



Aged Care
Standards and Accreditation Agency Ltd

John Curtin Aged Care

RACS ID 3310

6 Cushing Avenue

CRESWICK VIC 3363

Approved provider: John Curtin Aged Care Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 October 2016.

We made our decision on 20 August 2013.

The audit was conducted on 16 July 2013 to 17 July 2013. 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

John Curtin Aged Care 3310

Approved provider: John Curtin Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 16 July 2013 to 17 July 2013 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 16 July 2013 to 17 July 2013.

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:	Heather Sterling
Team member:	Marguerite Hoiby

Approved provider details

Approved provider:	John Curtin Aged Care Inc
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Details of home

Name of home:	John Curtin Aged Care
RACS ID:	3310

Total number of allocated places:	65
Number of residents during audit:	63
Number of high care residents during audit:	24
Special needs catered for:	Secure unit for residents living with dementia

Street	6 Cushing Avenue	State:	Victoria
City:	Creswick	Postcode:	3363
Phone number:	03 5345 9999	Facsimile:	03 5345 8083
E-mail address:	j.sewell@jcac.org.au		

Audit trail

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

Interviews

	Number		Number
Management/administration	3	Residents/representatives	13
Nursing/care/lifestyle staff	8	Environmental/hospitality staff	3
Medical and allied health	2		

Sampled documents

	Number		Number
Residents' files	6	Resident agreements	6
Summary/quick reference care plans	6	Personnel files	6
Medication charts	6	External service agreements	6

Other documents reviewed

The team also reviewed:

- Activity calendar
- Activity evaluation forms
- Adverse event reports
- Annual essential safety measures report 2012
- Annual report
- Archive list with document storage and disposal schedule
- Archive records
- Audits and results
- Blood glucose level records
- Bus safety check
- Catering food safety plan
- Chemical handling guide
- Cleaning communication books
- Cleaning schedule
- Communication diary
- Consent forms
- Contingency plan agreement for total emergency evacuation
- Continuous improvement evaluation forms and questionnaires
- Continuous improvement plan
- Contractors register
- Correspondence

- Council certificate of registration for kitchen – October 2011
- Doctors day diary
- Education attendance records
- Education calendar memoranda
- Education feedback records
- Emergency procedures
- Facility feedback records
- Facility workplace inspection checklists
- Fire systems maintenance records
- Food safety plan
- Gap analysis
- Hazardous chemical register
- Individual weight records
- Infection rates, trends and analysis
- Job descriptions
- Lifestyle programme
- Maintenance schedule checklist
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menus
- New equipment risk assessments
- Newsletters
- Nurse initiated medication guidelines
- Occupancy permit
- Occupational health and safety information
- Pest control folder
- Physiotherapy assessments and care plans
- Plan for continuous improvement
- Police certificate, statutory declaration and professional registration records
- Policies and procedures
- Maintenance request system
- Resident activity risk assessments
- Resident admission questionnaire
- Resident assault follow up record
- Resident evacuation lists

- Resident information booklet
- Resident/representative surveys
- Residents' committee terms of reference
- Risk management register
- Room risk assessments
- Rosters
- Security of tenure information flyer
- Self directed medication management learning package
- Staff appraisals
- Staff orientation program
- Stock and order documentation
- Temperature records of refrigerators, freezers, incoming goods and hot food
- Weekly checks folder
- Weekly medication chart check form
- Wheelchair repair and clean checklist
- Wound assessments and management plans
- Wounds monthly reports.

Observations

The team observed the following:

- Activities in progress
- Advocacy and complaints information
- Archiving
- Charter of residents' rights and responsibilities
- Cleaning in progress
- Clinical supplies: wound care, continence
- Computer back up system
- Cultural care kit
- Display of the home's slogan, vision, mission and philosophy
- 'Eden' philosophy principles on display
- Electronic staff messaging system
- Equipment and supply storage areas
- Evacuation pack with resident list
- Facility map showing evacuation points
- Fire exits and illuminated exit signs
- Fire, safety and emergency equipment and signage
- Hairdressing salon
- Hand washing posters

- Handovers in progress
- Key pad security
- Laundry, kitchen and cleaner's rooms
- Linen trolleys and skips
- Living environments
- Local media coverage of home's events
- Lunchtime and refreshment services
- Manual handling lifting equipment.
- Meal preparation
- Medication refrigerator temperature records
- Medication rounds in progress
- Medication storage: general and Schedule eight drugs
- Noticeboards and information displays
- Notification of re-accreditation audit
- Nurse call system
- Occupational health and safety posters
- Outbreak containers
- Oxygen storage
- Personal protection equipment
- Pets
- Spills kits
- Staff notice board
- Staff practices
- Storage of medications
- Storage of staff and resident files
- Therapeutic interactions between staff and residents
- Toiletry supplies
- Visitor's book
- Wheelchair accessible bus
- White board in kitchen.

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

John Curtin Aged Care has a quality system that drives continuous improvement across the four Accreditation Standards. The home identifies opportunities for improvement from a range of sources including resident and staff feedback, meetings, adverse events, survey and audit results. Management document issues and opportunities in the home's continuous improvement plan with action plans for individual continuous improvement activities. Management communicate results through meetings, newsletters, noticeboards and education. Management review and evaluate outcomes generated through the system. Staff said they are aware of the continuous improvement system and confirm improvements are ongoing. Residents and representatives confirmed ongoing improvements occur at the home.

Recent improvements relevant to Standard one include:

- A staff suggestion regarding efficiency of timesheet procedures resulted in management installing an automated time and attendance system. The system enables staff to log on using a touch screen that links directly to the home's electronic pay system. Management distributed a questionnaire to formally evaluate staff satisfaction with the new system. Staff provided feedback that the system is a significant improvement, which enables staff to sign on quickly and easily.
- Management identified the opportunity to improve staff knowledge and skills in handling complaints. As a result, management arranged for an external provider to deliver complaints management education for frontline staff. Management said staff are more comfortable receiving and actioning resident complaints in a positive manner. Staff described appropriate procedures for handling complaints.

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

John Curtin Aged Care has a system to identify and comply with relevant legislation, regulatory requirements and guidelines across all four Accreditation Standards. Management receive regulatory information and updates through a range of relevant sources. Management then disseminate requirements for regulatory compliance to personnel through meetings, staff messaging, noticeboards and education. Management review and amend policies, procedures and other documentation in response to legislative changes. Staff

confirmed they receive information about regulatory compliance issues relevant to their roles. The home includes relevant updates on regulatory compliance at resident and representative committee meetings and in newsletters.

Examples of responsiveness to regulatory compliance obligations relating to Standard one include:

- There is a system to ensure currency of police certificates for staff, volunteers and external contractors.
- There is display of up to date information about the Aged Care Complaints Scheme.
- Management monitor and maintain professional registrations of staff.
- Management notified residents, representatives and staff of the reaccreditation visit.

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

Staff education is developed through analysis of adverse events, staff appraisals, legislative changes, the continuous improvement system and staff requests. Education calendars are in place throughout the facility; attendance records indicate staff attend compulsory education and are able to provide feedback regarding education sessions. Staff confirm that adequate and appropriate education is available to enable them in performing their respective roles effectively. Management supports staff to undertake formal qualifications and attend external education sessions.

Recent education related to Standard one includes the following:

- Accreditation process
- Mandatory reporting
- Complaints systems.

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

Management provides residents, representatives, staff and visitors with formal and informal avenues to make comments and complaints. Management and staff provide information to stakeholders about internal complaints processes and external resolution services through relevant meetings and publications. Documents showed the home is responsive to stakeholder feedback and concerns are actioned in a timely manner. Residents and representatives said they feel very comfortable approaching both staff and management with concerns and feel confident that appropriate follow up will occur. Staff were able to describe appropriate actions for following through on resident comments and complaints.

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 vision, mission, philosophy and slogan are documented and displayed at the home. They are conveyed to staff, residents and representatives during orientation to the home. Information regarding the home's commitment to quality is also provided to staff, residents and representatives during the admission or orientation phase and available in handbooks.

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

Appropriately skilled and qualified staff are employed at the home to ensure resident care and services are delivered in accordance with the Standards and the home's values. Staff recruitment is undertaken according to the recruitment policy and procedure and staff are appointed based on ability to undertake position descriptions and minimum qualifications. Documentation indicates and staff confirm that staffing levels increase in accordance with changing resident care needs. Staff are supported to gain additional skills and knowledge through internal and external educational opportunities. Staff confirm that they are provided with a thorough orientation, are well supported in their roles by management and are not required to undertake duties outside their position descriptions. Residents, representatives and staff confirm that there are adequate staff with appropriate skills available to meet resident care needs in a timely manner.

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

There is a system to ensure stocks of appropriate goods and equipment are available for delivery of service to residents. Clinical management order goods through preferred suppliers and ensure regular stock rotation. There is an effective maintenance request system ensuring the safety and working order of goods and equipment. Staff and residents said there are adequate supplies of goods and equipment to meet resident needs and are satisfied maintenance completion is in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome.

The home has systems to ensure all stakeholders have access to current information that guides staff work practices and ensures effective delivery of resident care. Staff have access to information that ensures they can effectively carry out their role. There are processes to routinely collect and analyse key data. Residents and representatives are provided with information on the home's processes and requirements. Established processes ensure residents, representatives and staff remain updated. There is regular electronic back up of computers and secure storage of information. Archived material is stored securely pending destruction according to legislated requirements. Staff confirmed they receive information updates through a variety of formal and informal means. Residents and representatives are satisfied the home keeps them informed and they have access to relevant 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

Management has systems to ensure external contractors provide services within agreed quality standards. The home maintains agreements with approved providers covering provision of services and agreed conduct. Management review service contracts regularly and make any changes required. External contractors sign in and out of the home and processes are in place to ensure current police certificates of contractors. Management monitor the effectiveness of external services through a variety of mechanisms including the home's facility feedback system, staff and resident meetings and quality audits. Staff and residents are satisfied with the external services provided.

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

There is a system that shows ongoing improvements in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard two include:

- Staff working in the homes secure wing for people living with dementia, identified various cleaning and catering staff coming in and out of the wing during the day, each with specific duties and time constraints. Staff said this was disruptive to residents and impacted upon the ability of staff to implement positive behaviour management strategies. As a result, management supported staff to implement a new staffing model in the secure wing. Management provided care staff with training in catering and food handling. The care staff in the unit now deliver personal care, cleaning and meal assistance. Management removed separate cleaning and catering staff from the secure wing and increased the number of personal care shifts. The changes were implemented approximately two months ago and are due for formal evaluation in August 2013. Staff said the new staffing model enables much more resident focus as staff can more easily assist residents according to each resident's routine and preferences. Staff said it enables them to encourage residents to participate in household activities and leisure activities. Staff said they have seen a noticeable increase in resident appetite, a decrease in behaviours of concern and increased participation in meaningful activities. Representatives expressed a high level of satisfaction with the new staff support model and said it creates a very warm and homelike atmosphere for residents and their families.
- Review of clinical incidents identified the need to improve systems to reduce and manage medication packaging errors. As a result, clinical management engaged with the home's pharmacist, who now attends the home and checks all delivered medication directly with registered nursing staff. Management said the system has improved communication with the pharmacy and reduced medication packaging errors.

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

Management implements a system to identify and ensure the home meets regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- The home demonstrates compliance with regulatory requirements regarding medication management and storage.
- Appropriately qualified personnel carry out specific care planning activities and care tasks.
- The home has policies and procedures in place and staff are made aware of their responsibilities in relation to unexplained resident absences.

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

The clinical services manager develops the clinical staff education calendar on an annual basis in response to identified staff education needs and requests. Two core study days are held each in which mandatory education is scheduled for all staff in the home. Staff skills and knowledge are monitored through appraisals, observations and discussions. Education includes group sessions, one on one education, training provided by external educators and attendance at external education sessions.

Recent education (internal and external) related to Standard two includes the following:

- Pain identification and management
- Palliative care
- Dementia care
- First aid.

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 in accordance with their assessed needs and preferences. The clinical services manager supports registered and enrolled nurses and personal care workers in the provision of appropriate clinical care. Care plans are developed, implemented, reviewed and evaluated monthly. Staff demonstrated their knowledge of resident care needs and preferences. Care consultation was evident in the electronic progress notes. Residents and representatives confirmed consultation regarding their care needs and are satisfied with the care 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

Registered and enrolled nurses review and supervise the provision of specialised care required by residents, with registered nurse input available 24 hours per day. Detailed care

plans are in place and contain additional information for staff to assist them to deliver specialised care to residents. Staff have access to acute specialist services as care needs dictate. Residents with specialised care requirements have documented reportable ranges recorded and treatment strategies available for staff. Residents said they are satisfied with the specialised care they receive.

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 diverse group of allied health professionals such as a physiotherapist, a dietitian, a speech pathologist, a podiatrist, a dentist, an optometrist and audiologist. These professionals either visit the home regularly or the resident can be assisted to visit them in the broader community. Comprehensive assessments and prescribed treatments are documented in the progress notes and specific information is then transcribed into the care plans. Residents confirmed their satisfaction with the care given to them by allied health professionals.

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

Registered and enrolled nurses and medication competent care staff administer medication from blister packs. Staff involved in administering medication confirmed completion of annual medication competency assessment. We observed staff administering medication in a correct and safe manner. Medication charts are clearly identifiable with photographs of residents and specific information detailed on optimum ways to administer medication to each resident. The medication area is locked and medication trolleys are stored securely and correctly. Auditing of staff signature omissions and medication charts occurs and a consultant pharmacist carries out medication reviews. Residents said they are satisfied with their medication management.

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 residents’ past history and current presence of pain are defined during the entry assessment phase. Pain management protocols are reviewed during the ‘resident of the day’ monthly review, when there is a new episode of reported pain and when ‘whenever necessary’ medications are administered over a period of time. Validated pain assessment tools are used to assist direct care staff in assessing pain in residents with diminished cognition and all others; pain assessments are linked to the physiotherapy, continence, behaviour and sleep assessments. Alternatives to medication such as heat/cold packs, repositioning, simple massage, timing of personal/clinical care and diversional therapies are utilised. Residents said that if and when they have pain it is managed well.

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

Staff and documentation confirm that residents are able to remain at the home and receive palliative care. Residents’ and their families are consulted about specific terminal care wishes during the entry phase or when the resident and family choose to communicate these wishes. When a resident requires palliation, a specific care plan to reflect their changing care needs is developed in collaboration with the resident, the family, general practitioner and if requested, palliative care specialists. Staff are aware of the special needs of residents and families at this time and said they respect resident wishes. Funeral services can be conducted in the home if the family so wishes and we observed residents and staff preparing the function room for a funeral of a recently deceased resident.

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

On entry to the home residents advise of their dietary likes, dislikes, food allergies and preferences. Staff document this information and ensure catering staff are aware of current resident needs. Residents are weighed monthly or as required; when a resident experiences unexpected weight change beyond the prescribed parameters staff notify the doctor and refer the resident to the dietitian and or a speech pathologist. The menu, which is developed from resident input, is reviewed by the dietitian for maximum nutritional value. Meals are prepared and served on site as per the displayed menu and residents confirmed that alternative meals are available. The home provides texture modified meals and fortified drinks and we observed residents receiving food and drinks throughout the day. Residents stated they are satisfied with the meals and have more than enough to eat and drink.

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

Residents’ skin assessments that identify potential or actual skin integrity issues are conducted by nursing staff. This information forms the basis of detailed care and management plans. Individual skin care products such as creams, protective devices and wound dressings are available for residents. Staff attend education on wound and skin care and confirmed they have adequate supplies to provide consistent skin care. We observed residents skin to be clean, with residents confirming they are happy with the skin care they receive.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

During the entry assessment phase, individual resident continence requirements are discussed reflecting if and what aids are being used, how successful the current practices are and what can be done to improve the level comfort and dignity. Toileting times and levels of staff assistance are individually prescribed after a specific time period. Urinary catheter and stoma care are managed by registered nurses division one. Behavioural management includes continence care as a trigger for episodes of restlessness and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. The use of invasive bowel preparations is kept to a minimum; early intervention strategies such as a high fibre diet and increased hydration are in place to maximise normal bowel health. Urinary tract infections are identified using evidence based definitions. Residents and relatives confirmed that continence needs are managed well and with discretion.

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 effectively manages the needs of residents with challenging behaviours in a low stimulus environment. All residents undergo a range of validated behavioral management assessments during the entry phase and when behaviours change. Care plans are developed from behavioral assessments and other clinical tools, from documented staff observations over a defined period of time, aged persons mental health nurse specialists, mental health geriatricians and the family. These plans are reviewed monthly and as required. The home has no restraint practices in place and employs additional alternate environmental strategies and individualised diversional therapies. Episodes of aggressive behaviour and absconding are recorded as incidents and reported appropriately. The team observed staff interacting in a calm, respectful and therapeutic manner with the residents.

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

There is a physiotherapist who oversees residents’ mobility, dexterity and rehabilitation programs; an allied health assistant assists the physiotherapist and implements the planned group and individualised care identified; which includes an exercise programme within the home. All residents have a manual handling and falls risk assessment and undergo a regular evaluation and review of mobility care needs. Environmental audits are regularly conducted to ensure resident and staff safety and a falls prevention program is in place. Incident and hazard forms are utilised and followed through to resolution and referred to occupational health and safety meetings. Residents and representatives said that residents are encouraged and assisted to attend exercise classes.

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

There are processes in place for the assessment, planning and review of residents’ oral and dental care needs and to identify where referrals to appropriate allied health professionals are required. The team noted that all residents oral and dental care needs are addressed in nursing care plans or progress notes. There is a nearby dental service available which residents are able to attend and assistance is offered for those residents who wish to continue visiting their regular dentist. Residents and representatives said that they are generally satisfied with oral and dental care given.

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

Hearing, sight, communication and comprehension are assessed during the entry assessment phase then annually or as required thereafter. Care plans clearly nominate individual strategies to manage the resident’s needs. Residents are supported to access relevant allied health professionals in the broader community, whilst some allied health professionals visit the home. The allied health assistant, diversional therapy and care staff provide simple massage, relaxing music and quiet conversation to minimise agitation. Staff ensure that hearing aids and spectacles are clean and functioning. Residents and representatives confirmed staff assist them with cleaning their glasses and hearing aids and said that they are referred to appropriate specialists 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

During the entry assessment phase, the resident’s sleeping and rest patterns are assessed over a 24 hour period for three days and include the resident’s preferred rest periods during the day. In consultation with the resident and/or relative, individual resident preferences for rising and settling and other specific rituals are documented in the care plan. The home promotes the use of non-pharmacological interventions where possible; pharmacological interventions are monitored. Pain management, continence care and behaviour management assessments include a consideration of sleeping patterns. Residents interviewed confirmed that the home was quiet at night and that they slept well.

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

There is a system that shows ongoing improvements in the area of resident lifestyle. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard three include:

- An audit and subsequent project, identified the opportunity to improve support for new residents when settling into the home. As a result, a qualified pastoral support volunteer now attends the home to provide one to one support to residents and their families as required or requested. Lifestyle staff said the availability of regular pastoral support has been very effective, as it enables residents and their families the opportunity to talk freely about their feelings and experiences, on entry to the home and on an ongoing basis.
- A staff initiative resulted in staff holding meetings for family members of residents living with dementia in the home’s secure wing. Two meetings have been held, with the next planned for September 2013. Staff said the meetings enable family members to connect and share experiences. Staff arrange relevant guest speakers, such as medical professionals, who provide support and advice to families about relevant issues. Representatives said they attend the meetings and find them highly informative and supportive.
- Management identified the opportunity to increase staff knowledge and skills to support younger residents living with dementia. As a result, management engaged with a national Alzheimer’s support organisation to provide staff education and support. Management said staff implement an enabling approach to resident care. Staff provided specific examples of independent living skills training and community based activities they have implemented with residents. Management said the home is working toward becoming a centre of excellence for support to people with early onset dementia.

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

The home has a system to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard three include:

- Compliance with obligations related to security of tenure, such as provision of a residential agreement.

- Provision to residents of goods and services as required by the Quality of Care Principles 1997 Division 2.1 Specified care and services for residential care services.
- Systems to ensure resident privacy including the secure storage and destruction of confidential information.
- Processes to manage compulsory reporting of elder abuse.

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

Management develops staff education in response to needs identified through observation of staff practices, resident care needs, changes in industry standards and regulatory compliance in relation to resident lifestyle issues. Staff skills and knowledge are monitored through appraisals, observations and discussions.

Recent education (internal and external) related to Standard three include the following:

- Privacy and dignity
- Mandatory reporting of elder abuse.

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

Staff and management support residents to adjust to life at John Curtin Aged Care and provide emotional support to residents on an ongoing basis. Prior to coming to the home the resident and their representatives are informed about the home, services available, their rights and responsibilities and information about relevant fees and charges. On entry the resident is orientated to their room, the environment and amenities and introduced to other residents. Lifestyle staff assist residents to settle into the home and commence assessments that capture social, cultural and spiritual histories. Staff provide information to residents and representatives about specialist advocacy and support services and a pastoral support volunteer is available as required. Residents and representatives said staff are very friendly and caring.

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

Staff support residents to remain as independent as possible and to maintain friendships, family connections and community links. Clinical and lifestyle staff assess residents on entry regarding individual requirements to support independence and care plans are developed

and reviewed regularly. Staff assist residents to remain as independent as possible with mobility and sensory aids and equipment, and the provision of an appropriate living environment. The home has an integrated approach to clinical and lifestyle support ensuring strategies to support independence are personalised and goal directed. Visitors are welcomed and a wheelchair accessible bus is available to facilitate community visits. Staff monitor residents' involvement in the activities program and in undertaking activities of daily living and identify if additional assistance is required. Residents said the home supports their independence and they are satisfied with the support and assistance provided.

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

Staff support and respect each resident's right to privacy and dignity. Staff receive information about privacy and confidentiality during orientation and on an ongoing basis. Staff knock and request permission before entering residents' rooms and close doors during personal care. Residents are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. We observed staff interacting with residents in a positive and patient manner. Residents said staff treat them with care and respect at all times.

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

Staff encourage and support residents to participate in a range of interests and activities relevant to their individual preferences. Lifestyle staff assess each residents' past and present leisure interests in consultation with residents and their representatives. Staff document personalised lifestyle needs and preferences in each resident's care plan and evaluate care plans on a regular scheduled basis. Activities cater for the needs of residents with physical, sensory and cognitive deficits. Residents participate in group activities and receive one to one support. Lifestyle staff evaluate activities and special events on an ongoing basis. Residents and representatives have input into the program through meetings, surveys and direct feedback. The home reviews the lifestyle program in response to participation levels and resident and representative feedback. Residents confirmed a variety of activities of individual interest is available to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Staff provide services in a manner that values and fosters residents' cultural and spiritual lives and supports individual interests. Staff identify residents' cultural and spiritual needs on entry and document these in each resident's care plan. Residents are encouraged to

celebrate days of significance and are supported to access local religious services. Religious services are also held at the home. Cultural resources are available to staff and interpreter services are available if required. Staff are sensitive to residents' cultural and spiritual needs and demonstrate knowledge of individual residents' requirements in this regard. Residents are satisfied with the way staff acknowledge and respect their cultural and spiritual needs.

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

Staff support residents to exercise choice and control over their lifestyle. Upon entry to the home staff engage with residents to identify their care and lifestyle preferences. Staff document in care plans and regularly review residents' expressed preferences for care and support. Management and staff encourage residents and representatives to express their wishes through residents and representatives' committee meetings, individual consultation, surveys, facility feedback and an 'open door' policy. The home documents powers of attorney and alternative decision makers for relevant residents. Information about advocacy services is available to residents and representatives in the resident information booklet and residential agreements. Staff confirm they support residents to make choices and decisions about their daily routine. Residents' said they have opportunity to make choices and decisions about their life at the home.

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 have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management provide residents and representatives with information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms prior to entry. The home documents this information in the resident information booklet and residential agreement. The charter of residents' rights and responsibilities is on display in the home. The home informs staff about residents' rights and responsibilities, security of tenure and elder abuse through policy, orientation and ongoing education. Residents said they feel secure in their 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

There is a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard four include:

- Staff and residents provided feedback that the home’s breakfast routine is time constrained as residents do not have facilities to serve themselves. As a result, management purchased a self serve buffet. The buffet has been built and is due for installation within the next week. Residents said they are looking forward to the new breakfast facilities. Staff said it will enable them to spend more time with residents who require assistance with breakfast, while supporting the independence of more able residents.
- Environmental monitoring identified the need to upgrade fabric of the home’s main dining area. As a result, in consultation with residents and representative, management organised for the dining area to be repainted. Management also ordered new furniture and have arranged for carpet replacement. Management said the refurbishment will be completed over the next month. Residents said they are very happy with the refurbishments in process and said the repaint has already made the area feel “lighter and less cluttered”.

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

There is a system to identify and ensure the home meets regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance and guidelines released relating to Standard four include:

- Chemical storage is secure and current material safety data sheets are available to staff.
- The home has policies and procedures for monitoring, responding to and reporting infectious outbreaks.
- The home has systems to provide a safe working environment consistent with occupational health and safety requirements

- There is a current third party audit certificate in relation to compliance with food safety regulations and guidelines.

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

Management is able to demonstrate that appropriate education and knowledge is accessible for staff at all skill levels in relation to the physical environment and safe systems. Internal structures and processes are used by management to identify professional development opportunities and provide the means to develop and deliver appropriate education programs. Staff state they are satisfied with the program and confirm management's commitment to ensuring that their knowledge and skills are enhanced and maintained in relation to Standard four.

Recent education related to Standard four include the following:

- Infection control
- Fire training
- Manual handling
- Chemical use
- Hazards.

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

Management provides a safe and comfortable living environment for residents and has effective systems to ensure the environment is consistent with resident care needs. Communal living areas are of a comfortable temperature, clean and well maintained. Bedrooms are single, each with an ensuite attached and residents are encouraged to individualise rooms with personal effects. Residents have access to well kept courtyards within a garden environment. Staff complete monthly environmental inspections of communal areas with resident rooms monitored on an ongoing basis. Management consults with residents and representatives about improvements to the living environment through resident meetings. Residents and representatives were satisfied the home was safe and comfortable.

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 implement systems to provide a safe working environment in a manner that meets regulatory requirements. Management provide staff with education, equipment and supplies to employ safe work practices. Maintenance staff implement a system of routine and preventative maintenance to ensure the safety of equipment and fabric. Management ensures staff are aware of their health and safety responsibilities through meetings, documented procedures, education and the orientation process. Staff provide feedback about workplace health and safety issues using incident reports, maintenance requests, meetings, and through direct feedback to management and a health and safety representatives.

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

John Curtin Aged Care has systems to identify and minimise fire, security and emergency risks. The home has emergency management procedures for a range of external and internal emergencies, including a contingency plan for total emergency evacuation. Fire and emergency equipment is monitored both internally and maintained by qualified external contractors. Emergency exits and egress routes are free from obstruction. The home has a lock up procedure for security of residents at night. Staff have completed annual emergency procedures training and are able to describe appropriate actions to undertake in the event of an alarm. Residents are provided with emergency evacuation information and said they have confidence in the ability of staff to respond to an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program that includes education, provision of personal protective equipment for staff and infection surveillance processes in place in the home. Staff complete an infection register each time a resident infection is identified. Infection rates are collated monthly, trended, graphed, analysed and discussed at medical advisory and continuous quality improvement committee meetings. The information is also made available to all staff via the electronic messaging system. Staff confirmed they have attended infection control education in the last year. Staff complete infection control audits and environmental inspections and senior staff observe staff practices. We observed adequate stock levels and staff said they have enough stock to maintain effective infection control practices in the home. There are blood spill kits, infectious management kits and yellow infectious waste disposal units located in the home. Staff hand-washing education and competencies are undertaken annually. Hand sanitisers are available for staff around the home. Staff are aware of standard precautions and infection control principles. Records indicated that pest control of the home is conducted on a monthly basis.

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

The home provides hospitality service to residents and staff, which enhance and promote quality of life and work environment. All meals are prepared on-site daily as outlined in the four week rotating menu. This menu offers a balanced diet taking into consideration identified specific nutritional and hydration requirements, food allergies, food preferences, modified dietary requirements and alternative choices. The home provides laundry services, which include labelling and ironing services. Cleaning is undertaken according to a weekly schedule and the team observed the home to be clean. Residents interviewed stated they are extremely happy with the meals and felt that they have choice when it comes to meals. Relatives and residents also confirmed satisfaction with the cleaning and laundry services provided by the home.