

RSL Care Inverpine

RACS ID: 5282

Approved provider: RSL Care RDNS Limited

Home address: 54 Ogg Road MURRUMBA DOWNS QLD 4503

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| 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 17 November 2020.We made our decision on 27 September 2017.The audit was conducted on 21 August 2017 to 23 August 2017. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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:

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 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: Care recipient lifestyle

### Principle:

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

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 Care recipient security of tenure and responsibilities Met

## 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 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

Name of home: RSL Care Inverpine

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# Introduction

This is the report of a Re-accreditation Audit from 21 August 2017 to 23 August 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 21 August 2017 to 23 August 2017.

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

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

# Details of home

Total number of allocated places: 94

Number of care recipients during audit: 88

Number of care recipients receiving high care during audit: 87

Special needs catered for: Secure dementia

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 17  |
| Representatives | 12  |
| Residential manager | 1 |
| Care manager | 1 |
| Clinical coordinator | 1 |
| Activities coordinator and activity staff  | 2 |
| Care staff | 12 |
| Hotel services compliance manager | 1 |
| Hospitality team leaders and staff | 6 |
| Enrolled nurse | 2 |
| Volunteer | 1 |
| Regional maintenance manager | 1 |
| Maintenance manager | 1 |
| Registered nurse | 5  |
| Chaplain | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 17  |
| Medication charts | 18  |
| Personnel files | 10 |

## Other documents reviewed

The team also reviewed:

* Asset register
* Brokerage agreements
* Care recipient and accommodation agreement
* Care recipient and family information booklet
* Catering survey and report
* Classification certificate
* Clinical incident trending documents
* Clinical observation records – blood glucose levels, weight, food and fluid charts
* Comments and complaints documentation
* Competency assessments
* Continuous improvement documentation
* Controlled drug registers
* Doctors' folder
* Food business licence
* Food safety plan and associated temperature monitoring records
* Handover reports
* Leisure and lifestyle records
* Maintenance records internal and external
* Mandatory reporting register and consolidated records
* Meeting minutes
* Menu and associated lists to support care recipients’ dietary needs
* Newsletters and other publications
* Palliative care documentation
* Performance appraisals
* Recruitment documentation
* Restraint authorisation records
* Safety data sheets
* Self-assessment
* Staff education records
* Staff rosters
* Strategic plan
* Temperature and equipment monitoring records
* Wound care documentation

## Observations

The team observed the following:

* Accreditation certificate on display
* Activities in progress
* Activities program on display
* Advocacy information on display
* Catering, cleaning and laundry processes
* Charter of care recipients rights and responsibilities on display
* Equipment available and in use to support infection control practices
* Evacuation egresses
* Feedback mechanisms - internal and external
* Fire evacuation diagrams
* Fire indicator panel
* Firefighting equipment
* Interactions between staff, care recipients and their representatives
* Internal and external living environment
* Meal and beverage service and delivery
* Medication administration
* Noticeboards with posters on display
* Safe chemical and oxygen storage
* Short group observation
* Storage of medications
* Volunteers on site

# 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 services, 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

RSL Care Inverpine (the home) has a continuous improvement program which includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives and staff report the home's management is responsive to their suggestions for improvement and they are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* A manager new to the home identified that regular meetings with care recipients, their representatives and management personnel was not occurring in a consistent manner. A program of scheduled meetings with a set agenda including opportunities to raise any issues or items of concern was implemented to occur on the first Friday of each month. The minutes are made available to care recipients and their representatives at various locations throughout the facility. Care recipients and their representatives have expressed satisfaction in the increased engagement with the management team and their responsiveness to any concerns that are raised.
* The organisation has developed an induction handbook specific to catering staff. Management said this handbook provides catering staff with information relating to the food safety plan with specific records and safe food handling protocols. Management said and the handbook ensures staff have increased awareness of their roles and responsibilities.

### 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 organisation has systems and processes to identify changes to relevant legislation, regulatory requirements, professional standards and guidelines. Systems are managed at an organisation level by the governance support team. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1: Management are aware of the regulatory responsibilities in relation to police certificates and the requirement to provide advice to care recipients and their representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met.

### 1.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include code of conduct, complaints processes, manual handling and electronic document management systems.

### 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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints are logged, monitored and link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. In a random sample of consumer experience interviews, the majority of responders said staff follow up on things they raise most or all of the time, whereas some respondents stated staff follow up of their concern was inconsistent. Care recipients and their representatives interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal and stated they raise issues directly with the managers or staff as they find them approachable.

### 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 organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents. The organisation's strategic plan works towards achieving the organisation's vision, philosophy, objectives and commitment to quality through strategic planning processes.

### 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

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. In a random sample of consumer experience interviews the majority of respondents interviewed agreed or mostly agreed that staff know what they are doing and the place is well run.

### 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 monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. Faulty equipment is identified, removed from service and replaced or repaired as required. The home researches equipment prior to purchase to ensure it is appropriate and meets care recipients' needs. The home maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply, quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team's findings

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Information is disseminated to staff, care recipients and their representatives through verbal systems as well as through other mechanisms such as newsletters, memoranda, meetings and informal discussion. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed stated they are satisfied they have access to current and accurate information. The majority of care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 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 mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. A tender process is used for all external services contracts and the majority are managed corporately. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. A preferred supplier list is available to guide staff on the use of external service providers. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced 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 improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

* Clinical staff identified the need for the availability of palliative care kits to assist care recipients with end of life care needs. Palliative care kits have been prepared and include items of comfort such as oil burners, lip balm and environment enhancing aids to meet sensory needs. Care recipients’ representatives have expressed satisfaction with the home’s management of end of life care.
* A review of equipment utilised by care recipients within the home identified that the beds were aged. The home commenced a replacement program to ensure that care recipients had access to the latest equipment. Staff have advised that the new mattresses available to care recipients has increased their quality of sleep and care recipients were satisfied with the new mattresses.
* The home has implemented a wireless communication system to improve communication between staff and management. Staff communicate via a pendent device that enables them to communicate with other staff to identify their location, escalate the need for additional assistance or review required by registered staff. Staff said they are now able to remain with care recipients and find another staff member whilst remaining with the care recipient.

### 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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

### 2.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care includes responding to falls, hygiene cares, pain management and palliative 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

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by registered nurses and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. In a random sample of consumer experience interviews the majority of care recipients and representatives interviewed said staff meet their health care needs most or all of the time.

### 2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

#### Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Specialised nursing care is planned, managed and delivered by registered nurses (who are on available on site 24 hours a day, seven days a week). Specialised nursing care, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes generally identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 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 systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 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

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are generally dispensed by the pharmacy service in a timely manner. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. Care recipients and representatives interviewed are generally satisfied care recipients' medications are provided as prescribed.

### 2.8 Pain management

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

#### Team's findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are satisfied care recipients' are as free as possible from 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

Palliative care strategies and wishes are discussed with care recipients and representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney, advance care plans and advance health directives are located in the care recipient records if required. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives for end of life care. Care recipients remain in the home whenever possible, in accordance with their preferences. Staff have access to palliative care resources such as pressure relieving devices, specialised pain relieving equipment and complementary therapies such as music and aromatherapy. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill care recipients. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 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' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied care recipients' 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 care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of (moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques).Care recipients and representatives interviewed are satisfied with the assistance provided to maintain care recipients’ skin integrity.

### 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 needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients are identified through assessment processes and in consultation with the care recipient and/or their representative. Individual strategies to manage behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home provides a secure environment for care recipients at risk of wandering. Where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients and representatives interviewed said staff are generally responsive and support care recipients with behaviours which may impact on others.

### 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, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists and occupational therapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of care recipient mobility and dexterity.

### 2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

#### Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients interviewed are satisfied with the assistance given by staff to maintain their teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Audiology and optometry services visit the home on a regular basis. Staff use a range of communication strategies to interact with care recipients and assist care recipients with glasses and hearing aids as required. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment generally supports natural sleep and staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are generally satisfied support is provided to achieve natural 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 systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* Staff identified a limited number of outside activities were available for care recipients with limited mobility. The home organised for a sun protected community garden bed to be constructed to enable access by care recipients who are chair bound. Care recipients have expressed satisfaction in the opportunity to increase their social interactions with other care recipients and to participate in activities in line with their personal interests.
* In response to care recipients and representatives feedback a variety of new activities have been implemented, for example:
	+ A community quilting group attends the home and provides care recipients with an opportunity to share their knowledge and create sensory items for use within the home.
	+ An increased number of bus outings to venues to shopping centres, clubs and historical villages are discussed with care recipients to identify areas of interest to them. Care recipients are supported to maintain access to the wider community and control over their finances.
	+ An art therapy group has been established which is supported by a qualified art therapist which identifies the specific needs and abilities of individual care recipients. Trained activity staff now include this as part of the scheduled program for care recipients living with dementia. Feedback from staff and care recipients’ representatives said this program provides a calming environment and care recipients’ accomplishments are displayed for their visitors.

### 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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

### 3.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle includes, customer service, mandatory reporting, elder abuse and maintaining confidentiality, privacy and dignity.

### 3.4 Emotional support

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

#### Team's findings

The home meets this expected outcome

Information identifying the care recipients’ lifestyle interests, cultural and spiritual preferences and relationships is gathered from care recipients and representatives prior to and on entry to the home. The information is reviewed by activity staff to assist in helping care recipients adjust to moving into the home and planning of their lifestyle preferences. Staff orientate care recipients and provide information as they settle into the home. Clinical staff use assessment processes to identify when care recipients require additional emotional support and referrals with support systems implemented as necessary. Feedback from care recipients and representatives is gathered during case conferences or individual and group meetings. In a random sample of consumer experience interviews the majority of respondents interviewed said there are people they can talk to if they are feeling sad or worried, however some respondents said they have not had the need to speak to anyone or they would talk to a friend or family member, if the need arose.

### 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’s system for the assessment, planning and delivery of care and services identifies care recipients’ previous social interests and lifestyle as well as their current interests and abilities. Care recipients’ preferences are gathered via meetings and assessment processes, in respect to their care requirements and lifestyle choices. Identified community links are facilitated, as identified, to support care recipients’ spiritual needs and lifestyle interests. Care recipients’ independence is encouraged and maintained with the provision of aids to assist with their mobility and sensory requirements. Opportunities are provided to care recipients to engage in a range of events including bus outings, social activities and themed events. In a random sample of consumer experience interviews the majority of care recipients and representatives interviewed said care recipients are encouraged to do as much as possible for themselves.

### 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

The home has established processes and maintains a supportive environment to protect care recipients’ privacy and dignity. Confidentiality and privacy information is provided and explained to care recipients/representatives on entry to the home. Processes ensure consent is obtained for information or photographic images which may be shared. Care recipients’ administrative and care files are stored securely with access available to authorised individuals. Care recipients’ individual preferences in relation to privacy and dignity are collected and specific needs are integrated into care plans and communicated to relevant staff. Staff practices are monitored to ensure care recipients’ information, privacy and dignity is maintained. Care recipients and representatives are satisfied care recipients’ privacy, dignity and confidentiality is maintained and respected.

### 3.7 Leisure interests and activities

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

#### Team's findings

The home meets this expected outcome

Care recipients’ social history regarding leisure interests and preferences is gathered through consultation with the care recipient and/or their representative on entry and an individualised therapy care plan is developed. Care plans are reviewed regularly and reflect changes as needed. Activity staff develop a program of activities in discussion with care recipients and information about activities and outings are advertised via noticeboards and calendars. Staff from each area have access to information which details care recipient’s individual preferences and attendance at identified activities. Social and themed events are organised and days of significance are celebrated. The activity program is evaluated and revised based on feedback through individual and group meetings. Care recipients and representatives are satisfied care recipients are encouraged and supported to attend activities of interest to them and with the range of activities available.

### 3.8 Cultural and spiritual life

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

#### Team's findings

The home meets this expected outcome

Care recipients’ individual interests, customs, beliefs and cultural and ethnic backgrounds are identified through the collection of information on entry to the home. Consultation occurs with care recipients/representatives to capture relevant information and access to identified community, cultural and/or spiritual groups is facilitated as needed. Care recipient’s specific cultural and spiritual needs are included in care plans and associated information is provided to staff to enable attendance at identified religious services and/or culturally significant events. Religious services are available and care recipients preferring a visit from the Chaplain are arranged as required. Cultural community resources are available and can be accessed for information as needed. Care recipients and representatives are satisfied with the support and assistance care recipients receive to maintain their cultural and spiritual preferences.

### 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/representatives are able to exercise choice and make decisions regarding the care and services received. Information is collated via the assessment processes from entry, which identifies care recipients’ lifestyle choices and preferences in regards to care procedures and services provided at the home. Consultation occurs through individual and group meetings with staff and management, health professionals and through the comments and complaints process. The Charter of Care recipients’ Rights and Responsibilities is available through handbooks, agreements and is displayed in the home. Care recipients’ authorised decision maker and relevant information is held on file in the event they may need their nominated person to make decisions on their behalf. Staff interactions with care recipients support the rights of care recipients to make choices and provide them with the opportunity to make their own decisions. Care recipients and representatives have access to information in regards to comments/complaints, advocacy and translation services if required.

### 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 and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and 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 about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* During the previous 12 months, the home experienced an infectious outbreak and management identified clinical outbreak kits containing the necessary infection control equipment where not consistently available throughout the home. The home purchased small wheeled bins to store the equipment required to contain an outbreak and these were sealed for ease of monitoring to ensure equipment was immediately available to staff when required. This has increased the preparedness of the home to deal with or manage future infectious outbreaks. Staff confirmed they are confident being able to immediately access outbreak control equipment. This initiative is yet to be evaluated.
* Through a review of the living environment, it was identified internal and external furniture was ageing, the ambience of communal living environments was lack lustre and gardens were uninviting impacting on the quality of the home environment for care recipients. The home has recently replaced all furniture available within internal and external communal areas and gardens across the site have been improved. Care recipients and representatives spoke positively of the recent improvements to the internal and external living environments.

### 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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 4, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 4.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include fire and emergency training, manual handling, chemical safety and infection control.

### 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

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. The majority of care recipients are accommodated in single ensuite rooms. Care recipient's communal areas are monitored for clutter, corridors are fitted with handrails and external areas are observed to be well maintained. The home has a dedicated unit that offers a safe and supportive environment for care recipients with special needs. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are satisfied the living environment is safe and comfortable.

### 4.5 Occupational health and safety

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

#### Team's findings

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Management and staff actively address staff incidents, identify and control hazards. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. New equipment is risk assessed for safety considerations and staff training is provided. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff receive training during orientation and on an ongoing basis about key elements of safety including manual handling, the use of equipment, chemical handling, infection control and incident reporting mechanisms. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. There are security procedures and systems to ensure the buildings and grounds are secure. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Fire safety risks are minimised through an alarm and detection system, sprinkler system, emergency lighting, fire doors and firefighting equipment. The home has an emergency power generator. Emergency equipment is inspected regularly, maintained and the environment is monitored to minimise risks. Inspection and maintenance reports indicate the fire system and associated equipment is regularly checked and defects rectified. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

### 4.7 Infection control

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

#### Team's findings

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 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

The home identifies the care recipient's needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. In a random sample of consumer experience interviews the majority of respondents interviewed said they like the food most or all of the time, however general feedback from care recipients and/or representatives identified the food could generally be improved.