management report the new pharmacy offers an improved system for the delivery of residents' medications in sachets with clear and precise information to aid medication administration.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, a register is used to record evidence of regulatory compliance such as staff's professional registrations with systems to ensure appropriately qualified staff are in place. Compliance with legislation is monitored through the audit process, staff and resident feedback and observation of staff work practices.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, examples of training and education undertaken by staff include:

- Palliative care
- Medication management
- Macerator training
- Skin care

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. The home uses the organisational framework for the assessment, planning, delivery and evaluation of residents' care needs and interventions. Processes identify and assess residents' initial and ongoing clinical care needs and preferences from a range of sources; the information is reflected in individual care plans. Clinical care outcomes are monitored through three monthly care plan evaluations, clinical audits and resident/representative feedback. Staff demonstrated understanding of individual resident's care needs and report that communication processes, including the weekly shift handover sheets, inform them of changes in residents' care requirements. Staff practices are monitored for compliance with the home's policies and procedures. Residents are satisfied with the care provided to meet their health and personal care needs and preferences.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Residents' specialised nursing care needs are provided by appropriately qualified staff available on site 24 hours per day. Information from initial and ongoing assessment processes are reflected in individual care plans to guide staff practice. The home monitors

outcomes of specialised care through three monthly evaluations, resident feedback and consultation with external nursing specialists and the resident's medical officer. Access to clinical resource material and ongoing education/training assist staff to care for residents with specialised needs; appropriate equipment and supplies are available. Staff practices are monitored for compliance with the home's policies and procedures and for skill levels. Residents/representatives are satisfied with care provided at the home and the support received with specialised nursing care needs

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents have access to a range of health specialists according to their assessed needs and preferences. Services are provided both internally and externally by the home's contracted staff and/or external consultants. Initial and ongoing assessment processes identify individual resident's need for other health and related services; appropriate referrals are initiated by registered nurses or the resident's medical officer. Registered staff or other health professionals document outcomes of referrals, any necessary care changes are incorporated into relevant care plans. Effectiveness of care is evaluated through established clinical care evaluation processes and through resident feedback. Residents/representatives are satisfied with access to other health specialists and the choices available.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has established policies and procedures, appropriately qualified staff and ongoing review systems to ensure safe and correct management of residents' medication. Registered nurses and medication competent care staff provide assistance with medications according to their scope of practice. Initial medical and nursing assessments identify individual resident's need for assistance and residents' ability to self medicate if/when this is appropriate. Medication prescribing, dispensing and storage processes and procedures are according to legislative and regulatory requirements. Residents' medications are reviewed regularly by their attending medical officer and annually by an accredited pharmacist. Monitoring and evaluation of medication management processes are conducted through investigation/analysis of staff and pharmacy related medication incidents, audits and discussion at relevant meetings. Staff development includes annual reassessment of medication management competencies and relevant ongoing education; we observed staff practice during medication rounds to be appropriate. Management monitors staff practices to ensure compliance with the home's policies and procedures. Residents are satisfied with the assistance provided to manage their medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The pain management needs of residents are identified through initial and ongoing assessment processes; use of verbal and non verbal assessment tools ensures that interventions are appropriate to the type and intensity of pain. Individual pain management care plans reflect strategies identified as effective in reducing pain and residents’ personal preferences. Pain management processes include use of prescribed medication, supportive interventions such as positioning, gentle massage and exercise and emotional support. Monitoring and evaluation processes, including ongoing pain reassessment identify when existing pain management strategies are ineffective, occurrence of new pain and/or the need for specialist referrals. Residents/representatives are satisfied with the help and support provided to assist residents to remain as free from pain as possible.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has ongoing review and evaluation systems to provide appropriate care and comfort for residents at the end of life. Initial and ongoing assessment processes, and discussion with residents and representatives enable residents’ preferences relating to palliative care to be identified. As individual resident’s clinical status changes, their needs, preferences and required care interventions are documented to guide staff practice. Care processes involve a range of health professionals, supportive personnel and family members; monitoring processes ensure that resident’s physical, emotional and spiritual needs and preferences are identified and met. Staff receive palliative care education, staff practices are monitored for compliance with the home’s procedures and to ensure that care maintains the dignity and comfort of dying residents. Staff demonstrate awareness of care interventions required to provide comprehensive care and comfort for dying residents and support for their families.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive meals and hydration according to their assessed needs and preferences. Initial and ongoing assessment, review and evaluation processes identify dietary requirements including any food allergies and special dietary needs. The information is reflected in individualised care plans, relevant communication processes ensure changes are transferred to the kitchen and to the home’s dining areas. We observed care interventions including assistance with meals, provision of thickened fluids and texture modified diets. Referrals to the speech pathologist and/or dietitian are made as required. The home monitors care outcomes through regular recording of residents’ weight, audits and three monthly care plan evaluations. Results show that deficiencies in residents’ nutritional requirements/status are investigated and actioned. Staff practice is monitored for compliance

with the home's procedures and reporting processes. Residents/representatives are satisfied that their/their relative's nutrition and hydration needs are being met.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Initial and ongoing assessments, review and evaluation processes identify residents' skin integrity status and the potential for skin breakdown. Individual care plans document risk factors and interventions aimed at maintaining skin integrity consistent with the resident's general health. Care outcomes are monitored through three monthly care plan evaluations, audits and investigations of incidents involving breaks in skin integrity. Wound care processes include initial and ongoing assessment, review of progress towards healing, evaluation of interventions and referral to external wound care specialists as required. Staff practice is monitored for compliance with the home's procedures and with individual resident's care needs. The incidence of injury/pressure ulcers/skin tears is captured and analysed for causative factors. Staff receive training in correct manual handling techniques and skin care, and demonstrate awareness of interventions necessary to maintain residents' skin integrity. Residents/representatives are satisfied that residents' skin integrity is consistent with their general health.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Continence assessments for individual residents to identify the nature and level of any incontinence are part of entry processes. The home has implemented a (urinary) continence assessment system that enables remote monitoring of continence events as part of three day assessment processes. Information gathered is used to inform development of residents' continence program, including use of appropriate aids, and care plans. Ongoing monitoring of care outcomes includes regular care plan evaluation, audits and accessing resident feedback. Increased incontinence prompts reassessment and investigation of potential causes. Staff training and ongoing review processes enable prompt detection of and attention to risk factors such as urinary tract infections and/or constipation. Individualised bowel management programs include preventative measures such as dietary interventions and administration of prescribed medication. Sufficient supplies of appropriate continence aids are available and staff practice is monitored for compliance with the home's procedures and individual care plans. Residents are satisfied with the level of assistance and aids provided to manage their continence

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Interventions are implemented to minimise residents’ demonstrated/potential challenging behaviours and to protect the safety and rights of the resident and others. Ongoing assessment, review and evaluation processes assist identification of triggers and interventions to effectively manage specific behaviours. Individual care plans reflect assessment information and advice from representatives, the resident’s medical officer and external advisory services. Care outcomes are monitored through observation, regular care plan evaluations, reassessment and recording/analysis of behaviour incidents. Results show that interventions consistent with documented care plans are generally effective. Staff demonstrated awareness of appropriate interventions to care for individual residents with dementia and were observed to reflect this understanding in their practice. Staff practices are monitored for compliance with the home’s procedures and mandatory reporting requirements. Residents and representatives are satisfied with the management of challenging behaviours and report that staff are supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Processes including initial and ongoing assessments by the physiotherapist and registered staff identify individual resident’s specific mobility, transfer and therapy needs. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Residents are assisted to select mobility aids appropriate to their needs; care staff initiate passive exercises with residents during daily care routines and facilitate individual exercise programs in conjunction with the physiotherapist. Use of appropriate manual handling techniques and strategies to prevent or minimise resident falls assist residents to achieve and maintain optimal mobility. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of resident falls and resident feedback. Residents/representatives are satisfied with the level of support and assistance provided to maintain residents’ optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental needs are identified through initial and ongoing assessment, review and evaluation processes. The level of assistance required to maintain residents’ oral and dental health is included in individual care plans that document the presence of dentures or residents’ own teeth and the specific care strategies required. Oral hygiene is provided as part of residents’ daily personal care processes. Outcomes of oral care are monitored through reassessment, regular care plan evaluations and reports from external dental professionals and those visiting the home. Oral care equipment and products are available to

provide oral care for residents, including those at the end stage of life. Staff practice is monitored to assess compliance with the home's procedures and individual resident's oral care requirements. Residents/representatives expressed satisfaction with the level of support and assistance provided to maintain residents' oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory impairments and associated needs are identified through initial and ongoing assessment processes. Individual care plans, provision of assistive devices, modification of the environment and assistance with activities of daily living support residents with sensory loss. A range of care strategies and referral to relevant specialists are implemented as required. Care outcomes are monitored through resident feedback, three monthly care plan evaluations and audits. Staff demonstrate awareness of individual resident's sensory impairments and cares required to address their needs; monitoring of staff practice shows that care is provided according to documented care plans. Residents and representatives are satisfied that staff are sensitive to residents' sensory losses and assist them as required.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Initial and ongoing assessment processes identify residents' sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help residents achieve and maintain natural sleep patterns. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Ongoing assessment, planning and evaluation processes and resident feedback monitor the effectiveness of care interventions. Staff are aware of individual resident's sleep/rest patterns and personal routines and provide additional support for residents with disturbed sleep. Residents report they are able to sleep comfortably and are satisfied with the support provided by staff.

Standard 3 – Resident lifestyle

Principle: Residents 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 system and processes.

Examples of improvement initiatives related to Standard 3 Resident lifestyle implemented by the home include:

- To assist in managing the home’s lifestyle program and residents’ mental health and wellbeing management engaged the services of a Psychologist to assist residents and their relatives in the initial transition into residential care. The lifestyle program is also co-ordinated by the Psychologist who has undertaken cognitive assessments on residents and liaised with family members to develop individualised care plans. As a result residents are able to enjoy activities that are more appropriately directed to the resident’s level of concentration, attention span and ability to process information.
- The home has designated an area of the home and set up a broadband connection in the ‘Seniors Cafe’ for residents to utilise. The Psychologist/Lifestyle Officer has set up regular appointments for education with interested residents. As a result one resident has made contact with their immediate family members who live interstate through the use of the ‘Seniors cafe’. The resident maintains regular contact via a software application that allows the users to make voice calls over the internet.
- The home purchased a clinical data computer program that enables comprehensive data collection. The data collection includes extensive information on residents’ heritage, religious, ethnic and cultural background. Management reported through the additional information collected via the computer program staff are able to provide a holistic person centred model of care for all residents’. Residents and representative reported satisfaction with the support the residents receive.
- The Psychologist/Lifestyle Officer has developed and implemented a daily sunshine walks program. On a daily basis a verbal invitation is extended to residents as a reminder and to encourage residents’ to participate. The sunshine walks program takes residents to the local park where residents are able to feed the ducks in the creek. On day one of the Re-accreditation audit we observed a group of residents participating in the walk.

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 resident 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.

In relation to Standard 3 Residents' lifestyle, there is a system to manage the mandatory reporting of assaults to the police and Department of Health and Ageing in accordance with regulatory requirements. Compliance with legislation is monitored through the audit process, staff and resident feedback and observation of staff work practices.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Residents' lifestyle, examples of training and education undertaken by staff include:

- Sensory loss
- How to run culturally and linguistically appropriate services
- Intellectual and physical activity needs of residents with dementia

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents receive information about the home prior to entry and through orientation processes to assist their adjustment to their new environment. Ongoing assessment, planning and evaluation systems and completion of a social profile identify residents' needs and preferences for emotional support. Individual care plans document care interventions and preferred support mechanisms both internal and external. Family members and friends are welcomed as part of the supportive network. Care and lifestyle staff work together to provide appropriate emotional support for residents and are involved in monitoring care outcomes through reassessment processes, personal contact with residents and family members, observation and regular care plan evaluation. Residents/representatives report they are satisfied with the support received from staff during their settling in period and with the ongoing support provided by management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home's system for the assessment, planning and delivery of care and services identifies residents' previous interests and lifestyle as well as their current interests and abilities. The information assists with development of care plans that maximise individual resident's opportunities to maintain independence and promotes respect for their personal, legal and

civic rights. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided; reassessment and care evaluation processes identify additional interventions needed to support individual resident's independent lifestyle. Care outcomes are monitored through resident/representative feedback, observation and regular care plan evaluation. Staff assist residents to exercise control of their lives to their optimal capacity. Residents report they are encouraged and supported to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has established and maintains a supportive environment that protects residents' privacy and dignity. Entry processes provide residents with information about their rights, including their right to privacy. At orientation, staff are informed of their responsibility to respect residents' privacy and dignity and to maintain confidentiality regarding all aspects of resident care. Established administrative processes protect residents' personal information and identify/address breaches of privacy and confidentiality. Staff practices are monitored for compliance with the home's policies and procedures. Staff described how they respect residents' privacy and dignity and individual preferences while providing care and services and we observed this reflected in their daily practice. Outcomes of care are monitored through resident feedback, audits and observation of staff practice. Residents/representatives report that staff are courteous and respectful of residents' privacy.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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

Initial and ongoing assessment processes, including completion of a social profile identify residents' past and current leisure interests. Individual care plans reflecting residents' physical, sensory and cognitive abilities and identified interests are developed and regularly reviewed. The recently appointed Psychologist/Lifestyle officer is currently undertaking assessments of social, cultural and spiritual aspects of residents' needs and preference to provide additional information for the person centred approach to care at the home. Ongoing processes for planning, delivering and evaluating individual and group lifestyle programs consider residents' interests and capabilities including the needs of residents with physical and cognitive impairment. Staff inform residents of activity programs through established communication processes; activities are monitored and evaluated through individual feedback, resident meetings and surveys, comments and complaints and review of participation rates. Residents report staff assist them to be involved in solo or group activities of their choice; representatives were generally satisfied with the leisure activities available 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

Residents' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans that assist staff to foster and value individual resident's beliefs, customs and ethnic background. Care delivery processes involving pastoral care personnel, the Psychologist/Lifestyle Officer, management and staff provide emotional and spiritual support. Staff and family members assist residents to attend religious observances according to their preferences. The catering service is able to provide for specific cultural dietary needs; celebrations are held to mark days of religious and cultural significance. Outcomes of care are monitored through resident feedback, regular care plan evaluation and complaint investigation processes. Staff receive information to increase their awareness of cultural and religious considerations relating to personal care. Residents report that their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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

Residents are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Both residents and their representatives are encouraged to be actively involved. Resident's choices are identified through initial and ongoing assessment processes, resident meetings, surveys, comments and complaints processes and daily contact between staff and residents. Staff respect and accommodate residents' choices, and encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to resident meetings. Opportunities for residents to exercise their decision making rights are monitored through regular care plan evaluations, resident feedback and audits. Residents report they are satisfied with the choices offered in matters relating to the care and services they receive.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives are supplied with written and verbal information regarding care and service provision prior to entering the home. Documents including an information package, residential care agreement and resident handbook provide information about terms and conditions of their tenure, fees and charges, dispute resolution processes and residents' rights and responsibilities. Key personnel ensure there is a shared understanding of the terms of the agreement and ongoing information regarding changes to fees and charges is provided. Organisational networks ensure the currency of information about specified care

and service obligations, accommodation fees and charges and legislative changes. Residents/representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

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.

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 system and processes.

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems implemented by the home include:

- To enhance the living environment for the residents the organisation has installed air conditioning throughout the home. Management reported as the home has been hot in summer and cold in winter a temperature controlled environment is of benefit to the comfort and wellbeing of the residents. Management reported the response from residents/representatives to the installation of the air conditioning has been very positive.
- In response to concerns from residents/representatives about items of clothing not being returned from the external laundry service, management purchased a labelling machine. Residents and their representatives have been informed of the labelling service available to assist in the prevention of lost items.
- The Terrace wing of the home had been identified as being uninviting and bare. Refurbishments such as different coloured walls and the installation of pictures/photo were undertaken with input from an interior designer. Management and residents reported satisfaction with the more inviting and homelike environment.

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.

In relation to standard 4 Physical environment and safe systems, there are systems to maintain workplace health and safety requirements, monitoring of emergency and fire systems and to ensure food safety. Compliance with legislation is monitored through the audit process, staff and resident feedback and observation of staff work practices.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to standard 4 Physical environment and safe systems, examples of training and education undertaken by staff included:

- Mandatory fire training
- Workplace health and safety
- Infection control

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 residents' care needs".

Team's findings

The home meets this expected outcome

Residents/representatives advised they are satisfied with the safety and comfort of residents' living environment. The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with en-suites. Residents are encouraged to take ownership of their environment by personalising their room. The home is secure, clean, clutter and odour free, and provides a variety of private seating areas available to residents and their families. Preventative maintenance schedules are in place and any additional maintenance requirements are reported by staff or residents and are attended to by the Maintenance staff and/or external contractors in a timely manner. Restraint is utilised for some residents and authorisation and monitoring undertaken. Security measures are in place to ensure overnight security in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and secure working environment that meets regulatory requirements. There are processes to assess the workplace through discussions/meetings, regular audits of the environment for safety aspects, hazard/risk management processes, incident and hazard reporting, staff education and competency assessments. All staff are provided with information about occupational health and safety during their orientation and at ongoing training sessions. Maintenance programs are in place for equipment and buildings and these are monitored for completion. Material safety data sheets are available in work areas and chemicals are stored securely as per regulations. Spills kits are available and accessible for staff. Staff accidents and incidents are reviewed, analysed then discussed at the monthly quality enhancement and management meetings

ensure effectiveness of intervention. Staff demonstrated an awareness of how to report accidents, incidents, and hazards and perform their roles in a safe manner.

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. Firefighting equipment including fire extinguishers and blankets are readily available and identified with signage. A program of scheduled maintenance of all fire and emergency equipment is established and up to date. Mandatory fire and emergency training is provided to all staff and attendance at these sessions is monitored and recorded to identify non attendance, in addition desk top fire drills are completed by all staff. Fire and emergency flip charts are located by all telephones and emergency evacuation plans are clearly visible. Residents' evacuation list and other information is available in the event of an evacuation. Chemicals are appropriately stored with material safety data sheets. Staff are aware of emergency procedures and their individual roles and responsibilities in the event of a fire, security and other emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems and processes to prevent and minimise infections including provision of personal protective equipment, spill kits, sharps management equipment, an outbreak management process, and a colour coded system for environmental service delivery. Policies, work instructions and ongoing education guide staff in the correct use of equipment, food safety processes, correct handling of soiled linen and disposal of infectious waste. Individual resident infections are identified, referred to medical officers and monitored until resolution; infection data is analysed, with any trends investigated for possible causes. Staff are aware of effective infection control practices according to their areas of responsibility. Residents and representatives are satisfied with the actions of staff to control the risk of cross infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents/representatives reported satisfaction with the catering, cleaning and laundry services at the home. Hospitality services are externally contracted and provided in a way that enhances residents' quality of life. A four-weekly menu is provided in consultation with the dietician, management and resident feedback. All meals are cooked on site and served in accordance with resident's preferences and dietary requirements such as residents' supplements, texture modified food, and modified eating utensils. Cleaning staff use schedules and duty lists to ensure residents' rooms; communal areas and external areas of the home

are cleaned systematically. Flat linen, towels and residents personal laundry items are transferred to an external laundry service seven days per week. Residents are encouraged to label their clothing on entry to the home in line with procedures for the prevention of lost items. Mechanisms are available for residents/representatives to provide feedback about hospitality services through comments and complaints, feedback surveys and residents meetings.