Reconsideration Decision

Resthaven on Quarry RACS ID: 5329

Approved Provider: Resthaven Age Care Facility 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	08 December 2017
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 27 May 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 24 July 2015 to 24 December 2018
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 | 24 July 2015 |
| Accreditation expiry date | 24 December 2018 |

Australian Government
Australian Aged Care Quality Agency

Resthaven on Quarry
RACS ID 5329
10 Sands Terrace, PO Box 3036
NORTH MACKAY QLD 4740
Approved provider: Resthaven Age Care Facility Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 July 2018.

We made our decision on 27 May 2015.

The audit was conducted on 21 April 2015 to 22 April 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

Audit Report

Resthaven on Quarry 5329

Approved provider: Resthaven Age Care Facility Pty Ltd

Introduction

This is the report of a re-accreditation audit from 21 April 2015 to 22 April 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 21 April 2015 to 22 April 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:	Julie White
Team member/s:	Meredith MacLeod

Approved provider details

Approved provider:	Resthaven Age Care Facility Pty Ltd

Details of home

Name of home:	Resthaven on Quarry
RACS ID:	5329

Total number of allocated places:	63
Number of care recipients during audit:	62
Number of care recipients receiving high care during audit:	56
Special needs catered for:	Care recipients living with dementia related conditions

Street/PO Box:	10 Sands Terrace, PO Box 3036	State:	QLD
City/Town:	NORTH MACKAY	Postcode:	4740
Phone number:	07 4942 4800	Facsimile:	07 4942 3400
E-mail address:	maryanne@roq.com.au		

Audit trail

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

Interviews

	Number		Number
Facility Manager/Director of Nursing	1	Care recipients/representatives	9
Assistant Director of Nursing	1	Environmental Supervisor	1
Registered staff	3	Environmental services staff	3
Care staff	4	Maintenance/grounds staff	2
Administration staff	1	Physiotherapist (contracted)	1
Diversional therapist	1		

Sampled documents

	Number		Number
Care recipients' files	7	Medication charts	6
Personnel files	4		

Other documents reviewed

The team also reviewed:

- 'Complex wound management pathway' form

- 'Resident of the day' documentation

- Alternative decision maker documentation

- Audit schedule and audit/survey results

- Case conference summary

- Cleaning schedules

- Clinical observation records

- Compliments and complaints register and action plans

- Communication tools and email correspondence

- Compulsory training logs

- Controlled drug register

- Daily handover record

- Dietary plans, dietary guides and meal request forms

- Education calendars and questionnaires

- End of life pathway

- Equipment order and maintenance records

- Food business licence

- Food safety program

- Hazard and risk management forms

- Interim care plan

- Lifestyle assessment

- Lifestyle attendance record

- Lifestyle plan

- Infection control register

- Maintenance repair record

- Medication error record

- Minutes of meetings

- Performance appraisals

- Police certificate and professional qualifications registers

- Position descriptions, work instructions and employment contracts

- Preferred supplier/contractor list

- Preventative maintenance task list (monthly)

- Protocol manual and guidelines

- Quality improvement forms and activity log

- Quality indicator reports

- Records destruction log

- Resident admission pack, handbook and agreement

- Resident evacuation list

- Restraint authorisation records

- Risk assessments

- Roster

- Safety data sheets

- Self-assessment

- Service and inspection reports

- Staff handbook

- Staff orientation package and checklist

- Staff message system (electronic)

- Temperature monitoring records

- Training attendance and evaluation records

- Wound treatment record

Observations

The team observed the following:

- Activities in progress
- Care recipients' rights and responsibilities on display
- Cyclone emergency kit
- Equipment, chemicals and supply storage areas
- Evacuation plans, routes of egress and assembly areas
- External complaints and advocacy information
- Feedback forms on display
- Fire fighting and detection equipment
- Fire panel
- Hand washing facilities and hand sanitiser
- Handover
- Hazard signage
- Kitchen, cleaning and laundry operations
- Interactions between staff and care recipients
- Living environment
- Mission and values statement
- Meal and beverage service
- Notice boards and information on display
- Outbreak and spill kits
- Personal protective equipment in use
- Resident laundry
- Sensor mat
- Sharps and waste disposal
- Short group observation
- Sign in/out registers
- Staff practices
- Storage and administration of medications

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

Resthaven on Quarry (the home) actively pursues continuous improvement. The home's continuous improvement system identifies improvement opportunities against the Accreditation Standards. The program is coordinated by the home's Facility Manager/Director of Nursing. Staff and care recipients/representatives contribute to the improvement system through meetings, feedback forms, audits and surveys, and discussions with management and staff. Management reviews incidents, risk factors and industry trends. Improvements are monitored and evaluated. Care recipients/representatives and staff are confident suggestions are responded to in a timely manner and are satisfied the home actively pursues continuous improvement.

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

- After experiencing difficulties in locating registered staff during their shifts due to the geographical layout of the home, management has purchased 'walkie-talkie' communication devices for registered, care and diversional therapy staff. Following a trial of two devices which were evaluated as unsuitable, alternative devices preferred by staff have been introduced. Staff have been trained in their use while maintaining care recipient confidentiality. Management reported the home has sufficient devices and charging facilities to ensure viability of the initiative, and that communication between staff has improved. We observed staff to be using the devices during the audit.

- Wireless technology has been installed throughout the home to support care recipients' clinical care. Initially installed to optimise the home's recently introduced electronic medication system, the technology also enables registered staff to collect information (on mobile devices) from new care recipients and to undertake assessments discretely in the care recipient's room. Management reported this assists new care recipients and their families to adjust to their new living environment and to respect their privacy.

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. Management subscribes to relevant services to receive updates on current legislation, industry practice and professional

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guidelines. This informs the development of policies and procedures to guide staff practices. Staff are informed through meetings, electronic messaging and training. Monitoring of the home's regulatory compliance systems occurs through audits/surveys, discussion at meetings, 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 this Standard, the organisation has effective systems to ensure police certificates are current and care recipients/representatives are advised of scheduled re-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

Management and staff have appropriate knowledge and skills to perform their roles effectively. New staff are provided with position descriptions, are oriented to the home and are supported through 'buddy' shifts to ensure they are aware of their position requirements. All staff participate in mandatory training to ensure skills and knowledge remain current. Education and training needs are developed in response to legislative requirements, performance appraisal sessions, staff feedback, and review of care recipients' care needs and industry trends. Staff are encouraged to attend internal and external training opportunities. 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 this Standard, management and staff have attended education sessions in the home's electronic clinical care management system and clinical documentation.

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 and representatives are informed about internal and external avenues of complaints during the entry process, in the care recipient handbook and agreement, and through display of relevant information and forms. Complaints are raised on internal forms, at meetings and through surveys or discussions with management and staff. Issues raised are logged, investigated in a timely manner by management and addressed until resolution. Staff and care recipient feedback is discussed at meetings. Care recipients/representatives are comfortable approaching management with concerns or complaints and satisfied with management's response.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, mission and values are documented in the care recipient and staff handbooks, disseminated to care recipients/representatives on entry to the home and to staff during the orientation process, and displayed in the home. Management and staff at the home are knowledgeable about the home's vision, mission and values.

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 ensure it delivers 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 staff in the delivery of care. The home has established relief and on-call processes. New staff are aware of the requirements of their positions through position descriptions, 'buddy' shifts, orientation processes and ongoing education sessions. Key personnel conduct annual performance appraisals to ensure education needs are identified and staff are aware of performance expectations. Care recipients/representatives are satisfied with staff's skill levels and responsiveness of staff to care recipients' needs and preferences.

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 by the home 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

The home's information management systems are effective in ensuring continuity of care and service delivery and communicating organisational requirements. The clinical care management system is designed to manage the assessment of care recipients' care and lifestyle needs, the development of care plans, and the communication of changes to ensure nursing and other staff have current and accurate information. Communication tools (electronic and paper), progress notes and handover processes are used to record care need changes. Staff are satisfied they have access to appropriate information for the delivery of care and services. Effective information systems are used for the documentation, analysis and reporting of compliments/complaints, incidents, infections and maintenance requests. Information systems that support human resource management, staff education, use of external service providers and continuous improvement are effective. There are processes to ensure the security of electronic and hardcopy information and to manage the archiving of obsolete records. Care recipients/representatives are satisfied they have access to relevant information and are kept informed.

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 has processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. Preferred suppliers are used for the provision of external services, are orientated to the home and supervised by staff while delivering services. Ongoing performance is monitored by key staff and feedback is provided where performance is not to the required standard. Management, care recipients/representatives and staff are satisfied with the provision of external services.

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:

- Following feedback from an external auditor and educator, the home has improved its clinical incident collation and analysis processes. The home's Assistant Director of Nursing (ADON) now uses an electronic tool to compile incident data relating to care recipient falls, skin tears, medication errors, infections, behaviours and weights. The tool enables the ADON to create a consolidated monthly record for improved incident comparison and trending. The ADON stated the tool enables relevant information to be displayed in a manner that is "easier and more compact".

- After identifying inconsistencies in staff completion of wound care forms, the home has introduced a 'complex wound management pathway' form as the single reference point document for care recipients' wound care. Management reported the form contains pictorial prompts and "simple to use" assessment processes, wound descriptors and dressing choices to assist staff to ensure correct wound care practices. Risk is minimised through only allowing one wound to be captured per form, a colour coded tracking/review process and complementary wound management training provided to registered staff. Management informed us the introduction of the form has increased staff awareness of the types and stages of wounds.

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 this Standard, the home has effective systems to ensure registrations of qualified staff remain current and it meets its reporting responsibilities should a resident abscond.

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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 this Standard, staff have been provided with education sessions in wound management, skin integrity, catheter care, personal hygiene cares for bed-bound care recipients and dementia.

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' clinical needs are assessed on entry to the home through interviews with care recipients and their representatives, assessment information and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of identified assessment tools guide staff in the development of care plans. Registered staff review assessments and care plans using the 'Resident of the day' system. Care staff are knowledgeable of individualised care recipient requirements, and their knowledge is consistent with care plans. Information relating to care recipients' health status and progress notes is communicated through the home's electronic documentation care system. Incident reports are created following interruptions to the delivery of clinical care. Incident reports are reviewed by registered staff until completion and/or actions taken to reduce the incidence of further incidents are commenced. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Care recipients/representatives are satisfied with the clinical care provided by staff.

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 home has systems and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, catheter care, cytotoxic drug therapy, oxygen therapy and pain management. Registered staff assess the initial and ongoing specialised nursing care needs, and establish care recipients' preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered nurses are onsite 24 hours a day, and oversee and assess specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs

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

The home has processes to support referral to other health and related services where care recipients' health needs dictate. Care recipients' needs and preferences are assessed on entry to the home and on an ongoing basis. Care recipients are supported and encouraged to access other health professionals and health services including dietitian, podiatry, audiology, optometry, physiotherapy, pathology, speech pathology and dental services. Some services are provided on site and assistance for care recipients to attend external appointments is facilitated when necessary. Specialists' reports are received, information is documented in progress notes and changes are made to care plans as required. Care recipients/representatives are satisfied with the range of and access to allied health 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 needs are assessed on entry to the home and on an ongoing basis. Registered staff administer medications and assist care recipients with their medication from a pre-packaged system utilising an electronic recording system. Care recipients wishing to self-medicate are assessed by a registered nurse to ensure competency and the outcome is documented. Medications are stored appropriately including controlled medications which are housed within a locked safe. The effectiveness of the medication management system is monitored through auditing processes, incident reporting and discussion at medication administration advisory network meetings. Care recipients are satisfied with the management of their medications and with the assistance provided by staff.

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

The pain management needs of care recipients are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massage, heat packs, aromatherapy and gentle exercise. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and 'as required' pain relief is recorded and monitored for frequency of use. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Care recipients are as free from pain as possible and are satisfied with the care they receive to minimise pain.

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 terminally ill care recipients is maintained. The initial assessment process is used to obtain care recipients' end of life care wishes in consultation with care recipients and/or representatives. The information obtained is recorded in the care recipients' clinical record and provided to staff as care recipients care needs change. Care recipients at the end of life are supported and cared for at the home whenever possible and according to the wishes of care recipients and/or representatives. Care recipients' pain, comfort and spiritual needs are managed in consultation with the care recipients/representatives, to provide physical, psychological, emotional, cultural and spiritual support to care recipients and family members according to their needs and preferences. Palliative care is monitored by the registered nurses and the clinical management team.

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 nourishment and hydration. Care recipients' dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and this information is forwarded electronically to the catering staff. Care recipients are weighed on entry and monthly at the 'Resident of the day' review and variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. Registered nursing staff monitor weight management at the home. Care recipients are assisted with meals and fluids, and special eating utensils supplied as necessary. Care and catering staff are aware of the dietary requirements of care recipients. Care recipients are satisfied that their nutrition and hydration requirements 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

Care recipients' skin integrity is assessed on entry to the home and planned interventions are included in the care recipient's care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, protective garments and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in wound documentation, care plans and progress notes. Wound care is directed and delivered by registered staff in accordance with directives. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Care recipients are satisfied with the management of their skin integrity.

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2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence is managed effectively through assessment and care planning processes. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Care recipients' continence is monitored daily and care plans are reviewed through the 'Resident of the day' process or as required. Care staff are aware of continence management strategies for individual care recipients and reporting requirements should there be a change to care recipients' normal patterns. Bowel management interventions may include dietary intervention and, following medical officer referral, regular and 'as required' (PRN) medication. Changes to continence regimens are communicated to staff through the registered nurses' electronic communications used at handovers and progress note entries. Care recipients/representatives advised staff support care recipients' continence needs and preferences.

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

The needs of care recipients with challenging behaviours are managed effectively. Care and lifestyle assessment, monitoring and care planning processes identify the needs of care recipients with challenging behaviours. External health professionals can be accessed to assist in the management of complex behaviours. Individual care planning is undertaken by registered nursing staff and consideration is given to factors that may contribute to a care recipient exhibiting a challenging behaviour. Regular medical officer review occurs and staff are generally aware of their reporting responsibilities in the event of a behavioural incident. The individual needs of care recipients with challenging behaviours are known and implemented by staff. Care recipients/representatives are satisfied the activities of other care recipients do not infringe on care recipients' life at the home.

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' mobility, transfer and dexterity needs and falls risk are identified on entry to the home. Referral to physiotherapy services occurs when there are identified issues relating to mobility and for new care recipients entering the home. Care plans are developed and reviewed regularly and as required. Physiotherapy and care staff provide assistance to care recipients with exercise and range of movement activities. Mobility aids such as wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the provision of walking aids and gentle exercise classes. Staff are provided with mandatory training in manual handling techniques. Care recipients are satisfied with the assistance provided to maintain mobility and maximise independence.

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 care needs are assessed on entry to the home and care strategies are developed including consideration for care recipient preferences. The level of assistance required to maintain oral and dental hygiene is determined and this information is included in the care recipients' care plans to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Care recipients are assisted to attend their preferred dental service. Care recipients are satisfied with the assistance given by staff to maintain oral and dental health.

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 effectively. Assessment processes identify care recipients' hearing and vision loss and management interventions are captured in care planning processes. Care interventions are developed with consideration of care recipients' hygiene and lifestyle care planning. Care recipients are referred to specialists including an audiologist, optometrist and speech pathologist as needs indicate. Staff assist care recipients to manage assistive devices, such as spectacles and hearing aids, to maximise sensory function and are aware of care recipients' individual requirements. Care recipients/representatives are satisfied with management strategies and the assistance provided by staff to meet the needs of care recipients with sensory loss.

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

The home has processes to assist care recipients to achieve natural sleep patterns. The environment is monitored to provide adequate lighting and minimal noise levels are maintained. Staff provide assistance when care recipients have difficulty sleeping which includes the provision of refreshment and snacks, re-positioning and attending to hygiene cares. Staff are aware of the individual assistance care recipients require to support their sleep and settling routines. Care recipients/representatives indicated satisfaction with interventions to manage care recipients' 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

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 Resident lifestyle include:

- Following a staff suggestion, the home has partnered with a local charity to supply clothes for purchase by care recipients on a fortnightly basis. Diversional therapy staff and volunteers source clothes for care recipients based on suitability and knowledge of care recipients' preferences; these are displayed on a rack for care recipients to peruse. Staff reported the clothing is reasonably priced and has been beneficial in updating clothing supplies for care recipients without family support or regular family visits.

- After care recipients expressed an interest in increased community service, the home has located a group of younger persons living with disabilities who now spend time with the care recipients. The group visits the home bi-monthly. Review of documentation indicated the home's care recipients 'host' a morning tea and bowling session for the group and the care recipients are 'enjoying being able to give back to the community'.

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 care recipient lifestyle.

Particular to this Standard, the home has systems to ensure reportable and non-reportable events 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.

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Particular to this Standard, staff have been provided with education in elder abuse, mandatory reporting processes and promoting positive wellbeing.

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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. Care recipients and/or representatives are provided with information prior to or on entry which provides an overview of life within the home. Care recipients are assessed for their emotional support needs during the initial assessment process. Care recipients are monitored for ongoing support needs via the care and lifestyle activities staff. Care staff are advised of any ongoing emotional support needs through the electronic handover process. Staff provide care recipients with one to one support and will refer to the registered nurse or lifestyle staff for additional support as required. Care recipients and/or representatives are satisfied with the level of emotional support provided and care recipients are encouraged to furnish their rooms with their personal belongings.

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 home. Assessment and re-assessment of care recipients' needs is conducted to ensure care recipients are assisted to achieve maximum independence on an ongoing basis. Mobility reviews and review of care recipients' ability to perform activities of daily living are undertaken using the 'Resident of the day' system and inform care planning. Care recipients' social, civic and cultural needs and preferences are identified and facilitated by the home. Care recipients' representatives and other significant persons are informed of events at the home and encouraged to participate in social functions and outings. Staff are aware of interventions to support care recipients to achieve maximum independence. Care recipients/representatives are satisfied with the support care recipients receive to achieve maximum independence.

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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. The home has policies and procedures to govern staff practices in maintaining care recipients' privacy and dignity. Staff are provided with training on privacy and dignity issues during orientation. Care recipients' information is stored in secure locations. Staff practices are monitored by the registered staff. Staff are aware of strategies to maintain care

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recipients' privacy and dignity when providing care recipients' care. Care recipients and/or representatives are satisfied with the level of privacy and respect for dignity being provided by staff at the home.

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 lifestyle options that incorporate a range of interests and activities. Lifestyle and nursing care assessments are completed for each care recipient, capturing information that assists with determining care recipients' individual participation levels. The home offers one-on-one options for care recipients who choose not to be involved in group activities. Group activities are designed around care recipients' preferences and are discussed at care recipient meetings. Care recipient participation is monitored through entries in lifestyle records, progress notes and feedback gained through individual discussions. Care recipients are assisted to participate in activities of choice and are satisfied with the lifestyle options 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 through initial and ongoing assessment processes. Religious services are held regularly and care recipients are assisted and encouraged to attend services as desired. Celebrations are held to mark days of cultural and religious significance, with catering services able to provide special meals on these occasions. Staff are aware of care recipients' individual spiritual needs and beliefs. Care recipients are satisfied their cultural and 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

Care recipients and/or representatives are encouraged and supported to make decisions about care and lifestyle, with information provided to care recipients and/or representatives on entry outlining their rights and responsibilities. Staff provide opportunities for choice and utilise strategies to incorporate choice into care recipients' daily care routines and leisure interests and care recipients are provided with meal choices where appropriate. Staff practice regarding choice and decision making is monitored by the management team, registered and lifestyle staff. Care recipients and/or representatives are satisfied that they are able to exercise choice in relation to care recipients' care and lifestyle.

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

Care recipients have secure tenure within the home and understand their rights and responsibilities. Processes are in place to provide information to care recipients and/or representatives in regard to security of tenure and their rights and responsibilities. The resident agreement and handbook offered to new care recipients contain information about rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about dispute resolution. Care recipients and/or representatives are consulted should any changes in needs require a room transfer. Care recipients and/or representatives are satisfied they have been provided with sufficient information in relation to security of tenure and understand their rights and responsibilities.

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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:

- The home has replaced hand held hosing of some of its gardens with a micro-spray water sprinkler system. Hazard signage is displayed when the system is in use to minimise the risk of a slip hazard for care recipients and staff. Staff reported this was "working well" as it had improved water wastage rates and allowed maintenance/grounds staff to focus on other tasks. The micro-spray sprinklers are to be added to other parts of the home's external environment.

- After identifying its chemicals register process was time consuming for staff to manually update, the home has sourced an electronic service to replace its current process. The service provider updates chemical safety data and provides relevant training to staff to ensure the home has up to date and accurate information on its chemical stock. The service commences in May 2015 and will be evaluated following its introduction.

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 this Standard, the home has a food safety program and processes for monitoring fire 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.

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Particular to this Standard, staff have been provided with education in manual handling, food and chemical safety, infection control, 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 in accordance with their care needs. Care recipients and visitors have access to common lounge and dining areas, internal and external sitting areas and other private areas if required. Strategies to manage the wandering behaviours of identified care recipients are effective. There are processes for the reporting of safety issues, hazards and care recipient/staff incidents. The living environment is maintained through the completion of cleaning routines, preventative maintenance processes and the maintenance repair system. There is an equipment purchase process to support the replacement of furniture and equipment as required. Management monitors the environment through observation and completion of regular audits. 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 environment that meets regulatory requirements. The home has protocols and risk assessment processes to ensure safe practices throughout the home including the identification and investigation of hazards/incidents. Regular monitoring of the internal/external environment and staff practices occur through observation by key personnel and the auditing program. There is a preventative maintenance program to ensure equipment and the working environment is maintained in a safe working condition. Staff are trained in safe working practices through the orientation process and annual mandatory training sessions and have access to resources to assist and guide them in the operation of equipment. Staff have opportunities to provide input into the safety program through meetings, feedback forms, maintenance/hazard reporting and incident forms. Staff are satisfied management is responsive to safety issues raised.

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 and maintains a cyclone emergency kit. Staff are provided with instructions on the home's fire system and evacuation procedures through the orientation program and annually. Fire safety equipment

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and detection systems are regularly serviced by an external service provider and action taken to rectify any defects in a timely manner. Inspections/audits and observations are conducted to monitor the safety of the environment for potential hazards. Processes to ensure the security of the home include nightly lock up, perimeter fencing, coded access, security lighting and sign in/out registers. 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 infection control program consisting of preventative procedures and practices, appropriate and sufficient equipment and staff training relevant to their role and responsibilities. The home has pest control measures, waste management processes and a vaccination program in place for staff and care recipients. Staff have access to hand washing facilities and personal protective equipment located throughout the home. There is infection control information throughout the home with outbreak information to guide staff practice should an outbreak occur. There is a monitoring program that oversees the incidence of infections to identify trends that may occur. Staff attend infection control training on a yearly basis and have knowledge of and practice infection control principles during care recipient care and service delivery.

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 at the home 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 accordance with a four weekly rotating menu, cooked daily and served in dining areas or care recipients' rooms. Alternatives are made available where care recipients have special requirements or dislikes. Care recipients have input into menu planning through meetings, surveys, the compliments/complaints process and discussions with management and staff. The home's scheduled cleaning program guides staff to ensure regular cleaning of care recipients' rooms and the environment seven days a week. Personal clothing and linen items are laundered on site five days a week in accordance with a laundry schedule. There are processes to reduce the incidence of missing laundry and care recipients' clothing is labelled on entry to the home. Staff are provided with ongoing education relating to hospitality and safety. Monitoring of the provision of hospitality services is conducted through care recipient/representative and staff feedback, audits/surveys and observation of staff practice by key personnel. Care recipients/representatives expressed satisfaction with the provision of hospitality services at the home.

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