



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Regents Garden Residential Aged Care Resort - Lake Joondalup RACS ID: 7258

Approved Provider: Regents Garden Lake Joondalup Pty 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 05 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 01 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 28 August 2015 to 28 February 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 05 January 2018

Accreditation expiry date 28 February 2019



Australian Government

Australian Aged Care Quality Agency

**Regents Garden Residential Aged Care Resort -
Lake Joondalup**

RACS ID 7258
33 Drovers Place
WANNEROO WA 6065

Approved provider: Regents Garden Lake Joondalup Pty Ltd

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 28 August 2018.

We made our decision on 01 July 2015.

The audit was conducted on 03 June 2015 to 04 June 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

Regents Garden Residential Aged Care Resort - Lake Joondalup 7258

Approved provider: Regents Garden Lake Joondalup Pty Ltd

Introduction

This is the report of a re-accreditation audit from 03 June 2015 to 04 June 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 03 June 2015 to 04 June 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:	Alison James
Team members:	Jacqueline Gillespie
	Shirley Latham

Approved provider details

Approved provider:	Regents Garden Lake Joondalup Pty Ltd
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Details of home

Name of home:	Regents Garden Residential Aged Care Resort - Lake Joondalup
RACS ID:	7258

Total number of allocated places:	100
Number of care recipients during audit:	100
Number of care recipients receiving high care during audit:	89
Special needs catered for:	Nil specified

Street:	33 Drovers Place	State:	WA
City:	WANNEROO	Postcode:	6065
Phone number:	08 9400 2800	Facsimile:	08 9400 2850
E-mail address:	river.don@belrosecare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Occupational therapy assistants	3
Manager care services	1	Resident services manager	1
Liaison manager	1	Office manager	1
Registered nurses	3	Catering staff	1
Enrolled nurse	1	Maintenance staff	2
Personal nursing assistants	8	Laundry staff	2
Physiotherapist	1	Cleaning staff	1
Physiotherapy assistants	2	Care recipients/representatives	14
Occupational therapist	1		

Sampled documents

	Number		Number
Care recipients' assessments, progress notes and care plans	13	Medication charts	16
Wound care plans	10	Restraint authorisations and relevant documentation	13
Personnel files	10	Authorisations to self-medicate	5
Occupational therapy assessments and care plans	10	Service agreements	6
Resident agreements	3		

Other documents reviewed

The team also reviewed:

- Activity programs, resource files and therapy statistics
- Agency orientation file
- Audits and surveys (staff and care recipient)
- Care recipients' information pack
- Clinical indicators, medication incidents and trends and mandatory reporting file
- Communication diary and handover records
- Complaints file and register
- Corrective and scheduled maintenance
- Emergency manuals, evacuation plans and fire services log books
- Infection control manual, vaccination records and incident reports
- Kitchen procedures and hospitality signing records

- Meeting minutes, memoranda and newsletters
- Observation charts (neurological observations, bowel charts, blood pressures, blood glucose levels and weight charts)
- Police certificate, statutory declaration, professional staff registration matrix and education and training records
- Policies and procedures
- Quality improvement plan and corrective action reports
- Referrals to other health specialists
- Register for drugs of addiction
- Roster, performance appraisal matrix and staff information pack.

Observations

The team observed the following:

- Access to internal and external complaints, advocacy information and locked suggestion boxes
- Activities in progress
- Administration and storage of medications
- Archive storage area
- Cleaning trolley and cleaning in progress
- Equipment and supply storage areas (medical supplies, personal care, equipment, chemicals, personal protective equipment and sharps disposal)
- Interactions between staff and care recipients
- Kitchen, kitchenettes and food storage
- Living environment and care recipients' appearance
- Meal and refreshment services
- Notice boards, posted notes and displayed information
- Safety data sheets
- Short group observation in dining room
- Vision, philosophy and ethos statement and Charter of residents' rights and responsibilities displayed
- Wound care trolleys.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement. Ideas for improvement originate from external sources and from within the organisation. The home ensures all stakeholders are aware of, and can contribute to improving care and services. Continuous improvement is a standard agenda item at meetings. Mechanisms feed into the improvement process and where appropriate, the quality improvement plan including corrective action reports, accidents and incidents, hazards, feedback from meetings and results of audits and clinical data. Clinical indicators are analysed and trends noted with action taken as required. Staff are informed of results through memoranda and at meetings. Staff, care recipients and representatives reported awareness of the continuous improvement process and provided feedback on completed improvements.

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

- The organisation requires registered staff to take a leadership role managing teams. To meet this expectation, the organisation identified staff would require leadership and management training. A program specific to the organisation was developed and delivered by an external management training provider. Registered staff who undertook the training were able to achieve a diploma in management and within the scope of the program completed projects beneficial to the home. Management and staff interviewed reported the leadership training has resulted in career advancement, better leadership and problem solving skills, and one of the projects completed as part of the training led to the development of an orientation package for registered nurses.
- The organisation previously kept information such as manuals in hard copy, and most other information required by individual homes would be obtained via contact with head office. An intranet has been developed which stores a large amount of information. Management and staff interviewed reported information sharing and communication is more effective.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has established systems to ensure information related to legislation, regulatory requirements, professional standards and guidelines is made available to all stakeholders. The organisation receives updates on legislative changes from various government agencies and departments and industry groups to which it subscribes. The home's management is notified of any changes through head office and these are disseminated to staff and other stakeholders via memoranda, meetings, and training sessions as appropriate. Results from audits, surveys, incident reporting and individual feedback assist management to monitor compliance with legislation and amend the home's policies and procedures as required. Staff stated they are informed of changes to regulatory compliance via memoranda, email, meetings and training sessions. Care recipients and representatives were informed of the re-accreditation visit via correspondence, meetings and displayed notices, and the home ensures all staff have appropriate police certificates, statutory declarations and visas.

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

Management and staff have appropriate knowledge and skills to effectively perform their roles. An annual training calendar and staff notice board includes core training and external training courses offered during the year. Additional training is provided as needed or following staff requests. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, clinical indicators, comments and complaints and through performance appraisals. Staff expressed satisfaction with the opportunities for training and all care recipients were satisfied with staff knowledge and skills.

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

- Bullying and harassment
- Continuous improvement.

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 representatives have access to internal and external complaints and advocacy services via feedback forms and brochures, direct access to management and care recipient and representative meetings. Information regarding comments and complaints mechanisms is provided via the care recipients' information package and care recipient agreement. We observed feedback forms throughout the home and suggestion boxes are

accessible and confidentiality is maintained throughout the complaints process. Staff reported knowledge of the complaints process and described how they assisted care recipients who require help to lodge a complaint. Care recipients and representatives reported management and staff are approachable, they are confident to voice their concerns and are satisfied with the feedback they receive from management.

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 displays its vision, philosophy, and ethos statement and commitment to quality on the main notice board. Care recipients and/or their representative receive this information when moving into the home via the information package. Staff introduction to the organisation's vision, philosophy, ethos and commitment to quality occurs during induction and thereafter.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. The manager reviews staffing levels based on care recipients' care needs and feedback from stakeholders. The home uses organisational and site-specific processes to recruit and retain staff, and monitor staff police certificates, working visas and professional registrations. A 'buddy' program provides new staff with additional support from an experienced staff member. Staff performance is monitored via annual appraisals and feedback mechanisms such as suggestions, surveys and audits. Staff reported they have sufficient time to complete their duties. Relief cover is provided from regular and agency staff. Staff reported they have the appropriate skills to conduct their roles effectively. Care recipients and representatives reported satisfaction with the skill level and number of staff in place to provide care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Essential and preventative maintenance systems exist to maintain, repair or replace equipment as needed. Specific staff have clear responsibilities for maintaining adequate stock and equipment levels. Regular audits and environmental inspections are undertaken to ensure goods and equipment are maintained at sufficient levels and are stored and used safely and effectively.

We observed stock items are rotated, and chemicals are stored securely. Staff and care recipients reported satisfaction with the adequacy of supplies and the quality of the 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 home has established processes to facilitate the collection, analysis, storage, retrieval and archiving of information related to care, business and operational matters. The home and organisation has a schedule of meetings to ensure effective dissemination of information and to provide a forum for raising opportunities for improvement, comments, complaints and suggestions. Electronic information is stored securely, password protected and backed up by the organisation. The organisation's management reviews standardised documents and policies and procedures, and key staff receive updates via memoranda, emails, through training and at meetings. Staff reported they have access to information relevant to their roles, attend regular meetings, and receive feedback via handovers, communication books, notice boards and diaries. Care recipients and representatives reported satisfaction with the access they have to information.

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

Established systems and processes ensure all externally sourced services are provided in a way that meets care recipients' needs and the home's quality of service. A list of preferred suppliers and contractors assists in the purchasing of goods and services. External service providers sign service agreements that are formally negotiated and reviewed at an organisational level. Service contracts specify legal obligations such as insurance and licences and the expectation of quality standards. A process is established to monitor the currency of contractors' police certificates. Contractors sign in and out and are monitored on site as required. Staff, care recipients and representatives stated they are satisfied with the quality of the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients’ physical and mental health.

Examples of current or recent improvement activities related to health and personal care are described below.

- The organisation identified the opportunity to reduce skin tears by utilising an external training program. Training was conducted and teams were organised and discussed use of creams and best practice. Staff also received regular ten minute information sessions about various aids. Noticeboards were utilised to provide further information. Results have been evaluated and showed pressure areas have reduced in the last 12 months.
- Clinical indicators showed the number of falls had increased in a 12 month period. Management decided to examine contributing factors and preventative measures. Staff, care recipients and visitors were involved in activities including a ‘No falls day’ and education leaflets and posters were placed around the home. Staff took place in role plays aimed at providing insight into reasons care recipients fall. Staff behaviour was monitored and training provided. As a result of the project, the organisation’s policy and procedure relating to risk management has been updated and falls have reduced in number over the last 12 months.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure the home meets regulatory compliance requirements in relation to care recipients’ health and personal care. Registered staff assess, plan and monitor care for care recipients. The home meets care recipients’ needs in accordance with the specified care and services schedule. Medication is administered and stored in accordance with legislation. Staff reported they are informed about legislation and regulatory compliance requirements at meetings, through memoranda and education. Care recipients reported they receive information on changes in relevant legislation or guidelines. Staff demonstrated knowledge of regulatory compliance issues and reporting requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system.

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

- Continence management
- Falls prevention
- Palliative care
- Skin integrity
- Wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home uses a multidisciplinary team approach to the provision of care that includes the general practitioner, registered and enrolled nurses, care staff, physiotherapist and occupational therapist to ensure care recipients receive appropriate clinical care. On moving into the home, a range of validated assessments are undertaken and a care plan is developed to guide staff with the care needs of each care recipient. Care plans are reviewed three monthly or sooner if care needs change. Staff ensure continuity of care by discussing care recipients’ changing needs at handover and via documentation. Registered nurses follow up on incidents as they occur and the manager of care services analyses this information monthly to identify any trends. Staff reported they are encouraged and supported to attend internal and external training and education to maintain their knowledge and skills. Care recipients and representatives reported they are satisfied care recipients’ receive appropriate clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The registered nurses are responsible for assessing, planning, implementing, monitoring and evaluating care recipients’ specialised nursing care needs. The registered nurse develops a complex nursing care plan that includes recommendations from the general practitioner and other health specialists as appropriate. Registered nurses are onsite at all times to monitor and provide support to staff. Care recipients and representatives reported they are satisfied care recipients’ specialised nursing care needs are identified and managed by appropriately qualified nursing staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

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

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes for the safe storage, administration and disposal of medications. Medication competent staff administers medications via a multi-dose sachet administration system as per the general practitioner’s instructions. An accredited pharmacist reviews care recipients’ medications on a two yearly basis and this information is made available to the general practitioner for their consideration. The home has emergency medications available when required and maintains relevant documentation and permits. Staff reported they undergo an annual medication assessment under the supervision of a registered nurse. Medication incidents are reported, followed up by the registered nurse at the time and analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied care recipients’ medication is managed safely and correctly.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

The registered nurses assess each care recipient’s pain management needs on moving into the home. The home uses a multidisciplinary approach to manage care recipients’ pain that includes the general practitioner, nursing staff, allied health staff and other health professionals. Specific pain assessment tools are used that include verbal descriptors. Care plans include strategies to manage care recipients’ pain. In addition to pain medication, alternative therapies are used including gentle massage, exercise, repositioning, wax hand baths and heat packs. Staff document the effectiveness of interventions and report to the registered nurse if pain management interventions are not effective. Care recipients and representatives reported they are satisfied care recipients’ pain is managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

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

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

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

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

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

concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients' skin integrity is maintained and managed effectively.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has processes to assess, monitor and manage care recipients' continence needs on moving into the home and on an ongoing basis. Care recipients are supported to maintain their continence through a range of measures including scheduled toileting, appropriate equipment and suitable continence aids. Care recipients' bowel elimination is monitored daily and interventions are documented. Urinary tract infections are monitored via the home's infection log and analysed to identify any trends. A continence advisor is available to provide education, training and support in relation to care recipients' continence needs. Staff reported they have sufficient time, training and adequate supplies to manage care recipients' continence needs effectively. Care recipients and representatives reported they are satisfied care recipients' continence needs are managed effectively.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

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

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

On moving into the home, each care recipient is assessed by the registered nurse, physiotherapist and occupational therapist to identify their mobility, dexterity and falls risk. Care recipients are encouraged to maintain optimum levels of mobility and dexterity by participating in the home's activity and exercise programs that include group and individual exercises. Appropriate seating and other aids are available to assist care recipients to maintain their mobility and improve independent movement. Modified crockery and cutlery is available, and staff were observed assisting care recipients with meals and drinks when required. Staff report and document care recipient falls and these are analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied care

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

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

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

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Qualified staff assess each care recipient’s sensory losses on moving into the home. Care plans include strategies to assist care recipients to manage their sensory losses and maximise their independence and participation in activities of daily living. The home’s activity program includes tactile, sensory and auditory activities to stimulate the senses including cooking, tastings, sing-alongs and craft. Care recipients have access to and are referred to appropriate health professional as required. Staff described ways they assist care recipients to manage their sensory losses. Care recipients and representatives reported they are satisfied care recipients sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients achieve natural sleep patterns. On moving into the home, each care recipient has a sleep assessment undertaken that identifies preferred rising and settling times, nightly rituals and episodes of sleep disturbance. Staff described ways they assist care recipients to settle and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients’ are able to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to care recipient lifestyle, care recipient/representative meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement activities related to care recipient lifestyle are described below.

- Anecdotal suggestions from care recipients identified they would like to commence a communal gardening club. Equipment has been purchased and an aquaponics gardening group runs weekly. Care recipients interviewed reported enjoyment and satisfaction with the gardening and vegetable crops produced.
- The current menu was reviewed after care recipient feedback suggested more options be provided similar to those available in the extra service wing. Two hot options and a cold option have been added to the menu and beer, wine and soft drinks are provided at meal times. Care recipients interviewed were satisfied with meal choices and the availability of alcoholic and non-alcoholic beverages.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Care recipients are informed about their rights and responsibilities in information provided to them when they move into the home. Information updates are advised in writing and discussed at care recipient/representative meetings. The home provides each care recipient with a resident agreement outlining fees, level of care and services, and tenure arrangements. Policies and procedures are in place for the compulsory reporting of care recipient assault and unexplained absences. Staff are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below.

- Dementia awareness
- Elder abuse
- Multicultural awareness.

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

Prior to moving into the home, care recipients and their representatives receive information about the home and services offered. Care recipients' needs and preferences are discussed, and staff orientate them to their room and the home. The occupational therapist assesses care recipients' emotional and social needs, and staff monitor and support each new care recipient. Individual therapy care plans incorporate information relating to the holistic requirements of the care recipients including emotional and social wellbeing. Care recipients are encouraged to personalise their rooms, to join in activities at the home and families are encouraged to visit as often as possible. Care recipients and representatives reported they are satisfied care recipients' emotional needs are supported by staff at 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 plans identify the support care recipients require to be as independent as possible, maintain friendships and participate in the life of the community. Assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. The occupational therapist and physiotherapist recommend or provide specific assistive equipment to maintain care recipients' independence. Care recipients are encouraged to maintain friendships, and regular social outings and activities are organised. Care recipients and representatives stated staff and volunteers provide care recipients with assistance to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and only accessed by authorised personnel. Staff approach and interact with care recipients in a respectful manner. Care recipients and their representatives have access to activity rooms, lounge rooms and shared spaces in the home. Staff reported how they maintain care recipients' privacy and dignity and are aware of the confidentiality of care recipient information. On employment, all staff sign a contract which includes a confidentiality statement outlining their responsibilities. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality are respected and 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 are encouraged and supported to maintain their interests and activities when they move into the home. Therapy staff develop care recipients' individual therapy care plans and the home's activity program using assessed information, previous histories and interests. The program is available five days a week with a reduced program at the weekends. The program includes a range of cognitive, physical, sensory and social group activities. Staff incorporate special events and outings into the program, and families and friends join in special events. Therapy staff evaluate care recipients' participation and enjoyment of the activities they attend. Care recipients and representatives provide feedback on the program via suggestions, meetings and surveys. Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

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

When care recipients move into the home, staff identify individual interests, customs, beliefs and preferences relating to care recipients' cultural and spiritual lives and include this information in the development of their care plans. The home provides regular church services and organises individual community ethnic visitors and cultural specific activities as required. Relevant staff provide care recipients with their cultural dietary preferences as required. Care recipients and representatives stated staff respect care recipients' customs, beliefs and cultures.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients' individual choices and decisions. There are processes to assess care recipients' individual needs, preferences and wishes across all areas of care and service delivery. Care recipient meetings and regular care conferences provide opportunities for care recipients and representatives to participate in decisions about the services care recipients receive. Staff reported strategies for supporting care recipients' individual preferences including their choice of meals, participation in activities and refusal of care. Care recipients and representatives reported staff support care recipients to make choices in all aspects of their daily life.

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

Organisational processes ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Management offers a residential agreement to care recipients or their representatives on moving into the home. The agreement outlines fees and charges, security of tenure, internal and external complaint mechanisms and residents' rights and responsibilities. Care recipients and representatives have access to external advocacy and guardianship/administration as required. Staff reported they attend education and training regarding care recipients' rights. Care recipients and representatives stated they are generally satisfied care recipients have security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of current or recent improvement activities related to the physical environment and safe systems are described below.

- To decrease the number of falls, malodour and problems with cleaning spillages, the home decided to replace carpets with a non-slip vinyl. This has been installed and management reported no issues with odour, decreased cleaning times and less falls than occurred when carpet was in situ. Care recipients and representatives interviewed reported satisfaction with the non-slip vinyl saying it looked nice and clean and was easy to walk on.
- In response to care recipient and family feedback, small box televisions situated high in rooms have been replaced with large flat screen televisions which are situated lower on walls and accessible to care recipients. Care recipients and representatives interviewed reported satisfaction with the new flat-screen televisions, citing they are easier to see, easier to access, and they no longer need to bring their own television sets to the home.

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 management systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets are stored with chemicals, and infection control guidelines are available. The home has a food safety program to provide staff guidance. Interviews with staff confirmed their knowledge of regulatory compliance requirements

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system.

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

- Chemical training
- Fire and emergency evacuations
- Food safety
- Infection control
- 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 home provides a safe and comfortable environment consistent with care recipients' care needs. Care recipients' rooms are equipped to assist care recipients with independence, comfort, privacy and security. There are communal areas inside and outside the home for social interactions and activities. The environment appears well-maintained, clean and clutter free, and temperature and noise levels are maintained to the general satisfaction of care recipients and representatives. Maintenance, cleaning and hazard management programs are established and systems are reviewed through audits, inspections and regular meetings. Care recipients at risk of wandering from the home are identified and suitable precautions taken. Care recipients and representatives expressed satisfaction with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has processes to educate staff at orientation and on an ongoing basis regarding occupational safety and health (OSH) responsibilities. The home uses accident and incident reporting mechanisms, audits, essential and preventative maintenance schedules, hazard reporting and suggestion forms to identify and take action on reported incidents. Potential hazards are marked or removed from the environment. Communication of information to staff regarding OSH occurs through meetings, awareness raising events and memoranda. The site has numerous trained safety representatives and an active committee drives OSH at the home and corporately. Staff demonstrated awareness and active promotion of occupational health and safety requirements.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Approved professionals carry out regular testing of fire detection, firefighting and preventative systems. Staff attend mandatory fire and safety training on employment and annually and are aware of their responsibilities when the fire alarm sounds. Fire and emergency procedure manuals, evacuation maps and location of firefighting equipment are readily available throughout the home. Staff described the home's security systems and emergency procedures and reported there are processes to check and tag new and existing electrical appliances. Care recipients, visitors and contractors sign in and out to ensure awareness of who is in the building. Care recipients and representatives are informed of what to do if they hear a fire alarm via the care recipients' handbook, newsletters and meetings.

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 established and effective infection control program. The manager is responsible for infection control in conjunction with the liaison officer who completes monthly infection control audits in the home. These staff liaise with the home's staff and the external infection control consultant as necessary. Staff are informed of current practices appropriate to their area of work at orientation and via ongoing education. The home has current information to guide staff in managing infectious outbreaks and staff are provided with appropriate personal protective equipment. The home monitors and reviews the infection control program through audits, observing staff practice, and information on individual care recipient infections is collected and analysed monthly and outcomes shared with staff. Personal protective equipment, cleaning and laundry procedures, hand washing facilities, disposal of sharps, care recipient and staff vaccination programs and pest control management are some of the measures utilised to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and staff working environment. A record of care recipients' food preferences, cultural needs, likes and dislikes and any special requirements occurs when care recipients move into the home and as required. There is a seasonal menu approved by a dietician that provides care recipients with choice whilst meeting special dietary requirements, individual preferences and feedback. Personal and flat linen is laundered on site according to a scheduled program. Personal clothing is labelled and there are processes for lost clothing. Staff undertake

cleaning in accordance with a structured cleaning program and maintenance staff address high cleaning. Care recipients and representatives reported they are satisfied the home's hospitality services meet care recipients' needs and preferences, while feedback forms and surveys are complimentary to the services provided.