Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Madonna Villa Nursing Home RACS ID: 5951

Approved Provider: St Vincent's Care Services Ltd.

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	09 April 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 November 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 1 December 2015 to 1 November 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'. The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program. The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.
This decision is effective from	1 December 2015
Accreditation expiry date	1 November 2019

Madonna Villa Nursing Home

RACS ID 5951
60 Church Road
MITCHELTON QLD 4053

Approved provider: St Vincent's Health & Aged Care 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 01 December 2018.

We made our decision on 06 October 2015.

The audit was conducted on 24 August 2015 to 26 August 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

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

Standard 2: Health and personal care

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

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

Standard 3: Resident lifestyle

Principle:

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

Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met

Australian Government

Australian Aged Care Quality Agency

Audit Report

Madonna Villa Nursing Home 5951

Approved provider: St Vincent's Health & Aged Care Limited

Introduction

This is the report of a re-accreditation audit from 24 August 2015 to 26 August 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 August 2015 to 26 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Paula Gallagher
Team member/s:	Jan Gallagher
	William Tomlins

Approved provider details

Approved provider:	St Vincent's Health & Aged Care Limited

Details of home

Name of home:	Madonna Villa Nursing Home
RACS ID:	5951

Total number of allocated places:	52
Number of care recipients during audit:	50
Number of care recipients receiving high care during audit:	50
Special needs catered for:	

Street/PO Box:	60 Church Road	State:	QLD
City/Town:	MITCHELTON	Postcode:	4053
Phone number:	07 3355 8155	Facsimile:	07 3355 3418
E-mail address:	linda.nicholson@svha.org.au		

Audit trail

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

Interviews

	Number		Number
Facility Manager	1	Care recipients/representatives	6
Clinical Nurse	1	Dietitian	1
Clinical Manager	1	Volunteers	1
Registered nurses	3	Lifestyle Co-ordinator	2
Care staff	5	Administration & Cleaning Supervisor and Cleaning staff	2
Quality, Risk and Educator	1	Food Service Manager and Catering staff	5
Administration & Independent living Unit Co-ordinator	1	Laundry staff	2
Human Resource, Payroll and Admissions	1	Maintenance Manager	1
Physiotherapist	1		

Sampled documents

	Number		Number
Care recipients' files	5	Medication charts	50
Personnel files	7		

Other documents reviewed

The team also reviewed:

- Activity attendance sheets
- Activity calendar
- Audit schedule/audits
- Care recipient agreement and security of tenure information sheet
- Care recipients experience survey and relative satisfaction survey
- Care recipients' information folder and handbook
- Cleaning schedules/annual cleaning tick sheets and standard operating procedures
- Clinical indicators analysis report
- Complaint report summary
- Compliments, complaints, suggestion form
- Compulsory reporting register
- Continence folder
- Continuous improvement action plan
- Controlled drug registers

- Corrective maintenance sheets
- Diary/communication books
- Dietary profile
- Duty lists and position descriptions
- Education and training matrix
- Education records and attendance sheets
- Fire and evacuation practice record sheet
- Food/equipment temperature records
- Friday take 5 – 4 safety
- Hand over sheets
- Hazard reports/hazard register
- Health safety and wellbeing business plan
- Home's self-assessment
- Incident reports, register and analysis (including medications)
- Infection control folder and documentation
- Infection control surveillance monthly worksheets
- Influenza information and kit
- Lifestyle activity evaluation records
- Lifestyle assessment and question
- Medication competency spread sheet
- Memoranda
- Menu daily selection form
- Menus – five weeks rotation
- Minutes of meetings
- Monthly quality summary
- Monthly workplace health and safety reports
- Nursing registrations
- Pest control records/sighting reports
- Pet care plans (birds, chickens and fish)
- Police check expiry report/reminder sheet
- Preferred supplier list
- Preventative maintenance program
- Quality activity report
- Requisition orders
- Restraint forms
- Roster and associated documentation
- Safety data sheets

- Self-medicating assessments
- Service agreements
- Staff handbook
- Wound treatment records

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Catering operation/meal distribution
- Charter of care recipients' rights and responsibilities displayed
- Cleaning operation/cleaners' trolleys
- Colour coded and personal protective equipment in use
- Directional signage
- Equipment and supply storage areas
- Fire detection/fighting equipment
- Fire panels/egress routes/assembly areas
- Hand washing facilities
- Interactions between staff, care recipients and visitors
- Internal and external living environment
- Laundry operation/collection and receival areas
- Menu on display
- Noticeboards and brochures on display
- Re-accreditation information displayed
- Security of records and information
- Short group observation – barbeque lunch
- Sign in/out registers
- Spills kits and outbreak management kits
- Staff assisting care recipient with mobility needs
- Staff work practices
- Suggestion boxes
- Vision, mission and values of 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

Madonna Villa (the home) has a continuous improvement process operating within its quality management system for identifying improvement opportunities, devising and implementing solutions, and monitoring and evaluating outcomes. Care recipients and staff are encouraged to have input by making suggestions via a feedback improvement form, raising issues of concern at meetings, completing satisfaction surveys or through the complaints mechanisms. An auditing schedule regularly reviews the service areas within the home. Incident/accident and hazard reports, clinical indicators, and requests for maintenance are other sources of improvement opportunities. Results of continuous improvement activities and progress of actions taken are communicated to care recipients and staff through notice boards and meetings as well as other formal and informal processes, and one-on-one communication with the originator. The Quality Group business unit of the provider performs monitoring visits on a regular basis to identify opportunities to enhance or improve the care and services.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- Informal feedback from several care recipients and relatives identified difficulty in finding staff and delays in answering buzzers in the early evening. The issue was discussed with care staff at meetings and on the floor. Meal break times and length of meal breaks were recorded and buzzer durations were studied. More appropriate timing of meal breaks was identified to ensure maximum staff on the floor at the busiest time. A new duties list for evening care staff was worked out with staff and staff were asked to give feedback at the next month's meeting. At this meeting feedback was positive, there were no complaints to the Clinical Manager regarding delays in finding staff, and call bell audits indicated 92% of calls were answered in less than the five minute requirement.
- The role of coordinating admissions to the home was delegated to the clinical nurse who was also the ACFI Coordinator. The various duties and responsibilities were documented but in different places and some aspects were at risk of being missed. One document was developed which makes this position responsible for all aspects of admission, including all assessments, initial care plans, even down to applying for a taxi subsidy card. Management stated that having one person responsible in this initial stage is less confusing for the care recipient and family and the document ensures nothing is missed.

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

There are systems operated centrally through the provider's corporate office to monitor changes to relevant legislation, regulatory requirements, professional standards and guidelines. These systems include membership of bodies representing aged care, subscriptions to organisations providing information on relevant changes, access to Internet websites, attendance at professional seminars and education sessions, liaison with allied health workers and government departments (state and federal), and subscriptions to professional journals. Changes are communicated to the home's management via the organisation's intranet and by them to staff through the orientation process, emails, meetings, noticeboards and education sessions. Staff and volunteers' police certificate currency is monitored and care recipients and relatives had been notified of the forthcoming re-accreditation audit through letters meetings and posters. Staff indicated they are provided with adequate information on changes to legislation and regulatory requirements relevant to their work area and that compliance with these changes are monitored via the audit process, staff appraisals/competencies and supervisor observation.

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 provides an education program for management and staff based on legislative and organisational requirements, mandatory topics, clinical trends and specific education sessions in response to care recipients' changing health care needs. Electronic learning packages, organisational and external educators are used to support staff in their learning and development. Information about education opportunities is available to all staff via the staff notice board and at staff meetings. Staff have an obligation to attend mandatory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at essential training. Management monitor the skills and knowledge of staff using competency assessments and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

In relation to Standard 1 Management systems, staffing and organisational development, education has been provided in relation to:

- Induction program for agency staff
- Mission statement
- Orientation program for new staff
- Professional roles and boundaries

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 a comments and complaints system that captures verbal and written complaints, compliments and suggestions from care recipients, representatives, staff and other interested parties. Processes are in place to ensure care recipients and/or their representatives have access to an internal and external complaint process including, brochures, care recipient handbook, care recipient orientation process, posters, residential agreement, care recipient meeting and case conferences. Complaints are actioned and resolved with feedback provided to the complainant as required. Complaint feedback is tabled for review and discussion at relevant meetings. Care recipients/representatives and staff are aware of the various forums to initiate a suggestion or raise a concern and are satisfied that management is receptive to suggestions and responds to their requests or complaints in a timely manner.

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 and values are reflected in policies and procedures and underpin information provided at interview, orientation and induction in staff and care recipient handbooks. The values of the home inform an ethos and create a working environment that enhances excellence through teamwork and through the model of care for care recipients.

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

Organisational recruitment and selection processes are in place which includes formal recruitment processes that support compliance with relevant industrial legislation. Staffing levels are determined according to care recipient needs, bed occupancy numbers, building lay out and consultation with care recipients/representatives and staff through meetings and feedback processes. Processes are in place to review staff professional registrations and police certification to ensure continuing currency. On commencement of employment all staff are required to complete an orientation program, education and competency assessment, buddy shifts and mandatory training. Rosters are planned in advance which includes access to registered nurses on-site 24 hours a day, seven days a week and key clinical personnel on site five days. Planned and unplanned leave is filled by permanent part-time, casual and/or agency staff as the need arises. Staff performance is monitored via appraisals, feedback mechanisms, surveys, audits and clinical indicators. Care recipients/representatives are satisfied with the responsiveness of staff and adequacy of care and services.

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

There are organisation-wide purchasing policies and processes to ensure sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. New equipment is purchased in accordance with the organisation's purchasing policy to ensure equipment is evaluated in a consistent manner and maintenance requirements are checked. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, and housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There are approved suppliers and contracts are reviewed two-yearly or when there are concerns and stakeholders are asked for their input where appropriate. A planned maintenance program ensures ongoing reliability of equipment and infrastructure, and a corrective maintenance program to attend to minor items needing attention. Care recipients/representatives and staff indicated they are satisfied with the availability and appropriateness of the goods and equipment provided.

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 systems to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Staff have access to care plans and progress notes, as well as other necessary information on computers or in hard copy, and passwords give access at the appropriate level. Staff files are stored securely in locked filing cabinets on site and accessible to appropriate personnel. Staff indicated that the information necessary to enable them to perform their jobs is readily available and that regular staff briefings keep them informed on a range of relevant topics. Communication to staff is via meetings, diaries, newsletters and noticeboards, in addition to verbal handover at change of shift for nursing and care staff. Records are archived initially on site but finally off site and destroyed after the appropriate time under instructions from the home.

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 contracted in order to meet the home's care service needs and service quality goals. Allied health services sourced external to the home include podiatry, speech pathology, dietician physiotherapy and massage. Other services sourced externally include hairdressing, pest control, chemicals, waste management, and fire equipment maintenance. External services are covered by the purchasing policies of the

provider, service agreements are in place and performance reviewed as required. Care recipients and staff indicated satisfaction with the services provided.

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

The home has a continuous improvement system in relation to care recipients' health and personal care. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include but are not limited to:

- A review of medication incidents identified there had been some errors in administering some of a care recipient's medications. The medications were ones that have "out of the norm" orders in that they had to be administered for varying lengths of time in each 28-day period. A review of the whole process of medication administration found errors in signing problems due to pharmacy not indicating days on which medications were not to be administered, errors by registered nurses in counting days and other documentation errors. A full review by the Clinical Manager resulted in a system being devised which included the pharmacy, general practitioner and all registered nurses and there has been no reoccurrence of medication errors with these cytotoxic drugs.
- External benchmarking statistics indicated that the home had a higher than average number of pressure area incidents. It was decided to do a total audit of care recipients in the homer and complete it in one day. Extra registered staff from corporate office assisted on the day and 98% of care recipients were audited. The pressure injury prevalence for the home was found to be in line with expected national and international trends, but several positive aspects were identified during the audit. Firstly it gave confirmation that the home reports fully in this area, there are strategies in place for pressure area prevention, including airflow mattresses, turning schedules, and skin care regimens. It was discovered that a large number of care recipients had bunions which potentially lead to increased pressure injuries. The existence of bunions is now documented on care plans and interventions for prevention of pressure injuries over bunions are applied.

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 home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, and systems for storage, checking and administration of medications. Registered clinical staff assess, plan and evaluate care recipient medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care recipients, and notifiable

infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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 overall system.

In relation to Standard 2 Health and personal care, education has been provided in relation to:

- Medication management education and competencies
- Skin care and continence
- Stoma care
- Understanding dementia care and sexuality in residential services

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 needs of care recipients are identified when they enter the home through consultation with the care recipient and/or their representative, assessments, case conferencing, observation and input from the health care team. An interim care plan is completed while the assessment processes are taking place. Registered staff utilise information from assessments to assist in the development of a comprehensive care plan. Care plans are reviewed three monthly or more often if care needs change. Medical officers visit the home and a choice of medical officer is available. Clinical care is monitored through audits, observation and feedback mechanisms. Care recipients/representatives are generally satisfied with the clinical care provided and understand the processes to raise complaints if they are not satisfied with aspects of care delivery.

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 specialised nursing care needs of care recipients are identified through assessments and discharge summary information, where relevant. Registered staff provide specialised nursing care based on skills and experience. Education is provided where there is an identified need. There are stocks of equipment and resources to support the needs of care recipients. The provision of specialised nursing care is supported by relevant health specialists and the nearby hospital. Care plans detail specific specialised nursing care

interventions and the frequency of care routines. Care recipients/representatives are satisfied with the provision of specialised nursing care.

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

Individuals are referred to relevant allied health specialists based on assessed need and their preferences. Allied health specialists visit the home and care recipients are assisted to attend appointments in the community if required. Other health and related services include optometry, pathology, dental, dietary, behaviour management, speech pathology, dietetics and podiatry. Referrals and reports are documented, included in care plans and interventions are monitored for effectiveness. Care recipients/representatives are satisfied with the range of and access to allied health and other related services.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Care recipients' medication needs are assessed on entry to the home and medications are prescribed by their medical officer. The supplying pharmacy provides medication in sachets, as well as individually dispensed items for medications that are unable to be packed. Registered staff administer medications including variable dose medication, controlled medication and unpacked medication. Care recipients who wish to self-medicate are assessed for their ability to do so safely. Medications, including an imprest supply are stored securely and reviewed for expiry. Records of controlled medication are maintained to demonstrate accountability. Medication incidents are reported and actions taken to address practice issues. A medication advisory committee meets periodically to discuss medication management. Care recipients are satisfied with the provision of medication according to their needs.

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

Each individual's pain history and symptoms are assessed on entry to the home and as changes occur. Assessments include nonverbal information gained through observation of care recipients who cannot report pain. Care plans detail the specific care needs and pain management strategies including non-pharmacological approaches designed to alleviate, manage and prevent pain. The use of 'as required' medication is monitored for effectiveness and frequency by registered staff. Care recipients/representatives are satisfied with the management of pain symptoms.

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 comfort and dignity of care recipients who are palliating is supported by the health and pastoral care teams. Individual preferences are identified and consultation about end of life wishes are identified on entry to the home and documented in care plans. When a care recipient is assessed as requiring palliative care, the care plan is reviewed to guide staff in the day to day management of care and symptom control. Cultural, spiritual needs and emotional support is provided by relevant clergy, pastoral visitors and staff at all levels. Palliative care resources and equipment are available to support care recipients during palliation. Care recipients/representatives are satisfied staff understand and support their end of life wishes.

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 dietary needs and preferences of care recipients are identified when they move into the home and information is communicated to catering and care staff. Weight monitoring occurs and where weight loss or gain is identified, registered staff refer care recipients to a dietitian for further assessment. Changes to the dietary needs are updated and communicated to catering staff. Care recipients requiring a texture modified diet and/or fluids are assessed and reviewed by a speech pathologist. Additional strategies to support nutrition and hydration include flexible meal times, finger foods, meal fortification and a range of supplements including high energy drinks and commercial preparations, where there is an identified need. Aids to encourage independence at meal times are provided. Care recipients/representatives are satisfied with the adequacy of meals and drinks.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients at risk of impaired skin integrity are identified through the initial and ongoing assessment processes. Risks to skin integrity are managed through the use of repositioning, skin protective devices and pressure relieving equipment. Frail skin is protected through the application of creams, emollients and limb protectors and there are sufficient supplies of wound products and skin protection equipment. Skin tears and pressure areas are reported, actioned and possible causes are identified. Wound evaluation is undertaken by registered staff and wound healing is monitored. Reassessment and review of manual handling techniques and enhanced skin care routines minimise the risk of alterations to skin integrity. Care recipients/representatives are satisfied with the management of their skin.

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 individual continence needs of care recipients are assessed on entry to the home and as care needs change. Toileting patterns are identified and where indicated scheduling times are implemented. Aids to assist in maintaining or improving continence are supplied. Bowel monitoring is undertaken by care staff and interventions such as increased fibre, fluids and aperients are utilised, where indicated. Staff are provided with training in continence management and the application of continence aids. Care recipients with indwelling catheters are monitored for signs of infection and a program is in place for the regular replacement of catheters. Care recipients/representatives are satisfied with the support and assistance to manage toileting needs with support for each person's privacy and dignity.

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

Care recipients who display challenging behaviours are assessed to identify triggers and strategies are trialled for effectiveness. Flexible care routines and individual interventions known to effectively support care recipients are documented in care plans. The home has a process to report the incidence of aggression and to trial additional or alternative strategies, where indicated. Changes are discussed and implemented, where required. Referral to behaviour specialists occurs to assist in complex behaviour management. Care recipients/representatives are satisfied behaviours are managed to avoid any impact on others.

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

Care recipients are assessed by registered nurses and the physiotherapist soon after entry to the home to identify their mobility and dexterity needs. Exercise routines are aimed at improving care recipients' balance and endurance. Mobility/dexterity aids are provided where indicated. Falls are reported and causative factors considered. The incidence of falls is monitored and trended to identify opportunities and manage risks. Manual handling, competency based education is provided to staff to support care recipients who require assistance to transfer. Care recipients/representatives are satisfied with the assistance provided to maintain or improve 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

The individual oral and dental health care needs of care recipients including preferences for daily routines are initially identified and reviewed as care needs change. Mobile dentistry services attend the home and referrals to dental services are arranged where indicated or requested. Toothbrushes, dental products and mouth care supplies are provided to care recipients and care plans reflect the frequency of oral care required. Menu planning includes food and fluid textures which can be modified when required. Care recipients/representatives are satisfied with oral and dental care, referral and facilitation of attending appointments, when required.

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

Assessment of care recipients' sensory ability and any loss or impairment is identified and a plan of care is developed. Preferences for management of individual's sensory loss include preferred communication strategies, the use and type of aids, their maintenance and storage requirements. Specialists visit the home to undertake optical and hearing assessments and referrals to other specialists are initiated where there is an identified need. Resources are provided to care recipients to assist in activities of daily living and consideration for lighting and the environment occur. Modified lifestyle activities, adjusted seating or large print materials to compensate for sensory loss are used by lifestyle staff to limit the impact on individuals. Care recipients/representatives are satisfied with the assistance and support to minimise the impact of any 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 individual's need for sleep and rest is identified soon after entry and includes a routine assessment of sleep intervals throughout the day and night. Staff assist care recipients to achieve natural sleep patterns through flexible care and meal routines and an understanding of their past including routines for rising and settling. Strategies to manage disturbed sleep include monitoring noise levels, provision of emotional support, food/drinks, repositioning, pain management and toileting or continence care. Prescribed sedation is given as required. Care recipients are satisfied with the support of staff when they experience disruptions to their sleep.

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

The home has a continuous improvement system in relation to care recipients' lifestyle. Refer to Expected outcome 1.1, Continuous improvement for details on the home's overall system.

Improvement initiatives implemented recently by the home in relation to Standard 3,Care recipient lifestyle include, but are not limited to:

- Following a staff suggestions and research by the Lifestyle Coordinators on the benefits of a sensory garden and gardening in general as well as pet therapy a grant was applied for and received from the Brisbane City Council. Care recipients and relatives were involved in meetings to plan the garden beds and chicken enclosure. All of these people were also involved in planting the garden beds which were designed to be wheelchair friendly. Chickens were purchased and the garden officially opened during seniors' week in 2014. Staff stated the garden and chickens have continued to be a source of enjoyment and stimulation for care recipients in their involvement in the care of both. Activities are regularly related to the care and enjoyment of both.
- Staff noticed that some care recipients who had difficulties with dribbling were embarrassed to wear normal bib-style clothing protectors and suggested an alternative be sought. Following research scarf-style bibs were purchased in various colours and feedback from care recipients indicates they are more discreet and they are happy to wear them.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients/ representatives are provided with a residential agreement and information, including a handbook. The resources detail information relating to care recipient security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and care recipients' rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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 overall system.

In relation to Standard 3 Resident lifestyle, education has been provided in relation to:

- Care recipient education on choice and decision-making
- Elder abuse
- Master act classes for care recipients for leisure and lifestyle
- Privacy and confidentiality
- Sex, care and the law

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

Emotional support is provided to care recipients and/or their representatives to assist in the transition to living in an aged care facility by all staff involved in the entry process. Care recipient and their representative/family are orientated to the home; this includes the provision of information about care and services available, daily routines, activities and introductions to other care recipient and staff. Care recipients are encouraged to bring personal possessions to furnish their rooms. Family visits are encouraged and supported. Staff are aware of care recipients' needs for increased support at particular times such as illness, loss and bereavement. Care recipients have access to emotional support services such as pastoral care, chaplains and counselling services as required Care recipients/representatives are satisfied with support received from staff to help care recipients to adjust to their lifestyle 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' emotional, cultural, physical/clinical and social needs and preferences are assessed and identified on entry. Information from the assessment is then used to develop a program specific to care recipient needs. Staff support care recipients' independence within their capacity in relation to personal care and activities of daily living. Appropriate equipment, for example such as mobility and continence aids, are provided to further support care recipients' independence. The lifestyle team assist care recipients to participate in leisure activities, to maintain links within the community as well as with family and friends. Care recipient meetings provide an opportunity for care recipients to discuss issues and voice

suggestions and/or concerns. Concerns can also be addressed through the home's comments and complaints process. Care recipients/representatives are satisfied with the support provided to enable care recipients maintain an optimal level of independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home maintains policies and processes to protect and maintain care recipients' privacy, confidentiality and dignity. Prior to and on entry to the home care recipients are provided with information about privacy and confidentiality which is contained in the application pack and the care recipient handbook and information package. Staff have an awareness of care recipients' privacy and confidentiality considerations, for example when providing shift handover and attending to care recipient clinical care and hygiene needs. Care recipients' personal, clinical and financial information is stored in a secure manner that protects the confidentiality of care recipients. As part of the orientation program privacy, dignity and confidentiality are disused and staff are provided with the privacy principles policy. Privacy, dignity and confidentiality considerations for staff are further addressed via email correspondence and/or staff meetings as required. Care recipients/representatives are satisfied care recipients' privacy needs are respected and staff ensure that care recipients' dignity is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients' individual leisure interests and preferences are identified through interview and completion of assessments on entry to the home and after a settling-in period. In consultation with the care recipient/representatives a plan of care is developed which includes participation in aspects of the activities program that is of interest to them. The home's activity program includes a variety of group activities, entertainment/concerts, social gatherings and individual one-to-one interactions. Monthly activity calendars are provided to care recipients, posted in care recipient communal areas and communicated to care recipients by the lifestyle team. The activity program is benefited by volunteers who assist with activities provided and includes, for example, craft programs and one-on-one interactions. Programs are evaluated by review of activity participation, feedback at care recipient meetings and one-to-one interaction with care recipients and the lifestyle team. Care recipients/representatives are satisfied with the leisure and activity programs offered to care recipients by the home.

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' cultural and spiritual needs and preferences are identified on entry to the home in consultation with the care recipients/representatives and a pastoral care plan is developed to ensure needs and preferences are met. Lifestyle staff in conjunction with the chaplain and pastoral care team support care recipient's individual interests, spiritual and cultural beliefs. Religious services are held regularly on site and attendance at external places of worship is encouraged and facilitated. The home has processes to ensure care recipients from culturally and linguistically diverse (CALD) backgrounds have their cultural and spiritual needs identified and met. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community, and on an individual basis. Care recipients/representatives are satisfied care recipients' cultural practices and spiritual beliefs are provided for 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

Care recipients/representatives are encouraged and supported with opportunities to exercise choice and decision making in the planning and provision of care and leisure options. A number of methods are used to ensure care recipients/representatives are encouraged to provide feedback in relation to the care recipients choice and decision making. These include case conference and care plan reviews, care recipient meetings, the comments and complaints processes, and daily one-to-one interaction between staff, management and care recipients and satisfaction surveys and evaluation of the activity program. When the care recipient has been assessed as being unable to make their own decisions, alternative decision makers (such as an adult guardian, enduring power of attorney or significant other) are identified and documented in the care recipient's chart. Care recipients/representatives are satisfied the individual choices of care recipients are actioned and respected in lifestyle and care delivery at 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

Care recipients/representatives are provided with information regarding security of tenure and the care recipients' rights and responsibilities, prior to the care recipient moving into the home and on entry. Care recipients also receive a care recipient handbook, rights and responsibilities documents and a residential agreement that further outline this information (for example moving rooms within the service) and includes information about fees and charges, internal and external complaints mechanisms. Ongoing information is provided via

newsletters, through one-on-one consultation with key staff and/or management, care recipient meetings and displayed in communal areas as the need arises. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of 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

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement for details on the home's overall system.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include, but are not limited to:

- In two of the four houses in Madonna Villa staff had trolleys that they could use for transporting clean linen and toiletries to rooms as they gave cares. Staff in the other two houses suggested two more trolleys be purchased so they did not have to walk backwards and forwards carrying items by hand. This has been done and staff stated this is not only more efficient but has work place safety and infection control benefits.
- Cleaning management was reviewing the whole cleaning process and noticed that there were different trolleys being used across the facility and its co-located sister facility. Some trolleys required that in emptying the rubbish the bag had to be lifted towards the cleaner raising infection control issues. Also when pushing the trolley contact was often made with the rubbish bag. A number of trolleys were trialled by the cleaning team and eventually one was selected to replace all trolleys across both facilities. Cleaners stated this trolley has a cupboard for locking up chemicals waste disposal can be accessed maintaining standard precautions resulting in better infection control practices. They also stated the trolleys are light weight with better manual handling outcomes.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a food safety program, and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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 overall system.

In relation to Standard 4 Physical environment and safe systems, education has been provided in relation to:

- Fire first response equipment
- Infection control principles and practice
- Manual handling
- Workplace health and safety general principles

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide care recipients with a safe and comfortable living environment consistent with their care needs. Care recipients are encouraged to personalise their living space with their own belongings with attention to their own and staff safety in moving about the room. Communal lounge/dining areas and external garden areas provide care recipients with places to meet with visitors and others. Routine scheduled maintenance, daily corrective maintenance and cleaning schedules and audits, hazard identification and risk assessments ensure a safe environment both internally and in outdoor areas. Authorisation is obtained for those care recipients who may require protective assistance devices. Lock down procedures, and fixed and sensor lighting of car parks optimise the safety of care recipients and staff particularly after daylight hours. A security firm is contracted to visit the home at random times three times nightly and contact is made with staff during these visits. Care recipients and their representatives report satisfaction with the safety and comfort of the internal and external living areas of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and education programs. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of supervisory staff and by annual mandatory training programs. Safety is a fixed agenda item at all meetings to monitor

incidents/accidents and hazards and to plan and implement improvement strategies. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in safe working condition. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

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

Procedures are in place and staff are trained and understand the processes to follow in the event of fire or other emergency. Mandatory training sessions are conducted and training records indicate all staff have completed their annual statutory fire training. Fire drills are carried out regularly and randomly to ensure all staff on all shifts are confident of the procedures to follow in the event of an emergency. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, smoke and fire doors, exit lights, and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building and assembly areas are signed and easily accessible. A certificate of maintenance regarding fire safety is held. A lock down procedure is followed each evening and a security firm visits randomly throughout the night. Care recipients are notified of the safety procedures to follow when they enter the home, and they are reminded at their meetings, and they stated they are satisfied with the safety of their environment and confident of the ability of staff to handle an emergency.

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 to identify and contain potential and actual sources of infection including in the event of an outbreak. The program includes a food safety program, pest control and a vaccination program for care recipients and staff. Infection control education is provided to all staff and organisational infection control information is available to guide staff practice. An infection control surveillance program ensures that care recipients' infection statistics are recorded, trended, analysed and actioned by clinical staff. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene and procedures to follow the event of an outbreak. Personal protective equipment is in use and hand washing facilities, hand sanitisers, sharps' containers and spill kits are readily accessible. Audits and infection control statistics monitor the home's clinical infection control program. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed and food is handled in accordance with the food safety program.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients' dietary needs and preferences are identified through assessments and this information is effectively communicated to catering staff. The home has a five-week menu that is based on input from care recipients and a dietician and all meals are cooked fresh on site. The dining rooms, dining tables and table settings support care recipients' quality of life. Rooms and communal areas are regularly cleaned. Cleaning staff are on site seven days a week and follow a schedule and use specialised cleaning equipment and products which they have been trained to use safely. All laundry is done by two different contractors off-site collected five days a week and also returned five days. Care recipients' clothing is returned to their rooms folded or hung. There are processes to label clothing to minimise loss and monthly displays of unclaimed/unmarked laundry for care recipients/representatives to claim clothing before it is given to a charity. Catering cleaning and laundry staff are aware of their role in ensuring high standards of infection control practice. Care recipients/representatives are satisfied with catering, cleaning and laundry services provided by the home and staff are satisfied with the working environment.