



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

RFBI Lake Haven Masonic Village RACS ID: 0440

Approved Provider: Royal Freemasons' Benevolent Institution

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

Reconsideration Decision made on 1 February 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 21 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 05 October 2015 to 05 August 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 1 February 2018

Accreditation expiry date 05 August 2019



Australian Government

Australian Aged Care Quality Agency

RFBI Lake Haven Masonic Village

RACS ID 0440

16 Christopher Crescent

LAKE HAVEN NSW 2263

Approved provider: Royal Freemasons' Benevolent Institution

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 05 October 2018.

We made our decision on 21 August 2015.

The audit was conducted on 14 July 2015 to 15 July 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle		
Principle:		
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems		
Principle:		
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.		
Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



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Australian Aged Care Quality Agency

Audit Report

RFBI Lake Haven Masonic Village 0440

Approved provider: Royal Freemasons' Benevolent Institution

Introduction

This is the report of a re-accreditation audit from 14 July 2015 to 15 July 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 14 July 2015 to 15 July 2015.

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

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

Assessment team

Team leader:	Kathryn Mulligan
Team member/s:	Anthea Le Cornu

Approved provider details

Approved provider:	Royal Freemasons' Benevolent Institution
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Details of home

Name of home:	RFBI Lake Haven Masonic Village
RACS ID:	0440

Total number of allocated places:	65
Number of care recipients during audit:	59
Number of care recipients receiving high care during audit:	52
Special needs catered for:	Dementia

Street/PO Box:	16 Christopher Crescent	State:	NSW
City/Town:	LAKE HAVEN	Postcode:	2263
Phone number:	02 4393 7666	Facsimile:	02 4393 1982
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
General Manager	1	Care recipients/representatives	10
Nurse practitioner	1	Administration/Continuous quality improvement manager	1
Care manager	1	Catering staff	4
Care staff	6	Cleaning staff	1
Registered nurse/infection control co-ordinator	1	Laundry staff	1
Lifestyle manager	1	Maintenance staff	2
Volunteers	2	Training and education officer	1

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, progress notes, medical officers notes, referrals, allied health and associated documentation, pathology, various charts and forms	7	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity programs, activity participation records, activity evaluation records, one-to-one time with care recipients
- Cleaning procedures, schedules and work instructions
- Clinical care documents including: bowel, blood glucose level monitoring, dietary needs/preferences, pain, observation, bed rail safety authority forms, weight monitoring, wound charts, advance care directives
- Education documentation: education attendance records, skills assessments, employee orientation information and training packages
- Fire safety and emergencies documentation: inspection records, annual fire safety statement and fire and evacuation procedures
- Food safety program, hazard and critical control point certification, temperature and antibacterial food safety monitoring records, care recipients' dietary requirement forms and four weekly rotating menu
- Human resource management documentation: employment contracts, position descriptions, staff appraisals, confidentiality statements and orientation information
- Infection control documentation including: clinical indicator data, data/trending, reports, safety data sheets

- Information systems: electronic messaging system, communication books, resident agreement and handbook, tool box talks, notice boards, meetings and minutes, one on one feedback, handover processes, newsletters and policy and procedure manuals
- Maintenance documentation: preventative maintenance schedules, corrective maintenance requests and contractor service reports
- Medication management records including medication charts, incident reports, clinical refrigerator monitoring records, medication charts/profiles
- Quality management system: Continuous quality improvement meeting minutes, policies and procedures, improvement logs, plan for continuous improvement, improvement register, examples of improvements in all four standards, comments and complaints, audit and survey results and various quality data including accident and incident and hazard reporting
- Regulatory compliance documentation: reportable incident register, police check and professional registrations registers
- Visitor sign in/out book
- Work health and safety system documentation: incident and hazard reports, environmental audits, workplace inspections, electrical tagging records, safety posters and resource material, equipment risk assessments and safety data sheets
- Self-assessment report for re-accreditation

Observations

The team observed the following:

- Aged Care Quality Agency re-accreditation audit notices on display
- Care recipients interacting with staff, visitors, volunteers and other care recipients
- Charter of care recipients' rights and responsibilities on display
- Clean uncluttered living environment – internal and external, cleaning in progress
- Dining environments during lunch and beverage services including; care recipients seating, staff serving/supervising and care recipients being assisted with meals
- Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, vision and mission, activities information, compliments and complaints information, charter of residents' rights and responsibilities
- Equipment and supply storage areas including chemical, transfer equipment, medical supplies, activities equipment and linen in sufficient quantities pressure relieving, nebulisers, blood glucose machines, manual handling equipment
- Equipment available and in use for manual handling such as hand rails, mobility equipment including shower chairs, wheel chairs, mobility walkers and stair lift
- Fire panel, fire emergency evacuation plans, fire safety equipment and warning system
- Infection control equipment: hand wash areas, hand sanitisers, colour coded cleaning equipment, contaminated waste bins, spill kits, outbreak management resources, sharps containers, personal protective equipment
- Leisure activity boards, photographic displays and information notices, leisure and lifestyle area with activities in progress including; darts, sunbaking, bus trip and hairdressing and afternoon tea
- Living environment – internal and external
- Medication management- including administration and storage

- Menu displayed
- Secure storage of residents information
- Small group observation
- Staff work areas including kitchen, laundry room, utility rooms, maintenance office and work sheds, staff office space, clinic room and nurses station
- Tamperproof notice boards throughout the home
- Various visitors including; families and friends, contractors and allied health personnel

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The Administration and continuous quality improvement (CQI) co-ordinator supports the homes commitment to continuous improvement and compliance with the Accreditation Standards. Internal and external audit information and a range of quality data is discussed at the continuous quality improvement (CQI) committee analysed for trends and used to source opportunities for improvement. Identified improvements are logged on an improvement log or an improvement plan detailing expected outcome, issue, actions planned, person responsible, completion date, improvement measure and comments. Results show the CQI coordinator registers all improvements and monitors progress along with the General manager, department heads and CQI committee. Staff said they are aware of the home's continuous improvement process and are satisfied the home considers their suggestions for improvement and feedback.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Administration staff identified an opportunity to save time and costs and improve communication to representatives after noticing an increase in the level of mail outs. Representatives were surveyed in relation to the use of email addresses and results show that one third of all representatives now have information emailed to them. Evaluation of the improvement identified a wider variety of information is now made available to representatives including; financial statements, satisfaction surveys, clinical and care updates, newsletters and special event notices. Administration staff have saved significant time and costs with the transition to email and all new care recipient representatives are asked for their email details on entry. Feedback from staff and representatives is positive.
- Lifestyle staff identified an opportunity to make the secure dementia unit safer for care recipients with challenging behaviours in relation to notice boards used in that area. Research identified that tamper proof notice boards are available and a large one was purchased and installed in the unit. Care recipients are no longer able to remove and/or tamper with notices and various identified personal safety risks have been eliminated. Feedback from representatives and staff is positive.

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

Changes to relevant legislation, regulatory requirements, professional standards and guidelines are identified and acted upon as required. Updates are monitored by the Chief financial officer via notifications from the Department of Social Services, industry peak body and various professional organisations. Changes are tabled at management meetings and appropriate actions discussed and planned. Staff are notified of any relevant changes through meetings, training sessions, changes to policy and work practices and notices in a staff room folder. Department heads have responsibility for maintaining compliance with legislation and compliance is monitored using internal monitoring processes. Care recipients/representatives are kept informed about changes that affect them through meetings and formal communications. Results show these processes are effective. Staff, care recipients and representatives said they are kept informed of relevant changes.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Police certificates are completed for all staff, contractors and volunteers
- Care recipients and representatives are informed of the re-accreditation audit
- New care recipients have their responsibilities explained to them on entry

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 training and education officer facilitates a system to ensure all staff have appropriate knowledge and skills to perform their roles effectively. Training needs analysis, changes in legislation, clinical issues, staff appraisals and feedback from department heads contribute to the development of a training calendar. Orientation, buddying, a mandatory annual training day, skills testing and tool box talks are the mechanisms used to ensure ongoing competence. Training opportunities are also supplemented by external education opportunities including certificate qualifications. Care recipients/representatives said staff have the skills and knowledge to deliver care that meets care recipients individual needs.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- Climate change and sustainability – the organisations sustainability system is currently Bronze rated
- Salary packaging
- Orientation for new employees

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

All interested parties have access to internal and external complaint mechanisms. Staff are advised of the complaints process during orientation and at staff meetings. Care recipients/representatives are advised on entry to the home of the internal and external mechanisms available should they wish to raise a concern. Further information is also provided within the care recipients' agreement. Management generally log all issues into the complaints system and these are tabled at the monthly (CQI) meeting for discussion. Results show the effectiveness of the comments and complaints process is monitored via surveys and direct feedback. Care recipients/representatives said they are satisfied with access to comments and complaints processes and the approachability and responsiveness of management and staff.

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

Royal Freemasons' Benevolent Institution, Lake Haven Masonic Village has a three year strategic plan supported by a governance system that consists of a comprehensive quality monitoring program and management reports with reportable key result areas. The organisations vision, mission and values are displayed in the home's foyer and staff room, discussed at orientation, published on the organisations intranet and documented in staff and care recipient handbooks. Staff and care recipients said they are satisfied with the planning and leadership of the organisation.

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

Lake Haven Masonic Village has processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services in line with care recipients identified care needs. Corporate processes support department heads to advertise, interview and select appropriate employees. Commencing employees are chosen to enhance the organisations workplace culture and are provided with a site-specific induction to reinforce standards and expectations. Department heads, general manager and regional general manager have oversight of staffing levels, skill mix and performance management. Staff are guided in their roles by orientation buddies, duty statements, workplace guidelines, work schedules, policies and procedures. Professional registrations and police certificates are monitored by department heads and agency staff are used to supplement the roster as required. Results show staff provide a high quality of service to care recipients. Care

recipients/representatives said they are generally satisfied with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to identify, purchase and maintain goods and equipment for the quality delivery of services to care recipients. New equipment, additional goods and maintenance requirements are identified by department heads through the corrective maintenance program, incident/hazard reports, complaints, stakeholders' feedback and improvement opportunities. Results show appropriate stocks of goods are kept and equipment is clean and well maintained. Staff said the home maintains and provides access to adequate stock levels and equipment that meets their needs. Care recipients and representatives are satisfied there are appropriate and sufficient equipment and goods available to meet care recipient needs.

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 information management systems to provide management and staff with information to perform their roles effectively and keep care recipients and their representatives well informed. Electronic assessments and clinical care notes are regularly reviewed and provide current information for effective care. A password protected computer system facilitates care documentation and access to the organisation's intranet and e-mail communication. Policy and procedure manuals outline a variety of work practices and responsibilities for staff. Care recipients/representatives receive information on entry to the home through meetings, emails, case conferencing and newsletters. Mechanisms used to facilitate communication between management and staff include meetings, messages, handover sheets, tool box talks, feedback and report forms, newsletters and noticeboards. Care recipients' personal information is collected and stored securely.

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

Externally sourced services are provided in a way that meets the service's needs and expectations. There are service agreements for externally sourced services and approved external providers undertake various work within negotiated time frames and expectations. Service agreements are maintained by key staff who monitor service provision. Results show service records of contractor activities at the home are maintained. Staff, care recipients and representatives are satisfied external services are effectively managed to maintain care recipients' needs and the requirements of the home.

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 improvement for information on the home’s continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, the home identifies improvements from care recipients, representatives and staff feedback. Other sources of feedback include, comments and complaints, audits and incident reports. Care recipient incidents are monitored by the CQI committee including; falls, wounds, infections and medication errors. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions in relation to Standard two.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 2 Health and personal care include:

- An opportunity to provide a fast and effective in-house clinical service to care recipients was identified by the transitional nurse practitioner. Actions include transforming an unused lounge room into a fully functional clinic and installing a range of equipment that enables the nurse practitioner to provide a wide range of clinical services. Outcomes include; a reduction in waiting times to be seen by a medical professional and a reduction in transfers to hospital. The clinic room now hosts three clinic afternoons with three different medical officers and various allied health professionals also take advantage of the space. Results show care recipients are provided with clinical treatments previously only offered by transfer to hospital including; intravenous fluids/antibiotics, suturing/stapling/gluing, medical imaging, advanced palliative care, hearing assessments, optometry, ultrasounds and complex wound care. Results also show there has been a significant reduction in the use of antibiotics and disruption to care recipients’ lives. Feedback from care recipients/representatives is very positive.
- An external audit identified an opportunity to improve diabetic management for care recipients. Actions include review of the systems in place, staff training, the implementation of diabetic management plans, involvement of the home’s nurse practitioner in diabetic care and the development of new procedures in relation to diabetic management. Results show each care recipient living with diabetes has a specific management plan. Care recipients are reviewed regularly by their medical officer and monitored by the nurse practitioner. Evaluation shows hospitalisation for diabetic management has ceased and further staff training has been scheduled. Feedback from staff and care recipients is very positive.

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 additional information relating to the home’s systems and processes for monitoring regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Professional registration is monitored
- Medication is managed in line with 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 additional information relating to the home’s systems and processes for education and staff development.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Chronic pain in the elderly
- Dementia care skills
- Providing basic foot and skin care

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

RFBI Lake Haven Masonic Village has a comprehensive system to assess, identify, monitor and evaluate care recipients’ individual care needs on entry to the home and on an ongoing basis. The nurse practitioner has oversight of clinical governance. Information obtained from care recipients/representatives, together with a range of assessments are used to prepare individual care plans. The provision of care is monitored by the nurse practitioner and through audits and surveys together with the collection and analysis of clinical indicators. Care staff demonstrated an understanding of care recipients’ individual needs. Care recipients/representatives said they are very satisfied with the clinical care received by 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 home has systems to ensure appropriately trained staff are utilised to meet the needs of care recipients who require specialised nursing care. The nurse practitioner reviews the clinical assessments of care recipients requiring this type of care and monitors the practices of clinical staff. Care plans are in place and evaluated every three months and as needed. There is documentation relating to consultation with other health care specialists regarding care recipients' needs. Care staff demonstrated awareness of care recipients individualised specialised nursing care needs. Care recipient/representatives expressed satisfaction with the level of specialised nursing care.

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 a system to ensure care recipients are referred to appropriate health care specialists in accordance with their assessed needs. A review of care recipients' clinical documentation indicates assessments and reviews have occurred by various health specialists. These include a speech pathologist, occupational therapist, dietician and staff from mental health services. Care recipients and representatives are aware of the availability of other health specialists if needed. Care staff are aware of specialist input into care recipients' care planning and are informed of any changes verbally by the allied health professional, the registered nurse and at staff handovers.

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

RFBI Lake Haven Masonic Village has a system to manage the ordering, storage, administration, recording and review of medications. The medication competent staff members administer medications from blister packs and use an electronic medication charting system. There are audits of the medication system and management collects and analyses monthly data as part of the home's monthly clinical indicator reporting process. Medications were observed to be locked in medication trolleys and stored in a locked treatment room when not in use. Care recipients said they receive their medication in a timely manner and are satisfied with staff practices.

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 home has a system for assessing, monitoring and treating care recipients’ pain when they enter the home and as needed. The overall management of a care recipient pain is under the leadership and direction of the nurse practitioner. A multidisciplinary approach involving medical, nursing, and occupational therapy support a care recipient’s pain management program. The home offers a combination of treatment options to manage care recipients’ pain which includes but is not limited to; heat, massage, exercise and medication. Care staff demonstrated knowledge of processes required to effectively manage care recipients’ pain. Care recipients expressed satisfaction with their pain management treatments and with staff responses to their needs.

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

There is a system to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, care recipients’ end of life wishes are identified and documented on entry to the home in consultation with care recipients/representatives. The nurse practitioner ensures there is ongoing communication and consultation with representatives, medical officers, care staff and other health professionals. This ensures they are aware of a care recipient’s individual needs and choices. The home has specialised clinical and comfort devices to maintain care recipients’ palliation needs. Staff are aware of the processes used when care recipients are receiving end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has a system to provide care recipients with adequate nutrition and hydration through initial and ongoing assessment of the resident’s dietary preferences and requirements. Care recipients have access to a dietician and speech therapist if needed. Documentation indicates and staff said care recipients receive appropriate special diets, dietary supplements, extra fluids and allied health referrals. The home provides care recipients with a choice at meal times and extra food is available for snacks and refreshments as needed. Care recipients said they are satisfied with the meals they receive.

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

The home has systems to assess and monitor care recipients’ skin integrity. Care recipients’ skin care needs are assessed on entry to the home and monitored daily by care staff. The home uses the accident/incident reporting system to report any breaches in skin integrity. Wound care is provided under the direction of the registered nurse. Care staff are aware of the process of identifying changes in skin integrity. Care recipients/representatives said they are satisfied with the skin care provided by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ continence needs are managed effectively. Continence management strategies are developed for each care recipient following an initial assessment of urinary and bowel patterns. Care staff assist care recipients with their continence programs as required and care recipients’ bowel management programs are monitored daily. Care staff said there are sufficient supplies of continence aids to meet care recipients’ needs. Care recipients/representatives said they are satisfied with the continence care provided to care recipients.

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 home has a system to ensure the needs of care recipients with responsive behaviours are managed effectively. All care recipients are assessed on entry to the home, behaviours identified and strategies to manage behaviour/s are developed by registered nurses. All episodes of responsive behaviours are recorded in the care recipient’s progress notes and the care recipient is reviewed by the nurse practitioner and/or registered nurse. Referral to behaviour management specialists is available to assist staff manage behaviours of concern. There is a specific secure unit for residents who are living with dementia. Care staff are aware of care recipients’ individual behavioural needs and management strategies. Care recipients/representatives say they are generally satisfied with the manner in which staff manage a care recipient’s behaviour.

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

The home has processes to optimise care recipients' levels of mobility and dexterity. The systems include initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs by the home's occupational therapist. The occupational therapy program includes exercise programs, heat and massage. The home has a range of mobility equipment available for the use of care recipients. Care staff showed an understanding of their responsibilities in relation to optimising care recipients' mobility and dexterity. Care recipients/representatives expressed satisfaction with the care recipient mobility program.

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

The home has a system to ensure care recipients' oral and dental health is maintained. This includes initial and ongoing assessment of care recipients' oral and dental needs. Care recipients' day-to-day oral care is attended in line with individual care plans and referral to specialists is arranged according to care recipients' needs and preferences. Care staff demonstrated an understanding of oral and dental care practices used in a care recipient's care. Care recipients/representatives expressed satisfaction with the way in which care recipients' oral health is maintained.

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 by staff at the home. The home's assessment process ensures any sensory loss is identified and referrals to appropriate specialists are made where required. The activity program incorporates activities that promote stimulation of the senses. Staff demonstrated an understanding of individual care recipients' sensory needs. Care recipients/representatives reported satisfaction with the assistance provided by staff in relation to care recipients' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

There is a system to ensure care recipients are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements. Care recipients are encouraged to settle quietly in their rooms at night and staff can offer snacks and drinks

during the night when required. Care recipients have a choice of when they retire and their preferred waking times are documented Care recipients said they are able to have a good night's sleep and the night staff are attentive to their needs.

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 on the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from care recipients’ feedback, meetings, satisfaction surveys and the comments and complaints process. Care recipients and staff said they are satisfied the home supports them to provide feedback and suggestions in relation to Standard three.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- Feedback from a care recipient survey identified an opportunity to improve the dining experience. Actions include research into and the development of, ‘high end’ dining facilities. Care recipients now enjoy fine dining in a dedicated room decorated specifically to enhance the dining experience. Special events, high teas and regular ‘high dining’ sessions are held in this space and used regularly by care recipients, families and friends. Evaluation shows ‘high end’ dining sessions are very popular and feedback from all stakeholders is positive.
- Lifestyle staff identified an opportunity to improve personal care outcomes for care recipients in relation to beauty treatments. Actions include the implementation of a beauty therapist who visits the home every three weeks. Outcomes include care recipients and staff taking advantage of a selection of beauty services at affordable prices. Feedback from care recipients and staff is positive.

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 additional information relating to the home’s systems and processes for monitoring regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Care recipients are informed of their rights regarding security of tenure in line with legislative requirements
- Mandatory reporting system in place

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 additional information relating to the home's systems and processes for education and staff development.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Clown doctor training
- Privacy and dignity
- Choice and decision making in relation to advanced care directives

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/representatives reported that emotional support is given by staff to care recipients when they first arrive and that support is ongoing. Care recipients new to the home are supported by staff through introductions to other care recipients and to the activities in the home. Assessments identify any specific needs relating to emotional support for individual care recipients. Staff provide ongoing support to care recipients by encouraging them to participate in life at the home while also respecting their independence and privacy.

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

The home has processes which encourage care recipients' independence and participation in community life. Each care recipient's level of independence and their need for assistance is assessed on entry to the home and reviewed as needed. Exercise programs are provided to optimise care recipients' mobility and dexterity. The home promotes care recipients' links with the community through bus trips and in providing opportunities for care recipients to interact with volunteers and other visitors. Care recipients' friends and families are encouraged to share special events with care recipients and to participate in life within the home. Care recipients/representatives said they are satisfied with the home's processes to maximise care recipients' community involvement and 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. All personal information is collected and stored securely with access by authorised staff. We observed staff respecting care recipients' privacy by knocking on their doors prior to entering. Staff were also observed interacting with the care recipients in a dignified and respectful manner. Care recipients/representatives confirmed their privacy and dignity is well respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

RFBI Lake Haven Masonic Village care recipients' are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of care recipients' specific needs, interests and preferences is performed on entry to the home and on an ongoing basis. A leisure and lifestyle care plan is completed comprising group and individual activities and care recipient's participation is monitored. There is a range of activities offered including but not limited to; music, sensory stimulation, exercise, companion pets, craft and community outings. Residents who choose to remain in their rooms are offered activities on a scheduled basis or as needed. Information obtained from surveys, meetings, informal and formal groups and one-on-one discussions is also used to plan suitable group and individual activities. Care recipients said they are satisfied with their leisure and lifestyle program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to promote care recipients' interests, customs, beliefs and cultural backgrounds that are identified during the assessment process. Care recipients are actively encouraged to maintain cultural and spiritual links in the community. Regular religious services are held at the home. The activity program communicates times that church services are offered. Care recipients are encouraged and supported to maintain affiliation with their own place of worship. Days of cultural significance are celebrated. Care recipients/representatives are satisfied with the support provided for care recipients' cultural and spiritual needs.

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 home has processes to ensure each care recipient (or their representative) participates in decisions about the services received by the care recipient. These processes uphold the care recipient's right to exercise choice and control over his or her lifestyle. Care recipients are informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys and resident meetings. Where care recipients are unable to make choices for themselves, an authorised decision maker is identified. Care recipients are provided with choices concerning their personal care regimes, cultural and spiritual choices, waking and sleeping times. Choices are also available regarding participation in activities, hairdressers and choice of medical officer. Care recipients/representatives said staff support care recipients in making their own lifestyle choices and decisions.

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 RFBI Lake Haven Masonic Village and understand their rights and responsibilities. Policies and procedures support care recipients' right to safe and secure tenure and staff responsibilities to protect these rights. The care recipient agreement and information handbook provided information about care recipients' rights and responsibilities, fees and charges, security of tenure and decision making forums. Interviews with staff confirm they are aware of care recipients' security of tenure rights. Care recipients/representatives said they are satisfied with the information provided and processes used to assist them understand their 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 on the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, management monitors the safety and comfort of the home through workplace inspections, incident and hazard data, comments and complaints processes, maintenance records and audits. Care recipients, and staff said they are satisfied the home supports them to provide feedback and suggestions in relation to Standard four.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- A shuffleboard move to a more appropriate position within the home identified an opportunity to improve the safety of care recipients that cannot stand-up to play. Actions include research into and purchase of four more appropriate chairs for the specific purpose of playing shuffleboard. Outcomes include the ability to adjust the height of these chairs to suit multiple players, armrests to improve independence and the more stable chairs are safer than previously used stools. Evaluation indicates care recipients now have access to the game and feedback from care recipients is positive.
- Feedback from staff identified an opportunity to improve work health and safety and infection control risks in relation to increased acuity and the number of sluice rooms available. Actions include the implementation of a further sluice room on level two to service wings three and four. Outcomes include the reduction of slip/fall and infection control risks as staff do not need to navigate long corridors and stairs to access a sluice room. Evaluation demonstrates this new sluice room has also saved staff time and their feedback is positive.

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 additional information relating to the home’s systems and processes for monitoring regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- The kitchen is hazzard and critical control point accredited
- Fire safety statement and service documents

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 additional information relating to the home's systems and processes for education and staff development.

Examples of education provided to staff in the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Fire safety and evacuation
- Bug control
- Manual handling

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

Lake Haven Masonic Village has systems to ensure it provides a safe, clean and comfortable environment that is consistent with care recipients' needs and preferences. Spacious single rooms with ensuite are available along with clean, safe and well-maintained communal activity and dining areas. Outdoor areas include gardens, walking paths, chicken coop and decked cooking and dining facilities. The home is temperature controlled and care recipients are able to furnish their rooms with personal and sentimental items. The maintenance manager and hospitality manager monitor living environment standards via workplace inspections, incident and hazard reporting, preventative and corrective maintenance and observation. Results show staff are aware of their roles in assisting to maintain a safe and comfortable environment and the process to report hazards or incidents. Care recipients/representatives said they are satisfied with the safety, maintenance and comfort of the home.

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

Staff and management at Lake Haven Masonic Village work together towards providing a safe working environment that meets regulatory requirements. Compliance with regulation and safety standards are monitored using a range of reporting processes, audits/surveys and these are analysed and actioned by the Work health and safety (WHS) committee. Work health and safety training is provided to board and management and all staff and volunteers on induction and annually. Compliance with the organisations WHS standards and expectations is monitored through performance review, staff supervision, feedback at meetings and analysis of safety data. Results show staff have input into the home's work health and safety system through reporting mechanisms and discussion at meetings. Staff consistently described and demonstrated a variety of safe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There are processes for detecting and acting on fire, security and other emergency risks and incidents. An external fire contractor regularly maintains fire systems with deficits monitored by the maintenance manager and maintenance officer. Site-specific emergency procedures are in place to guide staff and fire and evacuation plans are displayed throughout the home. The home has swipe card and key pad entry and exits and results show all fire, emergency and safety equipment is maintained in line with local fire authority and preventative maintenance schedules and guidelines. Three maintenance officers provide fire safety training to all staff annually and at commencement and staff described appropriate procedures in case of an emergency. Care recipients' said they take direction from staff on hearing an alarm and feel safe and secure in their home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The registered nurse is responsible for the overall infection control surveillance within the home. Infection data is collated, trended and evaluated by the registered nurse and reported at appropriate meetings. Infection control education forms part of all staff orientation and compulsory training. Staff were observed using personal protective equipment and washing hands. Colour coded equipment is used in catering, cleaning and laundry procedures and areas. An outbreak management kit and spill kits are available and the home has stock of personal protective equipment available for staff. Staff demonstrated knowledge of the home's infection control practices and outbreak management procedures.

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

Catering, cleaning and laundry services are provided in a way that enhances care recipients' quality of life and staff working environment. Results show the hospitality services and systems in place are effective and meet care recipient and staff needs. Staff said they have access to a wide range of role specific training and the services provided by the home are effective. Care recipients/representatives are complimentary of the catering, cleaning and laundry services provided and said they feel confident to provide feedback.

Catering

All food is cooked fresh on site using a four weekly rotating menu that is reviewed by a dietitian. Individual dietary needs and preferences are catered for and catering staff liaise closely with clinical staff and care recipients to ensure compliance with specialised meals and preferences. 'Fine dining' options are available for care recipients/representatives to enjoy and outdoor dining areas are available in fine weather. The hospitality manager monitors temperature records and an audited food safety plan guides kitchen staff practice.

The kitchen has Hazard and critical control point certification and staff said they have safe food handling, 'bug' control and manual handling training. Staff demonstrated appropriate infection control processes during the preparation and serving of food in the kitchen and survey results show care recipients are satisfied with the quality and quantity of food provided.

Cleaning

Dedicated cleaning staff maintain a clean, uncluttered, and odour free home. They perform cleaning duties guided by documented cleaning schedules and performance is monitored by the Hospitality manager and through environmental auditing. Cleaning equipment is colour coded and staff are trained in how to clean in line with national standards. Staff said they have training in 'bug' control, manual handling, chemical use and work, health and safety. Staff described and demonstrated sound knowledge of appropriate infection control and cleaning practices.

Laundry

Dedicated laundry staff provide all laundry services in-house over five and a half days a week. The laundry has separate clean and dirty areas and labelling equipment to reduce the number of lost clothing items. Laundry staff described process for the handling of infectious linen and said equipment is regularly maintained and calibrated. Documented procedures and work instructions drive staff practice and staff said they receive appropriate training to do their job.