Australian Government

Australian Aged Care Quality Agency

RSL Care Sunset Ridge Retirement Community

RACS ID 5099
44 Svendsen Road
ZILZIE QLD 4710

Approved provider: RSL Care RDNS Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 08 December 2019.

We made our decision on 12 October 2016.

The audit was conducted on 06 September 2016 to 08 September 2016. 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.

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:

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.

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: 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 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 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.

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 Government
Australian Aged Care Quality Agency

Audit Report

RSL Care Sunset Ridge Retirement Community 5099

Approved provider: RSL Care RDNS Limited

Introduction

This is the report of a re-accreditation audit from 06 September 2016 to 08 September 2016 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 06 September 2016 to 08 September 2016.

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:	Jill Winny
Team member:	Mary Tattam

Approved provider details

Approved provider:	RSL Care RDNS Limited

Details of home

Name of home:	RSL Care Sunset Ridge Retirement Community
RACS ID:	5099

Total number of allocated places:	120
Number of care recipients during audit:	118
Number of care recipients receiving high care during audit:	73
Special needs catered for:	Care recipients requiring a secure living environment

Street/PO Box:	44 Svendsen Road
City/Town:	ZILZIE
State:	QLD
Postcode:	4710
Phone number:	07 4925 4000
Facsimile:	07 4925 4091
E-mail address:	susanblyth@rslcare.com.au

Audit trail

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

Interviews

Category	Number
Residential manager	1
Clinical manager	1
Clinical coordinator	1
Manager clinical, safety and quality	1
Residential hotel services manager	1
Senior administration officer	1
Registered staff	5
Care staff	6
Administration officer	1
Care recipients/representatives	17
Hotel services team leader	1
Maintenance team leader	1
Catering and cleaning staff	3
Physiotherapist	1
Activity officers	2
Chef manager	1
Maintenance staff	2

Sampled documents

Category	Number
Care recipients' files	12
Medication charts	16

Other documents reviewed

The team also reviewed:

- 'Your guide to RSL Care'

- Activities calendars

- Activity attendance and evaluation records

- Advanced health directives

- Appointment lists

- Care recipient accommodation agreement

- Cleaning request forms

- Clinical incident data

- Clinical observation records

- Communication diaries

- Compliance register/mandatory training

- Continuous improvement form

- Controlled drug registers

- Doctors' folder

- Duty statements

- Education and capability folders

- Emergency response and continuity manual

- Feedback folder and register

- Fire equipment service records

- Food safety program and monitoring records

- Handover reports

- Incident reports

- Infection control manual

- Lifestyle assistance activity summaries

- Mandatory reporting folder

- Medication fridge temperature charts

- Memo folder

- Minutes of meetings

- New employee information pack

- Newsletter

- Outbreak management flow chart

- Pain management weekly schedule

- Position descriptions

- Pre-admission information packs

- Preventative maintenance schedule and requests

- Quality action plan

- Restrictive practice authorisation and consent records

- Risk assessments

- Safe work processes

- Safety data sheets

- Self-assessment

- Site safety inspections

- Staff incident register

- Staff incidents, hazards and risk assessment folder

- Surveys

- Work instruction – podiatry

- Workload management form

- Wound assessment and management records

- Wound care processes flowchart

Observations

The team observed the following:

- Activities in progress

- Advocacy and complaints agencies' brochures on display

- Care recipient and staff notice boards

- Charter of care recipients' rights and responsibilities – residential displayed

- Equipment and supply storage areas

- Firefighting equipment and signage

- Hand washing facilities

- Interactions between staff and care recipients

- Internal and external living environment

- Meal and beverage service

- Medication administration and storage

- Personal protective equipment in use

- Small group observation

- Specialised nursing equipment

- Spill kits and sharps containers

- Staff and care recipient notice boards

- Staff practices

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

RSL Care Sunset Ridge Retirement Community (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Suggestions for improvements are captured through improvement logs, meetings, feedback forms, information management systems and clinical data indicator analysis. The Residential Manager monitors and evaluates continuous improvement activities through the quality improvement plan. Feedback to care recipients, representatives and staff relating to progress, status and review of improvements is communicated through meetings, memos, noticeboards, bulletins, and verbally.

Examples of improvements related to Standard 1 Management systems, staffing and organisational development include:

- Through management and staff feedback it was identified that communication difficulties were being experienced due to the layout of the building. As a result, a voice activated electronic communication system has been introduced. The hands-free pendant device enables communication throughout the building between all levels of staffing. Positive feedback has been received from staff; there have been no further concerns raised.

- From an organisational level a staff publication called 'Montage' has been introduced as a means to share collective information and achievements across the organisation. The 'Montage' is accessible to all staff electronically. Management advised staff are encouraged to access the publication and contribute articles of interest.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has an organisational system to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated to reflect change and are accessible to all staff electronically. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes via the intranet information management system, emails and practice alerts, meetings, education sessions, memoranda and notice boards. The home has a system to ensure all relevant individuals have been screened through a current criminal record check. Care recipients/representatives have been informed of the re-accreditation audit via letter, through noticeboards and meetings.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure management and staff have the required knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the four Standards. Staff training and education is identified through changes to legislation, performance evaluations and professional development, training needs analysis, changing needs of care recipients, observation of practice and surveys. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

Staff have the opportunity to undertake a variety of training programs relating to Standard 1 Management systems, staffing and organisational development. For example:

- Computer skills

- Orientation

- Communication device

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a comments and complaints mechanism that is accessible to care recipients, representatives and other interested parties. Information about the internal and external complaints process is displayed and documented in information provided to care recipients, representatives and staff. Complaints can be raised at meetings, through surveys, feedback forms with envelopes and collection boxes for confidentiality, or directly to the Residential Manager who has an 'open door' policy. Complaints are documented by the Residential Manager and include actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist care recipients. Care recipients and representatives are satisfied with the comments and complaints processes and are confident that issues raised with management will be addressed.

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 organisational Charter, Inspiration, Ideals and Ideal behaviours are displayed in the home and in information provided to care recipients/representatives, staff and other interested parties.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure there are appropriately skilled and qualified staff sufficient for the delivery of services. Staff selection is made against identified skills, knowledge and qualification requirements. New employees are provided with an information package at induction and are supported through 'buddy shifts' which are role and work area specific. Processes to monitor adequacy of staffing levels include the current needs of care recipients, staff feedback, audits and surveys. The electronic rostering system ensures adequate and appropriately skilled and qualified staff are rostered at all times including replacements for leave and absences. Care recipients/representatives are satisfied there are sufficient skilled and qualified staff to provide quality care and services to meet the needs of care recipients.

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 a system and processes to ensure there are sufficient stocks of goods and equipment for the delivery of services. Equipment needs are identified and ongoing purchases, repairs and maintenance are based on current needs and annual budgets.

Agreements with suppliers and contractors are used to guide purchases and to maintain goods and equipment. Stock items are regularly rotated and checked for use-by-dates. Education is provided to staff in the use of equipment and planned and preventative maintenance of equipment is undertaken in accordance with the programmed maintenance schedule. Staff are aware of processes for accessing stores and have enough goods and equipment to carry out their duties. Care recipients/representatives are satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet the needs of care recipients.

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

Management and staff have access to, and the use of accurate and appropriate information to perform their roles. Care recipients, representatives and staff are informed of current processes and activities relevant to their needs electronically, through meetings, handover processes, memos, activity timetables and noticeboards. Locked rooms and cabinets are used to store private and confidential information, computers are password protected and staff maintain confidentiality when handling care recipient information. The home has a system for the archiving and destruction of relevant documentation. Care recipients/representatives and staff are satisfied with the way information is communicated.

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

External services are provided to meet the home's needs through service agreements with major service providers that outline organisational requirements for the provision of service. Feedback on the performance of external services is monitored through feedback from care recipients, representatives and staff, the compliments and complaints mechanism, audits and surveys. Management review the performance of external services to ensure quality service

delivery is maintained and when requirements are not being met appropriate action is taken. Care recipients/representatives are satisfied with the quality of services sourced externally.

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 continuous improvement systems and processes.

Examples of improvements related to Standard 2 Health and personal care include:

- Following the introduction of an electronic clinical system, registered staff provided feedback they were having difficulty accessing wound care documentation and photographic images. As a result, a detailed flowchart for wound care processes has been developed to link electronic systems with ongoing photographic evidence. Registered staff have provided positive feedback that the flow chart is easy to follow and assists in the management and monitoring of wounds.

- In preparation for the introduction of a new medication system, improvements to the documentation and storage of medications has been introduced. These include: reducing bulky medication files on medication trolleys from four folders to one folder per wing; a locked box has been placed on the top of the medication trolley for the secure storage of sachet medications; wall mounted sachet roll holders have been installed in the medication rooms for ease of access by registered staff. Registered staff report the improvements have assisted with time management when preparing for medication rounds and the administration of medications.

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 regulatory compliance system and processes.

In relation to Standard 2, Health and personal care, compliance with legislation includes a system to ensure registered staff are available to provide care and services and maintain current registration and that reporting guidelines in the event of unexplained absences of care recipients are monitored and maintained.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 2 Health and personal care. For example:

- Continence

- Malnutrition

- Oral hygiene

- Slips, trips and falls

- Urinary tract infections

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Care recipients at the home receive appropriate clinical care. Assessment, care planning and review processes identify the initial and ongoing clinical care needs of care recipients. The clinical care system is overseen by the Clinical Manager with the support of the Clinical Coordinator, registered and care staff. Medical officers and other health professionals attend the home to support a collaborative model of care. Processes are in place to communicate care recipients' current care needs to staff. Care recipients and/or their representatives have input into care recipients' care planning through consultation with registered staff and other health professionals. Monitoring mechanisms include the conducting of care plan reviews, audits and surveys, observation of staff practices and the collation, trending and analysis of clinical incident data. Care recipients/representatives are satisfied care recipients' clinical care needs are met.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses' complete assessments, develop care plans and/or treatment regimens and evaluate effectiveness of care interventions. Medical officers and other health professionals are consulted and their recommendations incorporated into care recipients' plans of care. Specialised equipment can be accessed and registered staff are competent in its' use. The home is providing specialised nursing care in the areas of diabetes and complex wound management, oxygen therapy and continence care. Specialised nursing care is monitored through care plan reviews, observations of staff practice and care recipient/representative feedback. Care recipients/representatives are satisfied with specialised nursing care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Referral processes are followed by registered staff to access mental health professionals, specialised health clinics, podiatrist, speech pathologist, dietician, optometrist, audiologist and dental services. Health professional reports and recommendations are documented and where indicated care plans updated and relevant staff notified. Care recipients are assisted to attend external appointments and health specialists regularly visit the home. Care recipients/representatives are satisfied care recipients are referred to other health specialists when a need is identified or at care recipients' request.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Care recipients' medication is managed safely and correctly. Care recipients' medication needs are assessed on entry to the home and on an ongoing basis. Registered staff and care staff who are assessed as competent administer and assist care recipients with their medications. Care recipients' medication regimens are regularly reviewed by their medical officer and when required, the pharmacy. Processes to monitor the use of 'as required' (PRN) medication and safe medication storage are in place and followed by staff. The medication management system is monitored through audits, observation of staff practice and incident

reporting processes. Care recipients/representatives are satisfied care recipients' medications are managed safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are supported to be as free as possible from pain through assessment and individual care planning processes. Non-verbal pain assessment tools are available for care recipients unable to articulate their pain. Medical officers and allied health professionals are involved in the management of care recipients' pain. Care plans reflect strategies to manage pain including non-pharmacological strategies such as massage and active and passive range of movement exercises. The effectiveness of interventions, including the use of PRN medication is documented and monitored and referrals for medical officer review are arranged when indicated. Staff are aware of non-verbal cues to assist in identifying care recipients' pain or discomfort. Care recipients/representatives are satisfied with care recipients' current pain management strategies and the provision of alternative interventions if and when pain persists.

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

Care recipients' end of life wishes are identified and respected. As a care recipient's needs change regular consultation occurs with the care recipient/representative to ensure the care recipients' physical, spiritual, cultural and emotional needs are respected and provided for. Consultation with the care recipient's medical officer and other health professionals ensures the care recipient's comfort is managed and their dignity is maintained. Staff are aware of end of life care interventions to meet care recipients' needs. Care recipients are satisfied with the care provided and the support of management and staff.

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' dietary needs, allergies and preferences are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected on dietary assessments and care plans to guide staff. Communication processes between the clinical and catering areas are effective in ensuring correct diets are provided to care recipients. Care recipients' dietary requirements are reviewed every three months and as required. Care recipients are weighed monthly (or more frequently as required) and changes

in weight are monitored by registered staff. Care recipients experiencing weight loss or gain are referred to other health professionals and appropriate interventions implemented. Care recipients/representatives are satisfied care recipients receive adequate nutrition and hydration.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Care plans are developed to guide staff practice and staff receive education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, re-assessed every three months and changes are communicated in daily handover sessions, care plans and progress notes. The home has sufficient supplies of wound and skin care products to meet care recipients' skin care needs. Staff are aware of care recipients' individual skin management interventions and demonstrated practices to maintain the integrity of care recipients' skin. Care recipients/representatives are satisfied with interventions to care for care recipients' skin.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence is managed effectively. Initial and ongoing assessment and review processes identify and manage care recipients' continence needs. Registered staff with the support of care staff assess and monitor changes to care recipients' continence needs and preferences. Bowel management interventions may include dietary intervention and, following medical officer referral, regular and PRN medication. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Processes are in place to ensure sufficient stock of continence products to meet the individual needs of care recipients. Monitoring processes include daily monitoring of bowel patterns and regular care plan reviews. Care recipients/representatives are satisfied care recipients' continence is managed effectively.

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

Behavioural support assessments and care plan review processes identify and support care recipients' who have challenging behaviours. Management in consultation with other professionals have implemented, and continue to implement, changes to the living

environment within the secured areas of the home. This is optimising the living experience for care recipients with dementia and mental health concerns. Clinical staff refer to mental health services and other health professionals as a need is identified. The effectiveness of behaviour management strategies is monitored through observations, incident reporting and care plan reviews. Staff are aware of interventions to support those care recipients who have challenging behaviours. Care recipients/representatives interviewed are satisfied with the home's approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Processes are in place to support care recipients achieve optimum levels of mobility and dexterity. Allied health staff undertake mobility and function assessment and develop treatment and exercise regimens. Aids to maintain and improve care recipients' mobility and dexterity such as walking aids and assistive dietary aids are available and in use. The home has falls prevention interventions and processes to capture falls and monitor care recipients post a fall are followed by staff. Monitoring processes include audits, care plan reviews, observation of staff practices and analysis of falls incident data. Staff are aware of interventions to optimise care recipients' mobility and dexterity and minimise falls risk. Care recipients/representatives are satisfied with the assistance care recipients receive in achieving optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maintain their oral and dental health. Care recipients' dental history and preferences relating to the management of their oral and dental health are identified on entry to the home through consultation and assessment of their oral health status. Care staff monitor care recipients' ability to self-manage their oral care and assist when required. Registered staff coordinate dental referral when the need is identified and assist care recipients to attend external appointments. Sufficient stocks of equipment and products to meet care recipients' oral hygiene needs are maintained. Care recipients/representatives are satisfied with the assistance provided by staff to maintain care recipients' oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients' sensory losses are identified and managed effectively. Care interventions are developed with consideration of care recipients' living environment, hygiene and recreation care planning. Care recipients are referred to specialists which include an audiologist, optometrist and speech pathologist as needs indicate. The home can access hearing and vision equipment repair services should this be required. Staff assist care recipients to manage assistive devices, such as spectacles and hearing aids to maximise sensory function and demonstrated an awareness of care recipients' individual requirements. Care recipients/representatives are satisfied with management strategies and the assistance provided by staff to meet the needs of care recipients with sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvements related to Standard 3 Care recipient lifestyle include:

- Ongoing improvements are currently being made to the secure unit to assist in meeting the specific needs of care recipients living with dementia. In consultation with a memory support specialist the environment has been reviewed for lifestyle, colour and environmental stimulation prompts. For example: the unit has been arranged with alcove areas to encourage small group interaction and quiet time; additional resources such as sensory boxes have been introduced to promote rest and distraction; improvements to the outdoor area have been undertaken with access through automatic doors to provide ease of access to indoor/outdoor living: contrasting colours on alcoves and door frames to define entry points to care recipients individual rooms and ensuites; a designated Activity Officer has been appointed to the unit seven days a week. Management, staff and relatives advised the ongoing improvements have resulted in a more settled and calmer living environment.

- A new mini bus has been purchased with wheelchair access to provide care recipients with greater opportunity to access the wider community. The new bus has enabled an expansion of the lifestyle program to include a variety of outings to places which are of interest to care recipients, shopping excursions and travel assistance to appointments. Positive feedback has been received from care recipients directly to management and staff and through meetings.

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 regulatory compliance system and processes.

In relation to Standard 3 Care recipient lifestyle, compliance with legislation includes a system to ensure staff and care recipients are aware of mandatory reporting guidelines.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 3 Care recipient lifestyle. For example:

- Activities

- Dementia training

- Elder abuse

- Rights and responsibilities

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. Staff assist care recipients become orientated to the living environment and provide opportunity to meet other care recipients. Care recipients are informed in relation to the program of activities and encouraged to personalise their rooms with their own furniture and mementos. Family members are welcomed and encouraged to attend social events.

Community volunteers provide additional support to care recipients and facilitate community connections. Care recipients/representatives indicated they are satisfied with the support care recipients receive during the settling in period and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients living at the home are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Regular mobility reviews and review of care recipients' ability to perform activities of daily living are undertaken and inform care planning. Care recipients' social, civic and cultural needs and preferences are identified and facilitated by the home. Environmental considerations such as hand rails, lighting and uncluttered walkways supports care recipients to independently mobilise around the home. Staff are aware of interventions to support care recipients to achieve maximum independence. Care recipients/representatives are satisfied with the support care recipients receive to achieve maximum independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff are made aware of the home's expectations for maintaining care recipients' privacy, dignity and confidentiality and this is reinforced on an ongoing basis. Staff practices are monitored and observed by registered nursing staff. Staff obtain consent for entry to care recipients' rooms, close doors and curtains when providing care and are aware of individual care recipients' preferences. Care recipients' confidential information is stored

securely. Care recipients/representatives are satisfied care recipients' privacy is respected and confidentiality and dignity maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle staff identify care recipients' past and current interests and develop an activities program which offers a wide range of events both within the home and broader community. Care recipients who experience sensory impairment are provided with resources which enable their participation in group activities and individual leisure interests. Care recipients have opportunity to provide feedback on social events and have input into the program through meetings and on a one to one basis. Monitoring mechanisms include audits, care recipient attendance at activities and evaluation of events. Care recipients/representatives are satisfied with the wide range of activities offered at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Care recipients are supported to attend religious services of their preference within or outside the home if this is required. Pastoral care is provided to care recipients via chaplaincy, religious services or individual as identified. Days of personal, cultural and spiritual significance are planned and celebrated and family members' participation and attendance is encouraged. Care recipients' culturally specific diets can be accommodated should this be requested or identified during the entry process. Care recipients/representatives are satisfied care recipients' cultural practices and spiritual beliefs are provided for and respected.

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

Information is provided to care recipients and or their representatives (verbal and written) on entry to the home regarding the care and services offered to meet their physical, intellectual, emotional, social and financial needs. This includes consultation in relation to how care

recipients are enabled to exercise choice and be involved in decisions that impact on their life at the home. Communication processes ensure care recipients and or their representatives have an understanding of complaints and advocacy processes. Management are aware of processes to appoint alternative decision makers for care recipients when a need has been identified. Staff are aware of interventions to enable care recipients to exercise choice and make decisions relating to activities of their daily living. Care recipients/representatives are satisfied they are enabled to exercise choice and control over care recipients' lifestyle at the home.

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 residing at the home have secure tenure and understand their rights and responsibilities. Care recipients and or their representatives are provided with information regarding care recipients' rights and responsibilities and security of tenure on entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and the care recipients' rights and responsibilities. Care recipients and or their representatives are consulted about any changes to their security of tenure as the need arises. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of 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 continuous improvement systems and processes.

Examples of improvements related to Standard 4 Physical environment and safe systems include:

- A suggestion was raised by the Clinical Manager to introduce a pictorial symbol as an alert to staff that a care recipient has an infection. A picture of a bumble-bee is now placed outside the rooms of care recipients where an incidence of infection needs to be communicated. Management advised the symbol provides a discrete alert to staff before entering the room.

- A 'health and wellbeing' program commenced for staff to provide them with incentives and the skills to maintain a healthy lifestyle. The 12-week program includes: organised walking groups with a pedometer provided to those who wished to monitor daily step counts; healthy lunch box days; an aerobic exercise program; massage therapy by appointment. Management advised the program resulted in healthy outcomes and a boost to morale amongst staff. As an extension of the 'health and wellbeing' program support is being provided to staff who wish to give up smoking.

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 regulatory compliance system and processes.

In relation to Standard 4 Physical environment and safe systems, there is a system to ensure staff attendance at annual mandatory fire safety training and food safety guidelines are followed.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 4 Physical environment and safe systems. For example:

- Bin lifter maintenance

- Chemical training

- Fire training/chief warden training

- Food safety

- Infection control

- Ladder use

- Manual handling

- Safety and wellbeing

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. Storage areas are provided for equipment and mobility aids, walkways are free of trip hazards and gardens are maintained to ensure safety. Care recipients are encouraged to personalise their own rooms and utilise communal and outdoor areas. The home has a planned approach to maintenance through a preventative maintenance schedule and processes for corrective maintenance. A secure area is provided for care recipients at risk of wandering. The living environment is monitored through risk assessments, accident and incident reporting, audits, surveys and feedback from meetings. Care recipients/representatives expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety system to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies and actioned as required. Training is provided on the use of chemicals, manual handling and infection control at orientation, annually and as needs arise. Equipment is maintained and chemicals are stored securely for safety. Health and safety issues are discussed through meetings and directly with management. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's policies and procedures are documented to manage fire safety, evacuations and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Fire drills are conducted and staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located in key areas of the home and exits are clear of obstruction. External service providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff including procedures to maintain the security of the building after hours and at the weekends.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program which incorporates the areas of clinical, catering, cleaning and laundry. Infection control policies and procedures guide staff practice and include guidelines on outbreak management. Staff have access to hand washing facilities, anti-bacterial gel, outbreak management kits and personal protective equipment. The home has an annual immunisation program. Staff have been provided with training in infection control practices relevant to their role responsibilities. Laundry management includes the division of clean and dirty areas and colour coded laundry bags to minimise the risk of cross infection. Catering staff practices are in accordance with the home's food safety program. A pest control program includes monthly inspections and processes are in place for the management of clinical and general waste. Monitoring mechanisms include the collation, analysis and trending

on infection data, audits and observation of staff practices. Staff demonstrate knowledge of infection control principles during resident care and service delivery.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and the working environment for staff. Catering services are provided to meet care recipients' dietary needs and preferences, which are identified on entry and on an ongoing basis. Care recipients have input into the current menu through meetings and directly to management and catering staff. Cleaning of care recipients' rooms, communal areas and high cleaning is done in accordance with the cleaning duty lists and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. Laundry services are provided through the on-site laundry. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided.