



Australian Government

Australian Aged Care Quality Agency

Rosalie Nursing Care Centre

RACS ID 5802
18 Howard Street
ROSALIE QLD 4064

Approved provider: Alzheimer's Association of Queensland 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 11 October 2019.

We made our decision on 08 August 2016.

The audit was conducted on 11 July 2016 to 12 July 2016. 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 care recipients, 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:

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.

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: Care recipient lifestyle**Principle:**

Care recipients 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 Care recipient security of tenure and responsibilities		Met

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.

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



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Australian Aged Care Quality Agency

Audit Report

Rosalie Nursing Care Centre 5802

Approved provider: Alzheimer's Association of Queensland Inc

Introduction

This is the report of a re-accreditation audit from 11 July 2016 to 12 July 2016 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 11 July 2016 to 12 July 2016.

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:	Erin Gorlick
Team member:	Sophia Adams

Approved provider details

Approved provider:	Alzheimer's Association of Queensland Inc
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Details of home

Name of home:	Rosalie Nursing Care Centre
RACS ID:	5802

Total number of allocated places:	40
Number of care recipients during audit:	40
Number of care recipients receiving high care during audit:	40
Special needs catered for:	Secure living environment

Street/PO Box:	18 Howard Street	State:	QLD
City/Town:	ROSALIE	Postcode:	4064
Phone number:	07 3367 0132	Facsimile:	07 3369 7818
E-mail address:	rnccdoc@alzheimeronline.org		

Audit trail

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

Interviews

	Number		Number
Director of Care	1	Care recipients/representatives	6
Registered nurses	1	Clinical nurse	1
Care staff	5	Laundry staff	1
Administration staff	2	Cleaning staff	1
Catering staff	2	Maintenance staff	1
Lifestyle staff	2	Therapy and support staff	2

Sampled documents

	Number		Number
Care recipients' files	8	Medication charts	8
Summary/quick reference care plans	8	Personnel files	6

Other documents reviewed

The team also reviewed:

- Agency orientation
- Annual review checklist and care plan review forms
- Audit schedule and results
- Clinical indicators
- Communication diaries
- Compliments and complaints logs
- Continence management documentation
- Continuous improvement plan
- Education attendance records
- Education schedule 2016
- Human resource reports – staff competencies and police checks
- Incidents of aggression and reportable assaults register
- Maintenance logs
- Mandatory reporting register
- Meeting minutes
- Monitoring charts
- Newsletter
- Pharmacy documentation
- Preventative maintenance schedule and records

- Resident Agreements
- Resident Handbook
- Resident survey results
- Restraint authorisation
- Staff duties lists
- Staff orientation checklist
- Student placement agreements
- Supplier agreements
- Vocational placement information
- Wound care charts

Observations

The team observed the following:

- Activities in progress
- Cleaning routine
- Handover processes
- Interactions between staff, visitors and care recipients
- Internal and external living environment
- Meal and drinks service
- Medication administration and storage
- Short group observation
- Staff handover
- Staff handwashing

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

Rosalie Nursing Care Centre (the home) actively pursues continuous improvement activities through monitoring processes including audits conducted across the four Accreditation Standards. The home conducts and collates information from hazard/incident reporting processes and feedback processes including surveys, feedback forms and individual or group meetings. Monitoring of improvements is achieved through action plans, continuous improvement reports and analysis of incidents. Staff and care recipient meetings or individual consultations are used to provide progress reports and feedback. Care recipients/representatives and staff are satisfied with improvements implemented.

Examples of recent improvements relating to Standard one include:

- Following a management review additional staff hours were added to the base roster to enable more one to one care to be delivered during times when there was increased demand and activity by care recipients. Staff and care recipients' relatives reported the daily increase in hours in the morning and evenings has had a significant calming affect for care recipients.
- Following a management review, a dedicated pre-admission assessment time conducted by the clinical nurse was added to the service provision. Staff and care recipients' relatives reported the dedicated pre-admission time provided uninterrupted time with the clinical nurse during the admission process and ensured all relevant information was detailed and discussed.

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.

Organisational systems and processes identify and ensure compliance with legislation, professional standards and industry guidelines. Changes in legislation are disseminated via updates of policies and processes which are available to management and staff. The home provides information to relevant stakeholders via electronic alerts, organisational intranet, memoranda, newsletters, correspondence, meetings and education. Compliance with legislation and the Accreditation Standards is monitored through the audit system, staff development plans and observation of staff work practices. Care recipients/representatives are notified of re-accreditation audits and the organisation has systems and processes to monitor and alert for currency of police certificates.

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. Recruitment processes ensure staff have the skills, ability and relevant qualifications to perform their role. Orientation processes include the provision of training specific to their roles by experienced staff and the completion of identified competencies. Education is planned, scheduled, advertised and monitored for attendance. The need for further education is identified by monitoring staff practices, incident and hazard reporting, feedback from staff and care recipients/representatives and changes in care recipient's needs. Staff and management are supported to attend internal education programs. In relation to this Standard relevant education is included in the organisation's 'Mandatory Education' and relate to the Accreditation standards and organisational policies and procedures.

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/representatives and other interested parties are aware of how to access the comments and complaint mechanisms within the home. Management and key personnel provide opportunities for care recipients/representatives to voice concerns and management maintain an open door policy. Complaints are captured through individual or group meetings and management provides either verbal or written feedback to the complainant and communicated to relevant staff. External complaints information is displayed and available for care recipients/ representatives to access.

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 has documented their vision, mission, values, philosophy and objectives which are displayed and published in handbooks and discussed at orientation and other forums.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome.

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the organisation's philosophy and objectives. The selection and employment of staff is based on required skills, experience and qualifications. Orientation processes include role specific information and completed competencies; new staff are supported by experienced staff during 'buddy shifts'. Staff skills are monitored through supervision of staff practice, incident analysis and staff development plans. A roster is maintained and reviewed to ensure there is sufficient staff to meet care recipients' needs. Staff state they have adequate time to complete their duties. Care recipients/representatives are satisfied with the timeliness of staff response to care recipients' requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome.

Processes to ensure there are appropriate goods and equipment available for service delivery include key personnel being responsible for maintaining stock and ordering procedures. Equipment needs are identified by management, staff and health professionals based on the needs and preferences of care recipients. Equipment and stock for specialised health and personal care, lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and or reactive maintenance. Care recipients/representatives and staff are satisfied adequate stocks of goods and equipment are provided by the home.

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 utilises organisational processes to gather information through assessments, care planning, agreements, service contracts, staff recruitment and retention, comments and complaints, continuous improvement, meetings, and electronic and hard copy communications. Processes to ensure information is managed in a secure and confidential manner includes the secure storage and access to files. Electronic information is password protected and backed up as required. Clinical and administrative information is available to relevant individuals, which is reviewed and updated as required. Processes ensure information is disseminated via updates of policies and processes, electronic alerts, memoranda, newsletters, meetings and education. The home collects and uses key information in relation to incident data, hazards, audits and survey data to monitor the delivery of care and services. Care recipients/representatives are satisfied with information

and consultation processes and staff have access to relevant and current information to perform their roles.

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.

The organisation has systems to ensure external services are provided in a way that meets the home's service needs and quality goals. Processes ensure contract/service agreements and information provided remains current in regards to relevant licences, insurance details, registration, certificates and police certificates, within the terms of their agreements. Service agreements are reviewed as required and feedback is sought to ensure consistent quality in service delivery processes. Care recipients/representatives and staff are satisfied with the quality of services provided by external suppliers.

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 this Standard, staff record clinical incidents, and this information is analysed for trends. Care recipients/representatives and staff are satisfied that the organisation actively promotes and improves care recipients' health and personal care.

Examples of improvements related to Standard 2 include:

- Following a clinical review, a specialist psycho-geriatrician service was sought. Clinical staff and care recipients' relatives report the specialist service includes a skype service which enables timelier specialist reviews to be conducted.
- Following a staff suggestion, a non-touch thermometer was purchased. Staff report the monitoring of core temperatures are efficient and less invasive for the care recipient.

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.

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's system and processes to maintain regulatory compliance. The home has systems to ensure compliance with the legislation relevant to health and personal care. In relation to this Standard, there are established systems relevant staff have current registration and reporting guidelines in the event of unexplained absence of care recipients.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome.

Refer to Expected outcome 1.3 Education and staff development for information about the home's system and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting care recipients' physical and mental health. In relation to this Standard relevant clinical education provided includes dementia training, medication management, dysphagia, palliative care, and continence care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome.

A preadmission interview/assessment is conducted by senior clinical staff who capture initial health information, ongoing specialist needs and health related goals. From the preadmission assessment an initial care plan is developed to guide staff interventions. Focused assessments are conducted over an established assessment period prior to the development of individual extended care plans. Consultation on care planning occurs through case management and scheduled care planning reviews. Clinical indicators are captured through the homes incident management processes and evaluated monthly for trends, opportunity for further education and to evaluate the homes systems. The clinical care system is further evaluated through internal and external audits, care recipient feedback and surveys and the ongoing observation of staff practice. Care recipients/representatives are satisfied with the clinical care provided by the home.

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

Specialist nursing care is identified through the homes assessment processes conducted in consultation with care recipients/representatives. Care plans and treatment interventions are developed to reflect specialist instructions and individual preferences for care delivery. Special health care providers are accessed as needed and staff attend education to ensure maintenance of clinical knowledge and skills. Care recipients/representatives are satisfied with the specialised care provided by the home and the support they receive for specialised nursing care needs.

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

The home accesses a variety of allied health services in the delivery of appropriate specialist care for care recipients. Processes exist for communicating internal referrals to routinely visiting allied health specialists and external based specialists in response to changes in health. Following referral and/or consent allied health services conduct care recipient reviews at the home and are supported by registered staff to ensure care plans reflect changes to care and interventions. The home utilises telehealth processes as needed to access specialist services for care recipients. Care recipients/representatives are satisfied with the choice and access to other health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered staff manage medication administration in accordance with the home’s policies and protocols via an electronic medication charting system. Variable dose medications are monitored in accordance with written instructions provided by the medical officer that include reporting processes and clinical interventions. The home has safe storage for packed and non-packed medications, protocols for the safe management of controlled drugs in accordance with legislative requirements and scheduled internal reviews and audits. The home is supported by a pharmacy that delivers multipack medications, provides an after hours service and an imprest system of commonly prescribed medications. Pharmacy staff attend the homes’ medication advisory meeting and review incident data and changes to processes. The medication system is evaluated through monthly incident data and trending and discussion at regular meetings. Care recipients/representatives are satisfied medication is administered 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

Verbal and non-verbal pain assessments are completed by registered staff to establish individual care recipients pain management requirements. Ongoing assessment and monitoring is conducted to identify and plan pain management interventions following changes to care needs. Care plans reflect pharmaceutical interventions and effective non-pharmaceutical interventions including massage, heat therapy, gentle exercise, and repositioning and pressure area care. The use of ‘as required’ pain medication is evaluated following administration and changes to pain medication are monitored for ongoing effectiveness. Care recipients/representatives are satisfied care recipients’ pain is managed effectively and staff response to identified pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure the end of life requests of care recipients are communicated and implemented to guide care interventions. Initial assessment and ongoing reviews capture information reflecting end of life planning, substitute decision makers and individual requests for palliation. Staff receive training on palliative care interventions and the home’s specialist equipment and have access to appropriate stock and equipment. Care recipient/representatives are satisfied with the home’s approach to end of life care and that comfort and dignity is reflected in care provided.

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

Assessments are conducted to review the dietary needs and preferences of care recipients. Diet profiles are communicated to the kitchen and utilised to produce meal and drink lists. Ongoing weight monitoring is recorded monthly and reviewed by registered staff for unplanned fluctuations in weight and in accordance with an established weight management protocol. Referrals are made as needed to appropriate specialist services including occupational therapist, dietitians and speech therapists. Individual strategies to maintaining nutrition and hydration needs are reflected in care planning including special diets, modified meals and fluids, the addition of nutritional supplements and the level of assistance required to complete meals. Care recipients/representatives are satisfied with the meals and drinks provided by the home and the interventions employed to maintain adequate 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

Registered staff incorporate known diagnosis and medical conditions impacting skin health into care planning and strategies including diabetes, oedema and impaired nutritional intake. Planned wound care and review of progress towards healing is captured on paper based wound care charts. The electronic charting system captures incident reporting related to newly identified wounds and/or skin impairment. The home provides skin care products designed to maintain the health of care recipient skin including soap free products and barrier creams and provides alternative bathing products for care recipients with acute illness and palliative care needs. Care staff review hair and nail care during planned care and at ‘resident of the day’ care reviews and report changes to skin conditions to registered staff as they occur. Monthly reporting outlines analyse of trends and evaluation of interventions by staff. Care recipients/representatives are satisfied with the skin care provided to residents.

2.12 Contenance management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

The home has a structured approach to the management of continence needs, including established assessments and prescriptions of continence aids. Individual care plans are developed and include behaviour management strategies related to interventions, timed toileting, continence aids and bowel management interventions. Staff have access to additional continence aids if needed and key staff monitor the use of appropriate aids and fluctuations in need. Specialist interventions including catheter care is managed by registered staff who document the frequency of interventions and the stock/equipment required. The occurrence of infections is monitored through monthly trending and staff review the effectiveness of continence management interventions through daily monitoring. Care

recipients/representatives are satisfied with the continence management delivered by the home

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

The individual needs of care recipients with challenging behaviours are identified through monitoring charts and focused assessments conducted on transition to the home and in response to changing needs. Behavioural assessments identify types of behaviours exhibited, possible triggers and known management strategies. Referrals to external health services are accessed following assessment and review and the home accesses a psycho-gerontologist to provide routine reviews of care and interventions for care recipients with complex behaviours and needs. Staff have good knowledge of individual strategies and interventions and are consulted during routine care plans reviews. Care recipients/representatives are satisfied the home manages care recipients’ challenging behaviours in an effective manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients at the home are reviewed by physiotherapy and occupational therapy staff routinely and in response to changes in health needs and incidents including falls. Individual manual handling care plans are available to guide staff practice and the home provides an exercise program to support and maintain mobility and strength. Occupational therapy staff ensure care recipients have access to appropriate equipment following trial and review. Care recipients who experience a fall are reviewed via the progress notes for a focused period of time and referred to appropriate allied health professionals and medical officers. Monthly incident data is evaluated for trends in falls and to identify impairment in mobility. Care recipients/representatives are satisfied with the level of support and assistance provided to maintain care recipients’ mobility and dexterity levels.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The oral and dental needs of care recipients are identified during scheduled assessments and monitoring of oral health in response to changes in care recipient needs. Dental services are available following referral and consent and in accordance with care recipients’ preferences. Staff assist care recipients with daily cares and meal assistance and report changes in oral intake and/or pain. Stores of products to maintain oral health and lip care are available to staff as needed and staff receive education via a visiting dental hygienist. Care recipient/representatives are satisfied care recipients receive assistance and support to maintain oral health and are assisted to access dental services.

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

Assessments are conducted by registered staff during transition to the home to identify sensory impairment and individual care recipients’ likes, dislikes and individual tastes. Care plans are developed in conjunction with allied health staff and include identified sensory impairment captured by physiotherapy and occupational therapy staff and treating podiatry staff. Allied health staff complete focused assessments including heat/cold assessments and decreased sensation related to diagnosed conditions. The lifestyle program enhances sensory stimulation through activities such as cooking, music therapy, massage and gardening. Care recipients/representatives are satisfied with the assistance from staff in managing care recipients’ assistive aids.

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 preferred sleep and rest patterns for care recipients’ are identified and care plans include specific interventions and support for care recipients with a diagnosis condition that affects sleep including insomnia and altered sleep patterns. Environmental factors conducive to sleep including low lighting, temperature control and decreased noise levels are implemented by staff. Care recipients who experience disturbed sleep are comforted with one-on-one interventions and drinks and/or snacks prior to pharmaceutical strategies being utilised. Staff review care recipient mix to ensure compatibility in shared rooms to support quality sleep. Care recipients/representatives are satisfied with the interventions by staff to assist care recipients achieve their natural sleep and rest 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 this Standard, meetings and surveys are used to gather suggestions; and feedback is regularly evaluated from lifestyle and care activities. Staff contribute to improvements to care recipient lifestyle with regular meetings and encourage and support care recipients and others to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- Following a staff suggestion, a gardener was employed to further support the current maintenance service. Staff and care recipients’ relatives report since the employment of the gardener, a more dedicated service to beautifying the gardens has been achieved.
- Following a staff suggestion, a music therapist has been added to the current lifestyle services. Staff and care recipients’ relatives express satisfaction with the dedicated music program provided.

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.

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s system and processes to maintain regulatory compliance. The home has systems to ensure compliance with the relevant legislation. In relation to this Standard, the home has a system to ensure reportable and non-reportable events are managed according to legislative requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome.

Refer to Expected outcome 1.3 Education and staff development for information about the home’s system and processes to ensure staff demonstrate knowledge and skills relevant to their roles in the maintenance of care recipients’ rights. In relation to this Standard relevant education includes elder abuse, dementia training and mandatory reporting.

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

There are processes to ensure care recipients/representatives are welcomed to the home and supported in adjusting to life in the home. Key staff review applications to ensure an appropriate care recipient mix and visit care recipients prior to their transition to the home. An initial interview/assessment is completed prior to transition to the home to gather health and social information, complete required documentation and consider future health planning. Information is provided to care recipients and/or their representatives about care and services available and care recipients are encouraged to personalise their rooms. Nursing staff and recreational activity officers provide emotional support and monitor the emotional needs of care recipients'. Care plans outline strategies to assist care recipients emotionally including opportunities to maintain contact with family and friends. Care recipients/representatives are satisfied with the emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home is active in supporting individual care recipients in maintaining independence through assessment and consultation. The home includes common areas and garden/outdoor spaces for care recipients to utilise. Pathways and appropriate furniture allow care recipients to move freely and safely throughout the home as desired. Allied health specialists ensure equipment is sourced to assist maintain mobility and dexterity and allow care recipients to participate in the social activities of the home as desired. The home evaluates independence and access to services through the comments and complaints system and through regular care recipient/representative feedback.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to ensure management and staff recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care recipients are provided with information about their rights and the 'Charter of care recipients' rights and responsibilities' on entry to the home. Electronic information is securely stored and password protected and staff are made aware of the expectation to maintain privacy and dignity through the orientation and education programs. The home monitors staff practices and evaluated the system through surveys, meetings and feedback from care recipients/representatives. Care recipients/representatives are satisfied staff respect care recipients' right to privacy and dignity when caring for them.

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' lifestyle and activity interests are identified on through assessments completed during transition to the home and as needs change. Social, biographical information and preferences are gathered to assist in developing the care recipient's lifestyle care plan and an activities program that is of interest to them. The program includes a range of group activities, social events, planned outings and one-to-one interactions and individual pursuits. A calendar of events is developed to include activities within the home and activities and events in the wider community. The effectiveness of the lifestyle care plan and activities is monitored and evaluated through review of attendance, observation of participation and surveys/audits to ensure care recipients continued interest. Care recipients/representatives are satisfied with the leisure and activity programs offered to care recipients by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to ensure individual interests, customs, beliefs, cultural and ethnic backgrounds are fostered and valued. The home uses information gathered to ensure that the care recipient's specific cultural and spiritual needs and preferences are incorporated into the care recipient's care plan. The lifestyle calendar includes celebrations of specific cultural, religious and significant days as appropriate and includes an individual focus on providing one-on-one intervention including visits by culturally and linguistically specific community groups/volunteers. Bilingual care recipients are supported through access to interpreters and communication tools and the provision of specific music and reading material. The effectiveness of the home's cultural and spiritual life is monitored through surveys, feedback and meetings. Care recipients/representatives are satisfied their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients/representatives are encouraged and supported to make decisions about the care recipient's activities of daily living and health care. Alternative decision makers are identified and documented in the care recipient's electronic and hardcopy file. Staff respect and accommodate care recipients' choices, encourage them to be involved in planning their daily activities including personal cares, sleep/rest preferences and participation in activities. Surveys and formal and informal feedback assist the home in monitoring the effectiveness of the care recipients' rights of individual choice and decision making. Care

recipients/representatives are satisfied the individual choices of care recipients are actioned and respected in lifestyle and care delivery at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are supplied with written and verbal information regarding care and services prior to and/or upon transitioning to the home. Prospective care recipients/representatives can access information about the home via a dedicated internet page and are offered tours of the home. Documents including a care recipient information pack and the residential care agreement provide information about terms and conditions of their tenure, care recipient's rights and responsibilities, feedback mechanisms, privacy and confidentiality. Care recipients and/or representatives are consulted where changes may require a move within the home. Care recipients/representatives are aware of their rights and responsibilities and are satisfied their tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome.

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes. In relation to this Standard, information collected through reporting mechanisms about hazards, incidents, infections and the environment is analysed for trends. Staff and care recipients are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- Following management review, new outdoor furniture was purchased to enhance the back garden area. Staff and care recipients’ relatives report the garden furnishings including the garden umbrellas provide a peaceful and comfortable area to eat and or socialise.
- Following management review of the kitchen equipment, a combi oven and a normal range oven with gas cooktops was purchased. Staff report the additional kitchen appliances enable faster cooking and allows more different forms of cooking to be achieved.

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.

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s system and processes to maintain regulatory compliance. The home has a system to ensure compliance with legislation relevant to the physical environment and safe systems. In relation to this Standard, the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome.

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of care recipients, staff and visitors in safety and comfort. In relation

to this Standard relevant education includes mandatory training education in fire and emergency response, chemical training, manual handling, food handling and infection control.

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.

Monitoring of the living environment occurs through reporting and actioning of hazards and the investigation of incidents. The environment and equipment is maintained in accordance with the preventive maintenance schedule, cleaning duty lists and maintenance requests. Where the need for restraint has been identified, assessment and authorisation is documented. Access to the home is secured by key pad access. Care recipients are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable environment to support care recipients' lifestyle needs. The home is supported each evening by an external security service and lighting ensures a safe environment. Care recipients/representatives are satisfied that management is actively working to provide a safe and comfortable 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. Processes and procedures identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment and the home provides information to direct staff practice. Workplace health and safety information is provided during orientation and staff meetings and annual mandatory training contribute to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at meetings. Staff are aware of the safe use of chemicals and report maintenance issues, hazards and incidents.

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.

Fire, security and safety systems are maintained through policies, procedures, programmed maintenance by qualified personnel and the education process. Monitoring processes include audits and visual inspections for the identification and reporting of risk, potential and actual hazards related to fire, security and other emergencies. Fire emergency roll is updated routinely and as required. Information relating to emergency and disaster procedures, safety and security procedures is provided at orientation and annually thereafter. Care

recipients/representative and staff are satisfied with the safety and security of the physical environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome.

The home has an effective infection control program in place. Processes include preventative actions such as immunisation, sufficient equipment and products, and scheduled staff training in infection control practices. The home has pest control measures and waste management processes. Staff have access to hand washing facilities and personal protective equipment is located throughout the home. There is information to guide infection control processes that includes outbreak information to guide staff in the event of an outbreak. There is a monitoring program that oversees the incident of infections to identify any trends and staff practices are monitored by management. Staff are aware of infection control principles and practices specific to their role.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome.

Care recipients' relatives expressed satisfaction with the standard of catering and cleaning as well as laundry services provided at the home. Care recipients' dietary needs are assessed and identified including allergies, likes and dislikes and cultural preferences. This information is documented to ensure individual needs and preferences are consistently met. A dietician- approved menu provides guidance for the provision of meal and beverage services and in consultation with care recipients and their relatives, alternative meal preferences are provided. Cleaning, laundry and catering services are monitored to ensure services are provided in accordance with infection control practices and in a way that supports care recipients' needs.