



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Sunshine Park Hostel RACS ID: 7198

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 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 17 September 2018 regarding the period of accreditation. The period of accreditation of the accredited service will now be 06 November 2015 to 06 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 06 September 2019



Australian Government

Australian Aged Care Quality Agency

Sunshine Park Hostel

RACS ID 7198

10 Brady Road

LESMURDIE WA 6076

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 06 November 2018.

We made our decision on 17 September 2015.

The audit was conducted on 12 August 2015 to 13 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

Sunshine Park Hostel 7198

Approved provider: Baptistcare Incorporated

Introduction

This is the report of a re-accreditation audit from 12 August 2015 to 13 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 12 August 2015 to 13 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:	Philippa Brittain

Approved provider details

Approved provider:	Baptistcare Incorporated
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Details of home

Name of home:	Sunshine Park Hostel
RACS ID:	7198

Total number of allocated places:	36
Number of care recipients during audit:	36
Number of care recipients receiving high care during audit:	36
Special needs catered for:	Nil specified

Street:	10 Brady Road	State:	WA
City:	LESMURDIE	Postcode:	6076
Phone number:	08 9291 6100	Facsimile:	08 9291 9537
E-mail address:	customer.centre@baptistcare.com.au		

Audit trail

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

Interviews

	Number		Number
Manager residential care	1	Manager operations	1
Clinical care coordinator	1	Care recipients/representatives	8
Registered and enrolled nurses	2	Care staff	4
Occupational therapist	1	Physiotherapist	1
Therapy staff	2	Allied health manager	1
Business support officer/occupational health and safety representative	1	Domestic and hospitality staff	4
Facility support officer	1	Chaplain	1

Sampled documents

	Number		Number
Care recipients' assessments, care plans and progress notes	6	Medication profiles and signing sheets	6
Wound assessments and management plans	4	Palliative care/end of life wishes care plan	1
Care recipients' therapy assessments, care plans and statistics	5	Care recipients nutritional supplements lists and weights	3
Personnel files	6	External contracts	2

Other documents reviewed

The team also reviewed:

- Activity programs and therapy statistics
- Agency staff folders, including sign on sheets and orientation
- Allied health referrals
- Archiving and destruction register
- Audits and surveys
- Care plan and annual assessment schedule
- Care recipients' information package, handbook and agreements
- Clinical indicators and analysis
- Clinical folders, including bowel and weight charts, diabetic charts and monitoring records, dietary charts and supplement lists, pain intervention records and wound care
- Communication books
- Continuous improvement folder
- Duty statements

- Evacuation procedures and care recipient mobility list
- Feedback folder
- Meeting minutes, memoranda and newsletters
- Nutritional and dietary information, food temperature records and kitchen cleaning signing sheets
- Occupational health and safety folder, including hazard reports
- Performance appraisal schedule
- Policies and procedures
- Regulatory compliance folder
- Rosters
- Scheduled and unscheduled maintenance and cleaning signing sheets
- Training and education information
- Volunteer information pack and orientation checklist.

Observations

The team observed the following:

- Access to internal and external comments and complaints mechanisms and secure suggestion box
- Activities and pain clinic in progress
- Administration and storage of medications
- Equipment and supply storage areas including archiving areas and secure documentation bins
- Interactions between staff and care recipients
- Living environment
- Location of emergency equipment, evacuation information and exit lighting
- Meal and refreshment services in progress
- Noticeboards displaying information for care recipients, visitors and staff
- Short group observation in activity area
- Sign in and out books
- Vision, mission and values statement, Charter of care recipients' rights and responsibilities and notice for re-accreditation displayed.

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

There are systems and processes to identify, plan, implement and evaluate continuous improvement activities. Reporting and feedback mechanisms guide staff to identify opportunities for continuous improvement. Information from sources such as suggestion and feedback forms, audits, hazard/incident reports, surveys and meetings is logged, actioned, evaluated for effectiveness and feedback given to stakeholders via meetings or noticeboards. Staff and care recipients reported they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

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

- The manager identified an opportunity to formalise the process of acknowledging feedback from care recipients, representatives and staff. As a result, a standardised response letter was developed to acknowledge receipt of feedback and to outline actions taken. The response letters are filed with the feedback form. This improvement was evaluated via a staff meeting and the manager reported there has been an increase in feedback received. Staff interviewed reported they appreciate when their feedback is acknowledged and they feel their ideas and suggestions are valued.
- The home recently conducted a review of clinical staff hours and determined a need to employ an additional registered nurse in response to an increase in care needs. The home has completed the recruitment process, and a successful candidate is due to complete induction and orientation before the end of August 2015. The home plans to evaluate the effectiveness by feedback from staff and care recipients and reviewing clinical care indicators. The home stated this will be formalised via performance appraisals during the three month probationary period.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from the head office, and policies are updated on shared system drives as required and disseminated to staff from the manager via meetings and memoranda. The home monitors compliance with legislative requirements through internal and external

auditing programs, quality reports and human resource procedures. There are processes to monitor police certificates, professional registrations and working visas. Care recipients' fees and charges are set according to legislation, and care recipients and representatives have access to external complaints processes. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence, newsletters and meetings.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home's education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify training needs through feedback and requests from staff, 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 accessed via internal, external and online mediums. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training and education opportunities.

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

- Bachelor of nursing
- Business service development day, including payroll system training
- Certificate IV in aged care
- Corporate induction
- Registered nurse development days
- Site orientation
- Understanding accreditation.

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 interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. Information on the processes to access internal and external complaints and advocacy services is displayed throughout the home and discussed with care recipients and their representatives on moving into the home, at care recipient/representative meetings, and in case conferences. Management action all comments and complaints and provide feedback to the originator. The home measures the effectiveness of the comments and complaints process via satisfaction surveys, and identified trends feed into the home's continuous improvement plan. Staff receive information about the home's comments and complaints process during orientation and advocate on behalf of care recipients as required. 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 home's mission, vision and values statement is documented and displayed, and are available for care recipients, representatives and staff. New staff receive education on the home's values during induction, and the home uses the statements to guide staff practices in providing care and services. The organisation has a strategic plan available for stakeholders to view. Staff surveys monitor staff knowledge and belief in the values of the organisation. Staff reported knowledge of the home's mission, vision and values.

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. The manager reviews staffing levels based on care needs and feedback from stakeholders. Recruitment processes are supported by head office and a payroll system monitors staff police certificates, working visas and professional registrations. A 'buddy' program provides new staff with additional support from an experienced staff member. Staff performance is monitored via performance appraisals, feedback mechanisms, surveys and audits. Staff reported they have sufficient time to complete their duties and have the appropriate skills to conduct their roles effectively. Relief cover is provided from the home's own staff or via an agency. Care recipients reported satisfaction with the skill level and number of staff in place to provide care.

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 adequate supplies of appropriate stock and equipment to enable the delivery of quality services. Systems and processes ensure purchase, use, storage, maintenance and management of goods and service meets the needs of the home. The home monitors the effectiveness of storage, condition and availability of goods and equipment via reviews, inspections and reporting mechanisms. Relevant staff and external consultants manage corrective and preventative maintenance programs, which ensure regular checking and servicing of all equipment, buildings and grounds. Training is available for the appropriate use of electronic and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their duties and repairs are made in a timely manner. Care

recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet their needs.

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 effective information management systems. Systems and processes facilitate the collection, analysis, storage, retrieval and archiving of information related to care, business and operational matters. Management routinely collate, analyse and table information collected from clinical records and indicators, monitoring and reporting mechanisms and human resource and procurement processes. The home schedules meetings specific to roles and committees, and disseminates minutes as appropriate. The organisation reviews standardised documents, policies and procedures and notifies key staff of updates via emails, memoranda and meetings. The home has procedures for the secure storage, archiving and management of records and information. Staff reported they have access to information relevant to their roles via regular meetings, handovers, communication books and feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information to assist them to make decisions about their care 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 ensures all externally sourced services are provided in a way that meets the home's needs and quality of service. The manager monitors police certificates, professional registrations and insurance details of external contractors specific to the home, and a consulting body manages all other contracted service providers, which are available from a preferred supplier list throughout the organisation. Quality of work provided is monitored through service records and feedback from stakeholders, and review of services is taken into consideration prior to renewing contracts. Care recipients, representatives and staff reported satisfaction with the quality of service they receive from external service providers.

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 system.

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 and staff are satisfied the organisation actively promotes and improves care recipients’ physical and mental health.

Examples of current or recent improvements in relation to Standard 2 – Health and personal care are described below.

- The clinical care coordinator (CCC) identified an opportunity to provide additional education to staff in relation to Standard 2 – Health and personal care. As a result, a notice board was set up, and each month a new topic is showcased and staff have the opportunity to fill in a questionnaire. The CCC evaluates the effectiveness of the information provided by reviewing questionnaire results and determining if more education is required. Staff interviewed stated the education station was beneficial, as subjects chosen are relevant to the needs of the care recipients and they enjoy the questionnaires.
- The organisation identified an opportunity to redevelop their pain assessment tool to provide a more detailed assessment of pain. Based on researched best practice ideas the occupational therapist (OT) and CCC, implemented a trial of the new tool. The CCC and OT have since evaluated the effectiveness of this form, and identified opportunities for further refinements. The project is currently ongoing at this time.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients’ health and personal care. Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication storage and administration complies with relevant guidelines. The home monitors any changes in legislation and alerts staff through meetings or memoranda. The home has a policy and procedure for unexplained absences of care recipients. 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.

- Continence management
- Dementia care
- Dysphagia
- Oral health
- Palliative care
- Recognising and responding to pain
- Wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Registered and enrolled nursing staff use assessment tools to assess care recipients’ clinical care needs when they move into the home. Care plans are developed to guide staff in the delivery of the care recipients’ individual care requirements, and are reviewed six-monthly and as required. General practitioners and relevant allied health practitioners regularly review care recipients. Clinical incidents are reported, actioned and analysed to identify risks, trends, opportunities for improvement and the need for staff education. Training and education is provided to ensure staff are competent in the delivery of care. Care recipients and representatives reported they are consulted about care recipients’ clinical care and expressed satisfaction with the care received.

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 and enrolled nurses identify and review care recipients’ specialised nursing care needs. The home is staffed by registered and/or enrolled nurses on each shift, and there is access to external specialist services to provide support if required. Clinical 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 monitors clinical indicator data to identify opportunities for improvement and further education. Specialised nursing care provided at the home includes wound management, diabetes management and continence 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

Relevant staff refer care recipients to health specialists in accordance with their needs and preferences. A multidisciplinary team with the involvement of the general practitioner contributes to care recipients’ assessments and identifies the need for review by other health specialists. Staff refer care recipients when further specialist input is required to the physiotherapist, occupational therapist, dietician, speech pathologist, mental health services and other medical specialists. A podiatrist visits the home regularly and attends to the needs of care recipients. Nursing staff access information and recommendations resulting from specialist reviews, and implement changes to care recipients’ care or medication. Care recipients and representatives stated they are satisfied with the access to specialist health services.

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. Competent care staff administer medication via a pre-packed system. ‘As required’ and schedule eight medication is administered, adhering to regulatory requirements and professional guidelines and under direction from registered nursing staff. 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. Internal audits and external pharmacy reviews are used to monitor the medication management system, and these results, as well as monthly analysis of incidents are reported on at regular medication committee meetings. Care recipients and representatives reported 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

The home’s pain management approach aims to ensure all care recipients are as free from pain as possible. A multidisciplinary approach to manage care recipients’ pain includes the general practitioner, nurses and the physiotherapist. Specific assessment tools are used to assist in the identification of care recipients’ pain, including verbal and non-verbal

descriptors. Care plans contain individual strategies to alleviate pain, and pain interventions are evaluated. In addition to pain-relieving medication, the home has introduced a pain clinic to provide alternative therapies such as heat packs, massage therapy, exercise and wax baths. Care staff reported they refer to nursing staff when pain relief strategies are not effective or care recipients report pain. Care recipients reported they are satisfied with the way staff assist them to manage their pain, and they have benefited from the pain clinic therapies.

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 the care recipients’ end of life care plans and implement strategies to manage their care needs such as pain relief and personal care. Support is available through the chaplain, general practitioner and local palliative care services. The home identifies spiritual, cultural and religious preferences, and the chaplain supports the care recipients and families if requested. Staff provide care recipients and their families resources to support clinical and relaxation needs during the palliative period, and the home has received positive feedback from care recipients’ families regarding the provision of services provided. 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 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 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. Staff assess care recipients’ skin integrity, including a pressure injury risk assessment, when they move into the home or as required. Care plans contain strategies and interventions for care staff to follow and maintain care recipients’ skin integrity, hair and nails. Strategies to prevent skin breakdown and maintain integrity include the application of barrier creams and emollients, protective devices, repositioning charts and pressure-relieving equipment. A podiatrist visits the home regularly. Care recipients who require wound management have individual wound assessments to ensure continuity of care and ongoing monitoring. Registered nurses liaise with general practitioners or external services for complex wound care management. Care staff reported they inform nursing staff of any changes in care recipients’ skin integrity. Care recipients and representatives reported care recipients are satisfied with their skin care.

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. An assessment of care recipients’ continence needs occurs when they move into the home, and care plans are developed and reviewed six monthly or as required. Care recipients receive assistance to manage their continence through a range of measures, including scheduled toileting programs and the use of suitable continence aids, and their bowel elimination is monitored and interventions documented. A continence advisor is available to provide support to staff in relation to appropriate continence aids. Monitoring of care recipients’ urinary tract infections occurs through a process of infection control surveillance, and staff implement strategies as necessary. Staff reported they attend training to enable them to manage care recipients’ continence needs. Care recipients and representatives stated staff are effective in meeting care recipients’ continence needs.

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 local mental health teams, psychologists and dementia specialists, and staff implement recommended behaviour management strategies and monitor for effectiveness. 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 independent movement. Appropriate seating and other aids are available to assist mobility and maintain care recipients’ independence, and regular auditing and maintenance of equipment is undertaken as required. The health professional team conducts monthly trend analysis of clinical indicators and incidents to identify opportunities to implement strategies to reduce care recipient falls. The physiotherapist is available to review care recipient post fall, and staff reported appropriate falls prevention and management strategies. Care recipients commented they are satisfied the home supports them 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 have attended education on oral hygiene, and 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 on admission, and on an ongoing basis. Care needs and preferences are detailed on care plans, including 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 coffee club, singing and gardening groups are available, and activities are adapted to optimise participation of care recipients with sensory loss. 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 established 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

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

In relation to Standard 3 – Care recipient lifestyle, care recipient 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 in relation to Standard 3 – Care recipient lifestyle are described below.

- During a therapy meeting, it was identified the activity program did not have a lot of craft activities available to care recipients in accordance with their identified needs and preferences. As a result, the local hardware store now attends the home every second month to run craft activities. Examples of recent craft activities, including painting flowerpots and making mosaic photo frames, can be observed around the home. Management reported attendance and care recipient satisfaction of these craft sessions were evaluated, and further initiatives such as outings to the hardware store for care recipients to attend information sessions have stemmed from this activity.
- The manager identified an opportunity with a local kindergarten to run intergenerational activities. As a result, a group of care recipients are taken on fortnightly outings to the kindergarten to participate in music and movement sessions with the children. Management reported care recipients positively responded to the interaction. The home plans to formally evaluate this initiative in the coming months, once it has run for longer. If successful, the therapy team will invite the kindergarten children to the home in order to increase the number of care recipients able to participate in the intergenerational interactions.
- The home identified an opportunity to hold a morning tea for families of new care recipients, to welcome them into the home and discuss the family’s expectations of the care provided. The home uses this opportunity to invite the chaplain to speak to families and discuss advanced health directives and end of life wishes. The home has evaluated this session by collecting feedback, which has been positive. Representatives interviewed stated the sessions were informative and they felt supported by the home.

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 are informed about their rights and responsibilities via information provided to them when they move into the home. Information updates are advised in writing and care recipients have opportunities to discuss changes via formal or informal meetings. The home provides each care recipient with a care recipient agreement outlining fees, level of care and services, and tenure arrangements. There are policies and procedures for the compulsory reporting of care recipient assault and unexplained absence. Staff sign a confidentiality agreement on employment, and are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings. Care recipients and representatives reported they are consulted in regards to making decisions about services, and are informed when changes in provision of care arise.

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.

- Cultural and linguistically diversity training
- Development days for physiotherapist and occupational therapist
- Development days for therapy assistants
- Lesbian, gay, bisexual, transgender and intersex awareness in aged care
- Mandatory reporting and elder abuse
- 'Montessori' training.

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, they are orientated to their new environment, and their needs and preferences are discussed. The home's occupational therapist and therapy assistants assess care recipients' emotional and social needs using validated assessment tools, which are reflected in individual care plans, and

changes are monitored and reported on. Care recipients are encouraged to personalise their rooms and to join in activities at the home and in the community where appropriate, including access to church services. 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 and encouraged to maintain their independence. Suitable aids and therapy programs support 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. Staff practices are monitored, and staff reported they receive training on how to provide personal care services discreetly. Staff identified 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 wide range of activities that interest them. Care recipients and their families are invited to complete a personal profile and the occupational therapist and occupational therapy assistants use this to complete assessments of the care recipients' lifestyle history and preferences. Assessment information is used to develop therapy care plans, which are reviewed on a regular basis, and contribute to the development of the lifestyle and activity program. Activities are evaluated through

recording attendance, activity evaluations and satisfaction surveys and via verbal feedback and requests. The activity program includes physical, cognitive, cultural, sensory and spiritual activities of both group and individual formats. Staff invite care recipients and their family and friends to attend activities, and ensure care recipients are supported to access activities that reflect their needs, preferences and capabilities. 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 personal profiles that identify any cultural or spiritual needs and preferences, which are documented in care plans and reviewed as per the home's schedule. The home holds regular church 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 a care recipient's request. Culturally significant days and events, such as Easter, Christmas and St Patrick's Day are celebrated and families are invited to attend. Staff reported they have access to local community volunteers or groups for resources and support. 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. There are systems and processes to ensure 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, formal and informal meetings and feedback forms. Staff described strategies for supporting care recipients' individual choices in relation to lifestyle and care interventions, and the home acknowledges the rights of care recipients to take risks. 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

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On moving into the home, care recipients or their authorised representatives receive a copy of the care agreement. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, care recipients' rights and responsibilities and associated schedules. Management consult with care recipients and representatives and ensure approval is documented in the care recipient's record prior to a room transfer. Care recipients and representatives reported they are satisfied care recipients have security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 – Physical environment and safe systems, staff conduct environmental audits and collect information in relation to hazards and incidents to identify trends. Surveys and feedback systems are used to measure and review the living environment and ensure safety of care recipients, staff and others. Care recipients and staff are satisfied management actively works to improve the home’s physical environment.

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

- The home identified care recipients who enjoy sitting in the corridors do not always have access to a call bell when requiring assistance. As a result, the home has purchased call bell pendants for certain care recipients, which are connected to the call bell system in their room. Management evaluated care recipient feedback via a care recipient/representative meeting, and care recipients reported feeling ‘safer’ with this increased access to assistance. Management reported further call bell pendants are available for other care recipients identified as likely to benefit.
- Staff provided feedback regarding a potential infection control risk of serving food in their uniforms directly following attending to activities of daily living with care recipients. As a result, the home purchased red aprons, which staff don for a single meal service to cover their uniforms and are then removed and washed afterwards. The home has evaluated this initiative and there have been no infections identified as linked to food service. Feedback from staff and care recipients has been positive, and this initiative has seen unintended benefits such as care recipients reporting orientation to meal times once seeing the staff in the aprons, as well as the colour red being an appetite stimulant. The organisation has implemented the red aprons throughout other homes.

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 systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets 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.

- Chemical safety
- Fire and safety
- Infection control
- Manual handling
- Occupational health and safety.

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

Management and staff provide a safe and comfortable environment consistent with care recipients' needs. The home provides care recipients with single rooms, which they are encouraged to personalise with small items of furniture and mementos. Care recipients and their families have access to internal and external private and communal areas for social interaction and activities. The environment appears well-maintained, clean, clutter and odour free. Room and environmental audits are undertaken regularly and corrective and preventative maintenance programs ensure safety and comfort. Care recipients and representatives expressed their satisfaction with temperature, noise, safety and comfort, and reported management actively work to provide a comfortable living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety responsibilities, and organisational safety policies and procedures guide and direct staff practice. Management and staff regularly assess the physical environment, report risks, identify potential and actual hazards, and analyse accidents and incidents. The home has a process for tagging of electrical appliances and scheduling maintenance for furniture and equipment. Staff receive information on their occupational health and safety responsibilities during induction, meetings, memoranda and via newsletters. Staff reported they identify and report hazards

and accidents, and management is proactive in providing a safe working environment. Care recipients and representatives reported they feel safe and secure within the home.

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 provide a safe environment and reduce the risk of emergencies, fire and safety breaches. Fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event of an emergency. The building is equipped with a range of fire prevention and firefighting equipment, and contracted services carry out routine inspections and the testing of fire systems. Staff attend regular fire and emergency training, and an evacuation pack contains updated care recipient and next-of-kin information. Security procedures ensure staff and care recipient safety in the evenings. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel safe and secure within the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Staff are informed of current practices at orientation and mandatory education sessions. The home provides information to guide staff in managing infectious outbreaks and appropriate personal protective equipment is readily available. Information on individual care recipient infections is collated monthly and shared with staff. Cleaning and laundry procedures, hand washing facilities, sharps disposal, care recipient and staff vaccination programs, food safety and pest control management are some of the measures used to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and described their responsibilities in the event of an outbreak. Care recipients and representatives reported they are satisfied the home's infection control practises.

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

Hospitality services are provided in a way that enhances care recipients' quality of life. Care recipients' food preferences, cultural requirements, likes and dislikes and any special requirements are recorded when care recipients move into the home and as required. A dietician approved rotating menu is cooked onsite and served in a communal dining room. An external contractor supplies linen, while personal items are laundered onsite. There are systems to minimise loss of personal items and ensure adequate stock of linen. Cleaning staff undertake cleaning in accordance with a structured cleaning program. Management monitor the quality of hospitality services via various feedback mechanisms, such as

comments and complaints, surveys, meetings and audits. Care recipients and representatives reported they are satisfied the home's hospitality services meet care recipients' needs and preferences.