



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Karri Lodge RACS ID: 7205

Approved Provider: Australian Flying Corps & Royal Australian Air Force Association (WA Div) Inc

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 | 05 January 2018 |
| Reconsideration Decision | An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 23 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 18 August 2018 to 18 February 2019. |
| Reason for decision | <p>Under section 2.69 of the <i>Quality Agency Principles 2013</i>, the decision was reconsidered under 'CEO's own initiative'.</p> <p>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.</p> <p>The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.</p> |
| This decision is effective from | 05 January 2018 |
| Accreditation expiry date | 18 February 2019 |



Australian Government

Australian Aged Care Quality Agency

Karri Lodge

RACS ID 7205
19 Hughie Edwards Drive
MERRIWA WA 6030

Approved provider: Australian Flying Corps & Royal Australian Air
Force Association (WA Div) Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 18 August 2018.

We made our decision on 23 June 2015.

The audit was conducted on 19 May 2015 to 20 May 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

Karri Lodge 7205

Approved provider: Australian Flying Corps & Royal Australian Air Force Association (WA Div) Inc

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 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 19 May 2015 to 20 May 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: | Tina (Christina) Merry |
| Team member: | Alison James |

Approved provider details

| | |
|--------------------|---|
| Approved provider: | Australian Flying Corps & Royal Australian Air Force Association (WA Div) Inc |
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Details of home

| | |
|---------------|-------------|
| Name of home: | Karri Lodge |
| RACS ID: | 7205 |

| | |
|---|---------------|
| Total number of allocated places: | 61 |
| Number of care recipients during audit: | 60 |
| Number of care recipients receiving high care during audit: | 41 |
| Special needs catered for: | Nil specified |

| | | | |
|-----------------|-------------------------|------------|--------------|
| Street: | 19 Hughie Edwards Drive | State: | WA |
| City: | MERRIWA | Postcode: | 6030 |
| Phone number: | 08 9400 3850 | Facsimile: | 08 9400 3888 |
| E-mail address: | sgilhome@raafawa.org.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|------------------------|--------|-------------------------------------|--------|
| Facility manager | 1 | Therapy assistants | 4 |
| Operations manager | 1 | Care recipients and representatives | 6 |
| Clinical nurse | 1 | Quality manager | 1 |
| Registered nurses | 2 | Hospitality staff | 4 |
| Enrolled nurses | 3 | Maintenance staff | 1 |
| Care staff | 6 | Residential coordinator | 1 |
| Physiotherapist | 1 | Administration staff | 1 |
| Occupational therapist | 1 | | |

Sampled documents

| | Number | | Number |
|---|--------|---|--------|
| Care recipients' assessments, care plans and progress notes | 6 | Medication charts and signing sheets | 19 |
| Resident agreements | 3 | Restraint authorisations | 25 |
| Personnel files | 8 | Service agreements for external service providers | 4 |
| Safety induction records – agency staff | 3 | | |

Other documents reviewed

The team also reviewed:

- Activities and therapy statistics
- Audits
- Care recipients' information package including resident handbook and surveys
- Duty statements
- Education matrix
- Emergency plan, and maintenance records for fire equipment
- Food safety plan and associated signing sheets
- Hazard and incident reports, summary and analyses
- Maintenance requests and preventative maintenance schedule
- Medication incidents
- Medication refrigerator temperatures
- Menus
- Minutes of meetings and memoranda

- Observation charts (bowels, weights, wound care plans and blood glucose levels)
- Plan for continuous improvement
- Policies and procedures
- Referrals to other health professionals
- Register for drugs of addiction
- Register of police certificates and professional registrations
- Regulatory compliance file
- Staff roster.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and locked suggestion box
- Activities in progress
- Administration and storage of medications
- Archive storage
- Charter of residents' rights and responsibilities and Mission, vision and values statement displayed
- Chemical storage and safety data sheets
- Equipment and supply storage areas (medical supplies, continence aids, personal care items, linen, paper products and sharps disposal system)
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Meal and refreshment services
- Noticeboards with relevant information posted including re-accreditation notice
- Short group observation activity area
- Wound care trolley.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home demonstrates continuous improvement activities across all four Accreditation Standards and is responsive to feedback from care recipients, representatives, staff and other stakeholders. The home uses a number of mechanisms to identify opportunities for improvement including audits, surveys, hazard and incident reporting, the home's 'Tell us what you think forms' and care recipient and representative family conferences. Improvement activities are documented, with planned actions and responsibilities identified. The facility manager monitors the plan and determines strategies to evaluate the effectiveness of improvement activities. During the implementation phase, adaptations are made in response to feedback and new processes are incorporated into the home's policies, procedures and monitoring systems. Staff reported they are involved in continuous improvement and management is responsive to their suggestions. Care recipients and representatives stated they are satisfied with improvements being made at the home.

Examples of current or recent improvement activities related to Standard 1 – Management systems, staffing and organisational development are described below.

- In order to reduce the time spent by staff maintaining care recipient records and to ensure greater consistency and quality of reporting, the home is moving to an electronic care recipient records management system. The implementation plan includes steps to ensure increased availability of computer workstations, additional staff time to complete data transfer, and training tailored to meet the needs of all staff including those with limited computing experience. Medication management will also be managed via electronic devices, which management hopes will minimise the incidence of medication errors. Management reported a survey will be used to determine staff satisfaction with the change and the new system will be incorporated into the home's audit and monitoring systems to ensure quality and consistency is maintained.
- The organisation identified an opportunity to create the role of Operations manager to provide support and guidance to facility managers across a number of sites, and to assist the Director of care. The Operations manager commenced in the role at the beginning of 2015 and reported their position was confirmed following a successful review at the end of their probationary period. The effectiveness of the position continues to be reviewed against a number of key performance indicators.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has effective systems and processes to identify and ensure compliance with legislation, regulatory requirements, professional standards and guidelines. Management is informed of legislative and other changes via bulletins and circulars from government departments and the various industry bodies to which the organisation subscribes. External consultants are available to support management in the design and implementation of systems to ensure compliance with relevant legislative requirements and to provide advice. Information pertaining to regulatory compliance is disseminated to care recipients, representatives and other stakeholders via meetings, education sessions, correspondence and noticeboards. Management monitors the home’s compliance through audits, supervision and feedback mechanisms. The currency of police certificates and professional registrations is maintained by monitoring a register and providing timely reminders to staff, volunteers and contractors to renew. Care recipients and representatives reported they were informed of the re-accreditation audit via notices, meetings and correspondence.

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 systems and processes to ensure management and staff have knowledge and skills appropriate to their roles and responsibilities. Management documents the responsibilities and selection criteria, including required qualifications, relevant to each role at the home. This information is used in the recruitment process and to determine the ongoing learning and development needs of staff. On commencement of employment staff are oriented to the organisation and to their work environment, and are supernumerary for a number of shifts. Ongoing training is provided to ensure staff are able to work safely and effectively, and to meet the care needs of care recipients. Staff have the opportunity to discuss and plan their professional development informally and at their annual performance appraisal. Staff skills are monitored through supervision, audits and feedback from care recipients and representatives. Care recipients and representatives reported management and staff are knowledgeable and perform their roles effectively.

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

- Accreditation overview
- Electronic information management systems.

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 established systems to assist care recipients, representatives and other stakeholders to access internal and external comments and complaints mechanisms. Care recipients and representatives receive information on these mechanisms via the resident handbook, meetings, family conferences and displayed information. A suggestion box is located in the reception area for secure delivery of the home's 'Tell us what you think forms'. Staff are aware of their advocacy role and assist care recipients to raise concerns and make their feelings known. Management acts promptly to resolve complaints and, where possible, involves the originator in developing solutions and seeks feedback on their satisfaction with the process. Comments and complaints are summarised monthly and reviewed to identify emerging trends and opportunities for improvement. Care recipients and representatives reported they feel comfortable to voice their concerns at the home.

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 vision, mission, philosophy and objectives guide the quality of service and are displayed in the home and consistently documented in the resident handbook, staff handbook, and on the organisation's website.

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 appropriately skilled and qualified staff to ensure care recipients receive services in accordance with their needs and preferences. Management is supported at an organisational level in the recruitment and ongoing development of staff. There are processes to regularly review and amend the roster to ensure the appropriate number and skills of staff required to meet the ongoing and changing needs of care recipients. Staff absenteeism is managed effectively and temporary staff are oriented to the home. Management clarifies individual staff roles and how they contribute to organisational objectives through the provision of job descriptions, duty statements, orientation/induction, and regular meetings. Staff skills are monitored through supervision, audits, incident reporting and feedback from care recipients and representatives. Care recipients and representatives reported their satisfaction with the skills, knowledge and responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home maintains stocks of appropriate goods and equipment for quality service delivery. Equipment and other requirements are assessed annually as part of the budget process, and feedback from care recipients, representatives and staff is taken into account when making purchasing decisions. Staff are given the opportunity to trial equipment to satisfy safety and functionality prior to purchase. Allied health professionals and consultants advise on the appropriate products and equipment to meet the needs of individual care recipients, and designated staff have responsibility for monitoring and ordering stock to ensure adequate supplies are maintained. Stocks are rotated to ensure use or disposal prior to expiry. Equipment is monitored and serviced in accordance with established maintenance schedules and repairs and replacement of defective equipment is actioned in a timely manner. Staff reported they have enough equipment and supplies to undertake their roles. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment provided to care recipients.

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 systems to manage the collection, storage, retrieval and dissemination of information. Information is exchanged with care recipients and representatives at meetings, case conferences and via correspondence, and relevant information is displayed at the home. Staff access a range of resources to guide them in their roles and ensure care is provided in accordance with organisational policies and procedures, and the needs and preferences of individual care recipients. Confidential information is stored securely with access restricted to relevant staff. Information which is routinely collected is regularly reviewed to identify emerging trends and opportunities for improvement. Archival records are stored safely and indexed for ease of retrieval and destruction in accordance with legislative requirements. The home is aware of legislative reporting requirements and has processes to ensure these are met. Care recipients and representatives reported they have access to information that enables them to make informed decisions about care recipient's 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

There are established systems and processes to ensure externally sourced services meet the needs and service quality goals of the home. The organisation maintains a list of preferred suppliers who meet the organisation's requirements in relation to standards and pricing. Services agreements specify quality standards, financial and legal obligations, and there is a process to monitor the currency of contractors' police certificates, registrations and

insurances. Management monitors the performance of external service providers through an evaluation process, service records and feedback mechanisms. Care recipients representatives and staff reported satisfaction with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, behaviours and unexplained absences of care recipients and this information is collated and analysed for trends. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvement activities related to Standard 2 – Health and personal care are described below.

- The clinical governance manager at the home identified the opportunity to develop and implement a number of robust clinical audit tools to ensure opportunities for improvement are identified and subsequently actioned and evaluated. The initial stage of this project involved the design and trial of the tools, key criteria for the design being ease of implementation and appropriate focus. A small reference group continues to adapt and evaluate the effectiveness of the tools as the trials progress.
- The home is currently participating in the national aged care quality indicator pilot program. The project will focus initially on unplanned weight loss, skin integrity and physical restraints. The objective of the project being to establish a range of indicators which will allow homes to compare their performance in these areas with similar facilities. The project is being conducted by a consultancy group and the home will participate in the evaluation process to be led by this group.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has effective systems and processes to identify and ensure compliance with legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. A clinical nurse assesses care recipients' clinical care needs and develops care plans to guide staff in the delivery of care recipients' individual care requirements. Medication competent staff administer prescribed medications and ensure they are stored safely and correctly. Relevant staff monitor and maintain professional registrations for currency. There are established policies and procedures for managing incidents requiring mandatory reporting.

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 information about the home’s education and staff development systems and processes.

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

- Continence management
- Dementia
- Pain management
- Palliative care
- Thickened fluids
- 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

The home uses a multidisciplinary team approach to the provision of care that includes the general practitioner, registered nurse, physiotherapist and occupational therapist to ensure care recipients receive appropriate clinical care. On moving into the home, a range of validated assessments are undertaken and a care plan is developed to guide staff with the clinical care needs of each care recipient. Care plans are reviewed six monthly or sooner if the need arises, and further assessments are undertaken when changes occur. Staff ensure continuity of care by discussing care recipients’ changing needs at handover, meetings and via documentation. The clinical nurse follows up on incidents when they occur, and incidents are analysed on a monthly basis to identify any trends. Staff reported they are encouraged and supported to attend training and education. Care recipients and representatives reported they are satisfied care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Registered staff are responsible for assessing, planning, supervising and evaluating care recipients’ specialised nursing care needs. Complex health care plans are developed by registered staff that include recommendations from the general practitioner and other health professionals as appropriate. Registered nurses are accessible for all shifts to monitor and provide support to staff. Care recipients and representatives reported they are satisfied care recipients’ specialised nursing care needs are identified and managed by appropriately qualified nursing staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Registered nurses refer care recipients to appropriate health care specialists in accordance with their needs and preferences. A multidisciplinary team with the inclusion of the general practitioner contribute to each care recipient’s assessments and identifies the need for input from other health professionals. Care recipients are referred to other health specialists including an audiologist, dentist, speech pathologist and mental health services. A podiatrist visits the home regularly and attends to the needs of care recipients. The registered nurses access information and implement changes to care plans or medication regimes as directed. Care recipients and representatives reported they are satisfied with the access care recipients have to other health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes for the safe storage, administration and disposal of medications. Medication competent staff assist care recipients with their medications via a multi-dose blister packed administration system as per the general practitioner’s instructions. An accredited pharmacist reviews care recipients’ medications on a two yearly basis and this information is provided to the general practitioner for their consideration. Medication audits are undertaken by the home and actioned accordingly. The home has processes for reporting medication incidents and these are trended monthly. The general practitioner assesses and completes an authority for care recipients who wish to self-medicate, and these are reviewed annually or sooner if the need arises. Care recipients and representatives reported they are satisfied care recipients’ medications are 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

Registered staff assess each care recipient’s pain management needs on moving into the home and on an ongoing basis. The home uses a multidisciplinary approach to manage care recipients’ pain that includes the general practitioner, nursing staff, allied health staff and other health professionals. Specific pain management tools are used that include verbal and non-verbal descriptors for care recipients identified as having a speech or cognitive deficit. Care plans include strategies to manage care recipients’ pain. In addition to pain medication, the home uses alternative therapies such as gentle exercise, massage, diversion therapy and heat packs. Staff document the effectiveness of interventions and report to the registered nurse if pain management strategies are not effective. Care recipients and representatives reported they are satisfied care recipients’ pain is identified and managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

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

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Staff assess care recipients’ nutrition and hydration status on moving into the home and on an ongoing basis. Care recipients’ cultural needs, beliefs, preferences, allergies, dietary needs and special requirements are identified, documented and communicated to relevant staff. Care recipients are weighed on moving into the home and monthly thereafter unless otherwise directed by the registered nurse or general practitioner. Care recipients identified as having significant weight loss are commenced on nutritional supplements and commenced on weekly weights. Texture modified meals and drinks are provided to care recipients identified as having a swallowing deficit and referred to the speech pathologist if changes occur. Modified crockery and cutlery is provided to care recipients to maintain their independence, and staff were observed assisting care recipients when required. Care recipients and representatives reported they are satisfied care recipients’ receive appropriate 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

The home has processes to ensure staff identify and manage care recipients’ skin integrity and associated issues on moving into the home and on an ongoing basis. Where staff identify a potential risk to care recipients’ skin integrity, qualified staff implement relevant treatments and interventions. A range of equipment is available including pressure and air mattresses, pressure cushions, protective bandaging and the regular application of emollient creams. Staff report incidents involving care recipients’ skin integrity, and nursing staff implement a wound assessment, treatment care plan and photograph the wound regularly to monitor progress. Staff reported they monitor care recipients’ skin integrity during personal

care and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients' skin integrity is maintained and managed appropriately 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 processes to assess, monitor and manage care recipients' continence needs on moving into the home and on an ongoing basis. Care recipients are supported to maintain their continence through a range of measures including suitable aids, appropriate equipment and scheduled toileting. Care recipients' bowel elimination is monitored daily and interventions are documented. Urinary tract infections are reported and reviewed monthly to analyse any trends. A continence advisor is available to provide training, education and support in relation to care recipients' continence needs. Staff reported they have sufficient time, training and adequate supplies to support care recipients' with their continence needs. Care recipients and representatives reported they are satisfied care recipients' continence needs are managed effectively.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

On moving into the home an assessment of each care recipient's behaviours is undertaken. Care plans identify possible triggers and appropriate strategies to manage and minimise challenging behaviours. Nursing staff consult with the general practitioner and refer care recipients to mental health services as required, and recommendations are included in the care plan. Staff attend training on how to manage challenging behaviours and described ways they meet the needs of care recipients who display challenging behaviours. Care recipients and representatives reported they are satisfied the needs of care recipients with challenging behaviours are managed effectively.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

On moving into the home, each care recipient is assessed for their level of mobility, dexterity and falls risk by the registered nurse, occupational therapist and physiotherapist. Care recipients are encouraged to maintain optimum levels of mobility and dexterity by participating in the home's exercise and activity program that includes individual and group exercises. Appropriate seating and other aids are available to assist care recipients' to maintain their mobility and improve independent movement. Modified crockery and cutlery is available to care recipients who require additional assistance to maintain their independence during meal times. Staff report and document care recipient falls, and these are analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied

care recipients are encouraged and supported to maintain optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

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

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Qualified staff assess each care recipient’s sensory losses on moving into the home. Care plans include strategies to assist care recipients to manage their sensory losses and maximise their independence and participation in activities of daily living. The home’s activity program includes tactile, sensory and auditory activities to stimulate the senses including concerts, cooking, arts and crafts. Care recipients have access to, and are referred to other health specialists if required. Staff described ways they assist care recipients to manage their sensory losses. Care recipients and representatives reported they are satisfied care recipients’ sensory losses are identified and managed appropriately.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients are able to achieve natural sleep patterns. On moving into the home, each care recipient has a sleep assessment conducted that identifies preferred rising and settling times, nightly rituals and any sleep disturbances. Staff record interventions to assist care recipients to achieve natural sleep patterns in their care plans. Staff reported ways they assist care recipients to settle including a warm drink or snack, toileting, pain relief, or if prescribed, night sedation. Care recipients and representatives reported they are satisfied care recipients are able to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 – Continuous improvement for information about the home’s continuous improvement systems and processes.

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

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

- In response to a suggestion from therapy staff, the home has ceased purchasing individual gifts for care recipients on their birthday and instead now hold an afternoon tea for all care recipients with a birthday in the current month. The families of care recipients are invited to attend and management reported feedback at these events has been very positive. Positive feedback has also been received via the home’s ‘Tell us what you think forms’.
- Management noted a high number of care recipients had previously enjoyed swimming and this activity would assist care recipients to retain mobility, demonstrate independence and enjoy a social outing. Consequently, management approached the manager of the co-located village and gained their approval for care recipients to exercise in the village swimming pool. The home is currently awaiting a permit from the local authority and will commence twice weekly hydrotherapy sessions once this is received. Staff have already attended training to deliver this program safely and are working with family to ensure care recipients who will be participating have appropriate swimwear. Management reported the home will seek feedback from care recipients on their satisfaction with this initiative, and will monitor other indicators to determine the program’s effectiveness in improving mobility and well-being.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has effective systems and processes to identify and ensure compliance with legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. Management provides information about care recipients’ rights and responsibilities in the agreement offered to care recipients or their representative prior to moving into the home. Information on external complaints mechanisms and advocacy

services is available to care recipients and representatives. Staff understand the regulatory guidelines for the reporting and management of elder abuse.

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 information about the home's education and staff development systems and processes.

An example of education and training related to Standard 3 – Care recipient lifestyle is noted below.

- Aqua rescue.

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

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to ensure regular assessments of care recipients' needs to maintain independence. On moving into the home, qualified staff assess each care recipient's level of ability to participate in activities of daily living. Care plans consider the sensory, cognitive and mobility levels of each care recipient when promoting independence. The home encourages care recipients to maintain friendships inside and outside of the home and staff support care recipients to attend outings to local shopping centres and other places of interest. Staff described ways they assist care recipients to maintain their independence

during activities of daily living. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to maximise their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential information is stored securely and accessed by authorised personnel only. On commencement of employment, all staff sign a confidentiality statement. Staff were observed interacting with care recipients in a respectful manner. All care recipients have a single room with an ensuite bathroom, and care recipients and their visitors have access to small lounges, dining rooms, gardens and communal areas for privacy. Staff described ways they maintain care recipients' privacy, dignity and confidentiality. Care recipients and representatives reported they are satisfied care recipients' 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

There are processes to encourage and support care recipients to participate in a range of activities of interest to them. Therapy staff gather information regarding each care recipient's past and current interests on moving into the home and the occupational therapist develops a social care plan. The activity program is undertaken seven days a week and includes a range of activities for fine and gross motor skills, sensory and cognitive abilities. Therapy staff incorporate special events and social outings in the program. Care recipients' attendance at activities is documented and feedback on the activity program is sought via the home's feedback mechanisms, resident/representative meeting and resident surveys. Staff assist care recipients to attend and participate in activities, and care recipients' refusal to attend activities is respected. Care recipients and representatives reported they are satisfied with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' customs, individual interests, beliefs and cultural and ethnic backgrounds are identified on moving into the home, and this information is included in their care plan. Care recipients have access to religious personnel and community visitors, and staff can access other multicultural services when required. Culturally significant events and anniversaries are celebrated including ANZAC Day, St Patrick's Day, Easter and Christmas Day, and other days of significance to care recipients. Staff reported ways they assist care recipients with specific cultural or religious practices and can access an interpreter when

required. Care recipients and representatives reported they are satisfied care recipients customs, beliefs and cultural and ethnic backgrounds are recognised and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff support care recipients' individual choices and decisions. Resident/representative meetings, surveys, case conferences and feedback mechanisms provide opportunities for care recipients and/or their representative to participate in the care and services care recipients receive. Staff described ways they encourage and support care recipients to make choices and decisions including choice of general practitioner, time for rising and settling, meals, attendance at activities and time to attend to personal care. Care recipients and representatives reported they are satisfied with the support provided by the staff to enable care recipients to make decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Each care recipient or their representative are offered a resident agreement that outlines the fees and charges, security of tenure, Charter of residents' rights and responsibilities and external complaints and advocacy processes. Care recipients, representatives and other interested parties have access to the external complaints process, locked suggestion boxes for anonymity and access guardianship and/or administration services if required. Staff reported they are aware of care recipients' rights and responsibilities. Care recipients and representatives reported they feel secure in their tenure and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

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

- Management, having researched the positive effects of aquariums on the environment of those people living with dementia, has hired a large aquarium with brightly coloured tropical fish for the reception area of the home. Therapy staff bring care recipients to this area and management reported feedback has been very positive when the aquarium has been discussed at care recipient and representative meetings. Management will continue to seek feedback on this feature to determine if care recipients would like additional fish tanks placed in other areas of the home.
- In response to concerns raised by staff and other stakeholders, management has recently streamlined the home’s response to fire by investing in a new fire panel and consolidating the provision of fire services to one provider. This has been an extensive project involving the review and update of policies and procedures and associated maps throughout the home. The home is currently awaiting final assessment from the fire department.

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 organisation has effective systems and processes to identify and ensure compliance with legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Staff receive mandatory training in fire safety and fire equipment is regularly inspected and tested. The home has a food safety program and regular audits are conducted by an external service provider. There are reporting mechanism for hazards and incidents and data is reviewed both at the home and at an organisational level. Management provides staff with appropriate personal protective equipment and safety data sheets are available where chemicals are stored and used.

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 information about the home's education and staff development systems and processes.

Examples of education and training related to Standard 4 – Physical environment and safe systems are described below

- Chemical safety
- Manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

A safe and comfortable environment is provided to care recipients. Accommodation comprises single rooms with ensuite bathrooms, and care recipients are encouraged to bring small items of furniture and mementos from home to personalise their rooms. The corridors are uncluttered and provide safe access to the communal and garden areas. Temperature and noise levels are managed to the satisfaction of care recipients and representatives. The home conducts monthly audits to monitor the environment, and care recipients and representatives take part in regular surveys to determine their level of satisfaction with the living areas and to identify areas for improvement. Care recipients and representatives reported care recipients feel safe and comfortable in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an established safety management system to ensure compliance with occupational health and safety (OHS) requirements. Staff undertake a safety induction training program as part of their orientation to the home and have access to policies and procedures which reflect regulatory requirements and address particular issues or hazards. Incidents and hazards are reported by staff and investigated with a plan of action implemented to reduce exposure to risks. Relevant staff and elected OHS representatives conduct regular audits of the workplace and consult with management to address issues and minimise safety and health risks. The organisation conducts quarterly meetings for OHS representatives and relevant staff where trends are discussed and additional training provided. Staff reported they are aware of safety management processes through training and meetings, and management is proactive in providing a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established processes to guide responses and reduce the risk of fire, other emergencies and security breaches. Fire and emergency training is mandatory for staff and is updated annually. A copy of the emergency response plan is strategically located at the home and staff maintain a current care recipient list and evaluation kit. Evacuation maps showing orientation, exit routes and the location of fire-fighting equipment are located throughout the home. Fire-fighting equipment is routinely inspected and maintained by independent professionals. The home is secured in the evening and there are security patrols during the night. Care recipients reported feeling safe and secure at 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 infection control program to effectively identify, contain, and prevent infection. The clinical nurse is responsible for infection control and liaises with the organisation's infection control consultant as required. Staff are informed of infection control practices at orientation and at mandatory education sessions. Measures contributing to the effectiveness of the infection control program include the use of personal protective equipment, hand washing facilities, appropriate waste management, food safety, and a vaccination program for care recipients and staff. The home has information to guide staff in the management of infectious outbreaks and staff are provided with appropriate personal protective equipment. Information on individual care recipients' infections is collated monthly and discussed at staff meetings. Staff demonstrated knowledge of strategies to minimise infection and their responsibilities in the event of an outbreak.

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. Meals are prepared by an external catering provider and delivered to the home. Food is plated and served in small kitchens adjacent to the dining areas. There is a four weekly rotating menu and care recipients are provided with menu choices in accordance with their nutritional needs and preferences. Management provides cleaning staff with schedules to ensure appropriate frequency of cleaning, and cleaning staff are trained in chemical safety and infection control. Care recipients' personal laundry is laundered on site and there are processes to minimise lost items. Care recipients who wish to and are able to do their own laundry may access laundry facilities. Management monitors the quality of hospitality services via various feedback mechanisms, including the home's 'Tell us what you think' forms, meetings, audits and surveys. Staff reported they have adequate time, stock and equipment to undertake their hospitality role. Care recipients and representatives reported care recipients are satisfied the home's hospitality services meet care recipients' needs and preferences.