Aged Care
Standards and Accreditation Agency Ltd

Carindale Court
RACS ID 5958
79 Foxglove Street
MOUNT GRAVATT EAST QLD 4122
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 11 December 2015.

We made our decision on 31 October 2012.

The audit was conducted on 2 October 2012 to 3 October 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

Audit Report

Carindale Court 5958

Approved provider: Queensland Rehabilitation Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 2 October 2012 to 3 October 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 2 October 2012 to 3 October 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:	Chris South
Team member/s:	Lyntara Quirke

Approved provider details

Approved provider:	Queensland Rehabilitation Services Pty Ltd

Details of home

Name of home:	Carindale Court
RACS ID:	5958

Total number of allocated places:	80
Number of residents during audit:	77
Number of high care residents during audit:	77
Special needs catered for:	N/A

Street/PO Box:	79 Foxglove Street	State:	QLD
City/Town:	MOUNT GRAVATT EAST	Postcode:	4122
Phone number:	07 3343 1222	Facsimile:	07 3849 4897
E-mail address:	carindale_court@hotmail.com		

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
Registered/enrolled nurses	3	Catering staff	2
Care staff	2	Laundry staff	1
Manager residential services	1	Cleaning staff	1
Corporate support staff	2	Maintenance staff	1
Physiotherapist	1	Administration staff	1
Holistic team coordinator	1	Work health and safety	1

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Personnel files	6	Complaints	9

Other documents reviewed

The team also reviewed:

- 'This is My Life' social profiles
- Activities program, attendance and evaluation sheets
- Audit reports
- Bowel monitoring records
- Building survey reports
- Clinical data
- Competency assessments
- Complaints log
- Consolidated records of compulsory reports
- Continence management records
- Continuous improvement action plan
- Controlled drugs registers
- Data base for police certificates, registrations and mandatory training
- Dietician's report on menu
- Equipment maintenance records
- Falls prevention folder
- Fire and emergency manual
- Food safety plan audit report

Date/s of audit: 2 October 2012 to 3 October 2012

- Food safety plan

- Handover sheets

- Hazard reports and risk assessments

- Improvement forms

- Incident reports – residents

- Incident reports – staff

- Infection register

- Inspection and maintenance records for fire systems and equipment

- Job descriptions

- Maintenance request records

- Meal choice records

- Menu

- Minutes of meetings

- Newsletters

- Nutrition and hydration folder and requirements spreadsheet

- Ongoing observation charts

- Organisational chart

- Outbreak management procedures

- Palliative care pathway

- Policies and procedures

- Referrals to specialist services

- Register of approved chemicals

- Resident evacuation list

- Resident list

- Residents' information handbook

- Residents' information package

- Restraint authorisations

- Safety data sheets

- Satisfaction surveys

- Self assessment

- Service agreements

- Shift replacement form

- Staff availability sheets

- Staff handbook

- Staff orientation program

- Staff roster

- Vision, values, philosophy, objectives and commitment to quality document

- Weight records.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Storage of medications
- Emergency exits, evacuation diagrams and assembly areas.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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

The organisation actively pursues continuous improvement. Carindale Court (the home) has developed an effective quality improvement system. The system has mechanisms to review procedures and processes, collect and analyse data, enable staff, residents and others to make improvement suggestions and monitor the home's performance. The system is reviewed through regular quality management meetings. Management use a continuous improvement action plan to record identified issues, planned actions and links to relevant outcomes of the Accreditation Standards. Feedback from staff, residents, their representatives and other organisations is used to initiate improvements and to monitor outcomes. Internal and external audits are conducted to monitor service delivery. Management has actively pursued improvements in management systems, staffing and organisational development. The following initiatives demonstrate management's incremental approach to continuous improvement:

- Over the past two years the organisation has developed a new philosophy of care and implemented a person centred model of care. This has led to the implementation of a range of new initiatives. In consultation with residents, the facility living areas have been refurbished and an 'urban' outside area has been created. Staff are now allocated to specific areas of the home so they form better connections with residents. The lifestyle team has been redefined and expanded, with the creation of new roles, including an holistic care team coordinator and hostess. Management reported the new philosophy of care and model of care is more individualistic and has improved care and lifestyle outcomes for residents.

- An online education program was introduced for all staff to improve the delivery of education and training. The new program is module based and enables ongoing education in all aspects of resident care. It allows staff to access education sessions in their own time. Management reports this program provides the organisation with an additional education medium, has improved staff access to education and has improved outcomes because it is more aligned to learning.

- An electronic program was introduced to improve the management of resident data. The program allows the organisation's key personnel to access resident data online. Data now available online includes all aspects of resident care, spiritual and cultural information and incident, wound and weight information. Management reported the new program has improved the effectiveness of the organisation's information management systems.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has systems to identify relevant regulatory requirements, to disseminate this information to staff, residents, representatives and others and to ensure compliance. The organisation has a policy to explain how these systems function. New regulatory requirements or changes to requirements are identified through a regulation update service managed by corporate staff. At this point new regulatory requirements are reviewed and in conjunction with the home's management, changes are implemented. Systems are in place to inform staff, residents and others about changes to regulatory requirements. Systems used to ensure compliance include staff training, meetings, memos, audits, check sheets and a management software tool that supports online monitoring of police certificates. We identified that the management has systems in place to ensure:

- all staff and volunteers with unsupervised access have a current police certificate

- registered and enrolled nurses have current practicing licenses

- residents and their representatives are informed about re-accreditation audits.

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 are satisfied with the performance of management and staff. The organisation has established knowledge based recruitment criteria for new staff. All staff go through a mandatory orientation program providing training and assessment in key topics. An annual education plan, based on audit results and staff feedback, is used by the organisation to ensure an appropriate range of training is provided. Training is delivered by internal and external providers through a range of mechanisms and is linked to competency assessments. Staff are satisfied with the organisation's training program. Staff have attended education sessions relevant to this Standard, including audit methodology, leadership and management and workplace harassment.

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 and others have access to internal and external complaints mechanisms. Those wishing to make a complaint or bring forward issues or concerns are supported by management and staff to do so. Information is provided to residents, representatives and others about the types of complaints mechanisms available and about how to access them. There is no restriction on how to make a complaint and a box is available for the submission of confidential complaints. The home has complaints management procedures and these include how to respond to a complaint and the feedback

to be provided following investigation and resolution. Management maintains a complaints register, including the details of each complaint and relevant action taken.

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

Team's findings
The home meets this expected outcome

The organisation's vision, values, philosophy, objectives and commitment to quality are documented, are communicated to residents, representatives, staff and are used to guide the home's management. The organisation's philosophy incorporates a resident focused primary care model based on mind, body and soul.

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 are satisfied with the staffing at the home. Residents are satisfied staff are aware of their needs and preferences and are available to provide assistance when required. Rostering processes at the home are based on residents' care and service needs and ensure an appropriate mix of qualified and skilled staff are available. Management monitors feedback from staff about changes in care and workloads, feedback from residents and representatives and monitors clinical data to identify when amendments to staffing are required. Registered nurses are rostered at all times to deliver specialised nursing care and manage the healthcare team. Staff on leave are replaced. Care and support staff are satisfied with staffing processes and the sufficiency of staff.

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

Effective processes are used to ensure stocks of appropriate goods and equipment are available. The home uses a stock monitoring and replacement process and a stock database. Equipment needs are identified through an equipment request system. New equipment is trialled prior to purchase, in consultation with the physiotherapist and staff. A maintenance program including planned and request maintenance is used to ensure equipment is in appropriate condition. Staff and residents are satisfied appropriate goods and equipment are available.

1.8   Information systems

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

Team's findings
The home meets this expected outcome

The home's information management systems are effective. Residents are satisfied with information and communication. Staff are satisfied they have access to accurate information so they can meet residents' needs. An effective clinical information management system supports the assessment of residents' care and lifestyle needs, the development of care plans and the communication of changes in care. Information management systems supporting catering services, resident and staff safety, human resource management, regulatory compliance, staff education, continuous improvement and communication are effective. A document control process is in place. Processes are in place to ensure the security and confidentiality of electronic and hardcopy information.

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

Services provided by external providers include specialised education, catering, cleaning and laundry services, allied health services and specialised maintenance services. The organisation's senior corporate staff manage services sourced from external providers. This process is guided by an external services policy, contractors list, service contracts and contractors' handbook. Regular meetings are held with key service providers to provide feedback about service quality and to ensure the organisation's standards are met. Service providers are changed when the services provided no longer meet the organisation's requirements. Staff and residents are satisfied with externally sourced services.

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 systems and processes.

Management has actively pursued improvements in health and personal care. The following initiatives demonstrate management's incremental approach to continuous improvement:

● To improve the exchange of clinical information between staff, the shift handover process has been revised. Handover and communication sheets now include a photo of each resident and key notes about them. The information now available to staff is more explicit and chronological. Management and staff report this has improved communication about changes in residents' care needs and enhanced continuity of care.

● A review of the continence care program identified there was an opportunity for improvement since the information available was not always accurate. This led to the introduction of a new continence assessment system. The new system automates continence assessments. Management reports that this program delivers more timely and accurate information on which to develop a continence care plan.

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 systems used to identify and ensure compliance.

We identified that the management has systems in place to ensure:

● specified care and services are provided to residents

● medications are managed in line with relevant regulatory protocols.

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 processes. Residents and representatives are satisfied with the

performance of management and staff. Staff have attended education sessions relevant to this Standard, including medication management, continence care, skin care, clinical skills, oral care, ostomy care and feeding.

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

Team's findings
The home meets this expected outcome

The home has processes to ensure residents receive appropriate clinical care. On entry, information is obtained from other health providers, medical officer and residents or representatives. A clinical assessment is completed and an interim care plan is developed to guide staff during the initial period. Comprehensive assessments are completed over time to establish a baseline of information for long term care planning. Care staff are informed of individual care strategies and they have input into identifying changes and ongoing evaluation of the effectiveness of care strategies. Staff practice is monitored by registered staff and changes are communicated using paper based clinical records, medication charts, communication books and handovers. The effectiveness of clinical care services and individual care plans is evaluated over time through feedback from residents and representatives and health professionals, case conferences, audits and meetings. Residents/representatives are satisfied with the clinical care and services provided

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

The home has processes effectively identifying and meeting residents' specialised nursing care needs. There is access to a registered nurse 24 hours a day to support appropriate service delivery. A comprehensive assessment is completed by registered staff during the resident's entry period and care plans are completed to guide staff practice. There is regular and ongoing review of the specialised nursing care needs to ensure care strategies meet residents' needs and are current. Staff receive education to support the delivery of relevant care and have access to external services or reference material to guide contemporary clinical practice. There is sufficient clinical equipment to support specialised nursing on site. Residents/representatives are satisfied with the specialised nursing care provided to residents.

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

The home has effective processes to ensure appropriate referral to other health professional occurs as needed. Key personnel complete focussed clinical assessments during the entry processes and as part of the ongoing review of residents' needs. Wherever possible allied health services are provided on site and, where indicated, the home supports residents to arrange access to referred services and ensure appropriate assistance as indicated.

Recommendations from other health services are incorporated into residents' care plans and registered staff and allied health professionals monitor the effectiveness of the care strategies on a regular basis. Staff are informed of care strategies and changes are reported through handover systems and clinical records. Residents/representatives are satisfied with the timeliness of residents' referral to other health and related services and the care provided to support the residents' needs.

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 effective medication management systems implemented with the support of a contracted pharmacy service. Residents' medication requirements are assessed during the entry process and reviewed on a regular basis by visiting medical officers. A medication advisory committee meets regularly to ensure safe and correct medication practices are maintained. Medication management regimes are monitored by registered staff, pharmacist and medical officers on an ongoing basis. Records of prescribed medications and medication signing charts provide details to guide appropriate administration and monitoring of accuracy and effectiveness of medication regimes. There are processes to manage medications with variable doses and ensure timely application of intermittent medication; audit tools and incident forms are used to support consistent monitoring. Medications are stored appropriately and maintained within their use by date and changes to medication are communicated through medication charts, residents' records and handover systems. Residents/representatives are satisfied residents receive medication as needed.

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 home has processes to assess residents' pain during the entry process and on an ongoing basis. Assessment tools are used for residents who may need non-verbal assessments. Registered staff develop care plans in consideration of residents' preferences and needs. Staff are trained in how to support residents' pain management. Pain relief medication is accessible as prescribed and key personnel ensure the continuity of receiving supplies of prescribed medication as needed. The effectiveness of pain management is monitored on an ongoing basis through feedback from residents and staff and pain charts are commenced to gather information over time to support the evaluation process. Staff are aware of individual residents' care strategies and of alternative therapy options that may be offered such as heat packs, repositioning, massage and emotional support. Residents are satisfied with the pain management and that staff respond to needs in a timely manner.

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 effective assessment, support and care planning processes to ensure terminally ill residents' comfort and dignity is maintained. Residents' representatives/family are supported to stay with the resident during this period if they wish. Pastoral support is accessible if needed and each resident is encouraged to define the level of care they wish to have during this time. Details of each resident's preferences are accessible to guide staff and there is sufficient equipment to enable effective care. Staff are knowledgeable about palliative care practices and ongoing review of the effectiveness of care strategies occurs throughout the palliative care stage. Residents are reviewed on an ongoing basis and key personnel communicate changing care needs to staff as they occur. The home has examples of positive feedback received from families for the support provided to residents during the terminal care phase of care.

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

The home has effective processes to ensure residents receive appropriate nourishment and hydration and a dietician reviews the menu for nutritional balance and variety. Residents' intake and health status is assessed during the entry period and over time to determine dietary needs and preferences. Care plans and meals lists provide staff with details of the meals and drinks required, including texture modification and supplements for residents who require them. Key personnel monitor residents' weight for variation and care plans are regularly reviewed and evaluated by the registered nurses or medical officers if changes occur. Residents identified as having changes in swallowing, intake or weight are monitored closely and referred to relevant health professionals as needed; meals lists are amended as changes are identified. Staff prompt residents to ensure sufficient fluids and meals are taken and report changes where indicated. There is sufficient supply of modified cutlery and equipment and staff assist residents with meals as needed. Residents/representatives are satisfied with the quantity and quality of food and fluids offered by the home.

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

The home has effective processes for promoting optimal skin care for residents. Registered staff assess residents' skin care needs initially during the entry process and on an ongoing basis. Key personnel develop care plans to guide staff and treatment forms are commenced to manage wounds or clinical skin care needs. Care staff monitor residents' skin care as part of daily care routine and report any changes to the registered staff for assessment. Care staff have access to sufficient supplies of equipment, protective devices, pressure relieving devices, moisturising creams and resources to meet the needs of residents and staff receive

training in providing appropriate care. Residents receive regular nail care and allied health services are accessed to support individual care needs. Residents/representatives are satisfied with the skin care provided, including the use of moisturiser and preferred daily hygiene care routines.

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

Team's findings
The home meets this expected outcome

The home has processes to ensure residents' continence is managed effectively. Residents' urinary continence is assessed with the aid of an electronic monitoring system to determine individual urinary patterns; this information is used to plan individualised toileting regimes and guides the use of recommended aids. Staff maintain records of bowel monitoring and increase dietary fibre, fluids and exercise when indicated. Bowel management medications are managed in accordance to identified needs. Diet recommendations are communicated to catering services to ensure appropriate diets are offered to residents. Staff are knowledgeable about continence management practices and the effectiveness of strategies is reviewed regularly. Residents/representatives are satisfied with the home's continence management program and staff are aware of individual resident's strategies.

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

The home has effective processes to ensure the needs of residents with challenging behaviours are managed appropriately. Registered staff assess residents' behaviour as part of the entry process and continue assessment on an ongoing basis. Behaviour assessments occur over a period of time and highlight known triggers and the effectiveness of the strategies used. This information is used to develop care plans to guide staff practice and support a consistent approach in managing challenging behaviours. Referral to specialist services occurs where indicated and evaluation of care continues on an ongoing basis. Changes are communicated through clinical records and handover systems and staff receive education in managing challenging behaviours. Residents/representatives are satisfied with the home's approach to managing residents' behaviour.

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

The home has effective processes to assess residents' level of rehabilitation needs, mobility and dexterity during initial assessments and on an ongoing basis. Referral to relevant allied health services occurs as needed and there are strategies to minimise falls based on a risk management approach. A physiotherapist attends the home three days per week and completes assessments, develops care plans and monitors effectiveness of care strategies on a regular basis. Key staff monitor the implementation of care plans and alert staff to

changes through handover systems, communication books and clinical records. Reassessment occurs every three months as well as when changes occur. Staff conduct exercise and walking programs on a daily basis to promote independence, mobility and well-being. Residents/representatives are satisfied with the support residents receive and there is sufficient equipment and mobility aids to meet residents' needs and preferences.

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

The home has effective processes to support residents oral and dental health needs and preferences. Registered staff and appropriate health professionals assess residents' oral and dental care needs during the entry process and on an ongoing basis. Care strategies and preferences are described in care plans to guide staff. Registered staff evaluate care plans every three months and repeat assessments occur as needed. Staff communicate changes through clinical records, handover and communication systems. On-site dental services are available and referral to a dentist or specialist service occurs as needed. Oral care resources are readily available when needed and staff have knowledge of individual resident's needs and preferences. Residents/representatives are satisfied with the oral and dental care residents receive.

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

The home has effective processes to support identifying and managing sensory loss across the five senses of taste, touch, smell, hearing and vision. Initial assessment of residents' sensory losses and support needs occurs during the entry period. Referral to external professional services is arranged as indicated. Staff receive education in relation to managing sensory losses and sensory aids and are informed of residents' needs through care plans, handover and progress notes. Sensory loss is monitored by registered staff and care is evaluated every three months or as needed. Activities are planned in consideration of sensory needs. Residents/representatives are satisfied with the assistance residents receive to manage sensory needs and with the support provided by care staff.

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

The home has effective processes to support residents to achieve natural sleep patterns. Residents usual sleep patterns are assessed during the initial entry process and reviewed every three months or if there is a change. Residents are offered support to settle at night using preferred routines as outlined in care plans and the effectiveness of care plans is evaluated every three months. Changes are reported through progress notes and handover processes. Staff are aware of actions to take if residents need additional support to achieve sleep, including management of comfort factors, consideration of the environment, pain

management and offering medication or emotional support if needed.
Residents/representatives are satisfied residents are supported with their sleep needs, including rest periods during the day if they wish.

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 systems and processes.

Management has actively pursued improvements in resident lifestyle The following initiatives demonstrate management's incremental approach to continuous improvement:

- The implementation of a new philosophy of care and person centred model of care resulted in a review of the home's approach to resident lifestyle. A new team based approach has been implemented and as a result, the lifestyle team has been redefined as the holistic care team. A new role of hostess has been created to provide one to one interaction with residents and support to the care team. The roster has been amended to provide the holistic team more flexibility to work later into the afternoon. An annual memorial service has been implemented. The library has been reorganised to ensure all large print books are now located on middle shelves to improve resident access. Feedback from residents and volunteers indicated these changes have been well-received.

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 systems used to identify and ensure compliance.

We identified that the management has systems in place to ensure:

- compulsory reports are made to the Department of Health and Ageing and police as required

- residents and their representatives are informed about the Charter of residents' rights and responsibilities

- residents are offered an agreement

- residents have 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 home's education processes. Residents and representatives are satisfied with the performance of management and staff. Staff have attended education sessions relevant to this Standard, including elder abuse, compulsory reporting and dementia care.

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

The home has effective processes to ensure each resident receives support in adjusting to life at the home. New residents are provided with information to assist them to prepare for life within the home and to access the services they need. Residents' emotional needs are assessed on entry and staff offer additional support while they are settling in. The holistic team co-ordinator visits each new resident daily during the settling in period. Support strategies are included in care plans to guide daily practices and these are reviewed every three months. Ongoing emotional support is offered on a one on one basis by staff, management and volunteers. Staff are aware of individual resident's needs and changes are reported through handover and clinical records. Residents/representatives are aware of the support available to them and the home actively seeks feedback from residents through the reassessment process, as well as through interviews, case conferences and meetings. Residents/representatives are satisfied with the emotional support residents receive.

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 has effective processes for assessing and supporting residents' needs and preferences to maintain independence, friendships and life in the community. Residents are assisted to achieve and maintain independence both inside and outside the home. The home offers residents regular exercise programs, provides assistance and equipment as needed, support with arranging transport and offers bus outings if the residents choose to take part. There is a program of activities including inviting people from the community into the home to share time together with the residents and support outings into the community. Care plans and activity programs are designed in consideration of residents' needs for independence and feedback from residents is gained through the reassessment process as well as interviews and meetings. Residents/representative are satisfied with the encouragement and support staff give to maintain residents' independence.

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 effective processes to ensure residents' privacy, dignity and confidentiality is protected and respected, including secure storage of personal information. Residents' assessments includes identifying personal preferences that maintain residents' dignity and privacy and details are written in care plans to inform staff. Residents are accommodated in individual and shared rooms and staff are sensitive to the closing of curtains and doors to promote privacy. Staff are informed about residents' rights to privacy and dignity upon commencement of employment and staff practices are monitored on a daily basis. Key personnel monitor ongoing satisfaction through the reassessment process as well as from residents' interviews and meetings. Residents/representatives are satisfied with the way in which staff respect privacy and dignity such as assisting them discreetly where needed, using their preferred names and knocking before entering rooms.

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

The home implements effective processes to support residents to participate in activities of interest to them. Information about residents' social history and activity preferences is obtained on entry to the home and this information is considered when developing the monthly calendar of activities. Daily activities are displayed on noticeboards and staff prompt residents as a reminder of daily activity options. Special events are planned to celebrate days of significance to the residents and encourage community interaction. Staff and volunteers assist with supporting daily activities. The holistic team co-ordinator provides individual and group activities and spends time with residents who have special needs or who do not wish to leave their rooms. Staff evaluate activities through one on one discussion, feedback from residents and resident meetings. Records of participation are maintained to support monitoring of the effectiveness of the program and to support future planning. Residents/representatives are satisfied with the range of interests and activities offered and the support given to participate if needed.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has effective assessment and planning processes to ensure residents' customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Residents are assessed for their cultural and spiritual needs on entry and these are reflected in residents' care plans and activity programs. Regular religious services are held on site and pastoral support is provided by the holistic team co-ordinator when needed. The home observes cultural and spiritual days of significance by including relevant activities in the activity program. Staff have access to information relating to various cultural, spiritual and ethnic

needs if they need additional information to support residents from different cultures. Staff evaluate cultural and spiritual care through one on one discussion, resident meetings and participation records are maintained to support monitoring and planning purposes. Residents/representatives are satisfied residents' cultural and spiritual life preferences are respected.

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

The home's assessment and care planning processes and lifestyle activity plans are designed to enable residents to provide details of their preferences and staff are informed to ensure these are respected. Decision makers are identified during the entry process and are supported to make informed decisions relating to care and services. Staff are aware of individual residents' preferences and staff and residents have input when care plans, meal lists, terminal care wishes and activity programs are reviewed. Residents/representatives have the opportunity to be kept informed and contribute to the service operation through residents' meetings, newsletters and personal interviews. Feedback from residents/representatives regarding preferences is actively encouraged through meetings, surveys and the reassessment process. The Charter of residents' rights and responsibilities is promoted and staff receive education to support residents to exercise control over their choices and decision-making. Residents/representatives are satisfied residents' choices are respected in relation to the services provided including daily care, meals and activities.

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

The home has effective processes to ensure residents have secure tenure within the home and their rights and responsibilities are understood. Management discusses relevant information about security of tenure, fees, care, services and residents' rights with residents and/or their representatives prior to and on entering the home. Residents/representatives receive a residential agreement and resident information to outline accommodation, residents' rights and complaint resolution processes. A copy of specified care and services is included in residents' information provided. Ongoing communication with residents and/or their representatives is encouraged through meetings and notices. Residents/representatives are aware of residents' rights and responsibilities and security of tenure at the home.

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 systems and processes.

Management has actively pursued improvements in the physical environment and safe systems. The following initiatives demonstrate management's incremental approach to continuous improvement:

● The home has introduced bottled water for residents. Management reported this has improved the availability of fresh water. Residents provided positive feedback about this change, particularly the transportability of bottled water.

● A review of resident lists used for evacuation led to the development of new lists. Evacuation lists are now generated with each resident's photo attached and personal contact details for each resident's next of kin. Management reported the new lists have further minimised emergency risk by improving staffs' ability to identify residents during an evacuation.

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 systems used to identify and ensure compliance.

We identified that the management has systems in place to ensure:

● the home meets building certification requirements

● an inspection and maintenance program is in place for the fire detection system and associated equipment

● staff attend training mandated by legislation/regulation

● the food safety plan is accredited and maintained

● staff are advised about safe systems of work.

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 processes. Residents and representatives are satisfied with the performance of management and staff. Staff have attended education sessions relevant to this Standard including fire safety and evacuation, infection control, manual handling, chemical management, safe food handling and hand washing.

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 are satisfied with the living environment at Carindale Court. Assessment and feedback mechanisms identify residents' needs and preferences in relation to their safety and comfort. Residents are supported to personalise their bedrooms. Incidents are documented, reviewed by clinical staff and when necessary referred to allied health specialists. Steps are taken to reduce the recurrence of incidents such as falls and skin tears. Hazards are identified and controlled. The home's maintenance program includes programmed maintenance and a maintenance request process; residents and staff are satisfied with the program's effectiveness. Management monitors the safety and comfort of the living environment.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

Management is working to provide staff with a safe working environment. Management have appointed a safety officer and formed a safety committee. Initial and ongoing training is provided to staff to ensure they have the knowledge and skills to perform their roles safely. Processes are in place for hazard identification, hazard isolation, risk assessment and hazard control. A register of hazardous substances is maintained and staff have access to safety data sheets and personal protective equipment. The manager and safety officer review incidents involving staff members. Following review, incidents are forwarded to safety and management meetings. Regular environmental safety audits are conducted and action is taken to address identified issues. Staff are satisfied with the management of workplace safety.

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

There are effective systems in place to minimise fire, security and emergency risks. The home is protected by fire detection and alarm systems and staff have access to portable fire fighting equipment, fire blankets and fire hoses. Emergency systems and equipment are inspected and maintained by an external service provider; inspection records show inspections are up to date and the systems and equipment are free from defects. Staff receive training in evacuation procedures and test evacuations are conducted. Residents are advised of what to do in an emergency. Staff understand the home's evacuation procedures, know how to evacuate residents away from danger and are available to provide assistance. Emergency exits, evacuation diagrams and evacuation lists are accessible. Staff have access to a fire and emergency manual, fire panel operating procedure and a disaster management plan. Security systems include night time lock up, security coded entry points and security checks.

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

Team's findings
The home meets this expected outcome

The home has an effective infection control program. A team, including the facility manager and staff with portfolio roles in infection control, manages the program. Contemporary infection control guidelines are used to direct the program. All staff are given training in infection control practices. Competency assessments are conducted in hand washing technique. When a resident is identified with symptoms of an infection, they are referred to their medical officer for treatment. Records of infections are logged, collated and analysed to identify possible causes and trends; records indicate a downward trend in infections over the past three years. Outbreak management procedures are available. The home has a range of effective processes to minimise risks of cross infection. Audits are conducted to monitor the effectiveness of the home's processes and staff practices.

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 are satisfied with catering, cleaning and laundry services. The healthcare team assesses residents' dietary needs and preferences and there is an effective process to transfer this information to the catering team. A dietician has reviewed the home's menu and residents discuss the menu at resident meetings. The menu provides a choice of meals, with three main meals, morning and afternoon tea and supper. Meals are served by staff in dining rooms or in residents' bedrooms and staff assist residents with their meals as necessary. Residents' clothing and linen is laundered at the on site laundry. Residents' clothing is labelled and there is a process to manage unidentified clothing. Clothing is returned to residents' rooms after laundering either folded or hung. The home has a cleaning program covering all residents' bedrooms and the home's common areas. Cleaning staff are assigned

to clean the home on a rotational basis to ensure all areas are covered. Catering, cleaning and laundry staff are satisfied with the working environment.