



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Baptistcare Yallambee RACS ID: 7160

Approved Provider: Baptistcare Incorporated

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

Reconsideration Decision made on 19 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 17 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 30 October 2015 to 30 August 2019.

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

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

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

This decision is effective from 19 March 2018

Accreditation expiry date 30 August 2019



Australian Government

Australian Aged Care Quality Agency

Yallambee Hostel

RACS ID 7160

1 Fenton Street

MUNDARING WA 6073

Approved provider: Baptistcare Incorporated

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 30 October 2018.

We made our decision on 17 September 2015.

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

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle		
Principle:		
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems		
Principle:		
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.		
Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Australian Government
Australian Aged Care Quality Agency

Audit Report

Yallambee Hostel 7160

Approved provider: Baptistcare Incorporated

Introduction

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

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

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

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

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

Assessment team

Team leader:	Niky (Nikole) Parry
Team member:	Alison James

Approved provider details

Approved provider:	Baptistcare Incorporated
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Details of home

Name of home:	Yallambee Hostel
RACS ID:	7160

Total number of allocated places:	40
Number of care recipients during audit:	39
Number of care recipients receiving high care during audit:	10
Special needs catered for:	Nil specified

Street:	1 Fenton Street	State:	WA
City:	MUNDARING	Postcode:	6073
Phone number:	08 9295 1511	Facsimile:	08 9295 2540
E-mail address:	admin@baptistcare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Care recipients/representatives	7
Manager operations	1	Clinical care coordinator	1
Registered and enrolled nurses	5	Care staff	4
Occupational therapist and assistant	2	Physiotherapist and assistant	2
Occupational health and safety representative/carer	1	Hospitality and domestic staff	5
Administration assistant	1	Maintenance staff	1

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, charts and progress notes	6	Medication charts, profiles, signing sheets and self-medication authorisations	8
Care recipients' files including lifestyle assessments, care plans, activity attendance statistics	5	Personnel files	6
Resident agreements	3		

Other documents reviewed

- Activity programs and attendance records
- Archive register
- Audits and surveys
- Care recipients' information package including handbook and surveys
- Case conference folder
- Cleaning schedules (kitchen, care recipient rooms and common areas)
- Clinical indicators (care recipient falls, medications, skin tears, infections and behaviours)
- Communication diaries
- Electronic training and performance appraisal matrix
- Fire detection system and sprinkler system maintenance records
- Food safety management plan (including meal, cool room, freezer, cooking/cooling temperatures and kitchen cleaning schedules)
- Hazard records
- House assessment files (including pain treatment signing sheets, dietary and fluid guidelines, shower and toileting schedules and bowel charts)

- Job descriptions and duty statements
- Meeting minutes
- Menus
- Plan for continuous improvement and improvement logs
- Policies and procedures
- Referral folders for dentist, speech pathology, dietician, optometry and audiology services
- Scheduled and unscheduled maintenance program
- Staff induction handbook
- Staff rosters and allocation book
- Wound care folder.

Observations

- Activities in progress
- Agency orientation file
- Brochures and information regarding internal and external complaints mechanisms and locked suggestion box
- Care recipients' appearance
- Charter of care recipients' rights and responsibilities and mission, vision and values statements displayed
- Communication white board in nursing office
- Equipment and supply storage areas (continence aids, mobility equipment, paper products, personal care items, linen, chemical storage, oxygen, clinical equipment and sharps waste management)
- Interactions between staff and care recipients
- Living environment, including designated smoking area
- Meal and drink services
- Memoranda and newsletters
- Safety data sheets
- Short group observation in lounge area
- Staff and care recipient noticeboards with posted information
- Storage and administration of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home uses the organisation's systems and processes to monitor compliance across all four Accreditation Standards. Opportunities for improvement are identified using a variety of methods including care recipient/representative and staff meetings, surveys, audits, hazards, clinical incidents and general feedback. Improvements that require ongoing monitoring and actioning are added to the plan for continuous improvement where appropriate. Staff reported they are encouraged to participate in the home's continuous improvement program and were able to describe recent improvements. Care recipients and representatives reported they are satisfied the home actively pursues continuous improvement.

Improvement activities in relation to Standard 1 – Management systems, staffing and organisational development undertaken or in progress over the last twelve months are described below.

- Feedback from staff identified communication regarding care recipients' care needs could be improved. In response, a multidisciplinary team meeting is held fortnightly. Documentation reviewed showed these meetings include the general practitioner, allied health staff, registered/enrolled nurses and care staff. Staff interviewed reported this enables them to discuss specific care recipients' needs in detail, and information in the care recipient's care plan is updated when required. The management team reported this enables them to identify and adjust staffing levels when required. Care recipients and representatives reported they are satisfied with the nursing care needs provided by staff.
- A potential hazard was identified in the manager's office due to the delivery method of confidential documentation outside of business hours. Staff, care recipients and representatives would place the documents under the manager's door, which posed a slip hazard when entering the office. As a result, a secure box was installed next to the manager's office so confidential documents can be delivered and the hazard eliminated. The manager reported they are satisfied with the new procedure of passing on documentation outside of business hours.

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 organisation ensures the identification and implementation of changes in legislative and regulatory requirements and professional standards and guidelines. Information is sourced in

a variety of ways including peak bodies, industry related newsletters, Australian government departments and other statutory organisations. Policies and procedures are updated by the organisation's head office and the home's manager disseminates this information via newsletters, meetings, memoranda and displayed notices. The home uses an external electronic auditing system to monitor compliance and police certificates. Visas and professional registrations of new and existing staff and volunteers are monitored by the human resource department. Care recipients' fees and charges are set according to legislation and care recipients and other interested parties have access to external complaints and advocacy information. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence, meetings, newsletters and displayed flyers.

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 uses the organisation's systems and processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. A training matrix is maintained to monitor and ensure all staff attend training applicable to their role, and a range of other information such as clinical indicators, care recipient/representative feedback, staff performance appraisals, monitoring of staff practices and satisfaction surveys are used to identify training needs. There is a 'buddy' system to support new staff through the orientation process. Staff reported they are encouraged and supported to attend internal and external training to maintain their knowledge and skills. Care recipients and representatives reported they are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of training undertaken in relation to Standard 1 – Management systems, staffing and organisational development are listed below.

- Accreditation – your roles and responsibilities
- Certificate III in aged care
- Certificate IV in aged care
- Diploma of enrolled nursing
- Electronic rostering system
- Frontline management.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives receive information regarding the complaints process on moving into the home and via the resident agreement, and information regarding external complaints and advocacy is readily available around the home. There is easy access to feedback forms and management ensures confidentiality and anonymity via secure suggestion boxes. Staff reported they advocate on behalf of care recipients. Care recipients

and representatives reported they have access to the internal and external complaints process without fear of retribution, and are satisfied management address concerns effectively.

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 home displays their mission, vision and philosophy statement throughout the home and this information is consistently documented in the resident and staff handbooks. These statements include the home's commitment to continuous improvement and to support and enhance the care recipient's quality of life. Staff reported they are advised of the organisation's mission, vision and philosophy at corporate induction.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home uses the organisation's processes to ensure there are appropriately skilled and qualified staff to meet the needs of the care recipients. There are processes to adjust staffing levels or skill mix in response to care recipients' care needs. The home's manager is responsible for the recruitment of new staff, and new staff receive an orientation to the site and are supernumerary for two or more shifts until competent to perform the required duties. Mandatory and competency based training is provided, and staff performance is monitored via observation, feedback and performance appraisals. The home's own staff or temporary staff cover absenteeism, and temporary staff are orientated to the home. Staff reported they have adequate time to complete their duties. Care recipients and representatives reported they are satisfied with the knowledge, skills and responsiveness of staff.

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 uses the organisation's systems and processes to ensure stocks of appropriate goods and equipment are available for quality service delivery. There is a scheduled and unscheduled maintenance program. Agreements and contracts are developed by the organisation and include quality goals to meet legislative and regulatory requirements. Identified staff are responsible for stock control and rotation processes, and the purchase of goods and equipment is undertaken using the organisation's preferred suppliers. Equipment is stored to provide accessibility to staff and prevent damage, and appropriateness of equipment is monitored via feedback from staff and care recipients. Staff, care recipients and

representatives reported there are appropriate goods, equipment and supplies provided, and maintenance issues are dealt with promptly.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the collection, analysis and dissemination of information in relation to care recipients' care needs, business and operational issues. On employment, staff sign a contract that includes a confidentiality clause. Information is readily available via the home's electronic care planning system, policies and procedures, handovers, memoranda, meetings and noticeboards. Electronic information is backed up daily and computer access is password protected with specific levels of access. Archived information is stored securely and there is an effective process for the retrieval of information. Staff interviewed reported they have access to information that enables them to perform their duties. Care recipients and representatives reported they have access to information to enable them to make choices and decisions about care recipients' care needs and lifestyle.

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 uses the organisation's systems and processes to ensure externally sourced services are provided in a way that meets the needs of care recipients and service quality goals of the home. The organisation monitors police certificates, professional registrations and insurance details of external contractors where applicable. Documented policies and procedures outline the processes implemented to effectively use the home's external providers. External contractors undertake audits and facilitate education and training in relation to fire and safety, chemical safety and the service and repair of equipment. A list of preferred contractors is in place to assist with the purchasing of goods and services. Staff, care recipients and representatives reported they are satisfied with the home's 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

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement process.

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, behaviours and missing care recipients and collate this information. Care recipients and staff are satisfied the home actively promotes and improves care recipients' physical and mental health.

Recent improvements undertaken or in progress in relation to Standard 2 – Health and personal care are described below.

- Following several staff attending a conference, the home has introduced a new gel-thickening agent. Staff reported, and documentation confirmed, training was held prior to the introduction of the thickener. Staff reported the thickener is easier to use and thickened fluids for care recipients are of a better consistency.
- Clinical staff identified care recipient pain assessments were not always reflective of their pain and pain needs were not being met. In response, a comfort/wellbeing clinic has been introduced four days a week. The clinic is run by the allied health team who provide heat packs, massage and the use of a transcutaneous electrical nerve stimulation (TENS) machine for specific care recipients. The management team reported as this has recently been implemented, a formal evaluation will be undertaken at a later date.

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

The organisation monitors changes in legislation and alerts staff using a range of communication methods. There is a monitoring system to ensure professional staff are registered as required. There are processes for reporting the unexplained absence of care recipients. Medication is stored safely and correctly and administered by staff deemed competent by a registered nurse. Qualified staff carry out initial and ongoing assessments of care recipients. Care recipients and representatives reported care recipients receive care appropriate to their needs and preference.

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

See expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development process.

Examples of education and training undertaken in the last 12 months in relation to Standard 2 – Health and personal care are listed below.

- Continence management
- Dysphagia
- Medication management
- Oxygen administration
- Pain in the elderly
- Palliative care
- Restraint management
- Stay on your feet
- Understanding dementia
- Wound and stoma care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. On moving into the home, registered staff assess care recipients’ clinical needs using a range of validated assessment tools. Care plans are developed and reviewed regularly as per the home’s policy, or more frequently if required, and changes are made in consultation with care recipients, their families and the multidisciplinary team. There are processes to monitor and communicate care recipients’ changing needs and preferences including regular reviews by the general practitioner, care plan reviews, shift handovers and clinical meetings. Clinical audits ensure the provision of clinical and personal care is reviewed. Care recipients and representatives reported satisfaction with the clinical 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

The home has processes to ensure registered nurses identify and review care recipients’ specialised nursing care needs. The home is staffed by registered nurses in the morning, and enrolled nurses during the afternoon shift, with access to registered nurses or external

specialists at all times to provide support if required. Care plans are developed to guide nursing staff in the delivery of care, and all care provided is documented to ensure appropriate provision of interventions. General practitioners are involved in the management of care recipients' specialised care needs, and the home collects clinical indicator data to identify opportunities for improvement and further education. Specialised nursing care provided at the home includes diabetes management and chronic wound management. Care recipients and representatives stated they are satisfied appropriate specialised nursing care is delivered.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. Nursing staff, the general practitioner and other allied health staff contribute to care recipients' assessments and identify the need for input from other health specialists. Nursing staff refer care recipients to other health professionals as the need is identified including a speech pathologist, dietician, Parkinson's specialists, palliative care services and mental health services. A podiatrist visits the home regularly and attends to the needs of care recipients. Registered nurses access information and recommendations from specialist reviews and implement changes to care as appropriate. Care recipients and representatives reported satisfaction with ongoing access to a variety of health specialists.

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 ensures care recipients' medication is managed safely and correctly. Qualified and competent care staff administer medication via a pre-packed system, and regulatory requirements and professional guidelines are adhered to. The general practitioner liaises with the registered nurses regarding care recipients' medications and reviews their medication needs and preferences regularly. Medication care plans specify instructions concerning the administration of medications and correspond with medication profiles. Care recipients who self-administer medications are regularly assessed and any changes are documented. Medication audits and incidents are used to monitor the medication management system, and a consultant pharmacist undertakes medication reviews. Care recipients and representatives reported care recipients' medication is managed appropriately.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home’s pain management approach aims to ensure care recipients are as free from pain as possible. A multidisciplinary approach to manage care recipients’ pain includes the general practitioner and nurses as well as a ‘comfort and wellness clinic’ run by the physiotherapist and occupational therapist. Specific assessment tools are used to assist in the identification of care recipients’ pain, including verbal and non-verbal descriptors. Care plans contain strategies to alleviate pain, and pain interventions are documented. In addition to pain-relieving medication, the use of alternative methods include heat packs, transcutaneous electrical nerve stimulation (TENS) therapy, massage therapy and repositioning. Care staff reported they refer to nursing staff when pain relief strategies are not effective or care recipients report a new pain. Care recipients reported they are satisfied with the way staff assist them to manage 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’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their identified needs and preferences. When care recipients move into the home, or thereafter as preferred, discussion occurs with the care recipient and their family on treatment decisions for the future and end of life planning. When necessary, nursing staff review care recipients’ end of life care plans and implement strategies to manage care needs such as pain relief and personal care. Support is available through the general practitioner and local palliative care services. The home provides services of a chaplain to care recipients and their families, or can assist with access to a spiritual advisor of their choice. Staff provide care recipients and their families support during the palliative period. Care recipients and their representatives reported they are satisfied the home would ensure comfort and dignity of terminally ill care recipients is maintained and their wishes would be respected when the time comes.

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 demonstrates care recipients receive adequate nutrition and hydration. An assessment on moving into the home determines care recipients’ food and fluid preferences, factors impacting nutritional intake, nutritional risk, and assistance required to maintain their nutrition and hydration. Re-assessment occurs on an ongoing basis, and information on care plans is kept updated and available for all staff. Recording of care recipients’ weights occurs monthly or more frequently if required. Variations are noted by nursing staff and referrals made to the dietician to determine appropriate interventions. Care staff complete education on identifying swallowing difficulties and assisted feeding, and speech pathology services are referred to as indicated. Care recipients have access to fluids in their rooms and communal

areas. Care recipients and representatives reported care recipients receive adequate nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Validated screening tools identify care recipients at risk of impaired skin integrity, and assessments identify the condition of their skin, hair and nails. Care plans are reviewed regularly and contain individual strategies to guide staff. Pressure areas and wounds are monitored and individual assessments and care plans ensure continuity of care. Nursing staff liaise with general practitioners and external wound care specialists as required. The home monitors their approach to skin care via clinical indicators, audits and regular care recipient reviews. Staff reported various preventative measures to maintain care recipients’ skin integrity including regular repositioning, application of emollients, protective and cushioning support of areas prone to pressure, and encouraging mobility. Care recipients and representatives reported they are satisfied with the care provided to care recipients in relation to skin integrity.

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 ensures care recipients’ continence is managed effectively. Validated assessments are completed on moving into the home and on an ongoing basis to determine care recipients’ continence needs and monitor the effectiveness of care provided. Care plans contain strategies containing factors contributing to continence. The home has appropriate continence aid ordering, stock control and supply processes, which are overseen by clinical staff. Care recipients undergo urinalysis if symptomatic, and staff are trained to implement preventative or corrective strategies as necessary. The home’s continence program is monitored via audits and an infection surveillance program. Staff identified appropriate continence management strategies and described how care recipients’ privacy and dignity are maintained when assisting care recipients with continence requirements. Care recipients and representatives reported care recipients’ continence needs are met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. An assessment of care recipients’ behaviours occurs when moving into the home and on an ongoing basis. Nursing staff review information and develop care plans, which identify individual interventions to assist in minimising or preventing challenging behaviours. Staff consult with the general practitioner and refer to specialist services including the local mental health team, Dementia Behaviour Management Advisory Service (DBMAS) and Parkinson’s

services, and staff implement recommended behaviour management strategies as required. The home provides a restraint free environment, with alternative interventions promoted, and policies and procedures available should it be required. Staff complete training on providing care to those care recipients with challenging behaviours and demonstrated knowledge of a variety of strategies to support care recipients. Care recipients and representatives reported the home meets the care needs of care recipients with 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

The home has a program to optimise the mobility and dexterity of care recipients. When care recipients move into the home, and on an ongoing basis, nursing staff and the physiotherapist assess each care recipient’s level of mobility, dexterity and falls risk. Care recipients are encouraged to optimise their mobility and dexterity by participating in the home’s physiotherapy and activity programs, including individual and group exercises to promote movement. Appropriate seating and aids are available to assist mobility and maintain care recipients’ independence. An incident reporting system includes identification of incidents related to care recipient falls. The physiotherapist is available to review care recipients post fall, and staff reported appropriate falls prevention and management strategies. Care recipients and representatives commented they are satisfied the home supports care recipients to achieve optimal mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain care recipients’ oral and dental health. An oral and dental health assessment is undertaken to identify oral function, hygiene and dental care needs, as well as any potential impacts on swallowing and eating when moving into the home and on an ongoing basis. The home encourages care recipients or their representatives to access dental care, and nursing staff follow up any required actions in consultation with the care recipient and their family. Oral care equipment is provided to care recipients and a system ensures equipment is replaced regularly. Staff report any change in care recipients’ oral health, eating or oral hygiene practices. Care recipients and representatives reported care recipients’ oral and dental health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has processes to identify and manage care recipients’ sensory losses effectively. Care recipients are assessed across all five senses and are reviewed as required by the home’s policies. Care needs and preferences are detailed on care plans including the application of sensory aids and individualised strategies to manage sensory loss. The home

has access to visiting optometrists and audiologists and supports care recipients to access these or other external services as required. Staff practices and the suitability of the home's equipment are monitored to ensure effective interventions are available. Sensory activities such as food tasting and hand massage groups are available, and large print books and activity materials, as well as talking books can be accessed. Care recipients and representatives confirmed they are satisfied with the home's approach to managing care recipients' sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has processes to assist care recipients achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances when moving into the home and on an ongoing basis. Interventions to assist care recipients establish appropriate sleep routines are documented in their care plans. Staff reported practices to encourage sleep include settling routines, noise minimisation, emotional support, pain management, warm drinks, attending to continence needs and medication. Care recipients and representatives reported they are satisfied with the support provided to enable care recipients achieve restful sleep at night.

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

See expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement process.

In relation to Standard 3 – Care recipient lifestyle, care recipient/representative meetings and care recipient surveys are used to gather suggestions. Feedback is recorded from lifestyle and care activities. Staff contribute to improvements to care recipient lifestyle through surveys, training and networking. Staff encourage and support care recipients and others to provide feedback and suggestions.

Improvements undertaken or in progress in relation to Standard 3 – Care recipient lifestyle are described below.

- The occupational therapist identified improved community involvement could benefit care recipients at the home. The occupational therapist liaised with a local primary school to implement a monthly intergenerational activity with care recipients and this is reflected on the activity calendar. The management team reported as this has recently been introduced, a formal evaluation will be undertaken at a later date.
- Following a suggestion from a managers’ meeting, staff, family members and the local men’s shed assembled a purpose built ice-cream trolley. Staff reported the trolley is used to provide care recipients with refreshments such as ice-cream or popcorn when watching movies and during the summer months. Care recipients reported positive feedback regarding the trolley citing it reminded them of the days they used to go to the movies.

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

Care recipients and their representatives receive a copy of the Charter of care recipients’ rights and responsibilities on moving into the home, and this information is displayed around the home. Care recipients or their representative are offered a resident agreement that outlines the fees and tenure arrangements and provides information of any changes to services, fees and charges. Staff reported knowledge of care recipients’ privacy, dignity and confidentiality, and there are processes for mandatory reporting.

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

See expected outcome 1.3 Education and staff development for an overview of the home's education and staff development process.

Examples of education and training undertaken in the last 12 months in relation to Standard 3 – Care recipient lifestyle are listed below.

- Cultural diversity and ageing
- Elder abuse
- Person centred 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 home provides support to care recipients while they are adjusting to life in the new environment and on an ongoing basis. On moving into the home, care recipients and their families receive information about the home and the services offered. Care recipients are orientated to the new environment, and their needs and preferences are discussed. The home's occupational therapist and therapy assistants assess care recipients' emotional and social needs, which are reflected in individual care plans, and referrals to the home's chaplain are generated as required. Care recipients are encouraged to personalise their rooms and to join in activities at the home and in the community where appropriate. Care recipients and representatives stated representatives are welcomed at the home and they are satisfied with the emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Care plans and ongoing assessments inform staff of the level of assistance required and, where appropriate, care recipients are prompted to maintain their independence. Suitable aids and therapy programs encourage care recipients to maintain their mobility, senses, cognitive status and dignity. Staff reported they assist care recipients to attend activities within and outside of the home. Care recipients and representatives reported visitors are welcomed to participate in meals, activities, celebrations and outings and stated they are satisfied with the assistance provided by staff to support care recipients maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each care recipient's right to privacy, dignity and confidentiality. Established systems ensure secure storage of confidential records and personal information, and care recipients' right to privacy is acknowledged in the home's policies. Privacy and dignity practices are monitored via audits, and staff reported they receive training on how to provide personal care services discreetly. Staff demonstrated strategies to maintain care recipients' privacy and dignity including knocking on doors before entering, ensuring doors are closed when attending to personal care and being mindful of privacy when discussing care recipients' care needs. Care recipients and representatives confirmed care recipients' privacy, dignity and confidentiality is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports care recipients to participate in a range of activities. The occupational therapy assistant completes an assessment of the care recipients' lifestyle history and preferences on entry into the home and on an ongoing basis, and care plans document this information. Care recipients have the opportunity to provide feedback on the activity program via care recipient and representative meetings and surveys. The activity program includes physical, cognitive, cultural, sensory and spiritual activities, and one-on-one sessions can be provided. Staff invite care recipients and their family and friends to attend activities and events. Care recipients and their representatives reported staff support care recipients' participation in activities that interest them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. On moving into the home, care recipients complete lifestyle assessments that identify cultural or spiritual needs and preferences, and these are documented in care plans and reviewed as per the home's policy. The home holds regular religious services and supports care recipients to attend outside services if they wish. A chaplain is available for support and other religious leaders are welcome to access the home following care recipients' request. Culturally significant days and events such as Easter, Christmas and Anzac day are celebrated and families are invited to attend. Staff reported they have access to multicultural resources if required and can access local community volunteers to visit care recipients. Care recipients and representatives reported satisfaction with the cultural and spiritual care provided.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives participate in decisions about the services received, and care recipients are able to exercise choice and control over their lifestyle. Management and staff encourage and support care recipients to make individual choices and decisions, and next-of-kin or enduring power of attorney is documented to guide staff on who can make decisions if the care recipient is unable to do so themselves. Care recipients and representatives have the opportunity to discuss and provide feedback on services through surveys, meetings and feedback forms. Feedback forms and information on care recipients' rights and responsibilities and advocacy are available in various languages. Staff described strategies for supporting care recipients' individual choices in relation to lifestyle and care interventions. Care recipients and representatives stated they feel comfortable participating in discussions about care and services, and care recipients have sufficient opportunity to make choices and decisions on a daily basis.

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

There are processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Care recipients and/or their representative receive an information pack containing an information handbook, and are offered a resident agreement prior to moving into the home. The resident agreement outlines the security of tenure, fees and charges, external complaints processes and the Charter of care recipients' rights and responsibilities. Care recipients and their representatives have access to external complaints and advocacy information, and access guardianship/administration if required. Care recipients and representatives reported they are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

See expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement process.

Improvements undertaken or in progress in relation to Standard 4 – Physical environment and safe systems are described below.

- It was identified via an occupational health and safety meeting there was no designated smoking area for care recipients. In response, a risk assessment was undertaken, smoking aprons were purchased, appropriate receptacles have been provided and appropriate signage and fire-fighting equipment installed. Documentation confirmed letters were sent to specific care recipients and/or their representatives advising of the designated area and equipment provided. The management team reported this has been a recent initiative and will be evaluated at a later date.
- Following a catering review by the organisation, the home has purchased red crockery to stimulate care recipients’ appetites. A revolving stand was placed in the centre of each table to enable care recipients to reach their preferred condiments, and staff are wearing red aprons when serving meals and providing assistance to care recipients during meal service. Staff reported they feel more professional and care recipients are able to identify who is available to provide assistance. The management team reported this has been a recent improvement and will be evaluated at a later date.

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

Management and staff use the organisation’s systems to manage the physical environment and safe systems of the home. Safety audits are completed on a regular basis, there is a food safety program, and all staff attend mandatory training which includes fire and emergency, infection control and manual handling. Visitors, contractors, care recipients and their representatives record their arrival and departure from the home, and reporting mechanisms are used to record incidents, accidents and hazards. Personal protective equipment is readily available around the home, and safety data sheets are available where chemicals are used and stored.

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

See expected outcome 1.3 Education and staff development for an overview of the home's education and staff development process.

Examples of education and training undertaken in the last 12 months in relation to Standard 4 – Physical environment and safe systems are listed below.

- Chemical safety
- Fire safety and fire extinguisher training
- Food safety
- Infection control
- Manual handling
- Occupational health and safety
- Safe handling of laundry.

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 provides a safe environment consistent with care recipients' needs. Care recipients are accommodated in single rooms with kitchenettes and ensuite bathrooms. Care recipients are encouraged to personalise their rooms with furniture, pictures and mementos from home, there are handrails for safety, and there is access to communal areas and gardens for social interactions and activities. Monthly workplace inspections are conducted by the occupational health and safety (OHS) representative and actioned appropriately. Scheduled and unscheduled maintenance, cleaning schedules and OHS programs are in place and reviewed regularly. Care recipients and representatives reported the home provides a safe and comfortable living environment according to care recipients' needs.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has processes to ensure a safe working environment that meets regulatory requirements. Policies and procedures are accessible to guide and direct staff. The home routinely conducts workplace inspections and hazard monitoring is undertaken by all staff. Reporting of incidents, scheduled and unscheduled maintenance programs, and tracking of care recipients' infections are monitored and opportunities for improvement identified.

Electrical equipment is tagged annually and staff receive mandatory manual handling and chemical safety training. New and temporary staff receive a site orientation that includes OHS. Staff reported they are satisfied management is working to provide a safe environment that meets regulatory requirements. Care recipients and representatives reported they are satisfied management provide a safe and comfortable environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's emergency procedures provide guidance for staff and care recipients in the event of a fire, security breach, bomb threat and other emergencies. There are appropriate fire detection systems including fire hoses, fire extinguishers, fire blankets and sprinklers. Emergency and evacuation procedures are readily accessible to staff and an emergency evacuation pack contains up-to-date information on each care recipient's mobility status. Safety data information is available where chemicals are stored or used. Staff reported they receive regular training in all aspects of fire and emergency. Care recipients and representatives reported they feel confident staff would assist care recipients in the event of an evacuation.

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

Staff demonstrated the home's infection control program is effective in identifying, containing and managing infections. The OHS representative and manager oversee the infection control program and monthly data is collated to identify trends. This information is discussed at staff and clinical meetings. Staff training, hand washing basins, a pest control program, personal protective equipment, care recipient and staff vaccination programs, laundry processes, a food safety program and sharps waste management are some of the methods used to minimise infections. Staff reported a working knowledge of the principles of infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure hospitality services are provided in a way that enhances care recipients' quality of life. Meals are cooked on site and care recipients are encouraged to attend the communal dining room for the midday meal, with breakfast and dinner provided in individual houses. A four weekly rotating menu provides care recipients' with choices whilst also meeting care recipients' individual dietary requirements. Catering staff receive updated information regarding care recipients' allergies, preferences, cultural requirements and the need for texture modified drinks and meals. The home has cleaning processes in place and adhoc cleaning is undertaken as required. Personal laundry is undertaken on site by care staff and there is a process for lost laundry. Staff interviewed

reported they have appropriate equipment, supplies, training and information to complete their duties. Care recipients and representatives reported they are satisfied with the hospitality services provided at the home.