Australian Government

Australian Aged Care Quality Agency

Northridge Salem Hostel

RACS ID 5299
44 Holberton Street
TOOWOOMBA QLD 4350

Approved provider: Lutheran Church of Australia - Queensland District (Lutheran Community Care)

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 04 July 2018.

We made our decision on 22 May 2015.

The audit was conducted on 21 April 2015 to 22 April 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

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Audit Report

Northridge Salem Hostel 5299

Approved provider: Lutheran Church of Australia - Queensland District (Lutheran Community Care)

Introduction

This is the report of a re-accreditation audit from 21 April 2015 to 22 April 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 21 April 2015 to 22 April 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:	Anita Camenzuli
Team member:	Felette Dittmer

Approved provider details

Approved provider:	Lutheran Church of Australia - Queensland District (Lutheran Community Care)

Details of home

Name of home:	Northridge Salem Hostel
RACS ID:	5299

Total number of allocated places:	42
Number of care recipients during audit:	42
Number of care recipients receiving high care during audit:	38
Special needs catered for:	Secure living environment

Street/PO Box:	44 Holberton Street	State:	QLD
City/Town:	TOOWOOMBA	Postcode:	4350
Phone number:	07 4634 0333	Facsimile:	07 4634 0177
E-mail address:	northridgeAC@lccqld.org.au		

Audit trail

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

Interviews

	Number		Number
Regional manager	1	Care recipients/representatives	12
Quality coordinator	1	Lifestyle staff	3
Service manager	1	Chaplain	1
Director of nursing	1	Maintenance officer	1
Registered nurses	2	Support services staff	3
Care staff	3	Volunteer	1
Administration assistant	1		

Sampled documents

	Number		Number
Care recipients' files	9	Medication charts	16
Staff file	5		

Other documents reviewed

The team also reviewed:

- Activity program, records and evaluations
- Audit schedule, audits and analysis
- Care plan review schedule
- Chosen religion list
- Cleaning schedules
- Clinical monitoring and assessments
- Compulsory staff training and development program records and planner
- Controlled drug registers
- Criminal history check matrix
- Crockery damages register
- Diary and communication books
- Dietary needs folder (including dietary requirements form)
- Duty lists
- Electronic care management system
- Emergency procedures guide
- Evacuation exercise report
- Fire/smoke detection and firefighting equipment inspection and maintenance records
- Food safety program

- Food, goods and equipment temperature monitoring records
- Handbooks – ‘resident’, staff, volunteer
- Handover sheet
- Imprest list
- Improvement log and comments form
- Incident reports and trend analysis
- Infection surveillance form
- Maintenance log
- Mandatory reporting register and consolidated records
- Meetings schedule and minutes of meetings
- Memoranda
- Menu
- Newsletters
- Nurse initiated medication list
- Orientation checklist
- Pathology reports
- Pest control record
- Policies, procedures and flowcharts
- Position descriptions
- Preventative maintenance schedule
- Resident evacuation list
- Residential care agreement
- Restraint authorisations and monitoring records
- Roster
- Safety data sheets
- Service agreement
- Service suppliers’ list
- Sign in/out registers
- Staff appraisals
- Stock control ordering system
- Tube feeding chart
- Wound care records

Observations

The team observed the following:

- Activities calendar on display
- Activities in progress
- Advocacy and complaints agencies' brochures on display
- Charter of care recipients' rights and responsibilities on display
- Chemical storage
- Comments form lodgement box
- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Falls prevention aids in use
- Fire panel
- Fire/smoke detection and firefighting equipment and inspection tags
- Handover processes
- Interaction between care recipients and staff
- Internal and external living and working environments
- Maintenance workshop
- Menu on display
- Midday meal, setting, service and practices
- Mission statement and vision on display
- Mobility and dexterity aids in use
- Morning and afternoon tea service
- Personal protective equipment in use
- Short group observation
- Storage and administration of medications
- Whiteboards and noticeboards

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

Northridge Salem Hostel (the home) has organisational and site-specific systems to identify opportunities for improvement including a form (capturing suggestions, comments), informal individual communication with staff and care recipients and/or their representatives, regular care recipient and staff meetings, individual meetings with management, memoranda, electronic mail, and scheduled audits/surveys. Feedback on suggestions or comments is provided verbally to the originator and, where requested or necessitated, in writing by key personnel. Electronic systems have been implemented to support continuous improvement processes and activities, and a log of improvements is maintained for monitoring and reporting purposes. Progress and outcomes of continuous improvement activities are reported to the relevant service areas and stakeholders through newsletters, meetings, electronic mail, reports and memoranda. There is an established auditing schedule. Key personnel and/or an external provider analyse results of audits, risk assessments, incident reports, and staff performance appraisal processes enabling the home to monitor the effectiveness of the quality improvement program. Care recipients, representatives and staff are satisfied improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- An organisational decision was made approximately 12 months ago to regionalise service centres and homes – the home is part of the Western Region. To facilitate the management of this change, a Regional Manager was appointed. This role has been evaluated as enabling consistent systems for seamless transfer of staff and managers; streamlines the orientation process, and provides additional career path and education opportunities for staff and management.
- An education role by the medical officer was developed in response to staff feedback where they requested more face-to-face education as opposed to televised self-directed learning packages. Provision is made for education sessions to be delivered on staff-suggested topics as well as topics generated through interest or clinical care needs. The medical officer has provided education (topics include Parkinson's disease, diabetes and palliative care) since the role commenced five months ago. Staff have reported positively with regards to the increase in knowledge, preferred learning delivery method, and timeliness of these sessions.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home and organisation have implemented systems to identify regulatory requirements and manage compliance with relevant regulations. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and key approved provider roles and documents. The orientation program and compulsory education sessions reinforce relevant regulatory requirements. There are systems to monitor compliance; to notify care recipients and their representatives of the re-accreditation audit; to present self-assessment information and to ensure all relevant personnel and contractors have a current police certificate.

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 identified needs, and legislative, approved provider and advisory requirements. Rostering strategies and external specialists are used to improve access to education and training opportunities and support education sessions/toolboxes conducted by the home and organisation. Staff have an obligation to attend compulsory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at compulsory training. Management monitor the skills and knowledge of staff using audits, competency assessments, and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations. Examples of information topics relevant to Standard 1 include: orientation to the organisation, respect in the workplace, funding tools, documentation, and leadership and management.

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

Care recipients and/or their representatives have access to the home's internal comments and complaints system and to external complaints mechanisms. The home provides relevant information to care recipients, their representatives and other stakeholders through a variety of communication channels including care recipient entry processes, the residential care agreement, care recipient handbook, meetings, and via external complaints management brochures. Care recipients are invited to raise issues at meetings and/or privately with management and staff. Care recipients have access to confidential suggestion/complaints boxes and there are processes for the regular retrieval of feedback forms from assigned receptacles. There is a process to manage informal and formal comments and complaints and to provide feedback whilst maintaining confidentiality. Care recipients and/or their representatives and staff are familiar with the mechanisms available to initiate a suggestion or raise a concern and are satisfied that management is responsive to their suggestions and responds to their requests 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 philosophy of care, mission and vision statements are documented and displayed in the home for care recipients/representatives and visitors. They are reflected in policies and procedures of human resource management, care and care recipient lifestyle support, and underpin information provided at interview, orientation, and in care recipient and staff information books.

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

There are systems and processes to ensure appropriately qualified, skilled and sufficient numbers of staff are available to meet the needs of the care recipients; the selection of staff is based on experience, qualifications, ability of applicants to meet care recipients' care needs and the possession of a criminal history clearance. There is an orientation program; staff are accompanied by experienced staff members for initial shifts and are required to complete competencies within the probationary period. Absences are back-filled with existing staff or through the use of employees within the cluster, and staff skills are monitored through supervision, observation, competencies and performance appraisals. Staff have access to the requirements of their position and are provided with sufficient time to meet the needs of care recipients; staff have time to complete tasks relevant to their role. A registered nurse is available to supervise the delivery of care to care recipients. Care recipients and/or their representatives are satisfied with the quality of care and services provided by staff at the home and the availability of staff when they require assistance.

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 identifies equipment needs through discussion with staff, quality improvement systems, and monitoring of maintenance. Staff receive training in the use of new equipment and, where appropriate, instructions are available to guide staff in equipment usage. There is a planned preventative maintenance program – the maintenance officer, together with external contractors, manage the safe working order of equipment. Equipment and supplies are monitored through auditing programs, observations, staff feedback and maintenance requests. Adequate supplies to support clinical care and hospitality services are maintained at the home. Stock is stored and rotated appropriately. Care recipients and/or their representatives and staff are satisfied there are adequate supplies and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation and home have established processes to ensure information is managed in a secure and confidential way. The home uses both hardcopy and electronic information systems. Staff and care recipient information is stored in secured areas and is accessible only to authorised personnel. Electronic information is secured by passwords, with restricted access depending on your role in the organisation. Electronic information is regularly backed up to prevent loss of information. There is a system to archive information appropriately. Handover sheets, communication diaries, emails, notices and memoranda are used to disseminate information. Staff have access to information relevant to their position and changes to care recipients' needs are communicated to them in a timely manner. Care recipients and/or their representatives are satisfied with internal communication processes and have access to information about care and service delivery.

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

Service agreements are established and reviewed. Agreements outline the home's requirements on site and the quality of the service to be provided. Performance of external service providers is monitored and feedback is obtained from staff and care recipients. External service providers are provided with information about the home's workplace health and safety processes and requirements. Staff have access to the contact details of key service providers if required after hours or in an emergency. Management and staff are satisfied that external service providers are responsive to concerns raised by the home and that if goods were faulty they would be replaced. Staff and care recipients are satisfied with the quality of external 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.

Examples of recent improvements in health and personal care include but are not limited to:

- A recent 'hospital in the home' funding grant has enabled the home to develop an in-house medical officer clinic which can be used for consultations (with/without appointments) as well as to perform minor surgical procedures. This initiative has been operating for nine months and has been evaluated as limiting the wait time for care recipients; reduces the need for care recipients to access external medical care, and minimises the need for admission to hospital.
- Following a suggestion, red light globes have been trialled in rooms of care recipients' with dementia who have difficulty sleeping. While this initiative has not been fully evaluated, to date, this lighting has been shown to improve sleep patterns and reduce disturbance levels.

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 in accordance with regulatory requirements. Registered nurses 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

The home provides management and staff with a learning and development program to enable the maintenance and improvement of care and clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of training needs. Competencies for clinical skills are conducted annually or as required. Staff are assisted to attend external tertiary education. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system. Examples of information topics relevant to Standard 2 include: continence management, skin integrity, wound care, diabetes, factors influencing behaviours in older people, medication management, palliative care, missing/absconding care recipient legislative requirements, and Top 12 tips for working with people who have dementia.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Care recipients' clinical needs are identified on entry to the home through formal assessments, interviews with care recipients and/or their representatives, information from medical officers, review of previous assessments and discharge summaries as provided. Assessment information informs care plans which are reviewed three monthly or when clinically indicated. Changes in care needs and management strategies are communicated through handover processes, care plans, progress notes, communication books and diaries. Care recipients are attended by a medical officer of their choice and are referred to allied health professionals as needed. Clinical incidents are assessed by a registered nurse and addressed as necessary; strategies are implemented to reduce the risk of incident recurrence. Senior clinical staff monitor the effectiveness of clinical care through care recipient feedback, case conferences, incident analysis and auditing processes. Care recipients and/or their representatives 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

Specialised nursing care needs are identified and met by appropriately qualified staff. Registered staff assess care recipients' initial and ongoing specialised nursing care needs; goals and preferences are established through discussion with care recipients and/or their representatives, medical officers, and treating specialists. Care plans and directives are developed to guide staff practice and support specific care needs and interventions. The home employs a skill mix of nursing and care staff who undergo training and competency assessment to ensure they have the skills to manage specialised nursing care needs. Registered nurses are available 24 hours a day and oversee specialised nursing care needs. Where care needs exceed the knowledge and skill of staff, liaison with other health service providers occurs; external education and resources are sourced to support care delivery and provide training to staff. Care recipients and/or their representatives are satisfied specialised nursing care needs are met by appropriately qualified 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

Care recipients are informed about allied health and other health related services available through the care recipient handbook and discussion with staff. Referral processes for care recipients are made via the registered nurse and/or the medical officer if and when the need arises to a variety of medical and allied health professionals. There are processes to manage urgent referrals. Appointments are arranged by staff in consultation with the care recipients and/or their representatives. Documentation of the health specialist's visit is included in care recipients' progress notes and registered nurses incorporate changes into care plans as appropriate. Consultations occur in the home or where this is not possible and/or appropriate, staff facilitate attendance to external appointments. A physiotherapist is available on site one day a week and is able to attend urgent referrals as requested. Care recipients and/or their representatives are satisfied with the range and access to appropriate health specialists and the follow-up care provided to care recipients.

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 on an ongoing basis. Medications are managed using a pre-packaged system; items unable to be packaged are dispensed individually. Administration of medications is completed by registered and care staff who have completed education and competency assessment. Medication charts contain information to guide staff regarding assistance required by care recipients when administering medication. Care recipients wishing to self-medicate are assessed for competency, the outcome is documented and appropriate storage is provided. Medications are stored securely including controlled medications, which are housed in locked safes; appropriate records are maintained. An imprest system is available for commonly used antibiotics and palliative care drugs and an approved nurse-initiated medication list is available. Effectiveness of medication management is monitored through audits, incident reporting, medical officer and pharmacist reviews. Staff practice is reviewed following medication incidents and education delivered as appropriate. Care recipients and/or their representatives are satisfied with the management of medications and with the assistance provided to care recipients by staff.

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

Care recipients' pain and their preferred management strategies are assessed and identified on entry to the home by nursing staff and allied health professionals. Pain strategies are implemented as required and include medication, heat packs, exercise, pressure relieving devices and distraction techniques. Medication measures include regular oral pain relief, transdermal patches, and 'as required' medications. Pain interventions are recorded on care recipients' care plans and treatment sheets. The use of pain relief is monitored for effectiveness and 'as required' pain relief is recorded and monitored for frequency of use. Re-assessment and monitoring occurs when a care recipient experiences increased or different pain to evaluate effectiveness of current strategies and provide information regarding possible changes to management regimes. Unrelieved pain is referred to medical officers and/or the physiotherapist for further investigation and alternative treatment advice. Care recipients and/or their representatives are satisfied pain is managed appropriately and care recipients are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Palliative care wishes are discussed with care recipients and/or their representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and authorised decision maker are located in care recipients' records. Relatives and significant others are able to be remain with and be involved in the care of their loved one throughout the palliative phase and are provided with information and support as necessary. The home has its own palliative care resources and equipment. External palliative advisory services can be accessed as necessary for additional support and advice in symptom management. Emotional, cultural and spiritual care is provided as appropriate by on-site staff and/or pastoral carers. Staff have an awareness of care recipient's individual spiritual and cultural beliefs and endeavour to provide a peaceful environment throughout palliation. Pain and comfort needs are managed in consultation with care recipients and/or their representatives, medical officers, nursing staff and pastoral care personnel to provide physical, psychological and emotional support to care recipients and their representatives.

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

Care recipients' dietary requirements including likes, dislikes and allergies are assessed on entry to the home. Relevant information is provided to the catering department. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and dietary profiles to guide staff practice. Interventions to support nourishment and hydration needs include provision of special or texture modified diets and dietary supplements where appropriate and clinically indicated. Provision of additional fluids and information on hydration and heat stress are provided to staff and care recipients to management hot weather conditions. Weights are monitored regularly; unintended weight variations are analysed for causative factors. Weight management strategies include the introduction of special diets, supplements, fortification of meals, monitoring of intake and referral to a medical officer, dietitian and/or speech pathologist as required. Strategies from health professionals are incorporated into plans of care, and follow up visits are organised as necessary. Care recipients are assisted with meals and fluids as required and specialised equipment is available to assist in dietary intake. Care recipients and/or their representatives are satisfied with the provision of food and fluids and the support of staff to meet the nutrition and hydration needs of care recipients.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is assessed on entry to the home; strategies are developed and implemented based on the identified needs of care recipients and included in plans of care. Staff observe care recipients' skin condition during care delivery and report any breakdown verbally to registered staff, via progress notes and through the incident reporting process. Additional strategies are implemented to ensure skin integrity is protected and consistent with general health. Preventative strategies utilised include pressure relieving devices, use of emollients, regular positional changes, limb protectors and equipment assisted manual handling. Registered nurses plan wound treatments and conduct weekly wound reviews. Wound healing progress is monitored and evaluated. Wound care specialists and medical officers are engaged to provide advice and assistance for ongoing skin issues and complex wounds. Care recipients and/or their representatives are satisfied with the care provided in relation to care recipients' skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are assessed on entry to the home and on an ongoing basis. Individual continence programs are developed and regularly reviewed for effectiveness. Care recipients requiring intervention have a continence management program tailored to maximise their individual ability. Staff interventions to manage care recipients' continence requirements include scheduled toileting, use of continence aids and ensuring sufficient fluid intake. Staff complete daily bowel monitoring charts and these are monitored to alert registered staff if changes in care recipients' continence patterns occur to allow intervention strategies to be implemented. Bowel management strategies may include dietary intervention, exercise, and following medical officers' directive, regular and 'as required' medication. Effectiveness of continence management strategies are evaluated regularly and additional measures implemented as necessary. Care recipients and/or their representatives are satisfied that care recipients' continence needs are met and staff support 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

Information relating to care recipients' challenging behaviours and management strategies are gathered prior to and/or on entry to the home through review of medical history, discussion with care recipients' representatives and medical officers. Staff complete behaviour assessments and information gathered formulates the plan of care. Staff consult with carers, family and representatives to identity triggers and other cues to reduce the incident of challenging behaviours. Strategies implemented to manage challenging behaviours include one-on-one interaction, provision of a calm and safe environment, involvement in activities and medical and/or medication review as required. Challenging behaviours are investigated and staff seek to identify unmet needs and address as appropriate. External mental health services are accessed to assist in the management of complex behaviours and provide support for staff. The need for care recipient restraint is assessed, authorised and reviewed on a regular basis. Staff have an understanding of managing care recipients with challenging behaviours and are aware of their reporting responsibilities in the event of a behavioural incident. Care recipients and/or their representatives are satisfied the home manages care recipients' challenging behaviours in an effective manner.

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 for mobility and dexterity needs and falls risk on entry to the home by registered nurses and a physiotherapist to ensure they can mobilise safely and at their optimal capacity. A care plan and manual handling assessment card is formulated which includes mobility and transfer needs and any equipment required. A physiotherapist is on site regularly and is supported by physiotherapy aides and lifestyle staff who assist care recipients with group and one on one exercise programs. Mobility aids and specialised assistive devices are provided as required. Walkways are clear with hand rails; equipment is stored safely. Care recipients' falls and mobility changes are reported and reviewed by registered nurses, medical officers and/or a physiotherapist. Additional interventions and strategies are implemented to support mobility, dexterity and rehabilitation opportunities. Staff are provided with mandatory training in manual handling techniques. Care recipients and/or their representatives are satisfied with care recipients' ability to maintain optimum levels of mobility and dexterity and the assistance provided by staff.

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 care needs are assessed on entry to the home and care strategies are developed including consideration of identified preferences. The level of assistance required by care recipients to maintain oral and dental health is included in care plans to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Care recipients are assisted to attend their preferred dentist as necessary or a dentist can be arranged to visit the home; a denture technician visits the home as the need arises. Care recipients and/or their representatives are satisfied with the assistance given by staff to maintain care recipients' oral and dental health.

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

Care recipients' sensory needs are assessed and identified on entry to the home through review of past history and discussion with care recipients and/or their representatives. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. Care recipients are referred to health professionals for assessment and evaluation of sensory aids as necessary. Staff assist care recipients to manage assistive devices such as spectacles and hearing aids. Lifestyle activities consider sensory impairments and care recipients are assisted to participate to their optimal capacity. Care recipients and/or their representatives are satisfied with the management strategies and assistance provided by staff to care recipients with identified 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

Care recipients' usual and preferred sleep patterns are identified on entry to the home. Assessment tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs. This information is recorded on care plans to guide staff practice. Alternative measures are available to assist care recipients to settle and sleep. The physical environment is monitored at sleep and rest times with use of minimal lighting and noise. Drinks and food are available should care recipients wake and require them; staff assist with re-settling as necessary. Medical officers are consulted for ongoing sleep issues and pharmacological strategies are utilised for care recipients when other strategies are ineffective. Care recipients and/or their representatives are satisfied with interventions to manage care recipients' 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.

Examples of recent improvements relating to care recipient lifestyle include, but are not limited to:

- A head office initiative 'Customer value co-creation' has been introduced in the home to provide care recipients with a creative arts program. The program is managed by two leisure and lifestyle assistants with a background in mental health therapy. Care recipients have an opportunity to participate in sand therapy, Montessori, painting and music activities. This initiative promotes active participation in activities for care recipients who previously were passive attendees, and has been evaluated as improving management of care recipients' challenging behaviours.
- To support the increasing number of care recipients with dementia at the home, memory boards (specific to each care recipient) have been developed capturing items relating to their family and social history, colours, aromas and life in Magnolia Manor (secured living). This initiative provides prompts for staff and promotes conversation between staff and care recipients.

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 and/or their representatives are provided with a residential care agreement and information pack. The care recipient information materials detail information relating to care recipients' 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

The lifestyle staff and care staff support care recipients in relation to their leisure and lifestyle interests, needs and preferences. Education in leisure and lifestyle issues is derived from changing care recipient needs and/or desired outcome, and through review of training needs. Staff are assisted to attend external education and are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to expected outcome 1.3, Education and staff development, for details on the home's overall system. Examples of information topics relevant to Standard 3 include: exercises for older people, compulsory reporting of assaults and elder abuse, leisure and lifestyle activities.

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

On entry care recipients and/or their representatives are given a handbook, orientated to the home, introduced to other care recipients and provided with support as they settle into life in the home. A pastoral care worker is available to provide additional support during the settling in period and on an ongoing basis. Lifestyle staff encourage and assist care recipients to participate in the activities program and relevant meetings. Ongoing assessment, planning and evaluation systems identify care recipients' social needs and preferences for emotional support. Family members, friends and volunteers are welcomed as part of the supportive network and encouraged to visit the home. Ongoing monitoring by staff identifies changes in mood and behaviour to allow action to be taken such as referral to medical officer, counsellor, chaplain or specialist services. Care recipients and/or their representatives are satisfied with support received by care recipients during their settling in period and with the ongoing support provided by management and staff.

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

On entry to the home, care recipients' preferences in relation to maintaining independence for care, lifestyle and clinical decisions is identified. Community participation needs and preferences and the level of assistance required to maintain participation is gathered and incorporated into their plan of care. Community visitors and volunteers assist care recipients to maintain community links and participate in life in the home and in the greater community as desired. There are open visiting hours; access to telephones and newspapers is available. Care recipients are encouraged to maintain control over their lives as much as they are able. Assistance is given with aspects of personal care and other activities that they are unable to manage on their own. Equipment such as mobility aids and modified cutlery are provided to support care recipients' independence. Care recipients are assisted to maintain their civic and legal rights and to exercise independence to their optimal capacity. Care recipients and/or their representatives are satisfied with the encouragement and support provided to care recipients to achieve maximum 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 has established processes and maintains a supportive environment to protect the privacy, dignity and confidentiality of care recipients. Entry processes provide care recipients/representatives with information about their rights, including the right to privacy. Care plans contain information regarding maintenance of privacy and dignity and care recipients' preferred names. Care is delivered in private areas that are not open to view of others. The home comprises single rooms with en-suites with both private and communal areas available inside the home and in the gardens. The home provides secure storage of information (both hard copy and electronic) with limited access to authorised personnel. Staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality. Provision of privacy and dignity and care recipient satisfaction is monitored by senior staff through feedback from care recipients and observation of staff practice. Care recipients and/or their representatives are satisfied staff are courteous and respectful of the privacy and personal preferences of care recipients.

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' past and current interests are identified through assessments and interview on entry to the home. Activity programs are developed suitable to the capabilities and interests of care recipients. Group and individual activities form part of the program as well as regular theme days of relevance and interest to the care recipient cohort. The activities program is communicated through weekly and monthly programs displayed in the home and distributed individually to care recipients. Daily verbal reminders and encouragement regarding activities are offered. Activities are evaluated by way of care recipient feedback gathered formally and informally to ensure satisfaction is met and opportunities for new activities are identified. Care recipients and/or their representatives are satisfied with the leisure and activity program offered 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' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. Information gathered from assessment is included in care plans that assist staff to foster and value individual beliefs and customs. Care recipients are assisted to attend religious services according to their preferences. Ecumenical church services and Bible studies are conducted in the home on a regular basis. A chaplain and pastoral carer are available to visit care recipients and offer support irrespective of their beliefs. Visiting clergy from different religious denominations visit the home and provide services according to care recipients' beliefs and wishes. Staff maintain contact with cultural groups; special events and cultural celebrations occur throughout the year with appropriate catering services provided. Care recipients and/or their representatives are satisfied that care recipients' cultural and spiritual needs are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged to make lifestyle choices in their day to day life. On entry to the home staff identify the decision making abilities of care recipients and where applicable, their appropriate decision maker such as enduring power of attorney, adult guardian or public trustee; records are updated as required. Staff respect and accommodate care recipients' choices and encourage them within their capacity regarding activities of daily living. Care recipients and their authorised representatives retain the right to refusal of care and information is provided regarding risks to enable informed decision making. Care recipients are aware of their rights and responsibilities and have access to information regarding comments and complaints and advocacy services. Opportunities to exercise choice and decision making are available through care conferences, participation in care recipient meetings and on a one on one basis with management. Care recipients and/or their representatives are satisfied with opportunities to exercise choice and control over their lifestyle.

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

Each care recipient and/or their representative is provided with information on entry to the home which includes a care recipient handbook and information about care and services in the home. Care recipients are offered an agreement including information such as care recipients' rights and responsibilities, security of tenure, fees and charges, and internal and external complaints mechanisms. Key personnel are available to ensure there is an understanding of the terms of the agreement and to answer any queries. Circumstances where a care recipient may be asked to re-locate within the home are discussed on entry. Re-location is only undertaken following consultation with the care recipient and/or their representative, staff and the relevant medical officer. Care recipients and/or their representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

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.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- Following a review of temperatures of meals of care recipients who are slow eaters, specialised dishes (with red borders) have been purchased which enable warm or cold water to be sealed in a chamber under the food holding section. This dish style (available in both plate and bowl) has been evaluated as maintaining meals at a palatable temperature which has translated to more of the meal being consumed; stable/increased weights, and less food wastage.
- In response to dissatisfaction with the laundry system, the home purchased a heat-sealing labeller to minimise the amount of unlabelled personal items of care recipients. Feedback and audits confirm that since the labeller has been in use, there has been a "significant" reduction in unclaimed /lost clothing items and improved care recipient/representative satisfaction with the laundry service.
- Following a break-in, internal security cameras have been installed. Staff are able to monitor specific areas of the home from their work station. This initiative has been evaluated as improving safety in the home, and staff report they have an increased "sense of safety"

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 an audited 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

Management has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. In conjunction with the mandatory safety education program, staff are afforded the opportunity to attend in-service and external courses or information sessions conducted by specialist educators. Refer to expected outcome 1.3, Education and staff development, for details on the home's overall system. Examples of information topics relevant to Standard 4 include: fire, food safety, infection control, what is restraint, safe use and storage of chemicals, emergency shut-off procedures for laundry and kitchen equipment, work health and safety, and manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The living environment and care recipient safety and comfort needs are assessed and reviewed through regular care recipient and staff meetings, audits, incident reports, risk assessments, maintenance requests and staff observation. The home consists of single rooms and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for care recipients' needs. Handrails are throughout the home and walkways facilitate care recipient mobility outside. The on-site maintenance officer implements and oversees a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as required. Restraint is utilised for some care recipients and appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken by an external contractor, and staff have access to police and emergency telephone numbers in the event of a security breach. Care recipients and/or their representatives are satisfied with the maintenance, safety and comfort of their living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The organisation and management at the home have implemented a safety system to manage regulatory requirements. The home's safety system is coordinated by health and safety staff in association with the maintenance and management teams. There are processes which enable notification and control of hazards; to manage exposure to risks; for reporting and investigation of staff incidents; management of chemicals; regular safety and environmental audits, and the rehabilitation of injured staff to support their return to work. Staff receive education on their responsibilities in relation to work health and safety in a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's fire safety system and installations have been assessed and records of inspection identify that the fire detection, alarm and firefighting system have been inspected and maintained in accordance with relevant standards. Fire exits and pathways to exit are free from obstacles. The home has emergency response guidelines available at key points in the home. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and have access to emergency procedures, firefighting equipment and evacuation diagrams. A care recipients' evacuation list (updated on entry/exit), coupled with sign in/out books and staff roster, assist with evacuation headcounts. There are procedures to ensure security (day and night) of care recipients, staff and site visitors.

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 and staff are aware of infection control principles relevant to their role. Hand washing facilities and hand sanitiser solutions are located throughout the home; an outbreak management system, provision of personal protective equipment and sufficient cleaning supplies assist to minimise the incidence of infection. The home provides vaccinations for staff and care recipients annually and issues relating to infection control are discussed at relevant staff meetings as an outcome of the infection surveillance system, including collection of infection data, collation and analysis. Care recipients with infections are reviewed by their medical officer and monitored by clinical staff with appropriate treatment implemented. Regular pest control services are provided and there are processes for the disposal of general and sharps waste. The food safety program, cleaning and laundry practices support the infection control program and regular relevant training is provided to staff.

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 and/or their representatives and staff are satisfied with the catering, cleaning and laundry services provided. Care recipients' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies, likes, dislikes and preferences. This information is communicated to catering staff. The home has a cook chill system with the capacity to cater for individual dietary needs. Care recipients are presented with options for main meals and may provide feedback. The cleaning program includes duties lists and schedules to guide staff in the cleaning of care recipients' rooms and the environment. Personal clothing, linen and manchester are laundered on-site with care recipients encouraged to name personal clothing items to facilitate satisfaction with the laundry service. Regular stock-takes are conducted to ensure linen and crockery is replaced as necessary. The effectiveness of hospitality services is monitored through meetings, audits and surveys.