

Sunnymeade Park Aged Care Community

RACS ID: 5208

Approved provider: Jomal Pty Ltd

Home address: 362-376 King Street CABOOLTURE QLD 4510

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| Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 22 August 2020.We made our decision on 22 June 2017.The audit was conducted on 22 May 2017 to 24 May 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home’s progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the ‘Most recent decision concerning performance against the Accreditation Standards’ listed below.

# Most recent decision concerning performance against the Accreditation Standards

## Standard 1: Management systems, staffing and organisational development

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

Care recipients’ physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Sunnymeade Park Aged Care Community

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# Introduction

This is the report of a Re-accreditation Audit from 22 May 2017 to 24 May 2017 submitted to the Quality Agency.

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

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

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

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

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

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

* 4.4 Living environment

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 22 May 2017 to 24 May 2017.

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

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

# Details of home

Total number of allocated places: 158

Number of care recipients during audit: 151

Number of care recipients receiving high care during audit: 145

Special needs catered for: People with behavioural and psychological symptoms of dementia

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Director of nursing | 1 |
| Supervising registered nurse | 1 |
| ACFI registered nurse | 1 |
| Registered nurse | 1 |
| Enrolled nurses | 5 |
| Care staff | 7 |
| Administration staff | 2 |
| Catering staff | 4 |
| Care recipients/representatives | 26 |
| Lifestyle staff | 4 |
| Laundry staff | 2 |
| Cleaning staff | 4 |
| Maintenance staff | 1 |
| Allied health professional staff | 1 |
| Finance manager | 1 |
| Director | 1 |
| Housekeeping supervisor | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ clinical and lifestyle files | 24 |
| Medication charts | 20 |

## Other documents reviewed

The team also reviewed:

* Activities program, procedure and evaluation
* Archive register
* Audit program
* Blood glucose monitoring forms
* Bowel charts and bowel management protocol
* Care recipients’ information handbook
* Cleaning program and schedules
* Clinical indicator reports
* Compliments and complaints forms
* Consent forms
* Continuous improvement plans
* Contractors and preferred supplier registers
* Controlled drug register
* Day book
* Dietary summary sheets and lists
* Doctors referral book
* End of life pathway
* Enteral feeding chart
* Evacuation diagrams
* Exception reports
* External audits
* Fire and emergency plans and lists
* Food business licence
* Food safety plan, records and audits
* Hazard forms
* Incident reports
* Infection incidents
* Job descriptions
* Legislative updates information
* Lifestyle profile
* Maintenance program and records
* Mandatory reporting folder
* Menu
* Minutes of meetings
* Mission, vision, philosophy and values
* Newsletters
* Nurse initiated medication directives
* Orientation checklists
* Oxygen directives
* Patch application history
* Pathology reports
* Performance appraisals register
* Police certificate matrix
* Policies and procedures
* Position descriptions
* Privacy policy
* Professional nursing staff registrations
* Purchase orders
* Residential agreement
* Restraint assessment and authorisation
* Safety business improvement plans
* Safety data sheets and chemical register
* Self-assessment
* Self-medication assessment
* Service agreements
* Service reports
* Social history profile
* Staff handbook
* Suggestions folder
* Surveys
* Training reports and records
* Treatment lists
* Volunteer handbook
* Weight records
* Weight review forms
* Wound assessments and treatment plans

## Observations

The team observed the following:

* Activities in progress
* Care equipment
* Clinical waste disposal containers
* Confidential feedback boxes
* Equipment and supply storage areas
* Evacuation signage and exit paths
* Interactions between staff and care recipients
* Intranet site
* Lap and leg restraints in place
* Living environment
* Meal and beverage services
* Medication administration
* Notice boards - General
* Notification poster on display for reaccreditation audit
* Online training systems
* Outbreak management kit
* Sharps containers
* Short group observation
* Smoking areas
* Staff handwashing and using gloves
* Treatment trolley and dressing supplies

# Assessment information

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

## Standard 1 – Management systems, staffing and organisational development

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

### Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Sunnymeade Park Aged Care Community (the home) has a quality framework to assist in the active pursuit of continuous improvement. This framework consists of feedback mechanisms and monitoring activities to assist in the identification, actioning and evaluation of improvements. Care recipients, representatives and staff are encouraged to have input into the system through both verbal and written feedback such as suggestions, comments and complaints processes, meetings and satisfaction surveys. Monitoring processes such as internal audits are implemented and are used to assist in identifying further opportunities for improvement. Management capture improvement opportunities on registers and these are tracked for completion. Management and staff provided examples of improvements across all four Accreditation Standards. Care recipients, representatives and staff are overall satisfied they are able to provide feedback or raise suggestions for improvement at the home.

Improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

* Following a staff suggestion, the home undertook an initiative to enhance staff engagement and education through the introduction of a series of ‘education lunches’. Sessions are held on a monthly basis with lunch provided. Prizes are also awarded for staff attending the session. Two sessions are held on the same day to capture more staff and staff are also involved in choosing the next month’s topic. Feedback from management and key staff advised the sessions have been running for three months and are well attended by staff. Staff have also provided positive feedback on this initiative via training evaluation forms.
* The home identified that while they had an auditing program audits were not always followed up or monitored. As a result, quality has been designated to a staff member with previous skills in quality and systems thinking. Additional hours were allocated to support this person in the role. Results of previous and current audits are now being captured in the home’s plan for continuous improvement with actions recorded and monitored. The home has also commenced a process so that when an audit is undertaken, a copy of the home’s relevant policy is also reviewed to identify changes. Management advised these changes have resulted in improved coordination of quality activities within the home.

### 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 processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Monitoring of changes to legislation and regulations is undertaken by various key personnel through alerts, subscriptions and updates from industry bodies. Identified changes are communicated to relevant staff via emails, meetings, correspondence or via the home’s education program. Published materials or information resources are accessed by the home and documents including policies/procedures are generally updated to refer to relevant legislative requirements. The home monitors compliance through audits, assessments and the use of internal monitoring tools such as registers.

Particular to this Standard, there are generally processes to ensure all staff, volunteers and relevant contractors have a current police certificate and care recipients/representatives are advised of scheduled re-accreditation audits.

### 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 processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Recruitment and selection processes are implemented to identify the suitability of staff for the role. New staff are orientated through the use of online learning modules, an orientation checklist and buddy shifts. Ongoing training needs are identified through quality activities, performance development plans and feedback from staff. Staff are required to undertake mandatory training on an annual basis relevant to their roles; processes are implemented to monitor staff completion of required training. A variety of delivery methods are used to support the transfer of knowledge and skills to staff including tool box talks, face to face sessions and online learning modules. The home maintains training records and evaluates individual training sessions through feedback processes. Care recipients and representatives expressed satisfaction with the skills and knowledge of staff.

##### Education provided relevant to Standard 1 includes, but is not limited to, orientation, teamwork, electronic rostering system, accreditation and the aged care funding instrument tool.

### Comments and complaints

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

#### Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are generally supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, their representatives and other interested people have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal.

### Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

##### The organisation has documented its mission, vision, philosophy, values, objectives and commitment to quality. This information is captured in handbooks and the organisation’s website.

### Human resource management

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

#### Team’s findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and orientation processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. Clinical care processes are managed by the Director of nursing (DON) and Supervisory registered nurses (SRN). Registered nurses are available to supervise care staff and manage specialised nursing care needs. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives are satisfied with the availability of skilled and qualified staff and the quality of care and services provided.

### Inventory and equipment

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

#### Team’s findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available for service delivery. The monitoring and ordering of equipment and stock is designated to staff, with reordering processes in place with preferred suppliers. Stock and equipment needs are reviewed in response to an identified need and action taken. Goods are checked on receipt, rotated and securely stored. Staff are provided with instruction on the correct use of equipment/supplies. A preventative maintenance program is established; equipment is serviced and ongoing repairs/replacements are undertaken through the home’s maintenance request system. Care recipients, representatives and staff are satisfied there are sufficient supplies of goods and equipment is in good working order.

### Information systems

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

#### Team’s findings

The home meets this expected outcome

The home has systems to provide stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Information management systems support clinical care, care recipient lifestyle, human resources, regulatory compliance, safety and continuous improvement. The home regularly reviews its information management systems to ensure they are effective. Staff are satisfied they have access to current and accurate information. Care recipients and representatives are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 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

Processes ensure external service providers meet the needs and service requirements of the home. The home identifies those services where an external provider is required and service agreements, contracts and a list of preferred suppliers are established. Service agreements outline the terms and conditions as well as any special requirements or pricings. Management and designated staff monitor the performance of providers when onsite and via feedback processes. Where performance is not satisfactory there are processes to address identified issues. Care recipients and representatives and staff are satisfied with externally sourced services at the home.

## Standard 2 – Health and personal care

Principle: Care recipients’ physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

Example of improvements undertaken by the home in relation to Standard 2 Health and personal care include:

* Following a review and suggestion by an allied health professional to increase care recipient involvement in exercise programs, a ‘box of tricks’ have been created. The box includes games such as fishing, ball games, darts and other activities that are incorporated into the program in order to motivate and to make exercises more fun for other care recipients. The program has recently been implemented and is currently being delivered by the physiotherapy aides. Initial feedback reported by management and key personnel has been positive with greater number of care recipients participating in exercise related activities.
* Management identified an opportunity to improve the home’s medication management meetings. Previously management would attend these meetings offsite with other providers and the information was not always relevant. To improve this process, the home has established onsite medication management meetings. The meetings include presentations from the home’s pharmacy. Management advised that as these meetings are held before the registered staff meetings, it enables registered staff greater opportunities to participate. In addition, the home has been able to hold more relevant discussions and identify improvements to the home’s medication system.

### 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 organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to medications, professional staff nursing registrations and unexplained absences of care recipients. Processes are in place to ensure these requirements are met.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

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

Particular to Standard 2 Health and personal care, staff have been provided with education sessions in relation to continence, dementia, medication, foot care and falls prevention.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

A clinical management system has been established to ensure that care recipients receive appropriate clinical care. Guidelines are provided to promote consistency of practice. Processes are in place for identification and assessment of care recipients’ care needs, referral to medical and/or allied health professionals when indicated, and care planning in consultation with care recipients’ and/or their representatives and the health care team. Implementation of care is undertaken as directed and review/evaluation of the effectiveness of care is undertaken on a regular basis. The effectiveness of the systems and process for supporting appropriate clinical care is monitored by SRNs through the incident reporting system and internal audit and survey processes. Care recipients and representatives are satisfied with clinical care, the consultation processes, and the way care is delivered.

### 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 with specialised nursing care needs are identified and their needs assessed in consultation with the care recipient and/or their representatives and the health care team. Types of specialised care provided include catheter care, blood glucose monitoring and diabetes management, percutaneous endoscopic gastrostomy (PEG) feeding, management of complex wounds, ostomy care, oxygen therapy and anticoagulant therapy management. The home has access to external nursing services to support the provision of specialised nursing care if needed. Care strategies are developed and recorded within care and treatment plans, and care is implemented and regularly reviewed. Appropriate equipment and sufficient stock is available to enable care and treatment to be provided effectively. Care recipients and representatives are satisfied with the 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 services in accordance with their needs and preferences. Care recipients’ needs are identified and assessed and referrals are made for medical and/or allied health professionals’ assessment and management, as needed. Referrals are initiated and recommendations for care and management are recorded and communicated to relevant staff. Implementation of care is monitored and the effectiveness of care is regularly reviewed. Care recipients and representatives are satisfied with other health and related services provided and with consultation processes.

### 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

A medication management system has been established to ensure that care recipients’ medication is managed safely and correctly. Medications are prescribed by the medical practitioner and are dispensed by the pharmacist. Information about the time and frequency of medications and alerts about medications not packed is communicated to staff to ensure medications are given as prescribed. Qualified nursing staff and competency tested care staff administer medications in a safe and correct manner and medications are stored appropriately. The care recipient’s medical practitioner regularly reviews their medications and effectiveness. The effectiveness of the medication management system is monitored through the internal auditing and incident reporting processes, and action is taken to address deficiencies. Care recipients are satisfied with the way their medications are managed.

### 2.8 Pain management

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ pain is identified and factors contributing to pain are assessed and referrals for medical and allied health assessment are initiated as needed. A variety of pain management strategies are available for care recipients to ensure that they remain as free as possible from pain and these strategies are communicated to staff and implemented. Staff outlined pain management strategies for individual care recipients; care and treatment plans and clinical documentation records action taken in response to care recipients’ reports of pain. The effectiveness of pain management strategies is regularly monitored and reviewed. Care recipients advised their pain is managed effectively.

### 2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

#### Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained and information about their care needs and changes in care requirements, are communicated to staff within the care documentation and verbally throughout the shift. Palliative care, symptom management and psychosocial support is provided for care recipients by nursing staff and care recipients’ medical practitioners in accordance with identified needs and preferences. Psychosocial and emotional support is also offered to representatives and other care recipients as needed. Specialised equipment is available if needed. Care recipients’ choices and preferences in relation to their end of life care is recorded and regular discussion occurs with them and/or their representatives and the health care team in relation to changes in care recipients’ response to care, and consultation about ongoing care.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration and processes are in place to identify their food and fluid preferences and to assess care recipients at risk of impaired nutrition. Weight monitoring is undertaken and action is taken to address weight loss with care recipients being referred for medical and/or allied health assessment and management if nutritional deficiencies are identified. Monitoring is undertaken to ensure that care recipients’ special dietary needs are provided and assistance/supervision is given with eating and drinking in accordance with care recipients’ needs to ensure that their nutrition and hydration is maintained. The effectiveness of processes for ensuring adequacy of care recipients’ nutrition and hydration is regularly reviewed. Care recipients and representatives are satisfied with the quality, quantity and variety of food and fluids and with the assistance provided by staff.

### 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

Processes have been established to ensure care recipients’ skin integrity is consistent with their general health. Care recipients at risk of impaired skin integrity are identified through assessment, and care plan strategies outline measures required to maintain care recipients’ skin integrity. Breaks in skin integrity are recorded and reported through the incident reporting processes and if trends are identified, strategies are put in place to prevent recurrence. Wound treatment charts outline wound management strategies to facilitate continuity of care. Staff outlined strategies that they use to promote care recipients’ skin integrity; and pressure-relieving equipment is available and used as needed. Podiatry services are provided to care recipients on a regular basis. The effectiveness of strategies to promote skin care and the effectiveness of treatments is regularly reviewed. Care recipients and representatives are satisfied with the skin care provided.

### 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 management is addressed through identification and assessment of their bladder and bowel patterns, and the establishment and monitoring of programs to promote continence, to manage incontinence and prevent constipation. Programs are developed in consultation with care recipients and the health care team. Care recipients’ individual continence management programs are communicated to care staff and the effectiveness of the programs in meeting their needs is regularly reviewed. Care recipients and representatives are satisfied with the assistance provided by staff in relation to continence management.

### 2.13 Behavioural management

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

#### Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through the home’s assessment program in consultation with medical officers and family members. The home consults specialists in the behavioural and psychological symptoms of dementia including the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Team to assist in the development of effective behavioural management strategies. Care staff are involved in the identification of behaviour triggers and the trial of strategies to manage behaviours. Care recipients’ medical diagnosis, behaviour triggers and management strategies form part of their behavioural management care plan. Strategies include a secure living environment for care recipients at risk due to wandering behaviour, diversional therapy and in some cases the use of restraint for care recipients at risk of injury. The process to assess, authorise and monitor the use of restraint for care recipients at risk of injury due to challenging behaviours is managed by medical officers. Care plans are reviewed using a three month cycle or following the report of a behavioural episode. The home has a reporting system for behavioural related incidents and this system generally prompts a review by senior clinical staff. Care staff attend training in how to manage challenging behaviours and demonstrated a knowledge of current strategies to manage challenging behaviours. Care recipients and representatives are generally satisfied with the management of care recipients’ 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

Care recipients’ mobility and dexterity levels are achieved through the identification and assessment of care recipients’ dexterity, mobility and manual handling needs. The registered nurses and/or physiotherapist undertake assessments, provide treatments and/or delegates walking and exercise programs for care recipients as needed. Education is provided to staff to enable them to assist care recipients with their exercise program and to maintain and/or improve their mobility and dexterity in accordance with planned care. Aids are provided to promote independence in accordance with care recipients’ needs. Falls incidents are reported and trends are identified and preventive strategies are implemented where indicated. The effectiveness of strategies in identifying and managing care recipients with impaired mobility is regularly reviewed. Care recipients and representatives are satisfied with the assistance provided by staff to help care recipients maintain their mobility, dexterity and independence.

### 2.15 Oral and dental care

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is assessed and if needed, they are referred for specialist medical and/or dental services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to maintain care recipients’ oral and dental health are developed, communicated to staff and implemented. Staff are aware of the strategies to support care recipients’ oral and dental care. The effectiveness of strategies in maintaining care recipients’ oral and dental health is regularly reviewed. Care recipients and representatives are satisfied with the assistance provided by staff in relation to oral and dental 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 abilities are assessed and if sensory loss is identified, they are referred for specialist medical and/or allied health services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to effectively manage care recipients’ sensory loss are developed, communicated to staff and implemented. Staff are aware of the strategies required to support individual care recipient’s needs. The effectiveness of strategies in identifying and managing care recipients with sensory losses is regularly reviewed. Care recipients and representatives are satisfied with the assistance provided by staff to assist care recipients to manage sensory losses.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

Processes are in place to assist care recipients to achieve natural sleep patterns. Care recipients’ normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with them and the health care team. Care strategies are developed, communicated to staff and implemented in response to care recipients’ needs and preferences. The effectiveness of strategies in promoting natural sleep for care recipients is regularly reviewed. Care recipients are satisfied with the care and assistance provided to them to make them comfortable in bed and promote their sleep.

## 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 organisation’s continuous improvement systems and processes.

Example of improvements undertaken by the home in relation to Standard 3 Care recipient lifestyle includes:

* In response to a review of the activities program, the diversional therapy team has implemented new activities for care recipients. These include ‘the healing hens’ project where by hens visit the facility for an afternoon and the introduction of computer tablet information sessions run by the local library for care recipients. Diversional therapy staff said initial feedback has been positive from care recipients following these interactions and advised that due to the success of these activities these would continue to be provided on a regular basis.
* Following a review of the home’s diversional therapy program, a number of improvement initiatives were implemented to improve the delivery of this program. These included extending diversional therapy coverage, the introduction of an individual more systematic checklist for providing individual activities for care recipients and the creation of trolleys with tactile activities, crosswords and other items that support one on one activities. Staff advised following the implementation of these initiatives they now have better staff coverage to deliver the activities program. In addition, they have received positive feedback from both care recipients and staff who have reported positive changes in care recipients following these interactions including an improvement in emotional support.

### 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 organisation’s systems to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to care recipient lifestyle.

Particular to this Standard, the home generally has processes for the ensuring compliance with the reporting of reportable assaults, security of tenure and privacy and confidentially requirements.

### 3.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education processes. Education provided relevant to Standard 3 includes, but is not limited to, elder abuse, dementia meaningful activities and dignity of care.

### 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' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. Information systems, such as noticeboards, newsletters and meetings support care recipients to remain informed about what is happening at the home enabling them to raise issues and concerns. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Care recipients and representatives are satisfied care recipients are supported on entry to the home 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' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. There are mobility and lifestyle programs that support and promote care recipients' independence. The home's monitoring processes, including feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. Care recipients and representatives are satisfied with the information and assistance provided to achieve independence, maintain friendships and participate in the community within and outside the home.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in care plans. Care recipients’ personal, clinical and financial information is stored in a secure manner and access to electronic information is protected by passwords. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients and representatives are satisfied staff treat everyone with respect and feel their information is secure.

### 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' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. Care recipients are provided with information about the activity program offered at the home. Whilst they are encouraged to attend, staff respect their choices if they choose not to participate. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-to-one and community activities. Staff encourage and support care recipient participation. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interests to them.

### 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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. Care recipients are assisted to attend cultural activities conducted in the home and the community and days of significance are celebrated at the home. The home has access to support services such as volunteers and community groups. Care recipients' cultural and spiritual needs are considered in the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients and representatives confirmed care recipients' customs and beliefs are 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

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

### 3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

#### Team’s findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about complaints, when they enter the home. Key staff discuss information in the care recipient agreement with each care recipient and/or their representative. The care recipient's agreement is accompanied by an information handbook which outlines care recipient's rights, responsibilities and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 4 Physical environment and safe systems include:

* The home has undertaken a refurbishment program within an area of the home. This included repainting, upgrades to fire safety systems and fencing, the refurbishment of bathrooms and the replacement of flooring. Management and staff advised the new environment has brightened and modernised care recipients’ living areas area as well as improved the ability to clean the home. Care recipients expressed satisfaction with aspects of the living environment including the cleanliness of the home.
* A new meal delivery service has been implemented in one area of the home. This included the purchasing of specialised trolleys and heating equipment. Specialised equipment is heated prior to meals being plated to support the insulation and effective transport of meals to these areas. Staff received training in the new system and equipment. Key staff advised the new system ensures the temperature of meals delivered to care recipients is consistently hot. Care recipient and representative feedback indicated they are satisfied with the provision of catering services.

### 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 organisation’s systems to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems.

Particular to this Standard, the home has processes for identifying and ensuring compliance relating to food safety, fire and occupational health and safety.

### 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 processes. Education provided relevant to Standard 4 includes, but is not limited to, food safety, infection control, manual handling, work health and safety, chemicals and fire.

### 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 does not meet this expected outcome

Management are not able to demonstrate the home’s safety systems, practices and actions are effective in providing a safe and comfortable environment consistent with care recipients’ needs. Incident reporting systems are not consistently effective in identifying potential safety risks and the impact of behaviours on care recipients’ safety and comfort. Security systems implemented within the home do not enable care recipients to independently access other areas where there is no assessed need for a secure environment. Actions taken by management in relation to the designated smoking have not been effective to reduce the impact on other care recipients’ safety and comfort. Care recipients/representatives are dissatisfied with the safety and comfort of the living environment.

### 4.5 Occupational health and safety

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

#### Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has documented policies and procedures relating to the provision of a safe work environment. There are generally processes to identify, review and action safety issues through incident and accident reporting, discussion at meetings, hazard/maintenance identification, inspections and audits. Staff are provided with instruction in relation to their responsibilities and safety requirements on commencement and on an ongoing basis as part of the home’s annual training program. Maintenance programs are implemented for equipment which is inclusive of electrical safety testing. There are processes to ensure the safe management of chemicals. Staff demonstrated an awareness of how to report accidents, incidents, hazards and maintenance issues. They reported satisfaction with the safety of their work 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 has processes to provide safe systems of work that minimise fire, security and emergency risks. Documented procedures for fire and other emergencies are established and regularly reviewed. Staff are provided with instructions on fire and evacuation procedures at orientation and annually and staff completion of required training is monitored. Additional education is provided for the home’s fire wardens, evacuation exercises are undertaken and evacuation lists maintained. Fire safety equipment and detection systems are inspected and maintained by an external service provider. The home accesses the services of an external service provider to inspect and maintain equipment as well as to undertake and provide advice on the home’s compliance with fire requirements. Evacuation plans are displayed and evacuation paths including exits are generally accessible. The home has processes to minimise security risks, including a sign in and out register and monitoring systems. Audits of the environment and fire safety systems are undertaken to assist in minimising risks. Staff demonstrated knowledge of how to respond in the event of a fire or emergency.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

Processes to minimise risks associated with the transmission of infection are in place. Staff are provided with information about infection control at orientation, through the ongoing education program, assessment of competency and through policies, procedures and guidelines. Staff are aware of infection control principles in line with their roles and responsibilities. Sufficient stock and equipment is available to enable staff to minimise the transmission of infection. Staff practices in preventing the transmission of infection are monitored as part of the audit program. Records are kept of the number and type of care recipient infections, and data is analysed to enable additional control measures to be implemented if indicated. The home has a scheduled cleaning program with infection control processes in place and laundry processes, equipment and chemicals minimise the transmission of infection. Food is stored safely; temperature monitoring is conducted in accordance with the home’s food safety plan and food safety practices are monitored through audits. Care recipients and representatives are satisfied with staff hygiene practices and with the cleanliness of the home.

### 4.8 Catering, cleaning and laundry services

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

#### Team’s findings

The home meets this expected outcome

The home has processes to ensure that hospitality services are provided in a way that enhance care recipients’ quality of life and staff working environment. Care recipients’ dietary needs and preferences are assessed and this information is communicated to kitchen staff. A rotational menu is used. Meals are cooked onsite using processes to ensure meals are provided in line with food safety requirements. All laundry is conducted onsite by staff. Care recipients’ personal items are collected and are required to be labelled to support the effective return of items. A process to facilitate the return of unlabelled items has been implemented. Staff have access to information to guide cleaning routines and cleaning services. Monitoring and reviews of the home’s hospitality services are conducted through audits and via internal feedback mechanisms. Care recipients and representatives are satisfied with the provision of hospitality services at the home.