



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

River Sea Hostel RACS ID: 7179

Approved Provider: Curtin Aged Persons Homes Inc

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 05 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 14 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 01 Septembers 2015 to 01 March 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 01 March 2019



Australian Government

Australian Aged Care Quality Agency

River Sea Hostel

RACS ID 7179

1 Wallace Lane

MOSMAN PARK WA 6012

Approved provider: Curtin Aged Persons Homes Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 September 2018.

We made our decision on 14 July 2015.

The audit was conducted on 09 June 2015 to 10 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

River Sea Hostel 7179

Approved provider: Curtin Aged Persons Homes Inc

Introduction

This is the report of a re-accreditation audit from 09 June 2015 to 10 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 09 June 2015 to 10 June 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:	Alison James
Team member:	Bena (Manmohan) Grewal

Approved provider details

Approved provider:	Curtin Aged Persons Homes Inc
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Details of home

Name of home:	River Sea Hostel
RACS ID:	7179

Total number of allocated places:	44
Number of care recipients during audit:	42
Number of care recipients receiving high care during audit:	39
Special needs catered for:	Care recipients with dementia and other related conditions

Street:	1 Wallace Lane	State:	WA
City:	MOSMAN PARK	Postcode:	6012
Phone number:	08 6222 9350	Facsimile:	08 6222 9379
E-mail address:	info@bethanie.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Therapy staff	1
Clinical nurse specialist	1	Chaplains	2
Registered nurse	1	Catering staff	2
Enrolled nurse	1	Maintenance staff	2
Care staff	7	Laundry staff	1
Therapy services manager	1	Cleaning staff	1
Physiotherapist	1	Care recipients/representatives	8
Occupational therapist	1		

Sampled documents

	Number		Number
Care recipients' assessments, care plans and progress notes	7	Medication charts	10
Authority to self-medicate forms	4	Wound care plans	2
Resident agreement (blank)	1	Restraint authorisation	1
Personnel files	8		

Other documents reviewed

The team also reviewed:

- Activity and lifestyle planner and care recipient attendance records
- Audits and surveys
- Care recipient information pack, including resident handbook
- Cleaning schedules
- Clinical indicators
- Comments and complaints
- Continuous improvements and quality file
- External contractors file
- Fire equipment book
- Handover sheets and communication book
- Incidents and hazards electronic maintenance system records
- Job descriptions/duty statements
- Medication refrigerator temperatures and medication trolley cleaning schedule
- Meeting minutes, memoranda and newsletters

- Menu and menu reviews
- Observation charts (blood glucose levels, weight charts, bowel charts, vital signs and pain management intervention review charts)
- Occupation safety and health file
- Police certificates
- Policies and procedures
- Referrals to other health professionals
- Staff and volunteers handbooks
- Temperature recordings – fridge/freezer/food/dishwasher, food safety plan, hospitality manual
- Training and education file.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information
- Activities in progress
- Administration and storage of medications
- Charter of residents' rights and responsibilities and organisational vision, mission and values displayed
- Equipment and supply storage areas (continence aids, medical supplies, paper products, linen, chemicals and sharps disposal)
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Meal and refreshment services
- Noticeboards with displayed information, including poster for re-accreditation
- Safety data sheets
- Wound care trolley.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home uses the organisation's systems and processes to pursue continuous improvement across all four Accreditation Standards. Improvement activities take place following issues identified in audits, surveys, accident and incident reports, collected information, and written and verbal feedback from care recipients, representatives and staff. Management report on and monitor quality improvements, associated actions and evaluations. Staff, care recipients and representatives reported they contribute to improvement activities at meetings and by using surveys and feedback forms. Care recipients and representatives reported satisfaction with management's responsiveness to feedback.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- Following feedback from care recipients' representatives and staff, it was identified care recipients with challenging behaviours may benefit from having a one-on-one volunteer visiting and assisting with various lifestyle activities. In response, management recruited volunteers specifically for such tasks. The organisation has a specific selection process for volunteers and selected volunteers undergo an induction program, on-site orientation and training on understanding dementia to ensure they understand the needs of the care recipients. The management team reported they aim to have at least one volunteer per care recipient. Staff reported it has had a positive effect on care recipients, and this initiative is to be evaluated in the near future.
- Following feedback from night staff, management introduced a breakfast club to ensure night staff are included in daily activities and discussions providing more holistic care for care recipients at the home. The breakfast club includes senior staff, the human resource manager and the home's internal dementia consultant. Night staff are encouraged to attend to share the experiences and challenges regarding night time behaviours and care. As a result, management reported the night staff are happier and more confident in delivering a more holistic and person centred care for the care recipients. Care recipients' representatives stated they found this approach to be homely and settling for their loved ones.

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

Management uses the organisation’s systems to access relevant legislation, regulations and guidelines and for monitoring compliance requirements. Changes to aged care legislation are communicated to the home by the organisation’s senior staff, government departments and peak bodies. The human resource staff email the home prior to police certificates expiring, and statutory declarations are completed by all new staff as part of the initial corporate orientation. External contractors’ police certificates are monitored with annual contract requirements. Internal and external complaint processes are provided to all care recipients, representatives and staff. Staff reported they are made aware of any relevant changes through various mechanisms such as meetings, memoranda, policies and procedures and noticeboards displaying information. Care recipients and representatives reported they were informed of the re-accreditation audit via electronic mail, post and notices displayed around the home.

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 perform their roles effectively. Training is provided to staff via a combination of corporate and site-specific education programs. Training needs are identified at appraisals, through surveys, at meetings; by analysis of care recipients’ care needs and observation of staff. The organisation provides sessions that are mandatory and elective, and records of attendance and training evaluations are maintained. Staff reported they receive appropriate education to enable them to perform their duties effectively. Care recipients and representatives reported staff have sufficient skills and knowledge to attend to their care needs.

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

- Comments and complaints management
- Electronic care management system
- Electronic maintenance information system
- Leadership program
- Mandatory training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a process where care recipients and their representatives have access to internal and external complaints and advocacy services via written information displayed throughout the home, at care recipient/representative meetings and through direct access to management. Complaints are managed in an appropriate and timely manner. Complex complaints are managed in collaboration with corporate management. Confidentiality is maintained throughout the complaints process. Staff advised they understand the components of the complaints mechanisms and stated they can and do act as care recipient advocates. Care recipients and representatives stated they are able to voice their concerns with confidence and find staff and management approachable.

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 organisation's mission, vision and values are displayed within the home. The organisation's philosophy, vision, values and objectives are outlined in the staff and resident handbooks. The organisation's strategic plan, including goals and measurable outcomes, is shared with site management and where relevant communicated to staff, care recipients and their representatives via meetings and the home's plan for continuous improvement.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are appropriately skilled and sufficient staffs employed to meet the care needs of care recipients. There is a process for the recruitment, selection and orientation of new staff, and appraisal of staff performance is undertaken prior to permanency and annually. The manager determines staffing levels and monitors performance via feedback and reporting mechanisms, internal audits and performance appraisals. New staff are provided with corporate orientation and complete a range of mandatory training prior to attending site-specific orientation. New staff work with a senior staff member until they are familiar with the home's routines and with the care recipients. Staff have access to policies and procedures, position descriptions and duty statements that outline responsibilities for each role. In addition to the regular staff, the facility manager and therapy and physiotherapy staff provide support four days of the week. Staff reported they have sufficient time to carry out their duties. Care recipients and representatives stated they are satisfied with the responsiveness of staff and the adequacy of 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

There are processes to ensure adequate stocks of goods and equipment are available to ensure a quality service delivery. Designated staff are responsible for the ordering of stock, rotation of stock and purchasing of goods and equipment. Preventative and corrective maintenance systems ensure equipment is maintained, repaired or replaced as required. Equipment is stored appropriately to ensure accessibility and prevent damage. The appropriateness of goods and equipment is monitored via regular assessments of care recipient care needs, feedback and monitoring mechanisms. Staff, care recipients and representatives stated the home provides and maintains appropriate stock and equipment and maintenance issues are dealt with in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems with documented policies and procedures available electronically and in hard copy. Meetings, staff handovers, memoranda, newsletters, noticeboards, intranet and intranet ensure effective communication with all stakeholders. Meeting minutes are circulated to stakeholders as appropriate. The home's computers are password protected and are backed up on a daily basis through the organisation's corporate office. Staff, care recipients and representatives reported satisfaction with the communication and information systems used at the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

Established systems and processes ensure externally sourced services are provided in a way that meets the 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 have signed service agreements that are formally negotiated and monitored at an organisational level. A process is established to monitor the currency of contractors' police certificates and other relevant documentation. Contractors sign in and out and are monitored when on site. 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 information about the home's continuous improvement systems and processes.

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

Recent improvements undertaken or in progress in relation to Standard 2 – Health and personal care are described below.

- Following positive feedback from the organisation's other homes regarding the success of a pain clinic, management set up a wellness centre to assist care recipients with their management of pain. Staff hours have been increased and an occupational therapy assistant or a physiotherapist are available daily to provide support in the pain clinic. Staff reported changes in moods and behaviour of the care recipients attending the wellness centre. Care recipients and representatives reported a decrease in care recipients' pain and find the centre to be a good place for care recipients to socialise.
- As an organisational initiative, an infection control nurse specialist has been employed to facilitate education and provide support and change across all the organisation's homes. As a result of consultation and support from the infection control nurse, the home has a fully operational sluice room ensuring safe practices and hand sanitizers been implemented throughout the home to ensure safe hand washing practices. Evaluation has shown a low rate of infection with no outbreaks in the home since 2011. Staff reported they have received training and support, and awareness has been raised since the introduction of the infection control nurse specialist.

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 and the home monitor changes to legislation and alert staff using a range of communication methods. A monitoring system is used to ensure professional staff are registered as required. There are procedures for reporting unexplained absences of care recipients. Qualified staff carry out initial and ongoing assessment of care recipient and direct and supervise the conduct of care recipients' care. Medication is stored safely and correctly and administered by staff deemed competent by a registered nurse.

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 care
- Dementia care management
- Dysphagia
- Medication competency
- Skin integrity and 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 approach to the provision of care that includes the general practitioner, clinical nurse specialist, 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 in the care needs of each care recipient. Care plans are reviewed six monthly or sooner if the need arises, and further assessments are undertaken annually or when changes occur. Staff ensure the continuity of care by discussing care recipients’ changed needs at handover, via documentation and at fortnightly care team meetings. Care recipient incidents are followed up by the registered nurse or supervisor and via a monthly trend analysis. Staff reported they are supported and encouraged to attend internal and external training 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 nurse is responsible for the assessment, planning, monitoring and evaluation of care recipients’ specialised nursing care needs. The registered nurse or clinical nurse specialist develops a complex care plan that includes recommendations from the general practitioner and other health professionals as appropriate. Registered nurses and other health professionals are contactable after hours when required. 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 input from the general practitioner contribute to each care recipient's assessments and identifies the need for input from other health professionals. Nursing staff refer care recipients both internally and externally of the organisation to other health professionals including a physiotherapist, occupational therapist, dentist, speech pathologist, dietician and mental health services. A podiatrist visits the home on a fortnightly basis to attend to the needs of care recipients. Nursing staff access information from other health professionals and implement changes to care plans or medication regimes as directed. Care recipients and representatives reported they are satisfied with the access care recipients have to other health 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 established processes for the safe administration, storage, documentation and disposal of medications. Medication competent staff assist care recipients with their medications via a multi-dose blister administration system as per the general practitioner's instructions. The home has processes to access medication after hours. 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 general practitioner completes a self-medication authorisation for care recipients who chose to self-medicate. Medication audits are undertaken on a regular basis and actioned accordingly. Medication incidents are reported and followed up by the supervisor or registered nurse, analysed monthly and discussed at the quality meeting. Staff reported they undertake a medication competency two yearly under the direction of a registered nurse. 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

Nursing staff assess each care recipient's pain management needs on moving into the home and on an ongoing basis. A multidisciplinary approach includes input from the general practitioner, allied health staff and other health professionals as required. Specific pain assessment tools include verbal and non-verbal descriptors for care recipients who are unable to verbalise or have a cognitive deficit. Care recipients' care plans include strategies to manage their pain. In addition to pain relief medication, alternative therapies include gentle massage, exercise, repositioning, diversional therapy, wax hand baths, TENS (transcutaneous electrical nerve stimulation) and heat packs. Staff reported they refer to the supervisor or registered nurse if interventions are not effective. Care recipients and

representatives reported they are satisfied care recipients' pain is identified and managed effectively.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home's approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. Prior to moving into the home, a pre-entry life management plan is developed which is reviewed when care recipients move into the home, or if preferred, as the time arises. The home provides support to care recipients and their families during end of life care with input from the general practitioner, allied health staff, chaplain and external palliative care specialists if required. The clinical nurse specialist develops an end of life pathway that guides staff in the comfort, pain management and personal care needs of the care recipient during the palliation process. Care recipients and representatives reported they felt confident that when the time arises, staff will manage care recipients' palliative care competently, including their comfort 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 each care recipient's nutrition and hydration needs on moving into the home and on an ongoing basis. Care recipients' preferences, cultural needs, allergies and special requirements are documented and this information is relayed to relevant staff. Care recipients are weighed on moving into the home and monthly thereafter, unless otherwise directed by the registered nurse. Care recipients identified as having significant weight loss are commenced on nutritional supplements, and if weight loss continues, referred to the dietician. Care recipients identified as having swallowing difficulties are referred to the speech pathologist and texture modified meals and drinks are provided. Modified crockery and cutlery are available to assist care recipients to maintain 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 respond to care recipients' skin integrity and associated health risks on moving into the home. Nursing staff implement relevant interventions and treatments where they identify a care recipient has the potential for altered skin integrity. A range of pressure relieving equipment is available including pressure

mattresses and cushions, protective bandaging and regular application of emollient creams. Staff report incidents of care recipients' altered skin integrity and commence a wound assessment, and a wound treatment plan is implemented by the nursing staff and reviewed regularly by the registered nurse. The home has access to external wound care specialists if required. Staff reported they monitor care recipients' skin integrity during personal care and report any concerns to the supervisor or 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 identify, 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 appropriate equipment, scheduled toileting and suitable continence aids. Staff monitor care recipients' bowel elimination and interventions are documented and evaluated. Urinary tract infections are reported and monitored via the care recipient incident form, and staff implement strategies as directed by the nursing staff. A continence advisor is available to provide training, education and support in relation to appropriate continence aids. Staff reported they have sufficient time, equipment and training 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 interventions to manage and minimise challenging behaviours. Nursing staff consult with the general practitioner and refer care recipients to mental health services when required, and recommendations are included in the care recipients' care plan and evaluated for effectiveness. 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, care recipients are assessed for their level of mobility, dexterity and falls risk by the nursing staff, physiotherapist and occupational therapist. Care recipients are encouraged and supported to maintain their mobility and dexterity by participating in the

home's exercise program that includes individual and group exercises and walking programs. Appropriate seating and other aids are available to assist with mobility, and modified crockery and cutlery are available to assist care recipients maintain their independence. Staff report and document care recipient falls and nursing staff respond to these at the time of the incident, and care recipient falls 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, annually and as required. Care plans identify the amount of assistance care recipients' require to maintain their oral and dental hygiene. Care recipients are offered the opportunity to see 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 changes on a seasonal 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

On moving into the home, qualified staff undertake assessments to identify each care recipient's sensory losses in all five senses. Care plans include strategies to manage each care recipient's 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 sing-a-longs, cooking/tastings, craft and gardening. Care recipients have access to external health professionals if required. Staff reported 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 are able to achieve natural sleep patterns. On moving into the home, a sleep assessment is conducted to identify each care recipient's preferred time to settle, rise, nightly rituals and sleep disturbances. Staff record interventions to assist care recipients to achieve natural sleep patterns including toileting, pain relief, extra blankets, drink or snack and if prescribed, night sedation. Care recipients

and representatives reported they are satisfied care recipients are able to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

Recent improvements undertaken or in progress in relation to Standard 3 – Care recipient lifestyle include the following examples.

- Following feedback from care recipients and representatives, management identified it was a difficult time for all concerned when moving into to an aged care facility. As a result, a carers’ support group has been set up to ensure that all concerned receive holistic care and support to make the journey easier. The group consist of representatives and care recipients and key staff when invited to deliver training or give information. The group meets every month and attendees discuss issues of concern, exchange ideas and experiences and it also encourages socialisation. Information is collated and added to the newsletter and electronic mails with the minutes attached are sent to all the representatives to keep them informed. The dementia consultant is available to provide one-on-one support if required. Care recipients and representatives reported they found the meetings to be very useful and find the socialisation comforting.
- Following feedback from a care recipient survey, the home identified there were few activities for the male care recipients at the home. The therapy program was reviewed and a men’s group was set up as a result. The group is facilitated by the therapy staff with a volunteer who with the care recipients’ input decides the project and activity they would like to pursue. Care recipients and representatives reported they enjoy the time spent with the volunteer and the various activities and projects.

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 identify and ensure compliance with all relevant legislation, regulations, professional standards and guidelines. The home’s mission, vision, values and signature behaviours responsibilities is provided to care recipients and representatives via an information pack on entry into the home. The home provides care recipients with an agreement and resident handbook that outlines fees and charges, tenure arrangements and

notifies care recipients of any changes. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse. Care recipients and representatives reported they are aware of their rights and responsibilities.

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 care
- Elder abuse and compulsory reporting
- End of life care/loss and grief
- Person centred care
- Privacy and dignity.

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, a tour is arranged for care recipients and/or their representative and an information pack is provided that includes a resident handbook. Care recipients' needs are discussed with the care recipient and/or representative, and care recipients are orientated to their room, surroundings and introduced to other care recipients and staff. Staff support care recipients, and the occupational therapist and chaplain assesses each care recipient's social and emotional needs. Care plans include the holistic requirements of each care recipient including social and emotional wellbeing. Care recipients are encouraged to personalise their rooms by bringing furniture, photographs and mementos from home and family and friends are encouraged to visit regularly. Staff described ways they support care recipients and report any concerns to the supervisor or registered nurse. Care recipients and representatives reported they are satisfied care recipients' emotional needs are identified and managed on moving into the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to ensure regular assessments of care recipients' needs to maintain their independence. On moving into the home, the occupational therapist undertakes an assessment to identify each care recipient's cognitive level and ability to participate in activities of daily living. Care plans consider the sensory, mobility and cognitive ability of each care recipient when promoting independence. The home encourages care recipients to maintain friendships inside and outside of the home. Staff described ways they assist care recipients to maintain their independence and participate in activities of daily living. Care recipients and representatives reported they are satisfied care recipients are supported to maximise their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care recipients' information is stored securely and accessed by authorised personnel only. Care recipients and their visitors have access to small lounges and courtyards for privacy. Staff sign an affirmation of confidentiality upon employment, and computers are password protected. Staff described ways they maintain care recipients' privacy, dignity and confidentiality and were observed interacting with care recipients in a respectful manner. Care recipients and representatives reported they are satisfied care recipients' right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are processes to encourage and support care recipients to participate in activities of interest to them. On moving into the home, therapy staff collect information from the care recipient and/or their representative about their personal life and past and current interests and a care plan is developed. The therapy program includes a range of activities for gross and fine motor skills, cognitive and sensory activities. Therapy staff incorporate special events in the program and invite family members to attend. Group activities are evaluated and care recipients' attendance and participation is monitored and documented. Staff reported they assist care recipients to attend and participate in activities, and care recipients' refusal to attend activities is respected. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to participate in activities of interest to them.

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

On moving into the home, staff identify each care recipient's interests, cultural and ethnic backgrounds, customs and beliefs and this information is included in their care plan. Care recipients have access to visiting religious personnel, community visitors, volunteers and staff access additional multicultural information when required. Culturally significant events are celebrated including Christmas, Easter, ANZAC day and Remembrance Day, as well as other dates of significance to care recipients. Care recipients and representatives reported they are satisfied care recipients' individual interests, cultural and ethnic backgrounds, customs and beliefs are recognised and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff support care recipients' individual choices and decisions. Care recipient/representative meetings, family case conferences, surveys and the home's continuous improvement program provide opportunities for feedback and participation in the care and services care recipients receive. Staff described ways they support and encourage care recipients to make choices and decisions including meals, clothing, choice to attend activities and choice of when to attend to personal care. Care recipients and representatives reported they are satisfied with the support care recipients receive to enable them to make choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients have secure tenure within the home. Care recipients or their representative are provided with an information pack that includes the resident agreement prior to moving into the home. The agreement outlines the security of tenure, fees and charges, external complaints, advocacy information and the Charter of residents' rights and responsibilities. Care recipients and representatives have access to the external complaints and advocacy processes, and access guardianship/administration if required. Care recipients and representatives reported they are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 4 – Physical environment and safe systems are described below.

- As part of achieving a person-centred care approach to the dining experience for care recipients, management observed and reviewed the meal service and invited a celebrity chef to give advice. As a result, new crockery has been purchased with coloured rims, and the menu has been changed to a simpler but more nutritious menu. Management stated they will be evaluating these changes and will be monitoring care recipients’ weights in the near future. Care recipients and representatives reported they are happy with the changes and enjoy their meals. Staff reported there was little waste in comparison to the previous menu.
- Following a major refurbishment at the home, management wanted to ensure the changes provided a safe and secure environment that is conducive to a specific lifestyle for care recipients with dementia. The dementia consultant and occupational safety and health (OHS) representatives conducted an audit which received a positive response from the care recipients and representatives. Staff reported they noticed the changes had a calming effect on care recipients. Care recipients’ representatives reported they found the changes to be positive and the environment calming.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems and processes to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff attend fire safety and occupational health and safety training. The home has regular fire and environment safety checks, safety data sheets are stored with chemicals and a gastroenteritis outbreak kit with information is available. Occupational and environmental monitoring is scheduled and routinely carried out. The home has a food safety program and staff receive training in food safety. There are reporting mechanisms for accidents, incidents and hazards, and personal protective equipment is provided for staff use.

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 environments and safe systems are listed below.

- Chemical safety
- Fire, emergency and evacuation
- Food safety
- Infection control
- Manual handling
- Occupational health and safety representative course.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff provide a safe and comfortable environment consistent with the care recipients' needs. The home provides care recipients with single rooms with an ensuite bathroom and care recipients are encouraged to personalise their room with mementos from home. Care recipients and their families have access to internal and external communal areas for social interaction and activities. The environment appears well-maintained, clean, clutter and odour free. Room and environmental audits are undertaken regularly and corrective and preventative maintenance programs ensure safety and comfort. Staff described ways they manage and report hazards. Care recipients and representatives expressed their satisfaction with temperature, noise levels, safety and comfort and reported management actively work to provide a comfortable 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

Management is actively working to provide a safe working environment that meets regulatory requirements. On commencement of employment, staff are provided with corporate and site orientations including occupational health and safety. Manual handling training is part of the annual training calendar. Hazard reports and staff accident/incident reports are investigated by management and discussed at the home's OHS meetings. Staff receive OHS updates through training sessions, meetings, memoranda and noticeboards. Equipment is regularly

serviced and maintained. Staff described processes for identifying and reporting hazards and incidents and stated they feel their work environment is safe.

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

Management and staff actively work to provide an environment and safe systems that minimise fire, security and emergency risks. There are appropriate fire detection and fire-fighting equipment including fire hoses, fire extinguishers and fire blankets. Emergency and evacuation procedures are readily accessible by staff and emergency procedures are displayed around the home with site maps. There is an evacuation pack that contains up-to-date information regarding each care recipient's mobility status, a colour photograph and the contact details of their next of kin. Electrical equipment is tested and tagged, and chemicals are stored appropriately with access by authorised staff only. There is a sign-in/sign-out register at the entrance of the home for visitors and contractors, and entry and egress is controlled via swipe cards. There are processes for securing the home at night, and a close circuit television (CCTV) monitors all communal areas and corridors. External contractors monitor and service all components of the home's fire and emergency equipment. Staff receive education and training in all aspects of managing fire and emergencies. Staff and care recipients' representatives confirmed they know what to do in case of a fire or other emergency.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has an established and effective infection control program overseen by the infection control nurse specialist. Staff are informed of current practices appropriate to their area of work at orientation and at mandatory education sessions. The home has current information to guide staff in managing infectious outbreaks and staff are provided with appropriate personal protective equipment. The clinical nurse along with the infection control nurse specialist oversee the infection control program, and monthly data is collated and analysed to identify trends. This information is discussed at clinical meetings and actioned as required. Personal protective equipment, cleaning and laundry procedures, hand washing facilities, disposal of sharps, care recipient and staff vaccination programs and pest control 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

Catering is undertaken at the home and meals are cooked according to a four-weekly rotating menu. There are processes to ensure care recipients' individual dietary needs are met on an ongoing basis. Cleaning staff undertake planned cleaning duties within the home in accordance with duty statements and cleaning schedules. All personal laundry is serviced at the home and personal clothing is labelled in order to minimise loss, an external commercial laundry service is used for the home's flat linen. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Staff reported they have adequate time and equipment to undertake their hospitality role. Care recipients and representatives reported they are satisfied the home's hospitality services meet the care recipients' needs and preferences.