

Woodlands Lodge

RACS ID: 0205

Approved provider: United Protestant Association of NSW Limited

Home address: 100 Lake Rd WALLSEND NSW 2287

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 03 November 2020.  We made our decision on 26 September 2017.  The audit was conducted on 08 August 2017 to 09 August 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Woodlands Lodge

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# Introduction

This is the report of a Re-accreditation Audit from 08 August 2017 to 09 August 2017 submitted to the Quality Agency.

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

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

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

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

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

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

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 08 August 2017 to 09 August 2017.

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.

# Details of home

Total number of allocated places: 72

Number of care recipients during audit: 68

Number of care recipients receiving high care during audit: 63

Special needs catered for: Dementia specific unit

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

**Interviews**

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| --- | --- |
| **Position title** | **Number** |
| Care Manager | 1 |
| Residential manager | 1 |
| State care manager | 1 |
| Registered nurse | 4 |
| Care staff | 10 |
| Care recipients | 5 |
| Representative | 3 |
| Contracted catering managers | 2 |
| Catering staff | 2 |
| Cleaning staff | 2 |
| Laundry staff | 1 |
| Receptionist | 1 |
| Quality Co-Ordinator | 1 |
| Roster clerk/education coordinator | 1 |
| Maintenance supervisor | 1 |
| Contracted physiotherapist | 1 |
| Recreational activity officers | 2 |
| Volunteer | 1 |
| Hairdresser | 1 |

**Sampled documents**

|  |  |
| --- | --- |
| **Document type** | **Number** |
| Care recipient file (electronic and paper) | 14 |
| Med charts (electronic and paper) | 28 |
| Diet needs and preference forms | 23 |
| Personnel files | 8 |

**Other documents reviewed**

The team also reviewed:

* Activities program, evaluation records, general lifestyle satisfaction survey May 2017, social history/leisure assessments and care plans, care recipients activity records
* Brochures and posters on external complaints and advocacy mechanisms
* Clinical care records including; assessments, care planning documentation, progress notes, case conference records, care plan review tool, accident/incident reports, advance care directives, medical notes, medical specialists reports, allied health reports and treatment records, pathology and radiology results, medical orders for life sustaining treatment, consent for the use of safety devices, resident of the day checklist and care evaluation schedules
* Clinical monitoring charts including; weights, temperature, pulse, blood pressure, blood glucose levels, pain, wound, bowel, behaviour, complex health care
* Computer based clinical documentation and information system
* Comments and complaints documentation including: Complaint and compliment register and documentation
* Continuous improvement documentation including: Continuous improvement plan, continuous improvement tool forms, self-assessment tool, audit schedule, audits, clinical indicators, care recipients & staff survey results, incident and accidents
* Education documentation including: Education calendar, attendance records and evaluation, orientation records, clinical skills competency, mandatory training records
* Emergency and fire safety documentation including: annual fire safety statement, electrical testing and tagging record, care recipient evacuation folder, fire safety system maintenance and inspection records, emergency plan with care recipients’ details and identification tags, fire and emergency procedures, emergency contact numbers
* Human resources documentation including: Staff roster, allocation sheet, staff information pack and handbook, staff performance appraisal forms, privacy and confidentiality agreement, position descriptions and duty lists, work instructions
* Infection control documentation including: Infection statistics and trends, outbreak management information kits and resources, care recipient and staff vaccination records, infection control manual, pest control service records, infection control monthly reports.
* Information system documentation including: policy and procedures, manuals, memorandums, diaries, communication books for staff, service reports, notices, posters, meeting calendar and newsletters.
* Maintenance, stock management and external services documentation including: clinical and non-clinical stock management documentation, legionella testing record, contractor’s agreements, planned programmed maintenance program and records, reactive maintenance log (electronic), external service providers insurances and other statutory requirements details, approved supplier/contractors list, mixing valves records
* Medication records including; medication identification charts, nurse initiated medications lists authorised by medical practitioner, medication change register, drug register of schedule eight medications, medication audits, medication incident reports, consent to the use of psychotropic medication forms, psychotropic medication audits, pharmacist medication reviews, blister packed medication check forms, self- administration medication assessment, medication refrigerator temperature records, pharmacy schedule eight delivery receipts
* Meeting minutes including care recipient, staff, medication advisory committee, workers health & safety committee, quality meetings
* Newsletters, monthly and quarterly
* Nutrition and hydration documentation including; four week menu, food services data cards, dietitian and speech pathologist assessment forms, kitchen serving information including allergies, dislikes, thickened fluids, texture modified diets and specific dietary requirements
* Policies and procedures manual
* Regulatory compliance documentation including: Compulsory reporting documentation, professional registrations, police history checks register, statutory declarations, regulatory updates from peak body and governmental departments.
* Residents handbook, resident and accommodation agreement, consent forms
* Self-assessment report for re-accreditation
* Vision, values and philosophy of care statement
* Work Health and Safety (WH&S) system records: including incident and accident, hazard and risk reports, summaries and trend data, WH&S audits, safety data sheets (SDS), risk assessments, WH&S committee members list and representative’s certificates, WH&S policy.

**Observations**

The team observed the following:

* Activities in progress
* Australian Aged Care Quality Agency re-accreditation audit notices displayed
* Brochures and posters – internal and external complaints and advocacy services, various others
* Care recipient, contractor and visitor sign in/out books
* Charter of care recipients’ rights and responsibilities displayed
* Clinical care equipment and supplies
* Closed circuit television, internal and external areas of the home
* Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms, menu on display
* Fire panel, fire-fighting equipment, emergency exits, emergency evacuation diagrams, emergency response guide flipcharts, emergency evacuation kit and fire safety plans, sprinkler system, evacuation points
* Hairdressing salon
* Infection control resources - outbreak kits, spills kits, contaminated waste bin, personal protective equipment, colour coded equipment, sharps containers, sanitising gel, hand washing facilities & notices on handwashing.
* Interactions between staff, care recipients, representatives and volunteer
* Living environment – internal and external
* Medications - including storage, medication trolley, schedule drug safe, medication refrigerator and medication round
* Mobility, transfer and manual handling equipment including mechanical lifters, wheelchairs, walkers and walking belts
* NSW Food Authority licence on display
* Nurse call bell system and response by staff
* Pets as therapy dog (Buttercup), interacting with residents
* Small group observation in dining room
* Staff work practices and areas including; nurses stations, administration, kitchen, cleaners room, laundry

**Assessment information**

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

**Standard 1 - Management systems, staffing and organisational development**

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

**1.1 Continuous improvement**

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

**Team's findings**

The home meets this expected outcome

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

* To improve the communication processes the home has purchased more infection technology equipment, printers, scanners and lap top computers. This has added in improving communication with the communication with pharmacy as the staff now scan medication management information rather than fax it. The residential manager said it is more secure, they use less paper and the pharmacy are updated in a timely manner. The lap top is used for meetings and education purposes. State network meetings "Zoom meetings" are now held electronically. Managers and staff can log in and join meeting remotely. This ensures manager and staff are kept up to date and informed. It minimises travel and is a more efficient use of managers and staff time. It also ensures the manager is onsite in the home easily accessible by staff if the need arises.
* Feedback from staff identified the need to review the staffing levels in the home. Management identified further hours were required in the evening. An additional four hour shift was introduced in March 2017 and staff feedback is that it is has assisted them to meet needs of care recipients in a more timely manner. The manager said they also introduced 24 hour registered nurse coverage seven days per week. This has allowed prompt assessment of care recipient and better supervision and support for the care staff.
* The home has introduced a new electronic rostering system; this has streamlined the processes for pay roll which saves time for the managers and clerks in the processing of time sheets. The system allows the creation of a master roster which will make it easier to replace staff when on leave or sick leave. The benefits of the new system are that it is an on line roster and staff sign in using a finger print scanner which assists in timesheet rectification. Stage two will be implemented by October 2017 and will include a staff portal which will allow staff to access rostering and human resource information, as well as allowing the roster clerk to use the system to text staff for shift vacancies.

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

**1.3 Education and staff development**

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

**Team's findings**

The home meets this expected outcome

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

**1.4 Comments and complaints**

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

**Team's findings**

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. Results show complaints are considered and feedback is provided to complainants. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients and their representatives interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these. One care recipient and their representative were not satisfied with the management of their concerns and have escalated these to the complaints commissioner. The management of the home have undertaken actions to address the care recipients concerns and are working with the complaint commissioner to achieve a resolution.

**1.5 Planning and Leadership**

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

**Team's findings**

The home meets this expected outcome

The organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents. The home's vision, philosophy, objectives and commitment to quality is on display 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

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services provided.

**1.7 Inventory and equipment**

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

**Team's findings**

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

**1.8 Information systems**

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

**Team's findings**

The home meets this expected outcome

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

**1.9 External services**

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service’s needs and service quality goals".

**Team's findings**

The home meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

**Standard 2 - Health and personal care**

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

**2.1 Continuous improvement**

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

**Team's findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

* To standardise wound care the home has introduced a new wound management system. The new system includes wound products, wound consultancy, ongoing training, wall charts/guides on wound management. The guides recommend the most appropriate dressing for each type of wound which assists staff when assessing and deciding on a treatment regime. The management team said this has improved consistency in wound care and has provided them with a range of products which is suitable for all types of wounds. Feedback from the registered nurses has been positive and they said they have observed better healing of wounds.
* The home introduced a new pain management assessment process in May 2017. The management team said they organised for selected staff to be train the trainers. These staff were provided with a one day training session and now train other registered nurses and care staff in the new process. Staff are required to undertake three modules on the identification of pain, pain in dementia and pharmacology. Management said this training has increased staff knowledge and awareness of care recipients’ pain.
* The home introduced a new physio program in June 2016 which includes physiotherapist providing assessment and treatment four days per week. The physiotherapist assesses care recipients for pain and mobility and reviews care recipients post falls. The physiotherapist also provides education to staff and care recipients on topics such as falls prevention, appropriate footwear. The management team said staff and care recipient have increased knowledge and awareness of falls prevention. The physiotherapist also provided for manual handling, increase of falls prevention. Pain management treatments provided by the physiotherapist includes massage, heat therapy and exercise. The physiotherapist provides manual handling education for staff and assessment of their competency in undertaking the tasks.

**2.2 Regulatory compliance**

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

**Team's findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

**2.3 Education and staff development**

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

**Team's findings**

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include: Urinary catheter course, resident wellness, registered nurse massage, guiding techniques for vision impaired, April falls day, medications in palliative Care, Neurology across the lifespan, wound management, behaviour management, diabetes management.

**2.4 Clinical care**

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

**Team’s findings**

The home meets this expected outcome

Care recipients’ receive clinical care that is appropriate to their individual needs and preferences. The home has systems to assess, identify, monitor and evaluate care recipients’ care needs on entry to the home and on an ongoing basis. Information is obtained from care recipients and representatives when care recipients enter the home, this together with a range of assessments are used to prepare individualised care plans. Care plans are reviewed on a regular basis and as required. The provision of care is monitored by the care manager and the registered nurses, as well as through audits and surveys together with the collection and analysis of clinical indicators. Medical practitioners conduct regular reviews and in emergencies after hours medical services are contacted or care recipients are transferred to hospital. Care staff demonstrated a sound understanding of care recipients’ individual needs. Care recipients and their representatives expressed satisfaction with the care provided.

**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

Specialised nursing care needs are identified and appropriate qualified staff deliver care to meet care recipients’ needs and preferences. The care manager and registered nurses assess care recipients for specialised nursing care and undertake or oversee any specialised nursing care treatments. Care recipients are referred to a range of allied health professionals and other specialists to assist the home’s staff to manage care recipients’ complex and specialised needs. Care plans include appropriate management of care recipients’ specific specialised care needs such as diabetes management, catheter care and wound management. Care plans are regularly reviewed and appropriate reassessment undertaken as required. Care recipients and representatives said they are satisfied the home’s staff are able to provide specialised nursing care.

**2.6 Other health and related services**

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

**Team’s findings**

The home meets this expected outcome

The home ensures care recipients are referred to appropriate health specialists in accordance with care recipients’ needs and preferences. Care recipients requiring referral to other health services are identified through assessments which are completed during entry processes and also during ongoing observation, monitoring and reviewing of care recipients’ needs. A physiotherapist and occupational therapist are contracted to review care recipients’ mobility and pain management and to provide treatment. A podiatrist regularly visits the home to assess and provide treatment for care recipients’. A mobile service provides dental reviews and treatment as required. The services of other health professionals such as a speech pathologist, geriatrician, optometrist and audiologist are arranged for consultation on site as needed. In addition the home can access services from the local area health service for palliative care advice, mental health and emergency review. Information and recommendations made by health professionals are referred to the medical practitioner and actioned where necessary. Specialist recommendations and changes are provided to staff at the verbal handover meetings and recorded in the care recipients’ clinical records. Care recipients confirm they are referred to specialists as the need arises and that they are satisfied with the home’s management of their health specialist needs.

**2.7 Medication management**

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure that care recipients’ medication is managed safely and correctly, including the ordering, storage, disposal, administration, recording and review of medications. Medication competent staff administer medications from a pharmacy packed blister medication system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. The home utilises an electronic medication charting system as well as retaining the original medication charts. The home has systems and policies in place for care recipients to self-manage their medications. Medications are stored securely and staff were observed to undertake the administration of medications in a safe and correct manner. Regular medication reviews are approved by the medical practitioner and undertaken by an external consultant pharmacist. The home undertakes audits of the medication system and management collects and analyses data as part of the home’s monthly clinical indicator reporting process. Care recipients and representatives expressed satisfaction with the way care recipients’ medication is managed. One care recipient expressed dissatisfaction with the supply of medications which they self-administer. The pharmacy and management have offered the care recipient alternative packaging options which have been declined. The homes management team are working to resolve the care recipients concerns.

**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

To ensure that care recipients are as free from pain as possible all care recipients are assessed for pain on entry to the home and ongoing pain assessments are conducted to monitor care recipients’ pain. Specific assessment tools are available for care recipients who are not able to verbalise their pain. As necessary consultation occurs with the care recipient’s, their medical practitioner and the physiotherapist. If identified as required the home will develop specific management strategies and implement them. These plans are regularly reviewed, assessed and changed as required. The staff of the home and the allied health team provide treatments such as heat therapy, exercise and massage. The effectiveness of pain management is monitored through feedback from care recipients and the use of pain charts. Care recipients said they are satisfied with how the home manages their pain.

**2.9 Palliative care**

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

**Team’s findings**

The home meets this expected outcome

The home has systems and processes in place to ensure the comfort and dignity of care recipients requiring palliative care is maintained. Advance care directives are discussed with the care recipients and or their representatives and the medical practitioner. These directives regarding end of life are recorded and direct staff care in relation to providing appropriate care. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. Care recipients are supported to remain in the home for palliative care if this is their preference. Family members are able to stay with care recipients and meals and refreshments are available. Members of the clergy are available for spiritual care and additional emotional support if that is the wish of care recipients. Staff have access to advice regarding palliative care from services available locally. Care recipients state they are satisfied with how the home manages palliative care needs.

**2.10 Nutrition and hydration**

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

**Team’s findings**

The home meets this expected outcome

The home has systems to provide care recipients with adequate nutrition and hydration through initial and ongoing assessment of care recipients’ dietary preferences and requirements. Care recipients food allergies are identified in documentation; as are care recipient likes and dislikes. Special dietary requirements or alterations to diets are specified in care recipients’ care plans and communicated to the catering staff. The home also provides staff assistance, equipment and dietary supplements to support care recipients’ nutrition and hydration. Care recipients are weighed monthly to monitor changes and weight loss and significant gain is investigated and appropriate action taken. Care recipients and their representatives expressed satisfaction with how the home manages care recipients’ nutrition and hydration needs.

**2.11 Skin care**

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

**Team’s findings**

The home meets this expected outcome

The home has an effective system to ensure that care recipients’ skin integrity is consistent with their general health. Assessments are conducted to identify skin care needs and management strategies are incorporated into care recipients care plans. Referral processes to other health specialists are available if a need is identified. Care recipients are repositioned when required and the application of emollients assists in maintaining care recipients’ skin integrity. In addition the home also uses devices such as pressure relieving mattresses, bed rail protectors and limb protectors. The home monitors accidents and incidents including wound infections and skin tears. Care recipients and representatives report satisfaction with the way the home manages care recipients’ skin care needs and wound management.

**2.12 Continence management**

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

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure that care recipients’ continence is managed effectively. On entry to the home, care recipients are assessed for their continence needs and then on an ongoing basis. Continence management care plans are formulated and monitoring is by daily recording by care staff with appropriate procedures in place if any issues are identified. Care staff are knowledgeable about care recipients’ care needs and preferences for toileting and the use of continence aids. Care staff are conscientious of care recipients’ dignity whilst assisting with continence needs. Aids to manage and support care recipients with continence care include a range of continence pads, exercise programs, dietary supplements and medications. Staff said the home has an adequate supply of continence aids and linen. Care recipients and representatives reported they are satisfied care recipients’ continence is managed effectively.

**2.13 Behavioural management**

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

**Team’s findings**

The home meets this expected outcome

The home has systems to assess and manage care recipients with challenging behaviours. This includes using initial and ongoing assessment tools and monitoring charts to develop appropriate care plans and interventions. Individual strategies to manage responsive behaviours are regularly evaluated to ensure they remain effective; these include one to one and group activities. Medical practitioners are consulted and referral to the local behavioural management specialist team is arranged if needed. Staff demonstrate an understanding of care recipients’ behaviours and care recipient specific interventions they use to minimise the incidence of the behaviour. Physical restraint is only used in the home after consultation with the care recipient and or their representative and medical practitioner. Care recipients’ and representatives said they are satisfied with the way in which the home’s staff manage 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

Optimum levels of mobility and dexterity are achieved for all care recipients. The registered nurses and physiotherapist assess care recipients’ mobility and dexterity needs and develop individualised care plans. Exercise classes and walking programs are available for care recipients to attend. A range of assistive devices are used to aid mobility and transfers such as walking frames, walking belts, wheelchairs, lifters and slide sheets. The environment is kept safe to decrease the risk of falls. Handrails are throughout the home, corridors’ are free of clutter, staff supervise and assist care recipients to mobilise and care recipients are encouraged to use their mobility aids. Assistive aids are provided to care recipients with reduced dexterity. The home’s monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. The staff of the home attend training on manual handling. Care recipients and representatives expressed satisfaction with the assistance care recipients’ receive in relation to mobility, dexterity and rehabilitation.

**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

Initial and ongoing assessment is undertaken and care plans are developed to ensure that oral and dental health is maintained. Care recipients access dentists of their choice in the community and the home also uses a mobile dental service. Oral health care is monitored daily by care staff during teeth and denture cleaning. The day-to-day oral care is attended in accord with the care recipients care plans. Where care recipients are assessed as being able to maintain their own oral hygiene they are encouraged to do so to maintain their dignity and independence. Aids to maintain dental hygiene include toothbrushes, toothpastes and mouth swabs. Care recipients are satisfied with the oral and dental health assistance provided to them.

**2.16 Sensory loss**

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

**Team’s findings**

The home meets this expected outcome

The home has systems to identify and address the sensory loss of individual care recipients. Sensory loss is identified on entry to the home and an assessment is completed to identify care recipients’ specific needs. The home has systems and processes in place to regularly review and assess the care recipients’ sensory status. Care recipients have access to specialist services including speech therapy, audiology and optometry. Care staff receive instruction in the correct use and maintenance of sensory aids and are aware of the assistance required to meet individual care recipients’ needs. The physical environment is set up to assist care recipients with sensory impairment and includes safe walking areas, clear corridors, hand rails along the corridor and grab rails in the bathrooms. Activities such as hand massage, relaxing music, gardening, tactile devices, large print resources and painting provide sensory stimulation. Care recipients and representatives said they are satisfied with the support provided to assist care recipients manage sensory loss.

**2.17 Sleep**

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

**Team’s findings**

The home meets this expected outcome

The home ensures care recipients are able to achieve natural sleep patterns. The home conducts a sleep assessment to identify the care recipients’ normal sleep patterns or sleeping difficulties. The sleep assessment is evaluated and strategies are developed to enhance sleep patterns. The homes’ strategies include providing warm drinks, continence management, repositioning and pain management to assist residents to achieve a good nights’ sleep. Care recipients said the home is quiet at night and if for some reason they have difficulty in going to sleep or are wakeful they are provided with individual attention to make them comfortable and assist with going to 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 home's systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* To improve care recipient/representatives attendance at meetings the home is now inviting guest speakers. Guest speakers who have presented at the meetings include Vision Australia, the physio provided education on falls prevention, guide dog Australia, and the podiatrist spoke about footwear. The management team said they have observed increased attendance and more involvement and feedback about the speakers has been positive.
* The recreational activity officer identified that care recipients had stories to tell and wanted to capture that information. Care recipients interested were involved in a creative writing class and contributed to the publication of a book called “Memories in time” and include poetry and short stories. The home held a book launch May 2017 in the home where care recipients and visitors purchased the book if they wished. A copy of the book is available in the common areas of the home and also held in the National library in Canberra. A care recipient said they have enjoyed the activity and their next project is to create a fiction novel.
* The home has revised the resident bulletin to provide more information of interest to the care recipients. A working group of staff members and care recipients develop new ideas and the format of the bulletin. The bulletin now includes more education, word games and, photos of events that have occurred. Feedback has been positive.

**3.2 Regulatory compliance**

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

**Team's findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

**3.3 Education and staff development**

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

**Team's findings**

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include: Grief and loss, elder abuse, striving to leadership in dementia care, spirituality - meaningful aging, Montessori methods for dementia 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

The entry process includes a tour of the home for new care recipients and their representatives and the gathering of information from care recipients and their representatives to identify the care recipients’ care needs and social histories. Information about care recipients’ assessed emotional support needs is included in their care plan. Staff spend one-to-one time with care recipients during their settling in period and thereafter according to need. The leisure and lifestyle staff meet the new care recipients and provide support during the settling in period and on an ongoing basis. Care recipients are welcome to personalise their rooms with their own furniture and familiar objects. The home’s monitoring processes, including feedback, surveys, audits and care reviews identify opportunities for improvements in relation to the emotional support provided. Care recipients said they are provided with appropriate emotional support and feel staff are supportive in helping them to adjust to their new life within the home.

**3.5 Independence**

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

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure that care recipients are assisted to maximise their independence, maintain friendships and participate in the life of the community within and outside the home. Care recipients are encouraged to be as independent as possible with their activities of daily living, and receive support to maintain and improve their mobility and dexterity. Physiotherapists assess care recipient mobility and arrange suitable equipment or programs to assist the care recipient to maintain their independence. Some care recipients go out with family and friends and others have the opportunity to go into the community and on bus outings. The activity program incorporates visiting community groups and care recipients who are able, go out to the local shopping centre and community events. Care recipients and their representatives are satisfied with the opportunities and assistance provided to achieve and maintain care recipients’ independence.

**3.6 Privacy and dignity**

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

**Team’s findings**

The home meets this expected outcome

Care recipients reported that their privacy, dignity and confidentiality are respected. The home has single rooms with en-suite bathrooms for privacy. There are sitting rooms and outdoors areas throughout the home where care recipients may entertain family and friends. The staff sign confidentiality statements and information on the homes privacy policy is provided to staff, care recipients and representatives. Staff interviewed were able to provide examples of the ways they show respect for care recipients’ privacy and dignity. We observed care recipients who are reliant on staff for their dressing and grooming requirements to be well groomed and dressed appropriately.

**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 expressed satisfaction with the activity program offered by the home. The home has systems to ensure care recipients are encouraged and supported to participate in activities of interests to them. When entering the home, information about a care recipient’s lifestyle interests is collected and used to develop individual care plans. The home identifies barriers to participation including their past history, emotional status, cultural and spiritual needs. Care recipient activity interests are included in the monthly program which is displayed in communal areas of the home. The activity programs include special events, takes into account care recipients’ preferred activities and significant cultural days. Activities are modified as necessary to optimise care recipients’ enjoyment and participation. Care recipients said they are satisfied with the activities on offer and can choose whether or not to participate.

**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 reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of care recipients to continue their beliefs and customs are identified in the assessment process on entry. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. A number of religious clergy hold services at the home and care recipients are invited to attend these if they wish to do so. Care recipients reported satisfaction with the way the home supports their cultural and spiritual needs.

**3.9 Choice and decision-making**

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

**Team’s findings**

The home meets this expected outcome

The home has systems and processes to ensure a care recipient or their representative is able to exercise choice and control over care recipients’ lifestyle. Some examples include: choice of medical practitioner and allied health services; participation in decisions about care and services; dietary preferences and meals; and choice to participate in activities. Case conferences, care recipient meetings, surveys and a feedback mechanism provide forums for care recipients and their representatives to express views about the care recipient’s care and service provision. Care recipients and their representatives are offered the opportunity to discuss and plan end of life choices, but any decision not to do so is respected. Care recipients have personalised their rooms with furniture, memorabilia and items of their choosing. Staff practices are monitored to ensure care and services are delivered in accord with the choices and preferences of the care recipients. The majority of care recipients and their representative’s expressed satisfaction with the choices available to care recipients’ at the home.

**3.10 Care recipient security of tenure and responsibilities**

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

**Team’s findings**

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. An information pack and an agreement for residential care are provided to all care recipients and are discussed with them and/or their representative prior to entry to the home. The agreement sets out the standard requirements under the relevant legislation including security of tenure; information about care recipients’ rights and responsibilities; fee payment options; cooling-off periods and rules of occupancy. Care recipients and or their representatives are advised to obtain independent financial and legal advice. The Charter of care recipients’ rights and responsibilities is displayed in the home and is documented in the agreement. Care recipients and their representatives stated they have an understanding of their rights and responsibilities and feel safe and secure in the home.

**Standard 4 - Physical environment and safe systems**

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

**4.1 Continuous improvement**

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

**Team's findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* The Manager observed the dining areas in the home needed refurbishment to improve the dining experience for care recipients. The manager sourced new furniture and care recipients were involved in making colour choices for the dining room and advising on their preferred crockery. Quotes for also obtained for outsourcing the catering to provide an improved meal service. The new catering company commenced on 28 June 2017. The improvements include more choice in the menu. There are now two main hot meals served at lunch and more choice in the evening. There is more fresh produce including home-made soups. Care recipients have provided feedback that they are happy with the new dining environment.
* The physiotherapist noted during a manual handling assessment of the maintenance staff undertaking rubbish removal that the task they were completing was a work health and safety risk. The maintenance staff were lifting large bins of rubbish above shoulder height to tip the waste into a large skip bin. Due to height of the skip bin the physiotherapist assessed this as an unsafe manual handling practice. The manager said they mitigated the risk by removing the skip bin and purchasing additional wheelie bins which now means rubbish does not have to be lifted so has eliminated the risk.
* The manager said they identified the furniture in Wattle Grove garden was too heavy for staff or visitors to move. They sourced new light weight furniture which can easily be moved around the garden for care recipients to sit in the sun or shade as they wish.
* To ensure a safe working and living environment management organised for the care recipient entry room doorways to be widened during the refurbishment of the rooms. The bathroom door was also widened and the bathroom refitted with new fixtures and furnishings. These changes have made it more accessible for care recipients with reduced mobility. Wheel chairs also fit easily under the bathroom sink and there is easy access to the shower and toilet with rails for safety which enables care recipient to independently manage their own personal care.

**4.2 Regulatory compliance**

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

**Team's findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 4, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

**4.3 Education and staff development**

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

**Team's findings**

The home meets this expected outcome

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

**4.4 Living environment**

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs".

**Team's findings**

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are satisfied the living environment is safe and comfortable.

**4.5 Occupational health and safety**

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

**Team's findings**

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the work health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

**4.6 Fire, security and other emergencies**

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

**Team's findings**

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

**4.7 Infection control**

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

**Team's findings**

The home meets this expected outcome

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

**4.8 Catering, cleaning and laundry services**

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

**Team's findings**

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The menu has been reviewed by a dietitian and meals are freshly cooked in the home. The cleaning is carried out according to a schedule with regular cleaning of care recipients' rooms and communal areas. Care recipients’ personal clothing and linen are laundered on site. There is a process for the washing, folding and delivery of care recipients’ personal clothing and for ensuring compliance with laundry infection control standards. Care recipients and representatives interviewed said they are satisfied the hospitality services meet their needs. Three care recipients said they liked the meals served in the home some of the time. They said the new meals were not always to their taste. The management team said they are working with the new catering company towards meeting all care recipients’ choices and are holding regular meetings and have a comment book for care recipients to provide feedback about each meal. The management team said they have altered some of the meals already based on care recipient feedback and once a full four week menu cycle is completed the menu will be updated to include care recipients preferred choices.