



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

RSL Care Winders Lodge RACS ID: 0224

Approved Provider: RSL Care RDNS Limited

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

Reconsideration Decision made on 08 December 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 10 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 July 2015 to 21 December 2018

Reason for decision

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

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

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

This decision is effective from

21 July 2015

Accreditation expiry date

21 December 2018



Australian Government

Australian Aged Care Quality Agency

RSL Care Winders Lodge

RACS ID 0224

26 Winders Place

BANORA POINT NSW 2486

Approved provider: RSL Care 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 21 July 2018.

We made our decision on 10 June 2015.

The audit was conducted on 05 May 2015 to 06 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Australian Government
Australian Aged Care Quality Agency

Audit Report

RSL Care Winders Lodge 0224

Approved provider: RSL Care Limited

Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 06 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 May 2015 to 06 May 2015.

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

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

Assessment team

Team leader:	Mark Rankin
Team member/s:	Sandra Henry

Approved provider details

Approved provider:	RSL Care Limited
--------------------	------------------

Details of home

Name of home:	RSL Care Winders Lodge
RACS ID:	0224

Total number of allocated places:	40
Number of care recipients during audit:	39
Number of care recipients receiving high care during audit:	28
Special needs catered for:	Dementia and related conditions

Street/PO Box:	26 Winders Place	State:	NSW
City/Town:	BANORA POINT	Postcode:	2486
Phone number:	07 5524 5211	Facsimile:	07 5524 8466
E-mail address:	leoniesutcliffe@rslcare.com.au		

Audit trail

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

Interviews

	Number		Number
Residential Manager	1	Care recipients/representatives	12
Hotel Services staff	3	Team Leader Hotel Services	1
Care staff	3	Registered staff	2
Allied Health staff	2	Administration Officer	1
Maintenance Officer	1	Diversional Therapist	1

Sampled documents

	Number		Number
Care recipients' files	7	Medication charts	17

Other documents reviewed

The team also reviewed:

- Behaviour identification records
- Care recipients' information handbook and surveys
- Catering temperature and cleaning schedules
- Dietetic report
- Drinks list
- Employee volunteer compliance summary report
- Feedback register
- Fire safety statement and maintenance documentation
- Food safety licence
- Hazard and incident reports
- Infection control manual and audit
- Internal and external living environment
- Job descriptions
- Maintenance report building
- Meeting minutes
- Newsletters
- Pain assessment charts
- Protocols for bowel management
- Quality improvement plan and documentation
- Recruitment policies and procedures
- Resident list

- Self-assessment
- Staff handbook
- Supplement lists
- Weight charts
- Wound management matrix

Observations

The team observed the following:

- Activities in progress
- Brochures in display
- Care recipient/staff notice board
- Equipment and supply storage areas
- Firefighting equipment and fire board
- Interactions between staff and care recipients
- Living environment
- Lunch time meal service
- Medication storage
- Menu on display
- Short group observation
- Storage of medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

RSL Care Winders Lodge (the home) has a continuous quality system program, maintained by the Residential Manager (RM). Improvement suggestions are captured through meetings, surveys, verbally, customer feedback and audits through the Quality Management System (QMS). Care recipients unable to complete a suggestion form are assisted by staff and are encouraged to raise concerns at meetings. Improvement forms are collected, reviewed and entered into the QMS by the RM who monitors through feedback from care recipients, staff and meetings. The quality system is monitored organisationally in conjunction with the Quality Improvement Plan (QIP). The RM provides feedback to originators of suggestions. Care recipients and staff are familiar with the home's forums to initiate a suggestion and are satisfied that management is receptive to their suggestions, gives feedback and responds to their requests in a timely manner.

Recent examples of improvements related to Standard 1 include:

- As a result of feedback from care staff and increased falls during the morning shift, the home has adjusted shift starting and finishing times, and extended the three hour float shift to a full 7.6 hour shift. Both initial morning shifts now finish together at 2:30 pm instead of a one-hour differing finish times previously. As a result of this, falls have decreased with staff commenting that they now work as a team and can engage care recipients more during their working shift, as they now have three full shifts catering to care recipient needs.
- To increase teamwork and improve clinical conversations for care recipients so that correct clinical information is relayed, the home has introduced an acronym based reminder system. This system supports good communication to improve care recipient safety through clear, concise, focussed and relevant clinical conversations. Staff commented positively on the system.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to address regulatory compliance, identifying updates to legislation, regulatory requirements, professional standards and guidelines through involvement with professional bodies and industry memberships. Policies are written and reviewed organisationally with management communicating the information to staff using meetings,

memoranda and staff education sessions. Minutes of meetings are available to staff to ensure accurate knowledge, as are copies of policy, intranet access, procedures, professional guidelines and legislative requirements for example police certificates, professional staff qualifications and reportable assaults. Compliance is monitored by the RM, the risk management framework and observation by key personnel, incident reporting, quality system audits and via the home's management systems. Stakeholders were informed in advance of the Australian Aged Care Quality Agency re-accreditation audit visit.

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 systems to ensure that management and staff have appropriate knowledge and skills to be effective in their roles through education and ongoing staff development. The home encourages personal development through their education program and encourages staff to continually improve their skills and knowledge. Education needs are captured using staff requests, identified skill requirements and trend analysis with education programs implemented by management. Staff are informed of mandatory education and training records are available on site, with attendance at mandatory sessions monitored by the RM. Additional education opportunities are available to staff on a range of topics such as compulsory reporting, health safety and wellbeing, effective documentation and staff communication, designed to parallel mandatory training requirements. Evaluation of education is conducted via staff feedback and skills assessments to monitor the education and staff development program.

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

Care recipients/representatives and interested parties have access to internal and external mechanisms to raise issues at the home. Initiators of compliments and complaints are responded to by management, with action taken to quality improvements, if required. Care recipients/representatives are able to raise issues with management using written documentation and at meetings. Care recipients are informed of the internal and external comments and complaints mechanisms on entry to the home through verbal and written communication and at resident meetings. Information is on display internally at the home. Care recipients/representatives are familiar with the mechanisms to raise complaints and are satisfied that issues are resolved in a timely manner.

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

Management incorporates documented organisational values into the home's daily activities. These statements are available to care recipients/representatives, staff and other interested parties via a variety of information documents. The home's Charter is provided to care recipients/representatives in resident information documentation and to staff during orientation. The home's charter, inspiration and ideals are displayed throughout the home.

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 human resource policies and a formal recruitment system maintained organisationally and by the RM that includes interviewing, appointment and orientation of staff. Police certificates, evidence of qualifications and reference and registration checks form part of the recruitment process. Care recipients' changing care needs, staff availability and skill mix are monitored and form the basis for staff rostering by Administration and the RM. Employment contracts, position statements, the orientation process and participating in education sessions ensure new staff members are aware of the requirements of their positions. A range of strategies is used to manage staff performance and include a probationary period, ongoing performance reviews, competency checks and supervision of staff. Care recipients/representatives are satisfied with the responsiveness of staff and the care they receive.

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 systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from care recipients and staff through meetings are included in the processes of maintaining and introducing new equipment, as is management input. Storage for equipment and goods is available at the home with staff able to access storage areas. Stock levels are ordered and monitored by the clinical team and the RM. Preventative maintenance schedules monitor equipment useability, including daily monitoring through maintenance requests by the Maintenance Officer (MO). Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

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 processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, care recipients and personnel files, locking of storage areas and offices and restricted password access to computers. Information is updated to guide care delivery and administration needs of care recipients with back-up systems in place to prevent loss of information. Information is communicated to staff via meetings and meeting minutes, memoranda, notice boards, intranet, handover processes and care recipients' clinical files. Staff have position- limited access to electronic information. Management communicates with care recipients/representatives via newsletters, meetings, feedback sheets and one-to-one discussions. The home has policies for archiving and destroying documents. Care recipients/representatives and staff are satisfied with information management provides to them.

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 service agreements are reviewed organisationally and by the RM. The home has contracts with external services including, but not limited to, air conditioning, allied health professionals, continence products, medical and chemical supplies. Feedback from identified key personnel, care recipients and representatives is provided to management to ensure quality services are maintained. Service providers are supervised by relevant personnel when conducting services at the home with a contractor sign in log located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

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.

Recent examples of improvements related to Standard 2 include:

- As a result of feedback from staff, a new end of life pathway has been created to promote best practice in palliative care for care recipients. Information within the folder informs staff of documentation requirements and procedures to best support them in delivering care to care recipients. Staff commented positively on the folder and information contained.
- Following feedback from a registered staff member to improve infection control regarding care recipient nail care performed at the home, individual nail care bags have been introduced for each care recipient. Each bag contains clippers, emery boards and nail brushes with care staff commenting positively on the bags and their immediate availability when required enabling a timely response to care recipients’ needs.

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 compliance systems and processes.

In relation to Standard 2 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff are aware of their responsibilities in relation to the notification of unexplained absences of care recipients and medication management.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to manage the ongoing education program.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples include wound, heat pack use, client assessment and documentation and behaviour education. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Initial clinical care needs are determined through reference to available medical assessments, hospital discharge summaries, and conduct of a baseline health assessment by registered nursing staff and interviews with the care recipient and/or representative. An interim care plan is developed to guide nursing and care staff, as to care recipients’ specific care needs. A series of focus assessment tools are used to record baseline data and this information, together with a review of progress note entries and regular discussions with the care recipient and care staff assists in the development of individualised comprehensive care plans. General practitioners visit on a regular basis and are available for consultation with nursing staff at other times. Monitoring of clinical care is undertaken through the analysis and review of clinical incident data and audits, which are reported through the registered nursing staff monthly meetings. Care recipients receive appropriate clinical care and are satisfied with the clinical care services provided by staff at the home, their designated general practitioner and visiting allied health personnel.

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

Appropriately qualified nursing staff provides care recipients’ specialised nursing care needs. Information from initial and ongoing assessment processes is reflected in care plans and specialised nursing care documentation. Where necessary, referral to allied health personnel and external health specialists occurs. Outcomes of specialised nursing care are evaluated through regular care plan review, care recipients’ feedback and consultation with general practitioners and allied health personnel, as required. Access to clinical training resources assists staff to provide care for care recipients with specialised care needs; appropriate equipment and supplies are available. Care recipients are satisfied with the care provided and the support received for their specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients have access to a range of health specialists according to their assessed needs and preferences. The home maintains contracts and agreements with allied health specialists and currently services are available from a dietitian, speech pathologist,

optometrist, hearing services and a local dental clinic. Initial and ongoing assessment processes identify a care recipient's need for other health and related services; registered staff or a general practitioner initiates appropriate referrals. The results of referral consultations are documented; with recommended care changes incorporated into care plans. The effectiveness of care is evaluated through clinical care evaluation processes and the care recipient's feedback. Care recipients are satisfied with their access to health specialists, the choices available and staff assistance in accessing external appointments.

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 policies and procedures, appropriately qualified staff and ongoing review processes to ensure safe and correct management of care recipients' medications. Registered nurses oversee the medication management system and along with enrolled nurses and personal care workers, who have completed competency assessments assist care recipients with their medications. General practitioners and pharmacists review medication orders and charts and charts include information such as photographic identification, resident allergies and instructions for administration, specific to individual needs. As required (PRN) medications are monitored for effectiveness and outcomes are documented. Processes for ordering, delivery, monitoring and return of medication items are audited to ensure medications are dispensed, stored and administered safely and effectively. Care recipients are satisfied with the management of medications and the assistance provided by staff.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The pain management needs of care recipients are identified through the use of both verbal and non-verbal assessment tools. Tailored pain management care plans provide details of strategies considered effective in reducing pain. The pain management program includes interventions such as massage by the physiotherapist and registered nursing staff, gentle exercise, the application of heat packs and regular position changes. Pharmacological measures include the use of prescribed regular and/or as needed 'PRN' oral pain relieving medications and transdermal narcotic patches. Monitoring and evaluation processes include ongoing reassessment of pain, identifying when existing pain management strategies are ineffective, the occurrence of new pain and/or the need for additional health professional referrals and consultations. Care recipients are satisfied with the help and support provided to assist them to remain as free from pain as possible.

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 and their families’ wishes relating to ‘end of life’ are identified as early as possible and all care plans are updated when a resident is palliating. A special needs’ care plan is designed to reflect individual care needs, preferences and required care interventions including pain management and comfort measures. Representatives from different religious denominations are available to provide spiritual support if requested. Involvement of family members and ongoing monitoring processes ensure residents’ physical, emotional and spiritual needs and preferences are identified and met. The home has access to a palliative care specialist. Staff demonstrate awareness of care interventions required to provide comprehensive care and comfort for care recipients and emotional support for their families.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive nutrition and hydration according to their assessed needs and preferences. Initial and ongoing assessments include reference to individual resident food allergies, catering preferences, special dietary requirements, swallowing difficulties and specialised equipment requirements including modified cutlery and plate guards. Assessments are documented in care plans and this information is transferred to the dietary catering form forwarded to the kitchen and hospitality staff. Care outcomes are monitored through regular recording of care recipients’ weights; audits and regular care plan evaluations. Referrals to the speech pathologist and/or dietitian are made as necessary. Staff monitor care recipients’ ingestion of supplements and encourage the intake of additional fluids, especially in times of hot weather to maintain adequate hydration. Care recipients are satisfied their nutrition and hydration needs are being met and staff provide assistance where required.

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

Assessment, review and evaluation processes identify care recipients’ skin integrity status and the potential for skin breakdown. Care plans document identified risks and interventions aimed at maintaining skin integrity consistent with the care recipient’s general health. Interventions including position change, application of emollients, limb/heel protectors, pressure relieving mattresses, nutritional supplements, together with routine nail and hair care are also addressed. Care outcomes are monitored through regular care plan evaluations, audits and investigations of incidents involving breaks in skin integrity. Wound care processes include initial and ongoing assessment, evaluation of interventions and review of progress towards healing. Advice may be sought from general practitioners and/or external health professionals regarding the management of complex wounds. Care recipients

are satisfied measures are in place to ensure their skin integrity status is consistent with their general health.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

In consultation with care recipients, continence is assessed to identify the nature and level of any incontinence during the initial assessment process. Details gathered are used to inform the development of continence programs and care plans. Monitoring of care outcomes includes regular care plan evaluation, audits and care recipients’ feedback. Increased incontinence prompts reassessment and investigation of potential causes. Ongoing review processes enable prompt detection of and attention to risk factors such as urinary tract infections and/or constipation. Individualised programs to manage/prevent constipation include dietary interventions and administration of prescribed medications. A link nurse oversees the ordering and use of allocated aids and ensures sufficient supplies are available. Staff have access to relevant education/training through the home’s continence products service provider. Care recipients are satisfied with the level of assistance and aids provided to manage their continence.

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 baseline assessment identifies care recipients with impaired cognition and a focus tool is completed to identify strengths and limitations. Interventions are implemented to minimise care recipients demonstrating challenging behaviours, manage the potential for such behaviours and to protect the safety and rights of the care recipients and others. Individual care plans reflect assessment information and input from care recipients and/or representatives, care staff and the general practitioner. Staff access relevant external services as required. Care outcomes are monitored through observation, regular care plan evaluations, reassessment and recording/analysis of behaviour incidents. Staff demonstrate awareness of appropriate interventions to care for individuals, and were observed to reflect this understanding in their practice. Ongoing episodes of challenging behaviours are analysed through the home’s incident reporting system. Care recipients are satisfied with the management of any incidences of challenging behaviours and report they feel safe and secure in their environment.

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 initially identified through assessment processes, including assessment for the risk of falls. A physiotherapist conducts an assessment on entry and at regular intervals thereafter. Individualised care plans include

manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Care staff assist care recipients with passive exercises during daily care routines; the physiotherapist develops exercise programs. Staff are trained in the use of manual handling techniques and implement strategies to prevent or minimise falls, with the aim of assisting care recipients to achieve and maintain optimal mobility. Additional activities to promote independence are incorporated into a regular exercise program and leisure activities that emphasise mobility. Care recipients are satisfied with the level of support and assistance provided to maintain optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental needs are identified through initial and ongoing assessment, review and evaluation processes. The level of assistance required is included in individual care plans, which document either the presence of dentures or own teeth and specific care strategies required. Oral hygiene is provided as part of daily personal care. Outcomes of oral care are monitored through reassessment, regular care plan evaluations and through reports following referrals to dental services. Care recipients are assisted to attend external dental services, where necessary and equipment and products are available to provide oral care. Care recipients are satisfied with the level of support and assistance provided to maintain their oral and dental health and care.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients’ sensory impairments and associated needs are identified through initial and ongoing assessment processes. Individual care plans, provision of assistive devices, and modification of the environment and assistance with activities of daily living support residents with specific sensory needs. A range of care strategies, including help with assistive devices and referral to relevant specialists are implemented as required. Care outcomes are monitored through feedback from care recipients and care plan evaluations. Staff demonstrate an awareness of individual care recipients’ sensory impairments and specific care strategies and considerations. Care recipients are satisfied staff are sensitive to their sensory losses and provide assistance as needed.

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

Assessment processes identify care recipients’ sleep patterns, settling routines and personal preferences. Individual care plans document interventions designed to help the achievement and maintenance of natural sleep patterns. Night routines support an environment conducive to sleep with staff implementing assistance support and comfort measures and administering

prescribed medication, if required. Staff are aware of individuals' sleep/rest patterns and personal routines and provides additional support for those with disturbed sleep. Care recipients' report they are able to sleep comfortably and are satisfied with the support provided by staff should they wish to take naps during the day or have varied retiring and rising times

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.

Recent examples of improvements related to Standard 3 include:

- As a result of suggestion from staff as to the calming effects and increase in social interaction between care recipients, if a fish tank was introduced at the home, management has installed a large fish tank in the main activities room. We observed during our visit care recipients discussing the fish and interacting on an individual basis on numerous occasions with staff commenting that the fish have become part of the home and they have had an additional benefit in calming care recipients who may be experiencing dementia.
- Following care recipients’ requests to have a dog at the home, management have purchased ‘Sam’ the dog. Sam has become an integral member of the home’s family. Care recipients commented positively on Sam’s presence and during our visit to the home, we observed them interacting with Sam. Sam has designated duties to provide one on one interaction with care recipients and attends all functions in order to interact with care recipients. When not on duty Sam wanders the home, seeking out care recipients, who are always up for a chat.

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 compliance systems and processes.

In relation to Standard 3 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff are aware of their responsibilities in relation to alleged and suspected reportable assaults.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to manage the ongoing education program.

In relation to Standard 3 Care recipient lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples include dementia, behaviour, and privacy and dignity. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

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

Prospective care recipients receive information about the home prior to entry. Orientation processes are designed to assist with adjustment to the new living environment. Care plans document interventions and preferred support mechanisms. Care and lifestyle staff provide emotional support and assist care recipients to become familiar with routines in the home. Staff monitor care outcomes through reassessment, personal contact with care recipients and family members, observation and care plan evaluation. Care recipients are satisfied with the support received from staff during their settling in period and with the ongoing support provided by management, all categories of staff and volunteers.

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

Information concerning care recipients' previous interests and lifestyle as well as their current interests and abilities is gathered during the settling in period. This data informs the development of care plans. Individuals are encouraged and supported to be independent socially, physically and financially and to maintain friendships and to continue local community activities as they attended prior to entry. Care recipients are assisted with those aspects of personal care and other activities they are unable to manage unaided; reassessment, individual risk assessments and care evaluation processes identify additional interventions needed to support individual preferences for maintaining an independent lifestyle. Staff assist care recipients to maintain their civic and legal rights and to exercise control of their lives to their optimal capacity. Care recipients report they are encouraged and supported to be independent in all aspects of their lives.

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

Entry processes provide care recipients with information about their rights, including their right to privacy. Staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality regarding all aspects of care requirements and personal information. Established administrative processes protect care recipients' personal information and identify /address potential breaches of privacy and confidentiality. Staff described how they maintain respect for privacy and dignity and individual preferences while providing care and services. Outcomes of care are monitored through care recipient feedback and observation of staff practice. Care recipients report staff are courteous and respectful of their privacy.

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

Initial and ongoing assessment processes, including completion of a social and cultural profile, identify care recipients' past and current leisure interests. Care plans reflecting individual care recipients' physical, sensory and cognitive abilities and identified interests are developed and reviewed by the diversional therapist. Ongoing processes for planning, delivering and evaluating lifestyle programs consider residents' interests and capabilities. Care recipients are informed of activity programs through established communication processes; activities are monitored and evaluated through resident meetings and surveys, individual feedback, comments and complaints and review of participation rates. Care recipients report a range of activities are offered and staff assist them to be involved in solo or group activities of their choice.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans to assist staff to foster and value individual care recipients beliefs and customs. Pastoral care visitors from various denominations visit and care recipients are assisted to attend church services outside the home. The catering service is able to provide for specific cultural dietary needs and preferences; celebrations are held to mark days of religious and cultural significance. Outcomes of care are monitored through feedback; regular care plan evaluation and comments and complaints processes. Care recipients are satisfied that their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Care recipients and their representatives are encouraged to participate in decision-making through processes relating to care planning and delivery and lifestyle choices. Care recipients are identified through initial and ongoing assessment processes; resident meetings, surveys, comments and complaints processes and daily contact between staff and care recipients. Staff respect and accommodate care recipients' choices, such as times for daily hygiene cares, evening retiring times and attendance at group activities. Care recipients are encouraged and supported to make individual choices, and to continue to participate in the wider community as they wish. Opportunities for residents to exercise their decision-making rights are monitored through care plan evaluations, feedback and satisfaction surveys. Care recipients and representatives report they are satisfied with choices offered in matters relating to the care and services residents receive.

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 representatives are supplied with written and verbal information regarding care and service provision prior to entering the home. Documents including a residential care agreement and resident information booklet provide information about terms and conditions of tenure, fees and charges, compliments and complaints process and Care recipients' rights and responsibilities. Ongoing discussion with care recipients and their representatives ensures that care needs are met and care recipients remain secure in their living arrangements. Care recipients are aware of their rights and responsibilities and are satisfied their tenure at the home is secure.

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.

Recent examples of improvements related to Standard 4 include:

- It was identified that the large green waste disposal bins were too big and difficult for staff to move and position kerbside for collection. As a workplace safety initiative, the home has changed the larger bins to an increased number of smaller bins for staff to use. Staff commented and documentation confirmed that the new bins are easier to handle and can be moved to the kerbside safely.
- Management identified that an area of the home could be used as an outdoor setting for care recipients to enjoy social gatherings. An area has been located, with a roof installed over an eight seater circular table for care recipients to use. One care recipient who used the table for an early morning coffee said ‘it’s a great idea’ and they look forward to joining other members of the home at the table for get-togethers. Management informed us that a men’s group would be established to utilize the area as well.

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 compliance systems and processes.

In relation to Standard 4, the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. The home’s food safety program has been accredited by Council with food safety training available to guide staff with all staff attending fire training.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples include infection control, chemical handling and slips and falls with staff feedback demonstrating their knowledge and responsibilities under Standard 4 outcomes.

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 has processes to provide a safe and comfortable environment both internally and externally with care recipients encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs and cover all areas of the home. Effectiveness of cleaning is monitored through audits, the Hotel Services Team Leader and the RM. Identified hazards are risk assessed and actions taken through the plan for continuous improvement. The Maintenance Officer and external contractors conduct preventative and corrective maintenance. Consent and authorisation is obtained for those care recipients who may require protective assistance with care recipients individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Staff are aware of practices that ensure the safety and comfort of residents. Care recipients/representatives are satisfied with the living environment of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Work health and safety policies and procedures, risk assessments and audit tools are used to guide the home's safety system that is monitored by the RM and the organisation. The home's designated staff member combined with the safety system including hazard/incident reporting, staff training and maintenance activities ensure the home is a safe environment to work. Care recipients are informed about the safety system through regular meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the RM and designated safety staff with deficiencies discussed at meetings. Staff have access to hazard/incident reporting forms; safety training is provided to staff during orientation and workplace health and safety is part of the home's training program. Staff are satisfied that management provides 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

The home actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks through the use of an external provider monitoring all fire and safety processes. Emergency exits are clearly marked; pathways to exits are free of obstructions with exit doors operating as designed. Electrical equipment is inspected by the MO. Staff are provided with fire safety education at orientation and annually. Fire safety is part of the home's orientation and mandatory training programs and fire drills are conducted regularly. Staff have access to resident emergency lists, emergency plans/procedures and firefighting equipment. Evacuation diagrams are displayed in public areas throughout the home. Work instructions for night duty staff include lock up procedures, and visitors/contractors are required to sign a register when arriving on-site. Staff and care recipients are knowledgeable of the home's fire and emergency procedures with care recipients feeling safe at 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 an infection control program consisting of preventative procedures and practices, appropriate and sufficient equipment and staff training relevant to their role and responsibilities. The home has pest control measures, waste management processes and a vaccination program in place for staff and residents. Staff have access to hand washing facilities and personal protective equipment located throughout the home. There is information to guide infection control processes throughout the home with outbreak information to guide staff practice should an outbreak occur. There is a monitoring program that oversees the incident of infections to identify trends that may occur. Staff attend infection control training on a yearly basis and have knowledge of and practice infection control principles during 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

Catering services are provided to meet care recipients' dietary needs and preferences that are identified on entry and on an ongoing basis. Meals are stored and regenerated on site and served in the various dining rooms and transported to rooms as required. Care recipients have input into the menu verbally, through feedback forms, and meetings. The home's kitchen has monitoring systems to ensure food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure resident rooms; common areas and service areas are cleaned on a regular basis with all laundry being done off site at another of the organisation's homes. Care recipients have the choice to do their own personal laundry on site if they wish, with laundry delivered in individual baskets promoting privacy and dignity to each resident. The home

monitors the effectiveness of hospitality services through care recipient/representative feedback and regular control audits, with identified deficiencies are actioned in a timely manner by the RM and services staff. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided by the home.