**to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Aldinga Beach Court |
| **RACS ID:** | 6164 |
| **Name of approved provider:** | Churches of Christ Life Care Incorporated |
| **Address details:**  | 6 Pridham Boulevard ALDINGA BEACH SA 5173 |
| **Date of site audit:** | 25 June 2019 to 27 June 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 23 July 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 16 September 2019 to 16 September 2022 |
| **Number of expected outcomes met:** | 43 of 44 |
| **Expected outcomes not met:** | * 1.6 Human resource management
 |
| **Revised plan for continuous improvement due:** | By 07 August 2019  |
| **Timetable for making improvements:** | By 21 October 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

**Site Audit Report**

**Site audit**

Name of service: Aldinga Beach Court

RACS ID: 6164

Approved provider: Churches of Christ Life Care Incorporated

**Introduction**

This is the report of a Site Audit from 25 June 2019 to 27 June 2019 submitted to the Aged Care Quality and Safety Commissioner (Commissioner).

There are four Accreditation Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment. 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.

An approved provider of a service applies for re-accreditation before its accreditation period expires and an assessment team visits the service to conduct a site audit. The team assesses the quality of care and services at the service and collects evidence of whether the approved provider of the service meets or does not meet the Accreditation Standards. The site audit report is completed by the assessment team and outlines the team’s assessment of the approved provider’s performance in relation to the service. The approved provider may, within 14 days, give the Commission a written response to the report.

The Commission will make a decision whether to re-accredit or not to re-accredit the service, taking into account this site audit report, any response by the approved provider, and any other relevant information. In making a decision, the Commission must be satisfied that approved provider will undertake continuous improvement in relation to the service.

If the Commission makes a finding of non-compliance the Department of Health is notified.

All accredited services are subject to ongoing monitoring of compliance with the Accreditation Standards by the Commission.

**Scope of this document**

A site audit against the 44 expected outcomes of the Accreditation Standards was conducted from 25 June 2019 to 27 June 2019.

This site audit report provides an assessment of the approved provider’s performance, in relation to the service, against the Accreditation Standards, and any other matters the assessment team considers relevant.

**Details about the service**

|  |  |
| --- | --- |
| **Number of total allocated places** | 118 |
| **Number of total care recipients**  | 117 |
| **Number of care recipients on site during audit** | 117 |
| **Service provides support to specific care recipient characteristics** | Care recipients with dementia or related disorders |

**Audit trail**

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

**Interviews**

| **Position title** | **Number** |
| --- | --- |
| Ancillary staff | 9 |
| General manager operations | 1 |
| Quality and clinical governance manager | 1 |
| Care coordinator | 3 |
| Lifestyle staff | 2 |
| Care recipients | 18 |
| Representatives | 10 |
| Chaplain | 1 |
| Enrolled nurse | 3 |
| Residential Service Manager | 1 |
| Volunteer | 1 |
| Care staff | 8 |
| Administration staff | 2 |

**Sampled documents**

| **Document type** | **Number** |
| --- | --- |
| Care recipients' files | 13 |
| Medication charts | 8 |

**Other evidence reviewed by the team**

The assessment team also considered the following both prior to and during the site audit:

* Audits, results, calendars and action plans
* Call bell reports
* Care recipient information pack
* Care recipient agreements
* Clinical KPI report
* Communication books/diaries
* Complaints data and reports
* Continuous improvement plan
* Education calendars and documentation
* Equipment testing records
* Equipment trial information
* External contracts
* Fire safety documentation and inspection records
* Food safety program and related records
* Human resource documents
* Incident and hazard data and reports
* Infection monitoring
* Influenza vaccination data
* Maintenance documentation
* Mission statement/philosophy and objectives/vision and values
* Policies and procedures
* Staff registers
* Various communications and memoranda
* Various meeting minutes

**Observations**

The assessment team observed the following:

* Activities in progress
* Archive and storage areas
* Café area
* Equipment storage
* Firefighting equipment
* Living environment
* Maintenance area
* Secure storage of medications and medication administration
* Service areas
* Short group observation in the Yundi area
* Staff interactions with care recipients and representatives

**Assessment of performance**

This section covers information about the assessment of the approved provider’s performance, in relation to the service, 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”.

**Assessment of the expected outcome**

The service 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 service'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:

* Following a report of the security door access wrist bands going missing, a new way of storing the wrist bands was implemented. The bands are now in a locked box and are signed out by the receptionist or the registered nurse on duty. Evaluation shows wrist bands have not gone missing since the improvement. This ensures staff have their own wrist band and can access relevant areas in a timely manner.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

The service 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 the organisation and management to ensure compliance with regulatory requirements. Staff interviewed have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

Relevant to Standard 1 Management systems, staffing and organisational development:

* Management is aware of their regulatory responsibilities in relation to police certificates and associated documentation.
* Care recipients and representatives were notified regarding this re-accreditation site audit within the required timeframe.
* Management has a plan for continuous improvement that shows improvements across the Accreditation Standards.
* Confidential documents are stored, archived and disposed of securely.
* There is information regarding internal and external complaint mechanisms and advocacy services.

There are systems 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”.

**Assessment of the expected outcome**

The service meets this expected outcome

The service'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 is available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. The majority of 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. Three respondents to a consumer experience interview said they feel neutral about staff knowing what they are doing. One care recipient said night staff don't know what they are doing, on occasion; one said they are not sure as “they don't speak to many of the staff” and one said some staff know what they are doing, however, some staff don't.

Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* Documentation
* Human resources
* Induction and orientation

**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".

**Assessment of the expected outcome**

The service 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 service's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the service's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, representatives and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal. One respondent to a consumer experience interview said staff never follow up when they raise things as when they complain to staff “they don't report their own”. Three respondents said staff follow up some of the time; one said they don't get to go for a walk when they like, one complained about a staff member leaving their room smelly but did not hear back about their complaint and one said staff don’t always come.

**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".

**Assessment of the expected outcome**

The service meets this expected outcome

The organisation has documented the service's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents. One respondent to a consumer experience interview said they disagree the place is well run as they are concerned about one staff member. One respondent gave a neutral response saying the place is "so-so".

**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".

**Assessment of the expected outcome**

The service does not meet this expected outcome

Care recipients and representatives interviewed report there are not sufficient staff to deliver safe and effective care and services. Eleven of 28 care recipients and representatives interviewed described situations and circumstances where staff are not responding to requests for assistance promptly which has resulted in impacts on care recipients, such as continence issues. Six of eight care staff interviewed advised they are unable to respond to assistance requests in a timely manner. Feedback and monitoring systems are informing the management of these issues, however, changes made by management have not been effective.

**1.7 Inventory and equipment**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service 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 service purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies; new equipment is trailed at one of the organisation's sites prior to being placed in service. Preferred suppliers are used by the home. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed are satisfied with the supply and quality of goods and equipment available at the service.

**1.8 Information systems**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service 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. Locked rooms, cabinets and electronic processes are used to store private and confidential information. Data obtained through information management systems is used to identify opportunities for improvement. The service regularly reviews its information management systems to ensure they are effective. Information is disseminated to staff and care recipients through verbal systems as well as through other mechanisms, such as newsletters, memoranda, meetings and informal discussion. 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".

**Assessment of the expected outcome**

The service meets this expected outcome

The service has mechanisms to identify external service needs to achieve its quality goals. The service's expectations in relation to service and quality is specified and communicated to the external providers. The service has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. Tender processes are managed corporately, and contractor employees are tracked by an external organisation hired by the service provider. 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 service 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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the service's systems to identify and implement improvements.

Recent examples of improvements in Standard 2 Health and personal care are:

* The organisation completed a training needs analysis in March 2019 of clinical staff with a focus on high risk clinical areas, such as medications, enteral feeding, wounds, palliative care and pain. This was completed by a survey and the general feedback showed additional education was requested for enteral feeding, subcutaneous fluids, palliative care and grief, and wound management. The organisation is currently working with a Flinders Medical Centre Older Person's unit clinical nurse to identify education they may suggest to meet these training needs and to arrange education sessions. The aim is to run a half day clinical training session with nurses to implement training for these areas. This improvement is still being implemented and not yet completed.
* Following the recent industry focus on antipsychotic medication, management suggested to implement a new reporting system for their electronic medication systems. Management are working with the organisation who owns the electronic medication system to identify and run reporting for antipsychotics and antimicrobials, so the system can identify areas for improvement for the service and individuals. A policy has been developed and data is being collected to help inform the medication advisory services across the sites. This improvement is still underway and will be formally evaluated once the improvement has been in place for a set period of time.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the service's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 2 Health and personal care:

* There are policies and procedures to ensure safe storage and administration of medication.
* Appropriately qualified and trained staff plan, supervise and undertake the provision of specialised nursing care.
* There are policies and procedures to follow in the event of a care recipient's unexplained absence.
* There are processes to ensure the currency of professional registrations for nursing staff.

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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.3 Education and staff development in relation to the service’s processes.

The service 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.

Examples of education and training provided in relation to Standard 2 Health and personal care include:

* Best practice in dementia
* Food training with speech pathologist
* Diabetes management

**2.4 Clinical care**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff, including for respite care recipients and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery, including care plans, progress notes and handovers. Monitoring processes include care plan reviews, audits, observation and feedback; where incidents occur, these are documented and collated and analysed on a monthly basis for trends. Care recipient files viewed demonstrate changes in care recipients' care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff interviewed described care needs and preferences for individual care recipients in line with individual care plans. Most respondents to a consumer experience interview agreed staff meet their health care needs most of the time or always. One respondent said staff meet their health care needs some of the time stating, "the staff don't have time to spend with me". Care recipients and representatives interviewed are satisfied with the clinical care being provided to care recipients.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the service. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. Monitoring processes include care plan reviews, audits, observation and feedback. Care recipient files viewed demonstrate individualised technical nursing care plans are developed in line with assessed specialised needs and preferences. Staff interviewed said they have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Care recipients and representatives interviewed are satisfied with how specialised nursing care needs are managed.

**2.6 Other health and related services**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Monitoring processes include care reviews, audits, observation and feedback. Care recipient files viewed demonstrate referrals are initiated where new or ongoing health issues are identified. Staff interviewed described how they support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed are satisfied referrals for care recipients are made to appropriate health specialists of their choice and staff carry out their instructions.

**2.7 Medication management**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. An electronic medication system is used and includes medication orders and guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. There are assessment, monitoring and review processes in place for care recipients who choose to self-administer medications. Monitoring processes include care plan review processes, audits, observation and feedback processes. There are processes for reporting and documenting of medication incidents; medication incident data is collected, collated and analysed for trends on a monthly basis. Clinical staff interviewed said they receive education in relation to medication management and described medication ordering and monitoring processes in line with the services processes. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

**2.8 Pain management**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the service and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and other health professionals are involved in the management of care recipients' pain. Monitoring processes include care plan review, audits, observation and feedback. Care recipient files viewed demonstrate referrals to medical officers and/or health professionals are initiated where new or ongoing pain issues are identified. Clinical staff interviewed described assessment of care recipients' verbal and non-verbal indicators of pain and implementation of appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are generally satisfied care recipients are as free as possible from pain. One representative was not satisfied with the timeliness of pain management interventions.

**2.9 Palliative care**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The service uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the service whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Monitoring processes include audits, care and lifestyle reviews, observation and feedback. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Care recipient files viewed demonstrate each care recipient's end of life wishes are documented and this information is accessible to staff. Staff interviewed said they have access to end of life plans and respect any changes which may be requested. Care recipients and representatives interviewed are satisfied each care recipient's comfort and dignity is maintained. Comments and complaints information viewed demonstrates satisfaction with the care provided to care recipients at end of life.

**2.10 Nutrition and hydration**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The service provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Monitoring processes include care plan reviews, audits, observation and feedback. Care recipient files viewed demonstrate care recipient weights are monitored and referrals to medical officers and/or health professionals are initiated where new or ongoing issues are identified. Staff interviewed demonstrated an understanding of care recipients' needs and preferences, including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied each care recipient's nutrition and hydration requirements are met.

**2.11 Skin care**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives on entry. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The service's monitoring processes include care plan reviews, audits, observation and feedback; there is a process for documenting and analysing incidents relating to skin integrity. Staff interviewed described how they promote skin integrity, including through the use of moisturisers, pressure relieving devices and pressure area care. Care recipients and representatives interviewed are generally satisfied with the assistance provided to maintain care recipients skin integrity. One representative is not satisfied with the staff’s inconsistent implementation of a pressure relieving device.

**2.12 Continence management**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies, such as continence aids are available to support continence management. The service's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Care recipients and representatives interviewed are generally satisfied with the support provided to care recipients in relation to continence management. Six of 28 care recipients and representatives interviewed said there are not always sufficient staff to manage care recipients’ continence care requirements.

**2.13 Behavioural management**

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

**Assessment of the expected outcome**

The service meets this expected outcome

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

**2.14 Mobility, dexterity and rehabilitation**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Monitoring processes include care plan reviews, audits, observation and feedback. Results show data relating to accidents and incidents is collected, collated and analysed for trends on a monthly basis. Staff interviewed described mobility and dexterity needs for individual care recipients in line with documented care plans. Care recipients interviewed are satisfied with the support provided by staff to assist them to achieve optimum levels of mobility and dexterity.

**2.15 Oral and dental care**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Monitoring processes include care plan reviews, audits, observations and feedback. Care recipient files viewed demonstrate where oral and dental health issues are identified, referrals to medical officers and/or health specialists are initiated. Staff interviewed said they provide assistance with care recipients' oral and dental care and sufficient supplies of equipment are available. Care recipients interviewed are satisfied with the assistance given by staff to maintain their teeth, dentures and overall oral hygiene.

**2.16 Sensory loss**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The service's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes, audits and consultation with care recipients, representatives and health professionals. Care plans viewed include individualised strategies for identified sensory losses for each care recipient in line with assessed needs and preferences. Staff interviewed are aware of the assistance required to meet individual care recipients' needs. Care recipients interviewed are satisfied with the support provided by staff to manage their sensory needs.

**2.17 Sleep**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Monitoring processes include care plan reviews, audits, observation and feedback. Care files viewed demonstrate individualised strategies for care recipients to achieve natural sleep patterns are identified and documented. Staff interviewed described strategies to support care recipients to achieve natural sleep. Care recipients interviewed said they are supported to achieve natural sleep patterns.

**Standard 3 - Care recipient lifestyle**

**Principle:**

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

**3.1 Continuous improvement**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the service's systems to identify and implement improvements.

Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* As part of the transition to the new aged care standards, management have implemented a 'spark of life' committee, which is a care recipient committee where care recipients can talk about the service. Terms of reference have been developed and meetings have been held. Staff are available to assist and take minutes. Care recipients lead the meeting and discussions are about what's happening in their areas; care recipients can provide suggestions for improvement. Minutes are then provided to the management team and an action log is implemented, and accepted improvements are communicated to the committee. Evaluation shows care recipients want the staff to attend to support the meeting and to remind care recipients to meet at the café. Staff are also required to answer questions.
* As a result of a suggestion from different stakeholders, a 'mobile café' was implemented to go to care recipients around the service. As some care recipients are not able to attend the café due to their circumstances and mobility, a trolley takes a selection of café items, magazines, gifts and food to these care recipients so they can be involved in the café. The trolley has been used twice and initial feedback shows representatives are happy that care recipients are involved. Suggestions about additional items to be added have been received. Formal evaluation will be completed when the trolley has been in place for a longer period of time.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the service's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 3 Care recipient lifestyle:

* Management offers a residential agreement to each care recipient or his or her representative on entry to the service.
* Management provides information on care recipient rights’ and responsibilities, security of tenure and specified care and services to each care recipient or his or her representative on entry to the service.
* There are documented processes to ensure management and staff take appropriate actions including reporting requirements in the event of suspected elder abuse.

There are systems to ensure these responsibilities are generally 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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.3 Education and staff development in relation to the service’s processes.

The service 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.

Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

* Customer experience
* Customer service
* Best practice in dementia

**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".

**Assessment of the expected outcome**

The service 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 service, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. The service has Resident Ambassadors who assist new care recipients to settle into their new environment. The Chaplain completes a Well-being assessment in consultation with care recipients and/or representatives on entry which includes discussions relating to grief and loss and coping mechanisms; support strategies are developed and reviewed in consultation with the care recipient on a regular basis. 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. Monitoring processes include care and lifestyle reviews, audits, observation and feedback. Staff interviewed described how they engage with care recipients and support emotional well-being in accordance with care recipient preferences. Nine of 15 respondents to a consumer experience interview agreed or strongly agreed to the statement 'if I'm feeling a bit sad or worried, there are staff here I can talk to'. Four respondents provided a neutral response to the statement with comments, such as "I don't feel sad or worried", "I don't want to discuss it with staff", "I'm new here and I'm not sure about talking to staff" and “:I like to keep to myself”. Two respondents disagreed with the statement commenting that "staff do not have enough time" to talk to them. Care recipients and representatives interviewed are satisfied care recipients are supported on entry to the service and on an ongoing basis, including times of personal crisis.

**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".

**Assessment of the expected outcome**

The service 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. The living environment is monitored, and equipment is available to ensure care recipients' independence is maximised. Monitoring processes include care and lifestyle reviews, audits, observation and feedback. Care recipient files viewed demonstrate strategies to promote care recipient independence are documented. Staff interviewed described how they promote independence for individual care recipients. All respondents to a consumer experience interview agreed or strongly agreed to the statement 'I am encouraged to do as much as possible for myself'. Care recipients and representatives interviewed are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the service.

**3.6 Privacy and dignity**

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

**Assessment of the expected outcome**

The service 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 the care plan. The living environment supports care recipients' need for personal space, including single bedrooms with ensuites and provides areas for receiving guests. Monitoring processes include care and lifestyle reviews, audits, meetings, observation and feedback. Staff interviewed described strategies to support care recipients’ privacy, dignity and confidentiality and their practices observed during the visit support this. Fourteen of 15 respondents to a consumer experience interview said staff treat them with respect most of the time or always. One respondent said staff treat them with respect some of the time stating they had told a staff member about an incident, however, has not had any feedback since from staff. Care recipients and representatives interviewed are satisfied staff treat everyone with respect and feel care recipients’ 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".

**Assessment of the expected outcome**

The service 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. 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-on-one and community activities. Staff interviewed described how they encourage and support care recipient participation. Most care recipients interviewed are satisfied with activities and confirm they are supported to participate in activities of interest to them. One care recipient was not satisfied with the activities program.

**3.8 Cultural and spiritual life**

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

**Assessment of the expected outcome**

The service 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. The Chaplain completes a Well-being assessment in consultation with care recipients and/or representatives on entry which identifies religious practices and supports for continued involvement in the care recipients’ faith; the information is used as a baseline during regular reviews. The service has access to support services, such as chaplains, interpreters, volunteers and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The service's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff interviewed said they support care recipients to attend and participate in activities of their choice. Care recipients interviewed confirmed their 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".

**Assessment of the expected outcome**

The service meets this expected outcome

The service has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the service and on an ongoing basis. The service 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 interviewed demonstrated their understanding of care recipients' rights to make choices and described how they support them in their choices. Fourteen of 15 respondents to a consumer experience interview said staff explain things to them most of the time or always. One respondent said staff explain things to them only some of the time stating, "The staff don't have time to spend with me". Care recipients interviewed 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".

**Assessment of the expected outcome**

The service meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the service, fees and charges and information about complaints, when they enter the service. The care recipient agreement is accompanied by an information handbook which outlines care recipients’ rights, responsibilities and feedback mechanisms. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another service, this is discussed with the care recipient and/or their representative and managed in accordance with legislative requirements. The service's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed understand their rights and responsibilities and are satisfied care recipients have secure tenure within the service.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the service's systems to identify and implement improvements.

Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* As a result of feedback from staff, a specimen fridge was purchased. Staff were originally using a medication fridge for specimens, however, management identified keeping specimens in the fridge might be an infection risk. The fridge was purchased and is used for pathology specimens across the site. Evaluation shows infection control has improved and the fridge is much easier to ensure samples are stored correctly and collected.
* Management implemented a new buffet breakfast service. Three of the nine kitchens across the service have been installed with buffet breakfast service and a 'buffet trolley' takes the buffet to care recipients who can't access the dining room. Hot breakfasts are now being provided to care recipients across the service. Evaluation show this has improved care recipients’ ability to have choice for their breakfasts and increased hot food service. Feedback from care recipients has been positive.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the service's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 4 Physical environment and safe systems:

* There are infection control policies and a system for managing and reporting outbreaks.
* There is a food safety program that is regularly reviewed.
* There is a system to ensure compliance with fire safety regulations.
* Management supports an active workplace health and safety program.
* Safety data sheets are available where chemicals are stored.

In relation to the service's vaccination program:

* The service provides service staff with free access to annual influenza vaccinations;
* The service actively promotes the benefits of the annual vaccination for their staff and volunteers; and
* The service keeps records of the number of staff who have received the vaccine every year.

**4.3 Education and staff development**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.3 Education and staff development in relation to the service’s processes.

The service 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.

Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

* Chemical handling
* Food safety
* The new call bell system
* Fire and emergency response

**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".

**Assessment of the expected outcome**

The service meets this expected outcome

The service'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. Care recipients are accommodated in single ensuite rooms. Rooms are personalised with items from care recipients' homes and are fitted with call bells and secure storage areas. The temperature and lighting of care recipient rooms and communal areas are monitored to ensure a comfortable environment. 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. Almost all care recipients and representatives interviewed are satisfied the living environment is safe and comfortable. One respondent to a consumer experience interview said they never feel safe in the home as they are worried about a specific person who they believe is 'after' them. This situation is being addressed by management and staff with the individual care recipient.

**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".

**Assessment of the expected outcome**

The service 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 occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Management and staff actively address staff incidents and identify and control hazards. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Manual handling and personal protective equipment are available to assist staff with the provision of a safe working environment. Staff have an understanding of safe work practices and are provided with opportunities to have input to the service's workplace health and safety program. Staff receive training during orientation and on an ongoing basis about key elements of safety, including manual handling, the use of equipment, chemical handling, infection control and incident reporting mechanisms. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

**4.6 Fire, security and other emergencies**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. There are security procedures and systems to ensure the buildings and grounds are secure. There is an emergency and disaster plan for the site and evacuation and emergency kits with resources for use in such situations. Staff are provided with education and training about fire, security and other emergencies when they commence work at the service and on an ongoing basis. Emergency equipment is inspected and maintained, and the environment is monitored to minimise risks. Opportunities for improvement in relation to fire, security and other emergencies are identified through audits, fire drill evaluations, fire inspection records, worksite inspections and feedback mechanisms. 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 satisfied that staff are capable of assisting care recipients in emergencies.

**4.7 Infection control**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service 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 service'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 interviewed said they are provided with information about infections at the service 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".

**Assessment of the expected outcome**

The service meets this expected outcome

The service identifies care recipients' needs and preferences relating to hospitality services on entry to the service 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 service's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients and representatives interviewed are satisfied the hospitality services meet the care recipients’ needs, however, three respondents to a consumer experience interview gave negative responses about the food. Two care recipients said they never like the food as “it is tasteless and boring”, they are aware they have choices, but the choices are also “tasteless”. One respondent said they like the food some of the time as the “fish is never cooked to their liking”.