



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Brightwater Oxford Gardens RACS ID: 7238

Approved Provider: Brightwater Care Group Limited

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

Reconsideration Decision made on 20 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 24 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 09 November 2015 to 09 September 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

20 March 2018

Accreditation expiry date

09 September 2019



Australian Government

Australian Aged Care Quality Agency

Brightwater Oxford Gardens

RACS ID 7238

30 Regents Park Rd

JOONDALUP WA 6027

Approved provider: Brightwater Care Group (Inc)

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 09 November 2018.

We made our decision on 24 September 2015.

The audit was conducted on 18 August 2015 to 19 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

Brightwater Oxford Gardens 7238
Approved provider: Brightwater Care Group (Inc)

Introduction

This is the report of a re-accreditation audit from 18 August 2015 to 19 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 18 August 2015 to 19 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:	Ben (Benedict) Carroll
Team member:	Alison James

Approved provider details

Approved provider:	Brightwater Care Group (Inc)
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Details of home

Name of home:	Brightwater Oxford Gardens
RACS ID:	7238

Total number of allocated places:	61
Number of care recipients during audit:	60
Number of care recipients receiving high care during audit:	60
Special needs catered for:	Aboriginal and Torres Strait Islander

Street:	30 Regents Park Rd	State:	WA
City:	JOONDALUP	Postcode:	6027
Phone number:	08 9300 2701	Facsimile:	08 9300 7999
E-mail address:	welcome@brightwatergroup.com		

Audit trail

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

Interviews

	Number		Number
Care manager	1	Care recipients/representatives	10
Deputy care manager	1	Registered nurses	4
Quality coordinator	1	Enrolled nurses	3
Trainer/Registered nurse	1	Care staff	7
Nurse practitioner	1	Care staff/OSH representative	1
Maintenance staff	1	Hospitality staff	4
Administration staff	2		

Sampled documents

	Number		Number
Care recipients' assessments, care plans and progress notes	6	Medication profiles and signing sheets	6
Blank resident agreement	1	Wound care plans	7
Restraint authorisations and relevant documentation	2	Personnel files	6
External contracts	4		

Other documents reviewed

The team also reviewed:

- Activity program and therapy statistics
- Archiving records
- Asset register
- Audits and surveys
- Care recipient information package, including handbook and surveys
- Clinical indicators (falls, medication management, skin tears, infections, choking incidents and behaviours)
- Comments and complaints folders
- Continuous improvement plan and quality action plan
- Fire equipment inspection and maintenance records
- Hazard and incident report file
- Infection control records and statistics, influenza consent forms and records
- Job descriptions and duty statements
- Kitchen records including menus, dietary sheets, cleaning schedules and temperature records
- Mandatory reporting records, guidelines and templates

- Medication refrigerator temperatures
- Meeting agendas, calendars and minutes
- Memoranda file and newsletters
- Observation charts (bowel charts, weights and blood glucose levels)
- Orientation and training records
- Performance appraisals matrix
- Policies and procedures, guidelines and manuals
- Preventative maintenance schedule
- Referrals to other health professionals
- Register for drugs of addiction
- Signature log records.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and secure suggestion box
- Activities in progress
- Administration and storage of medications
- Archive storage area
- 'Aspiration tree' in home's clubhouse
- Care recipient/representative and staff notice boards with displayed information
- Charter of care recipients' rights and responsibilities displayed
- Equipment and supply storage areas (continence aids, mobility equipment, medical supplies, linen, personal care products, chemicals and sharps waste disposal)
- Evacuation, outbreak and spillage kits
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment services
- Safety data sheets
- Short group observation in the dining room
- Staff diary and communication books in use
- Wound care trolley.

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 has systems and processes to demonstrate a commitment to continuous improvement across the four Accreditation Standards. Comments, complaints and suggestions, audits, incident analyses, meetings and informal observations are used to identify opportunities for improvement. The manager oversees the improvement projects at the home and delegates where necessary. Identified projects are added to the continuous improvement plan for implementation, monitoring and evaluation. Continuous improvement is discussed at organisational meetings and information is provided to staff, care recipients and representatives through meetings held at the home. Care recipients and representatives reported management is responsive to comments and suggestions. Staff gave examples of improvements recently completed that have assisted them in their role.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- Feedback received from staff has resulted in the introduction of a part-time trainer onsite. The trainer works 16 hours per fortnight and delivers training sessions in response to administration, care and clinical staff requests. Management stated the introduction of the trainer, who commenced in 2015, has improved care provided to care recipients. Staff stated they are satisfied with the training provided by the home.
- The manager has introduced a newsletter to strengthen communication between the home and care recipients and representatives. The newsletter is produced every four months and contains contributions from staff and care recipients. It reports on improvements being undertaken at the home and copies are posted to representatives and are available at the home. Management reported they will seek feedback from care recipients and representatives about the newsletter via the next care recipient survey.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home uses the organisation's systems and processes to ensure the identification of, and compliance with relevant legislation. The organisation receives updates on legislative and regulatory changes from peak bodies, government agencies and consultants, and policies are updated accordingly. The manager is notified of any changes and advises staff as required via meetings, memoranda and education sessions. Statutory declarations, police

certificates and professional registrations for all staff are checked when staff commence at the home and as required, and appropriate certificates are on file for external contractors. Care recipients, representatives and staff have access to the internal and external complaints and advocacy information. Management monitors compliance with legislation and the home's policies and procedures via audits, external inspections and performance appraisals. Care recipients and representatives were informed of the re-accreditation audit via correspondence, newsletters, meetings and posters displayed around the home.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Management identifies training needs through feedback and requests from staff, satisfaction surveys, audits, accident/incident reports and observation of work practices. Site orientation and 'buddy' shifts are established for new staff, and induction, mandatory and optional training is coordinated by the management team and on-site trainers. Staff evaluate the effectiveness of training and staff attendance is monitored. Staff reported they have access to a variety of internal and external training and education opportunities. Care recipients and representatives reported management and staff are knowledgeable and perform their roles effectively.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Admission/discharge process
- Advocacy information sessions
- Graduate support program study day
- Information technology based training
- Leadership conferences and meetings.

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

The home has processes to ensure care recipients, representatives and other stakeholders have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. The home displays information on how to access internal and external complaints and advocacy services. Care recipients and representatives are informed of the comments and complaints process when they move into the home, and reminded of the process at care recipient and representative meetings. Management actions all comments and complaints and provide feedback to the originator. The home measures the effectiveness of the comments and complaints process by analysing and trending statistics, and via satisfaction surveys, and identified trends feed into the home's continuous quality improvement plan. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision mission and values statement along with the commitment to quality statement in the home's information systems. The statements are displayed around the home. These are consistently documented and communicated within the care recipient and staff information handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. Management reviews staffing levels based on care recipients' care needs, audits, trending of care records and data, and feedback from stakeholders. The home uses organisational processes to recruit and roster staff, and working visas and professional registrations for currency are monitored as required. Staff performance is monitored via performance appraisals and feedback mechanisms, and through the analysis of surveys and audits. Staff reported they have sufficient time to complete their duties and are sufficiently supported in their roles. Management considers or uses floating shifts, part-time and temporary staff to address care needs, and a registered nurse is on duty at all times to support care staff. Care recipients and representatives reported satisfaction with the skill level and number of staff in place.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Preventative maintenance programs exist to maintain equipment and repair or purchase of equipment is undertaken as required. Specific staff have roles and responsibilities for maintaining adequate stock and products. Training is available for the appropriate use of equipment. Regular internal and external audits and environmental inspections are undertaken to ensure goods and equipment are maintained, stored and used safely and effectively. Staff reported the home supplies sufficient equipment, supplies and training in the use of these items to undertake their duties. Care recipients and representatives reported satisfaction with the availability of supplies and the quality of the equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the collection, analysis and dissemination of information related to care recipient care, business and operational matters. Management routinely collects and analyses information from clinical records and indicators, human resources, audits and surveys and reports on these at relevant meetings. The home schedules regular meetings with care recipients and staff, and minutes are available for review. The organisation's management reviews standardised documents, guidelines, policies and procedures, and key staff at the home receive updates via electronic mail, memoranda and at meetings. The home has procedures to securely store and manage electronic and paper records and electronic records are copied several times a day to an offsite location. Staff stated they have access to information pertinent to their work, attend regular meetings and handovers, and have access to feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information relevant to them via family conferences, meetings and informal discussions with staff.

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 organisation has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation identifies externally sourced services in response to regulatory requirements, licensing and specified care services, and the home accesses required services from an approved provider list. The home has agreements with service providers that set out criteria and regulatory requirements. The organisation's management reviews the services required from external service providers in response to changes in care needs. Management and relevant staff monitor the level of performance and when necessary may use feedback mechanisms to raise issues about the quality of services provided. Care recipient and representatives' satisfaction of external services is checked via annual surveys and through the complaints process. Care recipients, representatives and staff reported satisfaction with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients, representatives and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvement activities related to health and personal care are described below.

- Acting on a suggestion from a registered nurse, the home has amended its handover process to cover incidents and behaviours over a seven day period. Previously, the handover covered the last 24 hours. Management reported coverage of the extended handover allows temporary staff or staff returning from leave to quickly review current care needs and so promotes continuity of care. The new format was introduced in 2015. Care staff confirmed the new handover process is effective.
- The home reconfigured the nurse offices in all four areas of the home in 2015. The deputy care manager recommended a standard layout in all homes, including the location of records, stock and equipment, would improve care at the home. Management reported this approach has resulted in faster response times when staff that are new to an area need to access equipment or documents. Initial feedback from staff regarding these changes has been positive.

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

Organisational systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients' health and personal care and regulatory requirements. Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored by the organisation. Internal and external audits are used to monitor medication storage and administration against relevant guidelines. Care recipients and representatives reported care services are received in accordance with specified care service requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system and processes.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- Adverse behaviours
- Continence management
- Dementia and enabling wellbeing
- Diabetes management
- Documentation of height/weight/BMI
- Mental health first aid
- Mouth care/denture care
- Palliative care/post bereavement communication skills
- Restraints.

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 uses a multidisciplinary approach to the provision of care including the general practitioner, nurse practitioner, registered/enrolled nurses, care staff, physiotherapist and occupational therapist to ensure care recipients receive appropriate clinical care. On moving into the home, validated assessments are undertaken and a care plan is developed to guide staff with the clinical care needs of each care recipient. Care plans are reviewed six monthly or sooner if the need arises, and further assessments are undertaken when changes occur. Staff ensure continuity of care by discussing care recipients’ care needs at handover, via documentation and at the weekly clinical meetings. Clinical incidents are actioned at the time of the incident and analysed monthly to identify any trends. Staff reported they are encouraged and supported to attend education and training to maintain their knowledge and skills. Care recipients and representatives reported they are satisfied care recipients receive appropriate clinical care.

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

Registered nurses are responsible for the assessment, planning, implementation, monitoring and evaluation of care recipients’ specialised nursing care needs. The registered nurse develops a complex nursing care plan that includes recommendations from the general practitioner and other health specialists. Specialised nursing care needs include chronic wound care, catheter care, diabetic management and challenging behaviours. Registered nurses are onsite for all shifts to provide support to staff. Care recipients and representatives reported they are satisfied care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff.

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

Nursing staff refer care recipients to appropriate health specialists in accordance with their needs and preferences. A multidisciplinary team with the inclusion of the general practitioner contribute to each care recipient’s assessments and identifies the need for input from other health professionals. Care recipients are referred to other health specialists including a psychogeriatrician, geriatrician, mental health services, palliative care services, dentist, optometrist, physiotherapist and occupational therapist. A podiatrist visits the home on a regular basis to attend to the needs of care recipients. Nursing staff access the information from other health specialists and implement changes to care plans or medication regimes as directed. Care recipients and representatives reported they are satisfied with care recipients’ access to other health professionals.

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 generally has processes for the safe storage, administration, documentation and disposal of medications. Medication competent staff assist care recipients with their medications via a multi-dose sachet administration system as per the general practitioner’s instructions. An accredited pharmacist reviews care recipients’ medications on a two yearly basis and this information is made available to the general practitioner for their consideration. The home has emergency medications available and maintains relevant permits and documentation. Medication audits are undertaken regularly at the home and actioned accordingly. The home has processes for reporting medication incidents and these are trended monthly. Care recipients and representatives reported they are satisfied care recipients’ medication is managed safely and correctly.

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

Nursing staff assess each care recipient’s pain management needs on moving into the home and on an ongoing basis. A multidisciplinary approach is used to manage care recipients’ pain including the general practitioner, nursing staff, care staff and other allied health professionals. Specific pain assessment tools are used that include verbal and non-verbal descriptors for care recipients’ identified with a cognitive deficit or are unable to verbalise. Care plans include strategies to manage care recipients’ pain. In addition to medication, alternative therapies are used including regular pressure care, appropriate seating/positioning devices, gentle exercise, gentle massage, aromatherapy and the use of heat/cold packs. Staff reported they refer to the registered nurse if pain management interventions are not effective. Care recipients and representatives reported they are satisfied care recipients’ pain is managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. On moving into the home or shortly thereafter, care recipients and/or their representative completes an advanced care plan that outlines the care recipient’s wishes. The home provides support to the care recipient and their families with input from the general practitioner, religious personnel, allied health professionals and external palliative specialists if required. The registered nurse develops a specific nursing care plan to guide staff in the comfort, pain management and personal care needs of the care recipient during the palliative phase. Staff described ways they assist and support care recipients and their families during the palliative process. Care recipients and representatives reported they are confident that when the time arises, staff will manage care recipients’ palliative care competently, including their comfort and dignity.

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

Nursing staff assess care recipients’ nutrition and hydration status when they move into the home and on an ongoing basis. Care recipients’ cultural needs, preferences, likes, dislikes, allergies and special requirements are identified, documented and communicated to relevant staff. Care recipients are weighed on moving into the home and monthly thereafter unless otherwise directed by the general practitioner or dietician. Care recipients identified as having significant weight loss are commenced on nutritional supplements and, if weight loss continues, referred to the dietician for further management. Texture modified meals and thickened drinks are provided for care recipients identified as having swallowing difficulties and are referred to the speech pathologist if changes occur. Modified crockery and cutlery is

available to assist care recipients to maintain their independence, and staff were observed assisting care recipients with meals when required. Care recipients and representatives reported they are satisfied care recipients receive adequate nourishment 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

The home has processes to ensure staff identify and manage care recipients’ skin integrity and associated issues on moving into the home and on an ongoing basis. Where staff identify a potential risk to care recipients’ skin integrity, nursing staff implement interventions and relevant treatments. A range of equipment is available including air flow and pressure mattresses, protective bandaging, soft splinting, regular repositioning, pressure cushions and the regular application of emollient creams. Staff report incidents involving care recipients’ skin integrity, and the nursing staff implement a wound assessment and wound treatment plan. Staff reported they monitor care recipients’ skin integrity during personal care and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients’ skin integrity is managed appropriately.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has processes to assess, monitor and manage care recipients’ continence needs on moving into the home and on an ongoing basis. Care recipients are supported to maintain their continence through a range of methods including appropriate equipment, scheduled toileting and suitable continence aids. Care recipients’ bowel elimination is monitored and interventions are documented and evaluated for effectiveness. Urinary tract infections are monitored via the home’s reporting systems and analysed monthly to identify any trends. A continence advisor is available to provide education, training and support to staff regarding care recipients’ continence needs. Staff reported they have adequate time and appropriate equipment and supplies available to manage care recipients’ continence needs effectively. Care recipients and representatives reported they are satisfied care recipients’ continence needs are managed effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

On moving into the home, assessments of each care recipient’s behaviours is undertaken. Care plans identify possible triggers and appropriate strategies to manage and minimise challenging behaviours. Nursing staff consult with the general practitioner and care recipients are referred to appropriate mental health services as required, and recommendations are included in the care recipient’s care plan. Staff attend training on dementia and how to manage challenging behaviours and described ways they meet the needs of care recipients

who display challenging behaviours. Care recipients and representatives reported they are satisfied the needs of care recipients with challenging behaviours are managed effectively.

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

On moving into the home, each care recipient is assessed for their level of mobility and dexterity by the registered nurse, physiotherapist and occupational therapist. Care recipients are encouraged to maintain optimum levels of mobility and dexterity by participating in the home’s activity and exercise programs that include group and individual exercises. Appropriate seating and other aids are available to assist care recipients to maintain their mobility and improve independent movement. Modified crockery and cutlery is available to assist care recipients to maintain their independence. Staff report and document care recipient falls, and these are actioned at the time of the incident by the registered nurse, and analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to maintain optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is assessed on moving into the home and on an ongoing basis. Care plans identify the amount of assistance each care recipient requires to maintain their oral and dental hygiene. Care recipients are offered the opportunity of seeing the government dentist annually, or if preferred, a dentist of their choice. There is a process to ensure care recipients’ oral and dental equipment is changed on a regular basis. Staff interviewed described ways they assist care recipients to maintain their oral and dental hygiene. Care recipients and representatives reported they are satisfied 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

Qualified staff assess all of care recipients’ sensory losses on moving into the home. Care plans include strategies to assist care recipients to manage their sensory losses and maximise their independence and participation in activities of daily living. The home’s activity program includes tactile, sensory and auditory activities to stimulate the senses including sing-a-longs, art and craft and cooking. Care recipients are referred to other health professionals when required. Staff described ways they assist care recipients to manage their sensory losses. Care recipients and representatives reported they are satisfied care recipients’ sensory losses are identified and managed effectively.

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 ensure care recipients are able to achieve natural sleep patterns. On moving into the home, care recipients undergo a sleep assessment that identifies their preferred time of rising, settling, nightly rituals, and sleep disturbance. Staff record interventions to assist care recipients to achieve natural sleep patterns in their care plans. Staff reported ways they assist care recipients to settle including a warm drink or snack, extra blankets, decreased noise, toileting, pain relief and if prescribed, night sedation. Care recipients and representatives reported they are satisfied care recipients are able 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”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for an overview of the home’s continuous improvement system.

In relation to care recipient lifestyle, care recipient and representative meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement activities related to Standard 3 – Care recipient lifestyle are described below.

- Therapy staff introduced an ‘aspiration tree’ to the home in July 2015. Care recipients identify preferred activities and these are recorded on cards and hung on the tree. When possible, therapy staff will source internal funding to finance activities. Care recipients and representatives interviewed reported positive feedback from attending concerts and stage shows. Staff stated the project promotes social interaction, and we observed several cards hung on the aspiration tree during the audit.
- After observing care recipients in secure areas of the home having difficulty accessing the internal garden, the manager applied for funding to install an automatic door. The door is wide enough to accommodate wheelchairs and was installed in 2015. Management reported the door empowers care recipients to tend and enjoy the garden and stated behavioural issues such as frustration has decreased since its introduction.

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

The home identifies and meets relevant compliance, regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients are informed about their rights and responsibilities when they move into the home. Information updates are discussed at relevant meetings. Care recipients’ agreements include information relating to fees, level of care and services and tenure arrangements. There are policies and procedures and guidelines for the compulsory reporting of care recipient assault. Staff are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 3 – Care recipient lifestyle are listed below.

- Confidentiality and privacy
- Elder abuse
- Leisure lifestyle (Certificate IV)
- Montessori training
- Relaxation for elders
- Therapy assistants study day.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Care recipients and/or their representative are provided with an information pack prior to moving into the home. On moving into the home, care recipients are orientated to their room, surroundings and introduced to other care recipients. Staff monitor and support care recipients, qualified staff assess their emotional needs and therapy staff gather information to identify people, events and dates of significance. Care plans include the holistic requirements of each care recipient including their social and emotional well-being. Care recipients are encouraged to personalise their rooms with furniture, pictures and mementos from home, and family and friends are encouraged to visit on a regular basis. Staff reported ways they support care recipients and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients' receive appropriate emotional support on moving into the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to ensure regular assessments of care recipients' needs to maintain independence. On moving into the home, qualified staff assess each care recipient's level of ability to participate in activities of daily living. Care plans consider the sensory, cognitive and mobility levels of each care recipient when promoting independence. The home encourages care recipients to maintain friendships within and outside of the home,

and staff support care recipients to attend appointments and community events outside of the home. Staff described ways they encourage and support care recipients to maintain their independence during activities of daily living. Care recipients and representatives reported they are satisfied care recipients are supported and encouraged to 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential information is stored securely and accessed by authorised personnel only. Staff were observed interacting with care recipients in a respectful manner. Care recipients are accommodated in single rooms or a double room with an ensuite bathroom and there are small lounges and gardens for privacy, and communal areas available for larger family gatherings. Staff described ways they maintain care recipients' privacy, dignity and confidentiality. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality is recognised and respected.

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

There are processes to encourage and support care recipients to participate in a range of activities of interest to them. On moving into the home, therapy staff gather information on each care recipient's past and current interests, and the therapy team develop a social activity program and therapy interventions. The activity program is undertaken five days a week and includes a range of activities that include gross and fine motor skills, sensory and cognitive capabilities. The social activity program includes special events and social outings as well as adapted activities that enable care recipients with physical, sensory and cognitive deficits. Therapy staff record care recipients' attendance and level of participation at activities and feedback on the activity program is sought via care recipient/representative meetings and surveys. Staff reported, and were observed, assisting care recipients to attend activities, and care recipients' refusal to attend activities is respected. Care recipients and representatives reported they are satisfied with the range of activities provided.

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' customs, beliefs and cultural and ethnic backgrounds are identified on moving into the home, and this information is included in their care plan. Care recipients have access to religious personnel and community visitors, and staff can access information and other multicultural services when required. Culturally significant events and

anniversaries are celebrated including Christmas Day, ANZAC Day, Remembrance Day and other days of significance to care recipients. Staff reported ways they assist care recipients with specific religious or cultural practices. Care recipients and representatives reported they are satisfied care recipients' individual customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

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

Management and staff support care recipients' individual choices and decisions. Care recipient/representative meetings, team/family care conferences, surveys and the home's feedback mechanisms provide opportunities for care recipients and/or their representative to participate in the care and services care recipients receive. Staff described ways they encourage and support care recipients to make choices and decisions including the choice of general practitioner, time for setting and rising, choice of meal, attending activities and time to attend to personal care. Care recipients and representatives reported they are satisfied with the support provided by staff to enable care recipients to make choices and decisions.

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. On moving into the home, each care recipient or their representative are offered a resident agreement that outlines the security of tenure, fees and charges, care recipients' rights and responsibilities and external complaints and advocacy processes. Care recipients and other interested parties have access to external complaints and advocacy information, secure suggestion boxes for anonymity and access guardianship/administration services when required. Staff reported they are aware of care recipients' rights and responsibilities. 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

Refer to expected outcome 1.1 Continuous improvements for an overview of the home’s continuous improvement processes.

In relation to physical environment and safe systems, the home uses feedback, reporting and monitoring mechanisms to gather and analyse information to determine trends and opportunities to improve. Feedback is regularly recorded and evaluated via audits and surveys. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement activities related to Standard 4 – Physical environment and safe systems are described below.

- Representatives informed the home they had difficulty phoning the care recipients or staff after 4.00pm on weekdays and on weekends. Management identified this was due to the absence of administration staff. In June 2015 they introduced a new phone system which allows after-hours callers to reach care recipients or staff at individual houses. The home has also introduced an independent mobile emergency phone. The home intends to formally evaluate these initiatives by seeking feedback from care recipients and representatives at future meetings.
- In response to staff feedback about odours from collection bins situated near the car park, the home arranged to regularly pressure-clean bins. This commenced in March 2015. Management reported staff are satisfied the pressure-cleaning has eliminated the odour.

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

The home has management systems to ensure ongoing regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines relating to physical environment and safe systems. Workplace, building, catering and fire emergency equipment and processes are routinely inspected and audited. Safety data sheets for chemicals used are available to staff and kept updated, and infection control guidelines are available. The home has a food safety program to provide staff guidance. Interviews with staff confirmed their knowledge of regulatory compliance requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 4 – Physical environment and safe systems are listed below.

- Fire and emergency
- Food safety (refresher)
- Hand hygiene
- Living environment – sound and noise
- Manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipients' care needs. The home contains two secured areas and two non-secure areas. Care recipients are accommodated in single or double rooms with single or shared bathrooms, and privacy screens are supplied in double rooms. A kitchen and communal area is located in each area, and all care recipients have access to secure outdoor gardens. The atmosphere in the internal living environment was observed as being calm and the temperature to be appropriately maintained. Staff described processes to promote the safety and security of care recipients at the home, such as securing the home after hours and nightly checks on care recipients. Care recipients and representatives advised they are satisfied with the living environment of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe working environment that meets regulatory requirements. Staff receive occupational health and safety (OHS) training as part of their orientation and regularly thereafter, and organisational safety policies and procedures guide and direct staff practice. Management, maintenance staff and OHS representatives regularly assess the physical environment, report risks, identify potential and actual hazards and analyse accidents and incidents. Staff receive information on their OHS responsibilities during induction, meetings and via memoranda. Duress alarms are available to staff throughout the home and entry to the home is monitored. The home tags faulty equipment

and has a schedule to maintain furniture and equipment. Staff reported they identify and report hazards and accidents, and management is proactive in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fires and security breaches. Approved professionals carry out independent, regular testing of fire detection systems, firefighting equipment and exit lighting. The home has a plan to respond to fire threat and other emergencies, and evacuation lists and kits are regularly checked and updated. Evacuation maps and signage show orientation and exit routes, and firefighting equipment are located throughout the home. Staff described the home's security systems and emergency procedures and there are processes to check and tag new and existing electrical appliances. Care recipients, representatives, contractors and visitors to the home sign in and out to ensure awareness of who is in the building. Care recipients and representatives are informed of what to do if they hear a fire alarm via the care recipient handbook, meetings and notices on the back of bedroom doors.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Policies and procedures, guidelines and food safety program guide staff practices and an outbreak kit is maintained. Staff record care recipients' infections and trained staff carry out treatments as instructed by the general practitioner and as per the care plans. Clinical staff prepare two-monthly reports that includes an analysis and trending of incidents to improve care. Strategies to reduce the risk of infection include vaccination programs, containment of sharps and routine pest inspections. The home routinely conducts infection control audits with a focus on the environment, linen handling and hand washing. Mandatory training includes infection control and staff were able to provide examples of infection prevention strategies. Care recipients and representatives reported satisfaction with the home's infection control program.

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

Systems and processes for catering, cleaning and laundry enhance the care recipients' quality of life and meet the care recipients' needs. The organisation prepares and delivers lunch and dinners to the home in accordance with a four-weekly menu. Alternatives to lunches and dinners are provided. The home has four dining rooms and provides care recipients with modified crockery and cutlery to promote independence. Staff assistance is provided as required. Scheduled cleaning and laundry programs guide hospitality staff, and

the maintenance program has a provision for extra cleaning services when required. There is a sorting system to prevent loss of linen and clothes, and the home maintains a lost property section. Hospitality services adhere to the home's food safety and infection control requirements, and management monitors performance via feedback, audits and surveys. Care recipients and representatives reported satisfaction with the food, cleaning and laundry services provided to care recipients.