



Australian Government

Australian Aged Care Quality Agency

Jonathan Rogers GC House

RACS ID 0821
124 Wallace Street
Nowra NSW 2541

Approved provider: RSL LifeCare Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 03 April 2018.

We made our decision on 12 February 2015.

The audit was conducted on 13 January 2015 to 14 January 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

Jonathan Rogers GC House 0821

Approved provider: RSL LifeCare Limited

Introduction

This is the report of a re-accreditation audit from 13 January 2015 to 14 January 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 13 January 2015 to 14 January 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:	Serena Beaumont Owles
Team member/s:	Margaret Dawson

Approved provider details

Approved provider:	RSL LifeCare Limited
---------------------------	----------------------

Details of home

Name of home:	Jonathan Rogers GC House
RACS ID:	0821

Total number of allocated places:	68
Number of care recipients during audit:	66
Number of care recipients receiving high care during audit:	49
Special needs catered for:	Dementia Specific Unit

Street/PO Box:	124 Wallace Street
City/Town:	Nowra
State:	NSW
Postcode:	2541
Phone number:	02 4422 4488
Facsimile:	02 4422 5577
E-mail address:	barbara.commins@rsllifecare.org.au

Audit trail

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

Interviews

Category	Number
General manager	1
Manager	1
Care manager	1
Registered nurses	2
Care staff	6
Physiotherapy aide	1
Recreational officer	1
Care recipients/representatives	16
Volunteers	3
Laundry staff	1
Cleaning staff	2
Maintenance staff	1
Administration officer/roster clerk	1

Sampled documents

Category	Number
Care recipients' files	9
Summary/quick reference care plans	9
Care recipient administration files	7
Medication charts	10
Personnel files	8

Other documents reviewed

The team also reviewed:

- Care recipient admission package and handbook
- Care recipients lifestyle individual activity assessments, monthly activity calendars, care recipient lifestyle participation reviews and evaluation
- Catering – NSW Food Authority licence, diet summary sheet, daily meal requests, food preferences, dietary information lists, meal choices, menus, kitchen communication

book, order book, food safety manual, delivery monitoring records, temperature monitoring records, audits and results, kitchen cleaning schedule and duty lists

- Cleaning and laundry – room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records
- Clinical assessment and observation tools - physiotherapy, speech pathology, behaviour, continence, skin, wound, mobility, pain verbal and non-verbal, sensory loss, meal consumption, oral care, falls risk, specialised nursing care, bowel charts, weight charts, personal care charts and others
- Clinical care tools - specialist and allied health referral and review documents, accidents and incidents, assessment guidelines, care communication diaries various meeting agendas and minutes
- Comments, complaints, suggestions folder and register
- Communication systems – newsletters, notices, memorandums, handover sheets, diaries and communication books
- Confidentiality agreements signed by employees
- Continuous improvement documentation including audit and survey results and clinical indicator reports
- Criminal record check register including staff, volunteers and contractors
- Education - orientation checklist, calendar, attendance records, mandatory education, staff records for internal and external courses completed
- Fire safety – certification of fire safety measures, training attendance records, equipment inspection and testing reports, fire panel inspection and maintenance records, list of residents, emergency evacuation pack and contingency plan and emergencies flip charts
- Human resource documentation - recruitment policies and procedures, job descriptions and duty lists, rosters, orientation pack, code of conduct, confidentiality statements, food handling and immunisation declarations
- Infection control material - trend data, outbreak management program, care recipient/staff vaccination records, infection incidence and antibiotic utilisation chart, needle stick injury procedure and cleaning clinical equipment schedule
- Information processes - electronic communication systems including clinical care, meeting minutes and meeting schedules, memo folder, communication books for medical officers, physiotherapist, staff and residents' handbooks, residents' information package and satisfaction surveys
- Inventory and equipment and external services including approved supplier lists, service provider agreements, stock monitoring and delivery systems
- Maintenance records including routine and preventative work orders and completion acknowledgements
- Mandatory consolidated reporting registers for alleged or suspected elder abuse and missing persons incidents and attached incident forms

- Medication management reviews, medication incidents, medication/pathology refrigerator temperature readings, schedule 8 medication secure storage and registers and hard copy medication management system
- Policies and procedures – electronic and selected hard copies
- Programmed preventative maintenance schedule and register, maintenance logs, thermostatic mixing valve service reports, electrical tagging records, call bell audit, pest control reports
- Regulatory compliance documentation including minutes of regulatory compliance committee, staff and volunteers police checks, peak body and government update bulletins
- Residents admission pack including residents handbook, care agreement and privacy statements
- Self-assessment report and associated documentation in each Accreditation Standard
- Sign in register
- Staff handbook
- Staff roster
- Work health and safety – policies, identified hazard register, incident forms and risk assessment processes.

Observations

The team observed the following:

- Activities in progress, care recipients' leisure and lifestyle calendar and resources
- Activity program on display in all areas
- Charter of Residents' Rights and Responsibilities displayed
- Communication systems
- Complaints mechanisms including forms, brochures and locked suggestion boxes, external complaints mechanisms and advocacy brochures
- Daily menu displayed on notice boards
- Equipment and supply storage rooms including clinical, medication and linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, ramps, walk belts, mobile walkers and walking sticks
- Fire safety statement displayed
- Gardens outside designed for people with dementia, bird aviary, rabbit and guinea pig hutches, tropical fish tank
- Hairdressing salon

- Hand washing sinks, hand hygiene dispensers around the home
- Infection control resources, facilities and equipment, waste management including clinical waste, outbreak management kit, spill kits, sharps containers, personal protective equipment, colour coded equipment and infection control resource information
- Living environment – internal and external
- Material safety data sheets, waste disposal systems, out of order tags
- Medication round in progress
- Noticeboards with information brochures on display for residents, visitors and staff
- Notices of impending Accreditation site audit on display throughout the home
- NSW Food Authority Certificate displayed
- Nurse call system and response by staff
- Residents utilising pressure relieving mattresses, bed rail protectors, hip and limb protection equipment
- Sign in and out books
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff work areas including clinic/treatment/staff room, reception and offices
- The dining environments during midday meal service, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms
- The organisation's mission and philosophy statement on display.

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

Jonathan Rogers GC House (the home) actively pursues continuous improvement through its quality management system which involves care recipients/representatives and staff. The program includes policies, a continuous improvement register, an audit program, a quality management committee, staff committees, surveys and other feedback mechanisms such as comments and complaints and analysis of incidents and accidents. The quality system assesses, monitors and evaluates all areas of service and care recipient satisfaction across the Accreditation Standards. Feedback is provided through meetings, notices, education, committee meeting minutes and newsletters. Staff, care recipients/representatives interviewed state that management is responsive to their comments and suggestions for improvement.

Continuous improvement activities undertaken in relation to Accreditation Standard One – Management Systems, Staffing and Organisational Development include:

- Management documentation systems have been reviewed and improvements have been applied. Folders have been updated for uniformity and to enable staff to easily access information. Electronic diarising has been introduced and electronic back up of meeting minutes has been developed to ensure all information is current and up to date.
- Weekly managers meetings have been established to include the kitchen, laundry, maintenance and cleaning staff in an effort to improve communication and cohesion across all services in the home.
- A cleaning checklist has been initiated at the home that follows the audit system to ensure cleaning staff confidently meet audit requirements and to ensure that cleaning standards are of high quality for care recipients. The checklist also builds awareness of cleaning staffs responsibilities.

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 relevant legislation, regulatory requirements and professional standards and guidelines. The organisation is a member of a peak body, which provides updates when legislative or regulatory changes occur. Additional information is obtained from government and professional bodies and the organisation identifies any required changes to policy and practice and advises the home accordingly. Staff report that updates on regulatory issues are communicated to them and they display knowledge and understanding of regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard One include staff signing confidentiality statements upon recruitment to the home and 100% staff attendance at compulsory education sessions. Information is readily accessible for care recipients/representatives on the external complaints resolution.

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 has a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The system includes a mandatory orientation program which includes fire safety, manual handling, infection control, occupational health and safety and matters relating to the work area of the employee. An annual schedule of education is developed based on review of staff annual performance appraisals, competency assessments, review of incidents and clinical indicators and staff requests. Staff advised the team that management are responsive to requests for additional education and that there is annual compulsory education on fire training, manual handling, infection control and food safety education.

Education provided by the home in the last year relating to Accreditation Standard One includes documentation and team leadership, Accreditation standards and bullying and harassment and mandatory reporting of elder abuse.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There are systems to provide care recipients and their representatives, as well as other interested parties access to internal and external complaints mechanisms. All stakeholders are encouraged to communicate compliments, suggestions, concerns and complaints both verbally and in written form on all aspects of the services provided by the home. The team noted that comment forms are readily available and care recipients and their families are encouraged to use them. Information on the external complaint mechanisms is posted around the home, documented in the resident handbook and brochures are available at reception. A register of comments and complaints is maintained and documentation reviewed by the team demonstrates that any complaints are managed confidentially and in a timely manner. Care recipients/representatives and staff interviewed confirm that any issues raised are appropriately addressed.

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 has documented their mission, vision, values and philosophy. The mission, vision and values statement is displayed around the home, documented in the care recipient and staff handbooks, made available to care recipients upon moving into the home and is provided to new staff in the orientation program and handbook. The values and sentiments expressed in the statements were observed by the team during the visit in the staffs' approach to quality improvement, and in the day to day interactions between staff, care recipients and representatives.

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 systems to ensure there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. Documentation reviewed and interviews with management demonstrates the system includes appropriate policies and procedures, processes for appropriate rostering of staff, recruitment and selection, orientation of new staff, ongoing education and training and an appraisal system. Staff have job descriptions that clearly define positions, roles and responsibilities. Staff numbers and skill mix are adjusted according to care

recipients need. Staff interviewed confirm the above and advise that they are provided with education and training, support from management and that there are enough staff rostered to enable them to provide care and services in accordance with the Accreditation Standards. Care recipients/representatives interviewed advise they are satisfied that there are sufficient numbers of skilled staff for their needs.

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 systems to ensure that there are stocks of appropriate goods and equipment available for the delivery of quality services. These include effective purchasing and asset management procedures, a system to check goods on delivery, a maintenance program to ensure equipment is safe for use and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and contamination. The team reviewed relevant documents and observed sufficient stocks of goods and equipment in storage areas. Staff receive training in the use of new equipment. Staff, care recipients/representatives interviewed confirm that there are satisfactory stocks of goods and equipment available at all times to enable quality service delivery.

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

There are effective information management systems in the home. The system includes collection, usage, creation, communication, storage and destruction of records, including electronic records. Information is distributed to management, staff, care recipients and representatives through information packages, newsletters, the intranet, memoranda, noticeboards, clinical records, meetings and meeting minutes, education and training, e-mail and policy and procedure manuals. Policies and procedures are continuously reviewed and amended when changes in regulations are identified, there are changes in the organisation, or a better practice procedure is identified and implemented. Manuals are easily accessible to staff. Computer data is password protected and files are secured and backed up off site. Observation demonstrates care recipient and staff files are securely stored and appropriately archived.

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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. The selection of external services is based on clearly defined needs and quality

standards. All external service providers have service agreements and their qualifications kept on file. Quality of service is constantly reviewed and providers are changed when appropriate. There are mechanisms in place to monitor and ensure service providers compliance through the comments and complaints mechanism, care recipient, representative and staff feedback and satisfaction surveys. Staff, care recipients/representatives interviewed express satisfaction with current external 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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Two – Health and personal care include:

- Palliative care documentation has been improved to provide a more structured approach to palliative care ensuring that care recipients wishes are documented and carried out appropriately.
- A new procedure has been introduced to ensure medication administration is managed well at all times. An RN is now required to administer medications at least once per day in all high care areas. This initiative ensures that medication management systems are monitored daily by experienced staff and are maintained at a high standard. RN's are then better able to identify any issues of concern and any pharmacy or charting errors.
- A signing sheet for continence management and the changing of care recipients continence aids has been introduced to ensure that they are changed appropriately. This initiative ensures care recipients comfort and hygiene is maintained at all times.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Observations by the team confirm information is available for staff on legislation and guidelines relating to health and personal care.

- The home has a system to monitor and record current authorities to practice for registered nurses, allied health professionals and medical practitioners and record when these are due for renewal.
- Registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for care recipients.
- The home ensures residents are provided with services, supplies and equipment as required under the Quality of Care Principles.

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

Please refer to expected outcome 1.3 Education and staff development for information on the home’s system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to Accreditation Standard Two includes wound care, continence management, depression awareness and mental health training.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Jonathon Rogers GC House has systems and policies to ensure care recipients receive clinical care appropriate to their needs. The initial assessment information forms the basis of the care needs of the care recipients. Care plans are developed and regularly reviewed by registered nurses, with input from the health care team. The home has a registered nurse on site 24 hours of every day. Regular ongoing monitoring of the care recipients’ changing clinical needs is documented into the care plan by staff as required. Case conferences are conducted involving the family and the care recipient. Staff interviews demonstrate they are

knowledgeable about the care requirements of individual care recipients and procedures related to clinical care. Care recipients/representatives are satisfied with the 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

The home has effective systems to ensure the specialised nursing care needs of care recipients are identified and met by appropriately qualified staff. The specialised nursing care needs of care recipients are regularly assessed and documented by nursing staff. Staff have access to resources and education from supply providers. Specialist medical and allied health professionals are accessed to review care recipient’s individual needs as required.

Interviews confirm care recipients/representatives are satisfied with the assessment and management of specialised nursing care needs of care recipients.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has an effective system to refer care recipients to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the care recipients’ needs and preferences. Care recipients’ clinical notes indicate they are referred to health professionals of their choice when necessary. Review of clinical records show that care recipients have accessed specialists’ services including: audiology, optometry, podiatry, dental, psycho-geriatrician, mental health, dietician, occupational therapy and others. Care recipients/representatives are satisfied that referrals to appropriate health specialists are in accordance with their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ medication is managed safely and correctly. Medications are stored in lockable cupboards. Medications are administered by staff with appropriate training and competency testing. Administration of medications is against a documented medication chart, written by the care recipients’ preferred doctor. Pharmacy supply medications on a regular basis and are available after hours as required. Review of medication incidents shows the management of each incident is consistent with care recipient safety. Observation of medication administration confirms safe practice.

Interviews with care recipients/representatives demonstrate satisfaction with medication management in the home.

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 has systems to ensure all care recipients are as free as possible from pain. An assessment of pain is completed on entry to the home. Following assessment a care plan to manage the pain is developed. Review of documents shows pain assessment both verbal and non-verbal are in use. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each care recipient. Observation of staff practices shows consultation with care recipients about pain management. Interviews with care recipients/representatives demonstrate satisfaction with the way the home effectively manages pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure that the dignity and comfort of care recipients who are terminally ill is maintained in consultation with care recipients and their representatives. Analgesia and other pain relief measures such as massage are available to minimise care recipient’s distress. Spiritual and emotional support for care recipients and their representatives is available if required. Staff are aware of the processes used when care recipients are receiving end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration. Initial and ongoing assessment of care recipients’ dietary preferences and requirements are completed and this is communicated to the appropriate staff. Interviews with staff confirm that care recipients’ special dietary needs are catered for and this includes special diets, pureed meals, thickened fluids and nutritional supplements. Review of documents confirms appropriate external health professionals are accessed when needed. Observations confirm the use of assistive devices to support independence during meal consumption. Interviews with care recipients/representatives demonstrate satisfaction with nutrition and hydration in the home.

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 systems to manage skin care effectively. An assessment of skin integrity is completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with the maintenance of skin integrity such as pressure relieving mattresses, cushions and other assistive devices. Review of documentation shows access to relevant specialists for assessment and treatment of skin conditions. Interviews with staff confirm education on maintaining skin integrity. Observation of clinical stores confirms access to equipment for the maintenance of skin integrity. Interviews with care recipients/representatives demonstrate satisfaction with skin integrity care provided by the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage care recipients’ continence needs. An assessment of continence requirements is undertaken on entry to the home. Following assessment an individual continence management program is documented and implemented. Review of documentation confirms there are programs tailored to the needs of care recipients. Interviews with staff confirm regular education and training on continence management. Observation of storage areas confirms the home has suitable levels of linen and continence aids. Interviews with care recipients/representatives demonstrate satisfaction with continence management in the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and effectively manage care recipients with challenging behaviours. Staff perform initial and ongoing assessments to identify care recipients’ behaviour management needs that includes triggers and strategies to develop and implement care plans. Staff monitor and review the care plan regularly to assess its effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, mental health and allied health teams are made as necessary. Interviews with care staff and observations of staff interactions with care recipients confirm appropriate management of behaviours. Interviews with care recipients/representatives demonstrate satisfaction with how the home manages 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 systems to ensure care recipients receive assistance with mobility and dexterity. A mobility assessment is completed on entry to the home. The physiotherapist visits the home regularly and is assisted by a trained physiotherapy aide to implement the customised mobility and exercise programs for care recipients. Care recipients were observed accessing all living areas of the home safely with appropriate mobility aids and assisted by staff when required. Interviews with care recipients/representatives demonstrate satisfaction with how the home manages 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 ensure care recipients oral and dental health is maintained. An assessment of care recipients’ oral and dental needs is completed on entry to the home. This includes making arrangements for access to dental treatments. Review of documents confirms the use of dental services for care recipients. The home provides a toothbrush replacement scheme to promote optimal oral health. The home provides texture modified meals and fluids consistent with care recipients’ assessed oral and dental needs. Interviews with care recipients/representatives demonstrate satisfaction with oral and dental care provided by the home.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients sensory losses are identified and managed effectively. An assessment of care recipients’ sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, speech pathologists, audiologists, optometrists and others to assist with effective management of sensory loss. Review of documents confirms care recipients have access to allied health services when needed. Care staff assist in the maintenance of visual and auditory aids and recreational staff provide regular sensory stimulation activities to ensure sensory loss is reduced where possible. Interviews with care recipients/representatives demonstrate satisfaction with the way the home manages sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures care recipients are able to achieve natural sleep patterns. An assessment of care recipients normal sleep routines is undertaken on entry to the home. From the assessment an individual sleep management plan, including the number of pillows, blankets, preferred settling time and other items are included. Interviews with staff confirm care recipients individual needs are assessed and met. Interviews with care recipients/representatives demonstrate satisfaction with provisions made 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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Three – Resident Lifestyle include:

- A new program of creating a buddy system where a care recipient is teamed with a local high school student has been developed at the home. The students have visited the home to meet with care recipients. The program aims to involve residents with the community and develop relationships with younger people.
- The seating arrangements within the dining room has been altered to create a more sociable and more home like environment for care recipients to enjoy.
- A new welcome folder for all care recipients has been created. The welcome folder includes an activities calendar, menu, list of phone numbers, frequently asked questions and local information. The welcome folder aims to make residents feel more welcome and informed at the home and to provide them with a greater level of choice and access to services.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Observations by the team confirm information is available in the home to inform of relevant legislation and regulatory compliance relating to care recipient lifestyle including the Charter of Residents’ Rights and Responsibilities on display in the home.

An example of responsiveness to regulatory compliance in relation to Accreditation Standard Three is care recipients being offered residential agreements on moving into the home and mandatory reporting guidelines regarding elder abuse have been implemented at the home.

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

Please refer to expected outcome 1.3 Education and staff development for information on the home's system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to Accreditation Standard Three includes privacy and dignity, advance care directives and hospitality staff training on how to serve care recipients respectfully.

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 representatives are satisfied with the ways in which staff assist care recipients to adjust to life within the home and for their ongoing emotional support. There are systems to ensure each care recipient receives initial and ongoing emotional support through the entry and care review processes. These include the provision of a care recipients' handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Families and friends are encouraged to visit and are made to feel welcome in the home. Care recipients are encouraged to personalise their room to help create a homelike atmosphere. Staff provide care recipients with emotional support, including one-to-one interaction by care and recreational activities staff. Interviews with care recipients/representatives demonstrate satisfaction with emotional support provided in the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maintain their independence. Care recipients' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between care recipients. Care recipient bus trips are regularly scheduled and care recipients are encouraged to participate in life outside the home. Staff also assist and encourage care recipients to participate in decision-making in relation to health care choices

and their personal care. Interviews with care recipients/representatives demonstrate satisfaction with opportunities to maintain independence provided by the home.

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

Staff gain consent from care recipients for all interactions and procedures. Care recipients' consent is obtained to disclose certain information within the home and to other relevant authorities. Staff recognise and respect each care recipient's privacy, dignity and confidentiality as demonstrated in observation of daily work practice. Examples include addressing care recipients by their preferred names, knocking prior to entering care recipient's rooms and storing confidential care recipient records securely. There are areas of the home where care recipients can be with their friends and relatives in private. Interviews confirmed care recipients/representatives are satisfied that the care recipient's right to 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

The home has systems to encourage and support care recipients to participate in a range of activities of interest to them. Lifestyle staff develop an individualised care plan in keeping with care recipients' cognitive abilities and special needs to address their preferred lifestyle, cultural and spiritual preferences. The care plan is regularly reviewed and care recipient feedback is sought to address changing needs and preferences. The home's activities calendar is based on care recipient interests. Popular activities include bus outings, music therapy, and gala event celebrations and individual visits for care recipients who do not wish to participate in group sessions. Care recipients/representatives are satisfied that care recipient participation is encouraged and supported and the activities offered by the home are of interest to the care recipient.

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

The home celebrates many culturally significant periods, for example, Anzac Day, Melbourne Cup and Christmas. Specific cultural and spiritual celebrations are celebrated that are relevant to individual care recipients. Review of lifestyle documentation and interviews with staff confirm individual beliefs are fostered. Observations and interviews with care recipients confirm that care recipients have access to resources to support the celebration of individual cultural

values. Interviews with care recipients/representatives demonstrate satisfaction with how the home meets their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, surveys, care recipient meetings and other feedback mechanisms. Information on care recipient's rights and responsibilities is included in the care recipient handbook, care recipient and accommodation agreement and is displayed in the home. Observations confirm care recipients are provided with relevant choices in respect of meals, activities and other day to day matters. Interviews confirm a process is in place to have comments or complaints managed at the appropriate level. Care recipients/representatives are satisfied with the homes' approach to choice and decision making for care recipients in the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has policies and procedures to ensure that care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. New care recipients and their representatives are provided with comprehensive information about their rights and responsibilities prior to the care recipient moving into the home. A resident agreement is offered to each care recipient and/or their representative to formalise occupancy arrangements. The agreement includes information for the care recipient regarding complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. The Charter of Residents' Rights and Responsibilities is displayed prominently in the home. Care recipients/representatives indicate that they are satisfied with the information provided regarding their security of tenure and 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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Four – Physical environment and safe systems include:

- A locking key pad has been installed in the elevator to prevent access to the outside for wandering residents and to improve safety and security measures within the home.
- A new temperature record sheet for the pathology fridge has been introduced. The document provides more detailed information on corrective actions should the fridge temperature go outside the accepted ranges.
- Signage for chemical storage areas has been installed in storage rooms, cleaners rooms and the maintenance area to improve OHS standards within the home.
- Following care recipient requests home baked goods have now been introduced at morning and afternoon tea to improve care recipients’ morale and create a more home like environment.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Observations by the team confirmed information is available for staff on legislation and guidelines relating to the physical environment and safe systems.

Examples of responsiveness to regulatory compliance in relation to Accreditation Standard Four include the maintenance and test records of the fire panel, exit and emergency lights and firefighting appliances. Workplace inspection audits in relation to workplace health and safety are regularly carried out and safety data sheets are readily available to staff in all relevant work areas.

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

Please refer to expected outcome 1.3 Education and staff development for information on the home's system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to the physical environment and safe systems, includes fire and evacuation, infection control, chemical safety and workplace hazard identification.

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 is actively working to provide a safe and comfortable environment to meet care recipients' care needs. Care recipient's rooms are single occupancy or shared with a maximum of two beds in each room which all have ensuites. Care recipients are encouraged to personalise their rooms. Review of documentation and interviews with staff demonstrates that there is a corrective and planned maintenance program and security systems.

Environmental audits are regularly conducted and issues identified are addressed in a timely manner. The team observed the building, grounds and gardens to be well maintained with sufficient and appropriate internal and external furniture. The care recipients' rooms, like the common living areas and dining rooms are clean, maintained and uncluttered. Care recipients/representatives confirm that they are satisfied with the 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

The home is actively working to provide a safe working environment that meets regulatory requirements. The system includes processes to identify, assess and rectify hazards. Work health and safety matters are addressed during staff meetings where issues raised through incident forms, hazard analysis forms and ongoing work safety initiatives are discussed.

Policies and procedures and safe work practices manuals are easily accessible to staff, and mandatory education is provided during orientation and on an ongoing basis. Workplace safety education and training includes manual handling, education on new equipment and hazard

identification. Accidents and incidents are investigated and analysed and workplace practises are amended when necessary. Workplace inspections are conducted on an ongoing basis, hazards are identified and solutions are discussed and implemented. Staff interviewed demonstrate a sound knowledge of work safety requirements and confirm that they receive training and information regarding work safety issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's fire and safety systems are maintained and monitored to provide an environment and systems to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training. Staff participate in fire training during orientation and at least twice a year thereafter. Emergency procedures are easily accessible to staff. The team observed exit signs and clear egress routes and evacuation plans are appropriately positioned. There is a security system in place including nurse call activators in each care recipient's room and in communal areas which are regularly tested. Staff interviewed demonstrate a sound knowledge of the location of emergency equipment and emergency procedures.

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 for infection control, including outbreak management guidelines are available to all staff. Cleaning and maintenance schedules, adherence to food safety guidelines, temperature monitoring, a dirty to clean flow in the laundry, use of spills kits, and safe disposal of general and infectious waste enhance the program. Personal protective equipment and clothing, hand washing facilities and hand sanitiser dispensers are readily available across the home. The home's infection control program is monitored by a designated infection control co-ordinator, and the results are discussed at regular infection control meetings. The home has a vaccination program. The team observed good infection control practices being undertaken by all staff in their day to day interactions with care recipients.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home's hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Care recipients are provided with fresh cooked meals which are prepared and cooked daily within the facility. Care recipient's dietary information and

likes and dislikes are recorded when entering the home. This information is easily assessable to kitchen staff and there is a system to ensure that any change in care recipients' dietary needs are updated and communicated to staff. The kitchen has an effective food safety system and staff confirm that they undertake training in food safety practices. There is a planned program for cleaning to ensure that a high quality of cleanliness is maintained in the home at all times. Care recipients' personal laundry and linen is laundered within the home. There is a system to identify care recipients' clothing and a planned preventative program is in place for maintenance of all equipment. There are effective infection control procedures in the laundry, kitchen and for the cleaning staff.

Feedback on catering, cleaning and laundry is provided through the comments and complaints system, care recipients meetings and surveys. Care recipients/representatives interviewed are satisfied with the catering, cleaning and laundry services provided by the home.