Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Mountainview Nursing Home RACS ID: 2789

Approved Provider: Mountainview Nursing Home Pty Ltd

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on	1 February 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 07 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 23 September 2015 to 23 July 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'. The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program. The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.
This decision is effective from	1 February 2018
Accreditation expiry date	23 July 2019

Australian Government

Australian Aged Care Quality Agency

Mountainview Nursing Home

RACS ID 2789
57 Mulgoa Road
PENRITH NSW 2750

Approved provider: Mountainview Nursing Home 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 23 September 2018.

We made our decision on 07 August 2015.

The audit was conducted on 30 June 2015 to 02 July 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

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

Standard 2: Health and personal care

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Australian Government

Australian Aged Care Quality Agency

Audit Report

Mountainview Nursing Home 2789

Approved provider: Mountainview Nursing Home Pty Ltd

Introduction

This is the report of a re-accreditation audit from 30 June 2015 to 02 July 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 30 June 2015 to 02 July 2015.

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

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

Assessment team

Team leader:	Kathryn Powell
Team member:	Kellie Whelan

Approved provider details

Approved provider:	Mountainview Nursing Home Pty Ltd

Details of home

Name of home:	Mountainview Nursing Home
RACS ID:	2789

Total number of allocated places:	99
Number of care recipients during audit:	93
Number of care recipients receiving high care during audit:	93
Special needs catered for:	

Street/PO Box:	57 Mulgoa Road	State:	NSW
City/Town:	PENRITH	Postcode:	2750
Phone number:	02 4721 3411	Facsimile:	02 4721 4660
E-mail address:	sarahcross@hardiagedcare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility Management Team	3	Care recipient/representatives	18
Registered nurses	3	Volunteers	1
Care staff	12	Laundry staff	2
Administration assistant	1	Cleaning staff	3
Catering staff	3	Maintenance staff	1
Contracted Allied Health and external consultants	7	Bus Driver	1
Diversional Therapy Coordinator	1	Recreational Activity Officer	2
Housekeeping manager	1		

Sampled documents

	Number		Number
Care recipients' files and agreements	11	Medication charts	13
Summary/quick reference care plans	10	Personnel files	11
Adverse Event Records	24	Volunteer files	16
Restraint Assessments and Authorities	9	Risk Acceptance Authorities	4

Other documents reviewed

The team also reviewed:

- Activities and church service attendee listings
- Activity logs
- Audit folder (Accreditation Standards)
- Various clinical charting/monitoring
- Clinical equipment registers
- Continuous improvement, complaints, comments and compliments
- Education resource material (training records, manuals and evaluations, competency assessments)
- Employee pack including staff handbook
- End of Life documentation
- Fire safety and emergency information
- Food safety manual
- Handover schedules

- Human resource information (job descriptions)
- Immunisation register
- Infection prevention and control manual
- Mandatory reporting folder
- Maintenance records
- Manual handling instruction information
- Medical officer communication folders
- Monthly activity program
- Nurse initiated authorities
- Physiotherapy site manual
- Policy, procedure and flow charts and manuals (Accreditation Standards)
- Resident enquiry pack
- Resident handbook
- Schedule 8 medication records
- Various committee meeting minutes and agendas including management, staff, resident and relatives

Observations

The team observed the following:

- Activities in progress
- Brochures and posters on display
- Charter of Residents' Rights and Responsibilities
- Chemical spill/outbreak kits
- Cleaning in progress
- Custom-fitted Bus
- Equipment and supply storage areas
- Fire equipment and evacuation maps
- Infection control equipment and information displayed
- Information on internal and external complaint mechanisms displayed; forms displayed for making suggestions and compliments
- Interactions between staff and care recipients
- Internal and external Living environment
- Meal service in progress
- Mobility aids
- Personal protective equipment in use
- Secure storage of medications and medication administration
- Smoking area
- Staff practices and work areas

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

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement
This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings
The home meets this expected outcome

The home is part of the Hardi Group. The Hardi Group (Group) supports the home via a range of organisational supports and quality assurance mechanisms relevant to each Accreditation Standard. The home has a continuous improvement policy in place that provides structure to achieve the Groups' vision statement. The home has effective systems and processes to implement positive change for care recipients/representatives. Stakeholders are consulted and encouraged to make suggestions. The home's staff are proactive in their approach to continuous improvement and readily identify improvement opportunities. The management team regularly collect, collate, implement and review information from a number of sources including: meetings, satisfaction surveys, comments, suggestions, complaints, audit schedules, and internal and external reviews.

A review of the home's Continuous Improvement Plan and discussions with stakeholders demonstrate that improvement activity is achieving ongoing positive outcomes for residents.

Examples of improvements that have occurred in relation to Accreditation Standard One - Management systems, staffing and organisational development, include:

- In October 2014 the Group implemented an online learning system. This has resulted in increased opportunities for all staff to have access to contemporary training across all Accreditation Standards and the provision of best practice care and services to residents. The learning system has extensive reporting capabilities to provide analysis of education achievements and the needs of individual staff. The system can also trend systemic results. Staff participating in discussions express high levels of satisfaction with the training and education they receive. Management report there has been increased access to training as staff can now complete training remotely.
- In May 2015 the Group implemented a refurbishment program in the home. The "nurses' stations", where confidential information is stored and where discussions occur regarding care recipients' care has undergone extensive refurbishment. Relevant staff, medical practitioners and allied health professionals can now conduct discussions in an environment that facilitates increased confidentiality. There is increased storage for care recipients records and the security of medical supplies. The refurbishment is aesthetically pleasing and the use of glass panels provides for adequate supervision. Care recipients participating in discussions report satisfaction regarding their privacy. Staff express high levels of satisfaction with the new nurses' stations.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to ensure regulatory compliance. The Group is a member of the relevant peak bodies and subscribes to a wide variety of information sources to ensure policy and procedure is updated to reflect regulatory compliance, legislative change and best practice. The home receives notifications from the Group regarding all relevant changes including resource materials and training as appropriate.

A review of practice demonstrates changes in legislation are promptly actioned and disseminated to relevant stakeholders. The home evaluates the implementation of change to ensure the consistent application of staff practices. The regulatory compliance system is achieving results across each Accreditation Standard.

Examples of regulatory compliance related to Accreditation Standard One - Management systems, staffing and organisational development, include:

- Accommodation bonds and resident agreements have been updated to reflect legislative change;
- Adherence to prudential requirements and due diligence;
- National police checks;
- Processes to inform care recipients/representatives of the dates for the onsite Accreditation process;
- Care recipients and representatives have access to comments and complaints mechanisms; and
- Workplace code of conduct for staff.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a planned approach to education and staff development. There is an annual education plan that has been developed from identified training needs, staff and stakeholder feedback, changes in legislation and best practice research. Staff education is reflective of the changing care needs of care recipients. There is a mandatory training program and all staff are required to attend. There is a central register to capture all staff training, track staff attendance and evaluate training outcomes. Staff have access to an online training program. Staff competency levels in key areas are routinely assessed. Education and development opportunities are inclusive of on the job training, internal and external training. The home readily identifies high performers and offers opportunities for development. Staff skills gaps are addressed in a proactive manner. This system is achieving results across each Accreditation Standard.

The home's education and training framework is relevant to each Accreditation Standard.

Examples of education relevant to Accreditation Standard One - Management systems, staffing and organisational development, include:

- Anti-bullying;
- Electronic clinical care and management system; and
- Care recipients' security of tenure.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems and processes that ensure care recipients/representatives have access to internal and external complaints mechanisms including complaints forms that can be completed anonymously. Stakeholders are aware and encouraged to raise comments and complaints with management and/or external bodies through their preferred method including; verbal feedback, formal written complaints and discussion at the home's 'resident and representative' meetings. Management confirm they have an open door policy and quickly address concerns to avoid escalation. We reviewed the home's complaints information in hard and electronic formats and found complaints received are recorded and prioritised as appropriate. There is provision of confidential and mandatory reporting. Details of the investigation conducted and action taken to resolve complaints in a timely manner is evident. Feedback to the complainant is demonstrated. Care recipients and representatives interviewed confirm they are satisfied with the home's complaints management system and provided examples of satisfactory resolutions to their requests. Staff interviewed confirm they can raise concerns on behalf of a care recipient or themselves and see improvements occur.

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 has a well-publicised vision, mission, and values statement. The intent of the information is clear and underpins staff culture. The group's vision statement is; "*… is to ensure we provide a service which makes a difference to the quality of life our Residents and to ensure our Staff are valued for their diverse contributions".*

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 ensure services are delivered in accordance with the needs of care recipients, the group's vision, values, mission statement and the Accreditation Standards. This is underpinned by the implementation of human resource policies and

procedures. These cover staff recruitment, orientation, performance appraisals, a competency assessment program, and the monitoring of staff records that include job descriptions, duty lists, registration details and reference checks. Management advise the staffing budget meets the specific needs of the site, and staffing levels are monitored and adjusted on an ongoing basis. A review of documentation and the team's observations demonstrate the home's roster and skill mix are meeting the needs of care recipients. Care recipients and representatives interviewed were highly complimentary of staff and management. Staff are complimentary of the home's management team and advised they have sufficient time and resources to complete their tasks.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

Management and staff interviews and observation confirm there are adequate stocks of goods and access to equipment for the delivery of quality services at the home. Budgeted replacement processes ensure goods and equipment are suitable for the purpose and meet the specific needs of care recipients. There are ordering processes and stock rotation systems for consumable and perishable items. Designated team members assume responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reporting and audits. Preventative and reactive maintenance programs are in place. Generally new equipment is trialled prior to purchase. Staff are trained in the use of all equipment. Review of documentation and interviews with staff, care recipients and representatives indicate all equipment maintenance is prioritised and responded to 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 an effective information system that monitors the development, use, storage, dissemination and archiving of records as appropriate. Electronic records are password protected and staff have access relevant to their role. The team saw evidence that the home disseminates relevant information to all stakeholders via staff and 'resident and representative' meetings, the electronic clinical care and management system and other forums. Information relating to legislation and care recipients' care is accessible as appropriate. This is achieved through memoranda, noticeboards, care recipients clinical records, information packages, 'resident' and staff handbooks, education sessions and policy and procedure manuals. Care recipient and representatives confirm they are kept well informed about matters of interest to them. Staff interviewed have a sound understanding of the information system and confirm that information relating to their role is readily assessable. Documentation maintained is clear and concise and issues occurring in the care environment are transparently recorded and tracked to ensure a successful outcome is achieved.

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

The home and Group have effective systems and processes to ensure all externally sourced services are provided in a way that meets the care recipients' needs and quality goals. Contracts and/or service agreements are in place with suppliers and external service providers, such as fire maintenance services, pharmaceutical and food supplies. The home and group maintain external service provider details and copies of current signed external service provider agreements and insurances. The maintenance officer maintains records of services provided to the home and uses a schedule to monitor external service provisions. This system assists the home and group to track problems with suppliers so this information is available at the time of reviewing contracts. Each area is proactive in sourcing the most efficient and cost effective service and provision. Care recipients/representatives and staff interviewed indicate high levels of satisfaction with the services the home provides.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home demonstrates the active pursuit of continuous improvement through a systematic evaluation and improvement of service quality and outcomes. Refer to expected outcome 1.1 Continuous improvement for details of the home and group's continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement.

Examples of improvements that have occurred in relation to Accreditation Standard Two - Health and personal care, include:

- In response to the analysis of falls statistics and the review of staff manual handling competency assessments, the home's management has implemented a comprehensive physiotherapy assessment and management program that focuses on care recipients' mobility needs and preferences. The program runs seven (7) days per week, increasing care recipients' access to services. This has resulted in increased confidence, independence strengthening, standing and walking abilities. The home's statistical analysis demonstrates a significant reduction in care recipients' falls. Management report that there is increased staff education and training resulting in improved knowledge and skills. Further capitalising on this success the home has introduced Tai Chi classes, that aim to further improve care recipients' muscle strength and balance. Care recipients and representatives report satisfaction with the physiotherapy support offered by the home.
- The home's management team in consultation with the Group identified the need to improve care recipients' timely access to dental treatment. As of March 2015 all care recipients now have access to a mobile dental service that attends the home. All care recipients' representatives have been notified about the availability of the service. Management advise that the care recipients that have accessed the service to date are satisfied. Care recipients/representatives express satisfaction with the dental care they receive.

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

The home's regulatory compliance system ensures compliance in relation to this Accreditation Standard. Refer to expected outcome 1.2 Regulatory compliance for details of the home and group's regulatory compliance system.

Examples of regulatory compliance relevant to Accreditation Standard Two - Health and personal care, include:

- Adherence to the Poisons and Therapeutic Goods Act 1966;
- Links to industry clinical research and guidelines to ensure the delivery of best practice clinical care;
- Safe storage, administration and disposal of medications; and
- The home maintains professional responsibility information for registered staff.

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 home has effective policy and procedures in place including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems.

Examples of recent education relevant to Accreditation Standard Two - Health and personal care, include:

- Urinalysis competency;
- Pressure care;
- Wounds care; and
- Medication management.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs. Admission processes and initial assessments, completed in consultation with the care recipient, representatives, allied health staff and general practitioners, identify care recipients' clinical care needs and an initial care plan is developed. Clinical staff use assessment and care planning tools to develop relevant assessments and create a comprehensive care plan, from which a quick reference plan is printed for assistants in nursing access. Individual care plans are generally reviewed four monthly by a multi-disciplinary team and all assessments are updated to generate a new care plan; this is communicated to relevant staff through updated care plans handovers, e-noticeboard (contained within clinical information system 'manad') and communication books. Clinical care is monitored through clinical observations, handover processes, data trending, clinical audits, adverse event analysis and surveys. Results show audits are successful in identifying opportunities for improvement. Staff described clinical care requirements as documented in care plans. Care recipients and representatives interviewed said care recipients clinical care is met.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised care needs are identified by qualified staff through assessments and care plan reviews and referrals are made to relevant allied health professionals, when required. Technical and complex care plans are documented for care recipients requiring specialised care and registered nurses, appropriately trained staff and allied health professionals carry out the care requirement. Complex wounds are attended and assessed by appropriately qualified staff and catheter changes are completed by other health professionals as appropriate. Specialised care is monitored through multidisciplinary meetings, care reviews, clinical monitoring and audits. Results show care recipients' specialised nursing care needs are identified and addressed. Relevant staff described specialised care provided as documented in individual care plans. Care recipients and representative interviewed said specialised nursing care needs are met by qualified staff.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Care assessments, reviews and medical officers identify care recipients' needs; allied health services such as physiotherapy and podiatry regularly attend the home and external contractors supply required speech pathology and dietician services on-site. Care recipients are supported to attend specialist and allied services of their choice and the clinical team arranges reviews by other services such as optometry, dental or other health providers. Ongoing requirement care, as recommended by other health and related services, is documented in care plans and conducted by appropriately qualified staff. Other health and related services are monitored through care reviews, clinical audits and care recipients feedback. Results show services are provided to care recipients. Staff interviewed said allied health services attend to care recipients as required. Care recipients and representatives interviewed said care recipients are referred to specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Care recipients medication is managed safely and correctly. Care recipients' medication is assessed on admission to the home and assessed through four monthly care evaluations, as well as medical officer reviews and pharmacy evaluation of medication charts. Medications are administered by registered nurses, as well as by residential care nursing assistants who hold certificate IV in aged care. Care recipients who wish to self-administer medications are assessed for competency and, if able to self-administer, are provided with appropriate storage in their room for medications. 'As required' medication is administered by

appropriately qualified staff and is assessed for effectiveness. There is a contracted pharmacy service that supplies prescribed medications in pre-packed single-dose blisters, with names and descriptions on each medication dosage aid. Medications are appropriately and securely stored. Monitoring processes include care reviews, incident reporting and audits and are discussed at the medication advisory committee. Relevant staff interviewed described medication management processes. Care recipients and representatives interviewed said medications are administered in a timely manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients' pain is managed to ensure they are as free as possible from pain. Admission processes and initial assessments, including monitoring for care recipients with cognitive deficits and language barriers, identify care recipients' pain levels and preferred interventions. Physiotherapist assessments are conducted to assist in the identification of pain and a pain care plan is developed in consultation with clinical staff and relevant allied health providers. A physiotherapist regularly attends the home to complete reviews, assessments and therapies. 'As required' medications can be administered and are generally assessed for effectiveness. Alternative methods for pain relief are offered by staff including massage, laser therapy, heat packs and therapeutic creams. Monitoring processes include clinical observations, data trending, clinical audits, care reviews and surveys. Results show care recipients' pain is managed effectively. Staff described activities completed to reduce pain, as documented in individual care plans. Care recipients and representatives interviewed said care recipients' pain is monitored and addressed as required.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of care recipients in the terminal stage of life is maintained. There is a consultative process for discussing and documenting the end of life wishes with care recipients, family and relevant cultural persons. End of life wishes, and advanced care directives where present, are communicated to relevant staff and a specific palliative care plan implemented, when appropriate. Local ministers of a variety of religions are accessed to provide care recipients and family with specific end of life spiritual support, when required. Appropriate care equipment is available for residents, as well as a 'quiet room' to provide a space for the care recipient, family and other relevant cultural persons can access to provide additional comfort and privacy during end of life care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration to meet their needs and preferences. Care recipients' dietary needs and preferences are identified in the admission process and ongoing reviews are completed as part of the care review process. Nutrition and hydration care plans are developed in consultation with clinical staff, speech therapist, dietician, care recipients and representatives. Hydration is encouraged by care staff and monitored through observation and care recipients weights are monitored monthly; significant changes initiate further review and additional weekly monitoring. Care recipients at high risk of weight loss and with swallowing difficulties are referred to relevant allied health professionals. Menu choices are documented by activity staff. Nutrition and hydration is monitored through clinical audits, care reviews, food and fluid clinical monitoring and observation. Results show monitoring processes highlight changes to clinical needs and these are followed up. Staff are able to describe the processes relating to nutrition and hydration as documented in care plans. Care recipients and representatives interviewed said nutrition and hydration needs for care recipients are met.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

There are processes to maintain care recipients' skin integrity consistent with their general health. Admission and ongoing review processes use skin assessment tools to evaluate care recipients' skin integrity. Care plans document staff interventions related to maintenance and promotion of skin integrity and pressure relieving aids are used, as required. Wounds are assessed by clinical staff and a wound care plan is implemented, including documented actions, photographs and evaluations, treatments are managed by appropriately trained clinical staff. Complex wounds are managed by registered nurses and care recipients are referred to medical or wound specialists as required. Monitoring processes include clinical audits; wound assessments, observation and feedback. Results show skin care and wound requirements are identified and documented. Staff are able to describe how skin integrity and wound care are managed. Care recipients and representatives interviews said they are satisfied care recipients' skin integrity is maintained.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

There are processes to effectively manage care recipients' continence needs. Continence needs are assessed on admission and ongoing evaluations processes use assessments tools and observation charts. Continence care plans are developed, including impacts of medication, medical condition contributors, continence aids used and schedules for toilet use. Staff are educated on the use of continence aids and maintaining privacy and dignity during toileting processes. Monitoring processes include bowel charts, pad allocation and

changes records, clinical audits, care reviews and surveys. Results show schedules for toilet use are generally met and continence needs are reviewed. Staff described processes they use relating to how they meet continence needs. Care recipients interviewed said they are satisfied with how their toileting and continence needs and preferences are met.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Care recipients with challenging behaviours are generally managed effectively. Admission processes and initial assessments, completed in consultation with representatives, allied health staff and general practitioners, identify care recipients' behaviours. Behaviour care plans are developed, including triggers and strategies for intervention. A minimal restraint approach is used and alternative interventions implemented where possible. Restraints are implemented after consultation with the care recipient's medical officer and representative; these are evaluated three monthly. Behavioural management is monitored through care plan reviews, audits, feedback and observation. Results show triggers are generally identified and interventions documented for staff. Staff interviewed described interventions as documented in care plans. Care recipients and representatives interviewed said they are generally satisfied with the home's approach to challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial assessments and ongoing reviews identify care recipients' capabilities and required mobility and dexterity aids. Assessments are completed by a physiotherapist and clinical staff. Specialised equipment and mobility aids are available to assist care recipients in maintaining their independence. Monitoring processes include care reviews, audits, meetings, adverse event trending data, surveys, feedback and observation. Results show care recipients at risk of falls are assessed and supported. Exercises are offered in different formats based on individually assessed falls prevention strategies, including group exercises, core strengthening and individual plans. Staff described activities they engage care recipients in to maintain mobility and dexterity. Care recipients and representatives interviewed said they are satisfied with how staff promote care recipients' mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained. Admission and ongoing review processes use assessment tools to evaluate care recipients' oral and dental needs and preferences. Oral and dental assessments identify care recipients dental care requirements for natural or prosthetic teeth. The home has a toothbrush replacement program and

alternative methods of oral care are available to care recipients if required. There is a mobile dentist who provides dental care and referrals are made to dental specialists, as required. Monitoring processes include clinical audits, observation and feedback. Results show dental care is available to care recipients. Staff describe dental care processes as documented in care plans. Care recipients and representatives interviewed are satisfied with dental care provided.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed. A sensory care plan is completed using assessments which incorporate all five senses. Strategies to assist care recipients with sensation loss, such as monitoring skin integrity and water temperature, are documented. Care staff maintain sensory aids such as glasses and hearing aids and assist care recipients with use and fitting, if required. Access to items to enhance care recipients' sensory experiences is available, including large print books and sensory enhancing lifestyle activities. Monitoring processes include care reviews, observation and surveys. Results show care recipients have access to items to assist with their sensory losses. Staff interviewed described care provided for care recipients with sensory losses. Care recipients and representatives interviewed said they are satisfied with the support given to care recipients with sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients are provided with care to assist them to achieve natural sleep patterns. Admission and ongoing review processes identify strategies to assist care recipients to achieve natural sleep patterns. Care plans are developed using this information. Environmental factors, including subdued lighting, reduction of noise and bedding preferences are used to encourage natural sleep patterns. Care recipient preferences are supported by care staff, such as warm drinks, additional supper and timing of activities of daily living. Sedation is available for relevant care recipients as per care plans and consultation with their medical officer. Sleep management processes are monitored through audits, feedback processes and care and leisure and lifestyle reviews. Staff described actions taken to assist care recipients achieve natural sleep patterns. Care recipients and representatives interviewed said care recipients are able to seek assistance to achieve sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home demonstrates the active pursuit of continuous improvement through a systematic evaluation and improvement of service quality and outcomes. Refer to expected outcome 1.1 Continuous improvement for details of the home and group's continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement.

Examples of improvements that have occurred in relation to Accreditation Standard Three - Care recipient lifestyle, include:

- The home's management implemented a restraint reduction program in September 2014. The program has been conducted in consultation with residents/representatives and their medical practitioners. This has increased care recipients' ability to participate in the decision making process about their care. The program has resulted in a reduction in the use of restraint. Staff and management advise that care recipients now have increased opportunity to walk freely through the home when it is safe to do so. Enabling care recipients to access activities and increased socialisation opportunities.
- The home's management have introduced a social and cultural engagement program. This has resulted in care recipients' having increased opportunity to engage in events and activities within the home. The program includes social network mapping and analysis of improved links between care recipients' of the home and the boarder community. The home encourages inclusion of care recipients from all cultural and spiritual backgrounds and there are provision in place for special needs groups including Culturally and Linguistically diverse (CALD) and Lesbian, Gay, Bisexual, Transgender and Intersex (L.G.B.T.I) care recipients. The program includes the 'laugh out loud' using data from a smiles study. The Group has also purchased a custom built bus that has increased care recipients' access to the community. Management advise that care recipients particularly enjoyed the Christmas lights tour and trips to BBQ locations. Care recipients/representatives express high levels of satisfaction with the leisure and lifestyle activities offered by the home.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's regulatory compliance system ensures compliance in relation this Accreditation Standard. Refer to expected outcome 1.2 Regulatory compliance for details of the home and group's regulatory compliance system.

Examples of regulatory compliance relevant to Accreditation Standard Three - Care recipient lifestyle, include:

- New residents and representatives are offered a resident agreement on entry to the home, which includes information according to current legislative requirements. The resident and relative handbook also provides information on the security of accommodation.
- Residents and representatives are advised of the home's privacy policy which references privacy legislation for the collection, use, and disclosure of personal information of residents for the purpose of providing residential aged care.
- Management at the home complies with the legislative requirements for any mandatory reporting incidents, which may occur. The home maintains a register of incidents meeting the mandatory reporting criteria.

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

The home has effective policy and procedures in place including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems.

Examples of recent education relevant to Accreditation Standard Three - Care recipient lifestyle, include:

- Protecting older people from abuse;
- Mandatory reporting;
- Leisure and lifestyle; and
- Privacy and dignity training.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems for the identification and management of care recipients' emotional needs and preferences. Processes include a broad activity program that includes assessment and ongoing reviews, volunteer and pastoral care services as well as a robust consultation system that supports both the care recipient and their representatives. Care recipients receive a copy of the resident handbook and resident agreement prior to admission and are given the opportunity to visit the home before entry. Assessment information is collected by the diversional therapy coordinator and used to compile the leisure and lifestyle care plan. Monitoring of care recipients' individual emotional support needs is done via observation, feedback, progress notes, staff discussions and family conferences. Results show individual care recipients emotional support needs are well documented, reviewed and support provided. Staff practices are monitored through

observation and staff feedback, with care recipients and representatives stating they are satisfied with the level of consultation and emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. The home's processes include care planning processes, consultation, access to voting, the facilitation of transport and care staff's support at external activities. The home uses observation, feedback, family group meetings, ongoing review and survey processes to monitor care recipients' independence and access to the community. Results show care recipients are provided with appropriate support to maintain their independence and ties with the community. Staff could define strategies used by the home to preserve and enhance care recipients' independence. Care recipients and representatives are satisfied with how the home supports care recipients to maintain their independence and maintain friendships.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' rights to privacy, dignity and confidentiality are recognised and respected. The home has systems to identify individual and support needs and preferences in relation to privacy, dignity and confidentiality. These include the care planning processes, encouraging care recipients and representatives to bring in personal items and furniture as well as ensuring care recipients and staff information is stored securely. The home evaluates care recipients' satisfaction through observation, surveys, meetings and audits. Results show the home stores care recipient and staff information securely and staff are aware of their responsibilities regarding respecting care recipients' privacy and dignity. Staff could describe strategies to support and ensure care recipients' privacy, dignity and confidentiality was maintained. Care recipients and representatives are satisfied care recipients privacy; dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a range of activities of interest to them. The home has processes to assess and review care recipients' interests, activity needs and preferences, including any barriers that may impact on participation. Information gathered through assessment, review and feedback is used to develop and refine the lifestyle activity program to ensure an appropriate range of activities, outings and

special events. The program is monitored by activity and diversional therapy staff through feedback, attendance records, leisure and lifestyle reviews and at 'resident' and staff meetings. Results demonstrate the home has a robust activity program tailored to care recipient needs and preferences and complements other care needs, such as mobility. Staff could provide examples of how they support care recipients to attend their preferred leisure interests and activities. Care recipients and representatives are satisfied they are encouraged and supported to participate in a range of activities and interests of their choice.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home has systems to ensure the identification and support of care recipients' individual customs beliefs and cultural backgrounds. These include assessments, feedback, meetings, regular cultural events tailored so that all can attend and regular spiritual worship in addition to regular individual visits from activity and diversional therapy staff. Care recipients' cultural, spiritual needs and preferences are monitored through feedback, reviews and satisfaction surveys and audits. Results demonstrate care recipients individual interests, customs, beliefs, cultural and ethnic backgrounds are identified, valued and supported. Staff provided examples of how they support care recipients to maintain their individual cultural and spiritual needs and preferences. Care recipients and representatives are satisfied the home recognises supports and values their individual interests, customs, beliefs and cultural and ethnic backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each resident, or their representative, participates in decisions and exercises choice about the services the care recipient receives. The home's processes include assessments regular reviews, and consultation to ensure each care recipient, or their representative, can exercise choice and have control over care planning and services. This information is used to develop detailed care and leisure and lifestyle plans. Brochures and pamphlets, in both English and other languages, are available and include information regarding services within the home and advocacy and aged care services. Feedback, reviews, meetings, audits and survey processes are utilised by the home to monitor and evaluate care recipient and representative satisfaction with choices offered to care recipients. Results demonstrate care recipients and representatives are able to exercise choice over care and activities provided.. Staff could describe strategies used to encourage and support care recipients to exercise choice and control in their daily lives. Care recipients and representatives interviewed said they are able to have input into care provided.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Each new care recipient or their representative is given a 'resident agreement', 'resident information pack' and handbook. Information about the Charter of care recipients' rights and responsibilities is included. Prior to and on entry, care recipients and their representatives have the opportunity to ask questions regarding the rights of the care recipient. The agreement/handbook includes relevant information such as the right to occupy a place in the home, the circumstances under which a care recipient may be asked to leave and the complaint process. Care recipient room changes other than at a care recipient's request are negotiated with the care recipient or their representative and only occur with consent and in accordance with legislative requirements. Care recipients/representatives are satisfied with information provided to them regarding care recipients' rights and responsibilities and are confident the care recipient is secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home demonstrates the active pursuit of continuous improvement through a systematic evaluation and improvement of service quality and outcomes. Refer to expected outcome 1.1 Continuous improvement for details of the home and group's continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement.

Examples of improvements that have occurred in relation to Accreditation Standard Four - Physical environment and safe systems, include:

- In response to feedback from care recipients/representatives the home has undertaken a landscape program. The internal courtyards and outdoor covered areas have had soft landing artificial grass, low maintenance plantings, seating and a BBQ area installed. Care recipients/representatives and visitors now have increased and improved access to outdoor areas. Communal areas have also been refurbished with new and improved furniture and the expansion of the hairdressing area. The home has increased care recipients' access to telephones. Care recipients can now make free local phone calls from designated phone areas within the home. Care recipients/representatives express high level of satisfaction with their physical environment.
- Management at the home identified the need to increase coverage of trained fire safety officers during the evening, night shifts and on weekends. Additional nominated staff have completed fire safety officer training. This has resulted in trained fire safety officers being roster onsite for coverage 24 hours a day, seven days per week.

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

The home's regulatory compliance framework is relevant to each Accreditation Standard. Refer to expected outcome 1.2 Regulatory compliance for an overview of the system.

Some examples of regulatory compliance relevant to Accreditation Standard Four - Physical environment and safe systems, include:

- Material safety data sheets (MSDS) sheets are located in key areas;
- The home and group have a food safety program in place;
- The home is fire safety certified;
- The home maintains fire safety and emergency equipment servicing in line with regulatory compliance; and

- The home maintains routine pest control in all catering areas.

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

The home has effective policy and procedures in place including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems.

Examples of recent education relevant to Accreditation Standard Four - Physical environment and safe systems, include:

- Chemical safety;
- Infection control;
- Fire, safety and emergency training; and
- Work, health, safety training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Care recipients' needs are identified on entry and care recipients/representatives are advised of care and services available at the home. Mechanisms such as 'residents' surveys', suggestion forms, 'residents' meetings' and case conferences, allow care recipients and representatives to have input into the living environment. The home provides accommodation in a single story dwelling that supports privacy, dignity, safety and comfort. Care recipients are accommodated in single and multi-bedded rooms. There is a main lounge and dining area and smaller communal areas and outdoor areas for care recipients to socialise. Care recipients/representatives interviewed said that the home is safe and comfortable and management considers their suggestions for improvement to the home. A review of documentation and discussion with management demonstrate they are actively working to provide a safe and comfortable environment. There is a preventative and responsive maintenance program in place to maintain the facility and equipment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Management and staff indicated the home has systems to help ensure the

provision of a safe working environment for staff, visitors and care recipients. There are systems to promote work place safety and awareness. These include education during staff orientation and an ongoing basis, manual handling training, discussion of work, health and safety issues at meetings, environmental audits, hazard and incident and accident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular checks and certification of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and fire-fighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and management monitor their attendance. The home has appropriate security measures such as lockup procedures, CCTV, lighting, security patrols and keypad entry to the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there is an effective infection control program. Corporate policies and procedures are in line with state and commonwealth infection control guidelines. There are adequate resources to guide safe staff practice, including hand washing stations, antibacterial gel, personal protective equipment and outbreak kits. Care recipients' infectious status is identified on admission and as infectious status changes. Appropriate safety precautions are documented and implemented and there is an annual vaccination program offered to care recipients, with a reimbursement process available for staff vaccinations. Hospitality services are offered in-line with infection control practices and there are procedures for the disposal of sharps and contaminated waste and pest control measures. Infection rates are collated and reported through the quality management system meetings and include ongoing analysis over time. Auditing results show the home has processes to manage an infectious outbreak and staff attend annual infection control updates. Staff said they understand their responsibilities and work practices to minimise the risk of infections. Management confirms care recipients are satisfied with the practices employed by the home to minimise the incidence of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Processes are in place at the home to ensure hospitality services enhance the care recipients' quality of life and the staff's working environment. All meals are cooked fresh on

site and the Chef is responsive to suggestions and the changing needs and preferences of care recipients. There is a rotating menu that caters for special diets and provides choices of two meals for lunch and dinner for care recipients. Meal choice includes provision for culturally specific food for all care recipients. Designated laundry staff explained the laundry processes, including the collection, storage and management of linen and personal clothing. Cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. There are clear instructions for the cleaning staff relating to the cleaning processes at the home. Care recipients and representatives stated they are satisfied with the cleaning, meals and laundry service.