



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Patrick Bugden VC Gardens RACS ID: 2707

Approved Provider: RSL LifeCare Limited

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 27 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 24 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 27 October 2015 to 27 May 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 27 October 2015

Accreditation expiry date 27 May 2019



Australian Government

Australian Aged Care Quality Agency

Patrick Bugden VC Gardens

RACS ID 2707

184 Broken Head Road

SUFFOLK PARK NSW 2481

Approved provider: RSL LifeCare Limited

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 27 October 2018.

We made our decision on 24 September 2015.

The audit was conducted on 25 August 2015 to 26 August 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

Patrick Bugden VC Gardens 2707

Approved provider: RSL LifeCare Limited

Introduction

This is the report of a re-accreditation audit from 25 August 2015 to 26 August 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 25 August 2015 to 26 August 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: | Debra Smith |
| Team member: | Kate Mitchell |

Approved provider details

| | |
|--------------------|----------------------|
| Approved provider: | RSL LifeCare Limited |
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Details of home

| | |
|---------------|---------------------------|
| Name of home: | Patrick Bugden VC Gardens |
| RACS ID: | 2707 |

| | |
|---|--|
| Total number of allocated places: | 66 |
| Number of care recipients during audit: | 63 |
| Number of care recipients receiving high care during audit: | 60 |
| Special needs catered for: | Care recipients who have dementia or related disorders |

| | | | |
|-----------------|----------------------------------|------------|--------------|
| Street/PO Box: | 184 Broken Head Road | State: | NSW |
| City/Town: | SUFFOLK PARK | Postcode: | 2481 |
| Phone number: | 02 6685 3301 | Facsimile: | 02 6686 6469 |
| E-mail address: | administration@rslifecare.org.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|--------------------------------|--------|--|--------|
| General Manager | 1 | Manager | 1 |
| Care Manager | 1 | Care recipients/representatives | 7 |
| Registered staff | 5 | Physiotherapy aid | 1 |
| Care staff | 3 | Cleaning staff | 1 |
| Catering staff | 2 | Laundry staff | 1 |
| Recreation activities officers | 2 | Workplace health and safety representative | 1 |
| Fire warden/maintenance | 1 | | |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|---------------------|--------|
| Care recipients' files | 9 | Medication charts | 12 |
| Summary/quick reference care plans | 6 | Resident agreements | 6 |

Other documents reviewed

The team also reviewed:

- Activity calendar, participation and evaluation records
- Auditing and monitoring records, and continuous improvement records
- Care recipient evacuation list
- Care recipients information handbook and documentation
- Cleaning schedules and completion records
- Clinical assessments and monitoring records
- Clinical care indicator data and trend analysis
- Comments, complaints and feedback records
- Communication diaries
- Compulsory reporting register
- Continence records and reference cards
- Controlled drug register and medication management reference resources
- Criminal history check and professional qualifications registers
- Diet lists, fluid intake records, supplement and texture modification records
- Dietary forms, diet and beverage lists, and menu
- Education records, schedule, competency documentation and training attendance records

- Emergency plans (bushfire and flood), evacuation plans, emergency flip charts and guidelines
- Emergency system and equipment maintenance records, fire warning system monitoring records,
- Exercise and manual handling guides
- External contractors' records and contract
- External provider notes, allied health provider records and referrals
- Food safety program records and food authority licence 24 October 2014
- Hazard and risk assessment form
- Incident and accident reports
- Infection control monitoring records and pathology reports
- Maintenance request records
- Management reports including nurse call response times
- Memoranda and notices
- Minutes of meetings
- New employee information pack, orientation and checklists
- Newsletters
- Organisational flowcharts
- Palliative care pathway and resource folder
- Pathology reports and guidance for variable dose medication regimes.
- Personnel files, position descriptions, duties lists and human resource management records
- Pharmacy records and medication guidelines
- Policies, procedures and guidelines
- Preferred supplier list
- Programmed maintenance schedules and service records
- Refrigeration (medical) temperature monitoring checks
- Resident handbook and information pack
- Residents' list
- Restraint management authorities and monitoring records
- Rosters and roster amendments records
- Safety data sheets and safe work practice records
- Self-assessment
- Service provider agreements, service and inspection reports
- Signature register
- Staff handbook, clinical expectations guideline and orientation records
- Temperature monitoring records (refrigerators)
- Vision and philosophy statements

- Wound care and clinical observation records

Observations

The team observed the following:

- Activities in progress and access to resources
- Advocacy and complaints agencies' brochures on display
- Archiving
- Assistive utensils in use
- Charter of care recipients' rights and responsibilities displayed
- Cleaning, laundry and catering services in operation
- Clinical and therapy equipment
- Communication whiteboards
- Continence aid holders in care recipients' room and stock supplies
- Equipment, chemical and supply storage areas
- Evacuation plans, routes of egress and assembly areas displayed
- External complaints and advocacy information on display
- Feedback forms on display
- Fire fighting and detection equipment and fire warning systems
- Hand washing facilities, sanitizer units and personal protective equipment
- Hazards and chemical signage
- Interactions between staff and care recipients/representatives
- Interior and exterior living environment
- Maintenance storage area
- Meal and beverage service
- Medication administration and storage
- Notice boards and information on display
- Notice of accreditation displayed
- Oxygen storage area
- Personal protective equipment in use
- Sharps and waste disposal
- Short group observation
- Signage, influenza alerts and isolation stations
- Spill kits
- Staff work practices
- Stocks, supplies and storage areas
- Suggestion box
- Wound care equipment, stock and storage area

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

As part of a larger organisation, Patrick Bugden VC Gardens (the home) is supported to actively pursue continuous improvement. The home's continuous improvement system identifies improvement opportunities and measures outcomes against the Accreditation Standards. The program is monitored by management with support from key personnel who monitor ongoing improvements from an organisational level. Staff and care recipients/representatives contribute to the improvement system through meetings, feedback forms, audits and surveys, audits, comments and complaints, one to one informal discussions, hazards/incidents, key performance data and risk assessments. Clinical indicator data is collated and analysed to identify areas for improvement. Management maintain an improvement register that is monitored and evaluated through meetings and comparative reports.

Examples of improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Key personnel identified risk factors associated with multiple handwritten and informal communication systems across service areas. Changes to communication systems have been implemented. A consolidated single source of handover record has been developed that is maintained by registered nurses only. The handover record, in conjunction with a whole of care staff handover process, has been introduced to ensure all staff are present at each handover. Management and staff consider the new processes has improved communication of key information across service areas and enables a single source of ongoing information to support more effective clinical care and service operation.
- Catering staff and management reviewed errors that occurred in communication of catering service information. Multiple sources of formal and informal communication systems were identified as contributing factors. New processes were developed and introduced which streamlined the information into a consistent process for maintaining catering service information. As a result, staff consider the information is consistently accurate and easier to maintain.
- Key personnel reviewed the effectiveness of the home's orientation, performance management and guidance provided for new staff. As a result, new processes have been implemented including new checklists, more clearly defined expectations documents for clinical staff and planned meetings during the orientation period. Management consider the process offers a more effective orientation monitoring and support program. Records of the completed checklists and meetings are maintained to reflect the support that is offered to staff. New staff consider the process is beneficial and assists them to understand their role.

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 and processes to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines. The home is supported by the organisation to ensure management is informed of current legislation, industry practice and professional guidelines with regular updates and the development of policies and procedures to guide staff practices. Staff are informed through the organisation’s newsletter, meetings, memoranda and training. Monitoring of the home’s regulatory compliance systems occurs through audits, the observation of staff practices by key personnel and the flagging of key review dates. Training mandated by regulation is scheduled and staff attendance and participation is monitored.

Particular to Standard 1, the organisation has systems to ensure criminal history checks are current and care recipients/representatives are advised of scheduled accreditation visits.

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 ensures management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. Key personnel identify staff education needs through legislative requirements, staff and care recipient feedback, care recipient needs, complaints and improvement mechanisms, audits, monitoring of staff practices and incident records. A range of training delivery modes is used to ensure staff have access to a learning style that is suited to their needs, including via online in-service sessions. Staff are encouraged to participate in external education opportunities, a staff development program and an internal education program enhance staff skills and knowledge. All staff complete orientation and annual mandatory training and competencies. Education records are maintained and the effectiveness of the home’s education program is evaluated through incident review, staff feedback and observation of staff practices. Staff are satisfied with the support they receive to develop their skills that enable them to perform their roles effectively.

Particular to Standard 1, staff have been provided with education in documentation systems, computerised record keeping systems, communication systems, handover processes and the accreditation standards.

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 processes to ensure care recipients and representatives have access to internal and external complaints mechanisms. Care recipients/representatives are informed about internal and external avenues of complaints during the entry process, in the resident handbook and agreement, and through display of relevant information and forms. Complaints are raised verbally or through written or electronic media, surveys or discussions with management and staff. Issues raised are logged into the comments and complaints records, investigated in a timely manner by management and are followed up until resolution is reached. Care recipients have additional opportunities to input into the comments/complaints process through the home's weekly 'Captain's Table' process where managers share a meal with care recipients in each of the wings within the home. Comments and complaints are discussed at meetings and feature in management reports. Care recipients/representatives are aware of the processes to raise issues and are able to approach management with concerns or 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, principles and values are contained in the home's vision statement. This information is disseminated to care recipients/representatives and is included in the care recipient entry information and handbook. Staff are provided with this information through the orientation process, handbooks and education programs. Policies and procedure contain details of the home's commitment to providing quality services.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has established processes to ensure there are sufficient skilled and qualified staff to deliver services in accordance with the Accreditation Standards and the home's philosophy and objectives. Management monitors care recipients' level of care needs, care recipient/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. A registered nurse is onsite 24 hours a day to guide qualified and care staff in the delivery of care. The home has relief and on-call processes and management receives corporate human resource management support. New staff are aware of the requirements of their positions through position descriptions, 'buddy' shifts, orientation processes and ongoing education sessions. Key personnel monitor staff performance to ensure education needs are identified. Staff consider they are able to complete their tasks effectively and are supported to maintain their skills and to understand the expectations of their roles.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available to provide care and services. Preferred suppliers are used for the provision of various goods and these are checked upon receipt to determine their suitability. Supplies of stock are rotated and monitored to ensure sufficiency for both care and service delivery. New equipment is assessed prior to purchase and training provided to staff as required. The home undertakes regular servicing and inspection to ensure equipment is in good working condition. Any unsafe or broken equipment is reported and maintenance action taken. Staff and care recipients/representatives are satisfied there are sufficient goods available and equipment is in good working order.

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

There are effective information management systems implemented across the service areas of the home. Access to electronic records is protected and back-up records are securely stored. A schedule of regular meetings ensures up to date information and feedback is available for care recipients/representatives, staff and other interested parties in a timely and open manner. Information is disseminated through electronic mail, noticeboards, newsletters, memoranda, staff handovers and policies and procedures. The home regularly collects data on the quality of care and services for purposes of assessment and improvement. Confidential files of service operation, care recipients and staff records are stored securely and include procedures for archiving, storage and destruction of records. Staff and care recipients/representatives are satisfied with information systems.

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 organisation has processes to ensure externally sourced services are provided in line with the home's needs and service requirements. Contracts are coordinated corporately and there are lists of preferred suppliers to provide external services. Information is made available to enable ongoing performance monitoring by key staff. Feedback is provided where performance is not to the required standard. Contractors' services are monitored while they are on site and contractual arrangements include details as to the expected service requirements. Management, care recipients and staff are satisfied with the provision of current external services such as pharmacy, allied health services, food suppliers and maintenance service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- Based on evidence based references, key personnel reviewed services for potential enhancements that could be achieved through the implementation of additional recreation and physiotherapy aide services. Additional service hours were implemented and improvements have been identified, including:
 - provision of additional exercise programs that enhance residents' mobility,
 - increased capacity for early intervention to prevent behaviours of concern from occurring or escalating,
 - increased focus on hydration of residents.

Staff consider the additional staffing offers them more time to focus on the individuality of care recipients that goes above just meeting the care recipients' needs.

- The home has re-commissioned its spa bath therapy program offered to care recipients who cannot mobilise, who have pain related issues to immobility and have limited capacity to join in other activities. Positive outcomes related by staff and representatives include noticeable relaxation of contracted joints and reduced discomfort, obvious enjoyment of the care recipient, improved sleep after the therapy is completed and additional stimulus that resulted in a resident who limited speech who was able to talk about the spa for several days afterwards.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to Standard 2, the home has systems to ensure staffs' professional registrations remain current, appropriately qualified health professionals provide required care services and medication is managed within legislated requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

Particular to Standard 2, staff have been provided with education sessions in falls prevention, nutrition in aged care, palliative care, respiratory diseases, wound care and continence 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

The home has processes for assessing the clinical care of care recipients’ needs on entry and as their care needs change. Information from baseline and focus assessments is used to develop individual care plans that are reviewed regularly in consultation with care recipients and/or their representative. Changes to health status are identified, documented and actioned; assessments and care plans are modified if required. The home has access to qualified nursing staff at all times and regular access to medical officers when required. Clinical indicators are collated, analysed and strategies implemented to improve care recipient outcomes. Staff practice is monitored through observation, analysis of data and feedback from care recipients and/or their representatives. Care recipients/representatives are satisfied with the clinical care provided to care recipients.

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

The specialised nursing care needs of care recipients are identified and assessed by appropriately qualified staff. Information from assessments is used to formulate special needs care plans that are reviewed regularly and as required. Examples of specialised nursing provided at the home include management of complex and chronic wounds, catheter care, oxygen therapy, percutaneous endoscopic gastrostomy (PEG), diabetes management and dementia care. When necessary, nurse practitioners and other health professionals are available to the home for consultation. Staff have access to education, resources and equipment to facilitate the provision of specialised nursing care. Care recipients/representatives are satisfied that care recipients’ specialised nursing care needs are being met.

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 have access to a range of allied health professionals in accordance with their needs and preferences. When the need for allied or other related health professionals is identified, a referral is made. Where the appointment is external to the home, staff assist the care recipient/representative to arrange transport and an escort if required. Examples of allied health and related services accessed by care recipients include physiotherapy, speech pathology, podiatry, audiometry, optometry and dental services. Care recipients/representatives are satisfied with the support provided by the home to access allied health and other related services.

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 needs are assessed on entry to the home and on an ongoing basis. Registered staff administer care recipients medications, utilising a multi-dose blister pack system. There are established processes to monitor the use of variable dose medication and controlled drugs. Safe practice is maintained through staff education, secure storage and out of hours pharmacy contact; medical officers conduct care recipient medication reviews every three months. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents, internal auditing processes and reviews at medication advisory meetings. Care recipients/representatives are satisfied that care recipients receive their medication safely and correctly.

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

On entry to the home, care recipients’ pain history and experience are identified and recorded; nursing staff assess each care recipient to determine the presence of pain, its intensity and frequency. Verbal and non-verbal assessment tools are available. The information is utilised to formulate care plans in consultation with the medical officer and care recipient and/or their representative. Care plans are evaluated on a regular and ongoing basis. Care staff have access to and utilise a variety of pain relieving equipment and strategies to manage pain symptoms including spa baths, massage, application of heated towels, re-positioning, and the provision of prescribed regular and ‘as required’ analgesia. The effectiveness of implemented pain relief strategies is evaluated and documented. Care recipients are satisfied with the management of their pain symptoms.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home consults with care recipients/representatives regarding palliative care needs and preferences, including cultural and spiritual needs. End of life wishes and/or advanced care directives are documented when possible, through initial and ongoing consultation with care recipients and/or their representatives. When a care recipient reaches the end of life stage, they are monitored continuously for symptom management. Staff can access additional assistance for care recipients and/or their representatives including a community health social worker, pastoral care providers, chaplaincy services and alternative spiritual support where required. Care recipients representatives are also supported to stay with their family member through the provision of temporary bedding and meals if needed. Care recipients/representatives are satisfied care recipients’ end of life care wishes are known and respected.

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’ needs and preferences in relation to nutrition and hydration, including allergies, are identified and recorded on entry to the home. This information is communicated to catering services which provides fresh cooked meals. Care staff offer fluids regularly as part of the daily routine. Care recipients’ general health and body weight are monitored through the clinical records and the weight management protocol. When unplanned weight loss is identified, oral intake is monitored and where necessary, referral is made to a dietician, speech pathologist and/or medical officer. Staff report poor intake and additional fluids and supplements are offered when care recipients are feeling unwell. Texture modified diet and fluids are provided when indicated as well as eating aids, such as rimmed plates and assistive cutlery. Care recipients/representatives are satisfied with the way the home meets care recipients’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients at risk of impaired skin integrity are identified on entry to the home and re-assessed on an ongoing basis. The specific needs and preferences of care recipients are documented on a care plan, including preferences in relation to hygiene regimes and hair and nail care. Risks to skin integrity are managed through the use of repositioning, application of emollients, pressure relieving devices and limb protectors. Skin tears are identified and reported as incidents and treated; incidents are collated and analysed for trends. Wound care is provided by qualified staff with additional support provided by an organisational wound consultant; photography assists in the monitoring of wound healing.

Care recipients/ representatives are satisfied with the assistance provided to maintain the care recipients' skin integrity.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

Care recipients' continence needs are assessed on entry to the home and on an ongoing basis. Care plans guide staff practice and ensure individual care recipients' preferences are met. Continence management education is delivered to staff by a continence care provider representative. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Care recipients/representatives are satisfied with the care the care recipients receive in relation to continence management.

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 assessed on entry to the home and care plans are developed in consultation with the care recipient, their representative/s and health professionals when necessary. Ongoing monitoring of the care recipient occurs with care plan evaluation and amendments undertaken during monthly reviews and when care recipient needs change. Potential triggers for challenging behaviours in individual care recipients are identified and a medical officer review is arranged if required. The home has processes to consult with care recipients/representatives and their medical officer should the use of a restraint as an intervention be considered and are able to consult with external mental health services if required. Care recipients/representatives are satisfied with the way challenging behaviours are managed.

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

Processes including initial and ongoing assessments by the physiotherapist and registered staff identify individual care recipients' specific mobility, transfer and therapy needs. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Manual handling information cards located in each care recipient's bathroom allow care staff easy access to the manual handling requirements of each care recipient. The care staff, recreational activities staff, physiotherapist and physiotherapy aides work in conjunction to integrate mobility and exercise programs into each care recipient's activities of daily living. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of care recipient falls and care recipient feedback. Care recipients/representatives are satisfied with the level of support and assistance provided to care recipients to maintain optimum levels of 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’ dental history is assessed on entry to the home, including determining their preferences relating to management of their oral care. Care plans are developed to guide staff practice and effectiveness of care is reviewed every three months or as care needs change. Referral to dental services occurs and assistance is provided to access services when required. Resources such as mouth care products are available to meet care recipients’ oral hygiene needs. Amendments to care are communicated through handover sessions, progress notes and care plans. Care recipients are satisfied with the care and services they receive.

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’ care needs in relation to senses such as hearing, vision, speech, capacity to recognise aromas and sense of touch is assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice; strategies are in place to address identified needs and personal preferences. Care staff assist care recipients as required, including the removal and management of aids. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the care recipient/representative and medical officer. Staff receive education on individual care requirements and the maintenance of sensory aids from external providers. Strategies to support care recipients with sensory impairment include scented gardens, internal living areas with natural light and garden outlooks, large print books, cooking activities and bus trips to rainforest and beachside destinations. Care recipients with sensory impairment are satisfied with the care assistance provided by staff.

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 offered support to achieve natural sleep patterns. Care recipients usual sleep patterns, settling routines and personal preferences are identified upon entry and during the initial assessment period. Care plans are developed and reviewed every three months by registered staff, to ensure interventions remain effective. Care staff have access to the home’s kitchen after hours for the provision of additional food and fluids for care recipients if required. Care staff adjust the temperature of the environment to promote optimal conditions for sleep. Care recipients are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken or in progress in relation to Standard 3 Care recipient lifestyle include:

- In response to comments from representatives about needing more activities in the dementia specific area, the home introduced a ‘Choir for Fun’ activity. Staff and key personnel consider the Choir has enabled care recipients who have dementia to participate independently. Prompts are provided using a sing-a-long approach from flip charts to guide the song words and following musical direction of a staff member. Management consider the activity has resulted in all care recipients joining the activity and taking some ownership of the program. The program has since expanded to other areas. Feedback records indicate families have expressed ‘joy’ in seeing the care recipients actively taking part in a purposeful program.
- As part of an organisational initiative to acknowledge cultural diversity, the home has recently commenced a trial of ‘Culture Days’ where one day each month the home celebrates a designated culture. Staff are encouraged to wear traditional dress and the home is decorated in culturally specific colours and decorations. Staff encourage care recipients to participate in celebrating “culture day” through the provision of traditional food and entertainment. Staff said they have received positive feedback about the initiative from care recipients/representatives.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to resident lifestyle.

Particular to Standard 3, the home has systems to ensure privacy is maintained and reportable and non-reportable incidents are managed according to legislative requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills.

Particular to Standard 3, staff have been provided with education in elder abuse, mandatory reporting and privacy and dignity.

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 processes to ensure care recipients are supported in adjusting to their new home and on an ongoing basis. Prior to or on entry the care recipient and their representative receive an information pack and 'resident handbook' explaining the services offered and their rights and responsibilities. Care recipients and their representative/s are orientated with a tour of the home, assisting them to meet staff and other care recipients. In consultation with the care recipient and representative/s, Recreational activities officers commence a detailed assessment of the care recipient's lifestyle that captures social, cultural and spiritual histories. Lifestyle care plans are developed and document preferences and strategies to assist care recipients in enjoying life at the home. Care recipients are satisfied with the emotional support provided to them.

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 encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program offers a range of activities designed to maximise care recipients' independence and includes exercise programs and regular outings and visits by preschool and high school students and volunteers. Care recipients are assisted and encouraged to develop friendships within the home as well as maintain memberships in community groups where applicable. Care recipients are encouraged to use aids such as hearing aids and walking frames to maintain their independence. Care recipients/representatives are satisfied with the support and encouragement given by staff to enable care recipients to remain as independent as possible.

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

There are systems to support care recipients' privacy and dignity. Care recipients' privacy, dignity and confidentiality wishes and preferences are identified and documented in care plans. Information on care recipients' right to privacy is contained in the 'resident handbook' and explained to care recipients during their initial entry to the home. Information is stored and archived securely. Staff practices maintain care recipients' confidentiality and staff are discreet when managing care needs. Care recipients/representatives are satisfied staff are respectful of the care recipients' privacy and dignity when caring for them.

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

The home offers care recipients a lifestyle program that incorporates a wide range of interest and activities of interest to them. A leisure and lifestyle assessment is completed for each care recipient, capturing information that assists with their individual participation levels. The home offers one to one options for care recipients who choose not to be involved in group activities. Group activities are designed around care recipients' preferences and suggestions. A copy of the monthly activities calendar is provided to each care recipient and is displayed in communal areas throughout the home. Care recipient participation and level of interest is monitored and evaluated by the recreational activities officers. Review of the activity program occurs through observation, surveys, care recipient feedback and regular meetings. Care recipients are assisted to participate in activities of choice and are satisfied with the lifestyle program offered at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the care recipient/representative. Staff and volunteer services provide emotional support and religious services are held regularly on site. Celebrations are held to mark days of cultural and religious significance, with the kitchen able to provide special meals on these occasions, as well as being able to cater for the specific cultural requirements of individual care recipients if required. Care recipients/representatives are satisfied the care recipients spiritual needs and preferences are respected and supported.

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

The rights of each care recipient/representative to make decisions and exercise choice and control over lifestyle and care planning are recognised and respected. The home uses consultative processes to actively obtain information from care recipients and representatives including surveys, meetings, suggestions and one to one communication. Monitoring processes include personal care and activity plan reviews, and evaluation of feedback through the continuous improvement system. Staff encourage and assist care recipients to participate in choice and decision making about the services provided to them. Care recipients/representatives are satisfied with the way they are offered choice in the care and services they are offered.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has procedures to ensure care recipients have secure tenure and understand their rights and responsibilities. On entry to the home, management provide information to care recipients/representative regarding the entry conditions, rights and responsibilities and service options. A service agreement is formulated including information for care recipients/representatives about complaints handling, fees and charges, security of tenure and the process for termination of the agreement. Care recipients/representatives are satisfied with the information the home has provided regarding security of tenure and care recipients' rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- In recognition of the need for consistent management of infection control based on evidence based practice, the organisation has employed an Infection control consultant. This position provides additional support to homes to ensure contemporary infection control practices are implemented. The facility manager has used this resource to support the management of a potential influenza outbreak and found the support timely and valuable in ensuring processes were implemented appropriately.
- In response to feedback from care recipients, the home reviewed the meal choices on the menu. The home has amended the way it provides some food services. As a result, there is more variety of home cooked style foods on the menu. Toasters have been provided in each dining room to enable fresh cooked toast. Recipes for requested food items have been sourced and cooked fresh on site, including home-made soups, savoury morning teas and cakes from care recipients’ recipes, The new process for determining the menu options has offered care recipients greater control over the available menu and greater involvement in meal preparation such as cutting up vegetables and fruit for the chosen meals. Feedback from care recipients indicates their satisfaction with the increased involvement in meals and decision making, and having the aroma of fresh cooked food in the dining areas.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has effective systems to ensure compliance with legislation relevant to physical environment and safe systems.

Particular to Standard 4, the home has a food safety program and processes for monitoring fire and emergency and occupational health and safety requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills.

Particular to Standard 4, staff have been provided with education in manual handling, food and chemical safety, infection control including outbreak management and managing influenza, fire safety and workplace health and safety.

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

There are processes to support a safe and comfortable environment for care recipients, including completion of audits and management observation of the environment. The home has shared lounge and dining areas, external sitting areas and private areas if required. Exit from the home's front entrance and entry to the secure unit requires knowledge of a keypad code; care recipients/representatives who do not require a secure unit are provided with this information. There are processes for reporting care recipients' incidents and analysing incident trends as part of the continuous improvement and clinical care systems. The living environment is maintained through the completion of cleaning routines and maintenance processes. Individual bedrooms are air conditioned and care recipients have a nurse call system that is monitored on site and via organisational reports. Where restraint has been assessed as appropriate, restraint authorities are obtained, representative consent is confirmed and reviewed quarterly; application on and off is monitored. Care recipients/representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has documented occupational health and safety procedures to guide staff practices including safe work practice guidelines. Processes to identify, action and review safety issues are established and inclusive of incident reporting, hazard identification, inspections and audits. Action is undertaken in response to identified issues and safety is discussed at meetings and with individual staff following observation of practices. Staff are provided with instruction and safe work guidelines in relation to safety on commencement of employment. Maintenance programs are implemented for equipment and processes established to ensure the safe management and storage of chemicals. Staff are aware of the home's safety and reporting systems and are satisfied with management's responsiveness to safety issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to minimise fire, security and emergency risks. The home has documented procedures for fire and other emergencies. Staff are provided with instructions on the home's fire system, contingency plans for bushfire and flood situations and evacuation procedures through the orientation program and annually. Fire safety equipment and detection systems are regularly serviced by an external service provider. Inspections/audits and observations are conducted to monitor the safety of the environment for potential hazards and risk minimisation. Processes to ensure the security of the home include nightly lock up, closed circuit television, security lighting, and a sign in/out register. Staff are aware of how to respond in the event of a fire or 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

The home has an effective infection control program. The program, monitored by the manager, care manager and registered staff, is based on infection management, staff training and the use of practices that minimise risk of cross infection. Residents with a suspected infection are referred to their medical officer for review and treatment. Computerised records are maintained for each infection and monthly reports are prepared for review and analysis. Infections are discussed at registered nurse meetings and strategies to address trends in infections are implemented. The home has process control plans to guide staff in infection control practices and outbreak management. There is a vaccination program for residents and staff. Staff receive training in infection control practices including hand washing and are aware of infection control principles. The home maintains a waste management system for general and clinical waste and implements a pest control program. There are processes and practices to minimise the risk of cross infection including hand hygiene, a food safety program, plus laundry and cleaning services.

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

Hospitality services are provided in a way that enhances care recipients' quality of life and staff's working environment. Care recipients' dietary needs and preferences are assessed on entry and updated as needs and preferences change, and this information is communicated to relevant staff. Meals are prepared in the main kitchen and meals are served in dining areas or tray serviced to care recipients' rooms where needed. Menus are rotated four weekly and alternatives made available where care recipients have special requirements or dislikes. There is a scheduled cleaning program to guide staff to ensure regular cleaning of care recipients' rooms, work areas and the environment. Care recipients' personal clothing and general linen is laundered on site. Monitoring the provision of hospitality services is conducted through comments and complaints processes, care recipient and staff feedback,

observation of staff practice and audits. Care recipients/representatives are satisfied with the provision of hospitality services and staff are satisfied with the working environment.