Australian Government

Australian Aged Care Quality Agency

501 Care Centre

RACS ID 5385
501 Pine Ridge Road
BIGGERA WATERS QLD 4216

Approved provider: Nightbreeze Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 April 2019.

We made our decision on 02 March 2016.

The audit was conducted on 02 February 2016 to 03 February 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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Audit Report

501 Care Centre 5385

Approved provider: Nightbreeze Pty Ltd

Introduction

This is the report of a re-accreditation audit from 02 February 2016 to 03 February 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 February 2016 to 03 February 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:	Mark Rankin
Team member:	Anita Camenzuli

Approved provider details

Approved provider:	Nightbreeze Pty Ltd

Details of home

Name of home:	501 Care Centre
RACS ID:	5385

Total number of allocated places:	52
Number of care recipients during audit:	50
Number of care recipients receiving high care during audit:	41
Special needs catered for:	Not applicable

Street/PO Box:	501 Pine Ridge Road
City/Town:	BIGGERA WATERS
State:	QLD
Postcode:	4216
Phone number:	07 5537 4278
Facsimile:	07 5500 5026
E-mail address:	annr@winshop.com.au

Audit trail

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

Interviews

Category	Number
Director of Care	1
Registered staff	6
Care staff	3
Administration staff	2
Work Place Health and Safety Officer	1
Allied health professionals	2
Continence link nurse	1
Care recipients/representatives	8
Physiotherapy Aide	1
Services staff	4
Hotel Services Manager	1
Maintenance Officer	1
Lifestyle staff	2

Sampled documents

Category	Number
Care recipients' files	7
Accommodation agreement	1
Medication charts	15
Personnel files	4

Other documents reviewed

The team also reviewed:

- Activities and outing calendars
- Activity plan and procedures
- Admission assessment and documentation guidelines
- Care recipient labelling documentation
- Care recipient welcome pack and handbook

- Cleaning schedules
- Clinical assessment and monitoring forms
- Clinical indicators management report
- Communication books and diaries
- Continuous improvement documentation
- Controlled drug registers
- Diabetic medical orders
- Diet/fluid requirements
- Duties documentation
- Electronic care management system
- Electronic mail and facsimiles
- Electronic message board
- Food and equipment temperature records
- Food safety plan
- Incident reports
- Job descriptions
- Maintenance documentation
- Mandatory reporting log
- Meeting minutes
- Memorandum
- Nurse initiated medications form
- Orientation documentation
- Priority action plan
- Recruitment policies and procedures
- Reportable assaults flow chart
- Restraint assessment, authorisation and monitoring documentation
- Self-assessment
- Self-medication assessment

- Shower lists and record of cares
- Specialised nursing folder
- Staff and care recipient questionnaire
- Staff handbook
- Staff roster
- Staff training, education and evaluation documents
- Supplement orders and sign sheet
- Treatment directives and signature log
- Wound assessment and management charts

Observations

The team observed the following:

- Accreditation information displayed
- Activities in progress
- Activity program on display
- Equipment and supply storage areas
- Fire and evacuation signage
- Firefighting equipment
- Information displayed relating to advocacy and complaints services
- Interactions between staff, care recipients and family members
- Internal and external environment
- Meal and beverage service
- Medication administration and storage
- Palliative care box
- Security of records and information
- Short group observation
- Sign in/out registers
- Staff work practices
- Whiteboards and noticeboards

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

501 Care Centre (the home) has a quality management system, maintained by the Director of Care (DOC). Improvement suggestions are captured through meetings, surveys', verbally, customer feedback, audit results and through the Continuous Improvement Framework (CIF). Care recipients unable to complete a form are assisted by staff and are encouraged to raise concerns at meetings. Improvement forms, comments and compliments are collected, reviewed and entered into the CIF by key staff with the DOC monitoring improvements through feedback from care recipients, staff and meetings. The DOC provides feedback to originators of suggestions. Care recipients and staff are familiar with the home's forums to initiate a suggestion and are satisfied that management is receptive to their suggestions, gives feedback and responds to their requests in a timely manner.

Recent examples of improvements related to Standard 1 include:

- Management and staff feedback identified that the staff handbook did not contain all the information that would be required for a new staff member. Information had to be supplied from different sources with staff often asking for more information. As a result a new handbook has been created covering all aspects of the home both in relation to work and the environment for staff. Management and staff commented positively on the new handbook.

- A review of the two page care recipient handbook identified that it only covered basic questions and answers for new care recipients who joined the home. As the home is now gaining an additional ten beds, it was decided that a new handbook covering all aspects of the home would be beneficial. A more detailed booklet has been produced with care recipients expressing satisfaction with the new information and staff commenting on the positive feedback they have received.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to address regulatory compliance, identifying updates to legislation, regulatory requirements, professional standards and guidelines through involvement with professional bodies and industry memberships. Policies are written and reviewed with management communicating the information to staff using meetings, day book reminders and staff education sessions. Minutes of meetings are available to staff to ensure accurate knowledge, as are copies of policy, procedure, professional guidelines and legislative requirements for example police certificates, professional staff qualifications and reportable assaults. Compliance is monitored by the DOC and observation by key personnel, incident reporting, audits and via the home's management systems. Information regarding regulatory compliance is communicated to staff via meetings and education sessions. Stakeholders were informed in advance of the Australian Aged Care Quality Agency re-accreditation audit visit.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that management and staff have appropriate knowledge and skills to be effective in their roles through education and ongoing staff development. The home encourages personal development and encourages staff to continually improve their skills and knowledge. Education needs are captured using staff requests, identified skill requirements and staff meetings with education programs implemented by management.

Staff are informed of mandatory education and training records are available on site, with attendance at mandatory sessions monitored by key staff and the DOC. Additional education opportunities are available to staff on a range of topics such as leadership, working with people and customer service designed to parallel mandatory training requirements.

Evaluation of education is conducted via staff feedback and skills assessments to monitor the education and staff development program.

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 interested parties have access to internal and external mechanisms to raise issues at the home. Initiators of compliments and complaints are

responded to and these are entered where appropriate in the home's comments and complaints system through the internal improvement electronic system. Care recipients/representatives are able to raise issues with management using written documentation and at meetings. Care recipients are informed of the internal and external comments and complaints mechanisms on entry to the home through verbal and written communication and at care recipient meetings. Information is on display internally at the home. Care recipients/representatives are familiar with the mechanisms to raise complaints and are satisfied that issues are resolved in a timely manner.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

Management incorporates documented organisational values into the home's daily activities. These statements are available to care recipients/representatives, staff and other interested parties via a variety of information documents. The home's values are provided in care recipient information documentation and to staff during orientation.

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 human resource policies and a formal recruitment system maintained by the DOC with the Administration Officer (AO) that includes interviewing, appointment and orientation of staff. Police certificates, evidence of qualifications, and reference and registration checks form part of the recruitment process. Care recipients' changing care needs, staff availability and skill mix are monitored and form the basis for staff rostering.

Employment contracts, position statements, the orientation process and participation in education sessions ensure new staff members are aware of the requirements of their positions. A range of strategies are used to manage staff performance and include a probationary period, ongoing performance reviews, competency checks and supervision of staff. Care recipients/representatives are satisfied with the responsiveness of staff and the care they receive.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from care recipients, management and staff are included in the processes of maintaining and introducing new equipment. Storage for equipment and goods is available at the home with staff able to access storage areas. Stock levels are monitored by the DOC and the Team Leaders, reordered when necessary with stock rotated and monitored for expiry dates. Preventative maintenance schedules monitor equipment useability, including daily monitoring through maintenance requests to the Maintenance Officer (MO). Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, care recipient and personnel files, locking of storage areas and offices and restricted password access to computers. Information is updated to guide care delivery and administration needs of care recipients with back-up systems in place to prevent loss of information. Information is communicated to staff via meetings and meeting minutes, memoranda, notice boards, internal computer information system, handover processes and care recipients' clinical files. Staff have position limited access to clinical electronic information with care recipient information being stored in the nurses stations. Management communicates with care recipients/representatives via care recipient meetings, electronically and through one–to-one discussions. The home has policies for archiving and destroying documents. Care recipients/representatives and staff are satisfied with information provided to them.

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

External service agreements are reviewed by the proprietors, DOC and by key personnel. The home has contracts with external services including, but not limited to, air conditioning, allied health professionals, continence products, medical and chemical supplies. Feedback from identified key personnel is provided to management to ensure quality services are maintained; feedback on external services is also provided via care recipient and staff meetings as well as quality audits of external contractors. Service providers are supervised by relevant personnel when conducting services at the home with a contractor sign in log located at the entrance to

the home. Allied health professionals are consulted as required to ensure care recipients' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Recent examples of improvements related to Standard 2 include:

- As a result of feedback from local hospitals and ambulance staff, a new documentation system has been established enabling staff to have readily available current information about care recipients including care and advance health directives, medications and current health status. Feedback from both medical officers and hospital staff has been positive; care recipients transferring to hospital is completed in a timelier and calmer manner.

- Feedback from registered staff identified that supporting a care recipients' needs in times of concern because having all the clinical monitoring equipment readily available was difficult. The home has purchased a vital signs machine which contains everything that the registered staff member needs to gather clinical information. Staff commented positively on the machine.

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 compliance systems and processes.

In relation to Standard 2, Staff are aware of their responsibilities in regard to the notification of unexplained absences of care recipients and medication management.

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 systems and processes to manage the ongoing education program.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required. Examples include wounds, palliative care and special diets education. Staff feedback demonstrated their clinical and care knowledge and awareness of their responsibilities under Standard 2 outcomes.

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 clinical care needs of care recipients are assessed through interviews with care recipients/representatives, review of medical history, past assessment and through completion of focus assessments. The information gathered is used to create individualised care plans to guide staff. Care plans are evaluated three monthly or as care needs change. Changes to care needs are communicated through a variety of methods including via the care plan, progress notes, electronic messages, memoranda and through shift handover processes. Care recipients are attended by a medical officer of their choice with referrals to appropriate health professionals as required. Clinical incidents are assessed by a registered nurse and addressed as necessary; strategies are implemented to reduce the risk of incident recurrence. Effectiveness of clinical care is monitored through the auditing process, review of clinical indicators, feedback, observation of practice and regular clinical review by senior staff. Care recipients/representatives are satisfied care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified on entry to the home and/or as their care needs change. Registered nurses conduct assessments in consultation with care recipients/representatives, allied health professionals and in liaison with the care recipient's medical officer or treating specialist. Care plans and treatment sheets provide details of care to be provided and direct individual specialised nursing care requirements. Delegation of care to enrolled nurses and care staff is determined by their level of skills and scope of practice. Registered staff are onsite 24 hours a day and a registered nurse is on site during the day seven days a week and on call after hours. The home consults with external services should care recipients' needs exceed the current knowledge and skill of staff and external education is

sourced. Care recipients/representatives are satisfied care recipients' specialised nursing care needs are met by appropriately qualified staff.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has referral processes for care recipients to a range of medical and allied health professionals. On identification of the need for referral, registered nurses coordinate access to appropriate health services in consultation with care recipients/representatives and their medical officer. A range of allied health professionals attend the home regularly; a physiotherapist is on site four days a week. Care recipients who require or request to attend external appointments are assisted with transport and escort as necessary. The outcome of referrals including instructions and directives for ongoing care are documented, actioned and appropriate changes made to care plans. Changes are also communicated to staff through handover and message boards. Implementation of recommended care strategies is monitored and the effectiveness of care is evaluated by nursing staff and allied health professionals. Care recipients/representatives are satisfied with the range and access to appropriate health specialists and the follow up care provided to care recipients.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Care recipients' medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and are administered by registered and care staff who complete education and assessment of competency.

Medication charts and care plans contain information to guide staff regarding assistance required and any special instructions. Medications are stored securely including controlled medications; appropriate records are maintained. Care recipients wishing to self-medicate are assessed for ability, the outcome is documented and appropriate storage is provided. A pharmacy provides and maintains a medication imprest system for commonly used medications such as antibiotics and palliative care medications. An approved nurse initiated medication list is utilised when necessary. Effectiveness of medication management is monitored through audits, incident reporting, medical officer and a pharmacy review.

Medication incidents are reported, analysed and trended with strategies implemented to minimise risk of recurrence. Care recipients/representatives are satisfied with the management of care recipients' medications and the assistance provided by staff.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients' pain is assessed on entry to the home and on an ongoing basis by nursing staff and the physiotherapist. Assessments are reviewed and evaluated and information gathered is used to formulate individual pain management strategies for care recipients who experience pain. Staff monitor effectiveness of pain relieving strategies and report concerns regarding pain and discomfort to registered staff and/or the physiotherapist. If pain is not effectively managed, further assessment and monitoring is completed and the treating medical officer is notified to enable further investigation, review and alternative approaches. Strategies used to manage pain include both pharmacologic and alternative therapies aimed at keeping care recipients as free as possible from pain. A pain management program is delivered by the physiotherapy team including regular massage, heat and exercise to care recipients assessed as likely to benefit from intensive treatment. Care recipients/representatives are satisfied that care recipients' pain is managed effectively.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

End of life requirements and preferences are discussed as part of the entry process or at a time convenient to care recipients/representatives. The outcomes of these discussions are documented in the care recipient's file which also records information such as enduring power of attorney, authorised decision maker and advance health directives. Relatives and significant others are supported to be involved in end of life care and staff provide information and support as necessary; overnight stays and meals are provided to visitors as necessary. Palliative care practitioners are available to provide advice, education and support on palliative care management. The home has access to specialised palliative care equipment to ensure comfort needs of care recipients can be maintained. Emotional, cultural and spiritual care is provided as appropriate by nursing, care and activities staff and pastoral visitors and religious representatives can be organised according to preferences. Care recipients' pain and comfort needs are managed in consultation with the care recipient/ representative, medical officers, nursing and care staff. Appropriate care and comfort is provided for care recipients at the end stage of their life and through the palliative phase.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients nutritional and hydration needs are assessed on entry and care plans are formulated specific to needs and preferences; relevant information is provided to the catering

department. Care recipients' weights are monitored monthly or as directed by health professionals. Unintended weight variations are monitored and analysed by registered nurses for causative factors; management strategies include special diets, supplements, monitoring of intake and referral to a medical officer, dietitian and/or speech pathologist as required. Strategies from health professionals are incorporated into plans of care with changes communicated to nursing, care and catering staff; follow up visits are organised as needed. Care recipients are assisted with meals and fluids as necessary. Care recipients/representatives are satisfied with the provision of food and fluids and the support of staff to meet care recipients' nutrition and hydration needs.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity, condition and potential for compromise are assessed on entry to the home. Management strategies to maintain and promote skin integrity are identified and included in care plans. Staff observe skin integrity and condition during care delivery; changes are reported to registered staff to enable treatment and intervention strategies to be implemented. Preventative strategies utilised by the home include pressure relieving devices, use of barrier creams, regular positional changes, limb protectors and nutritional supplements. Manual handling equipment and electric beds are provided to support safe positioning, transfer and mobility of care recipients. Wounds and skin tears are reported to registered nurses who oversee wound management and healing progress; wound charts and progress notes are utilised to monitor and evaluate wound healing progress. Complex wounds and ongoing skin issues are referred to medical officers and/or wound specialists for additional advice and assistance. Care recipients/representatives are satisfied with the care provided to care recipients in relation to skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence needs are assessed on entry to the home and as care needs change. Individual continence programs are developed in consultation with care recipients to assist in maintenance of continence levels. Staff interventions and strategies utilised to promote and manage care recipients' continence levels include scheduled toileting, use of continence aids, ensuring sufficient fluid intake, and screening for infection. Continence aids are provided to care recipients in a manner that ensures their privacy is maintained and respected. Staff complete daily bowel monitoring records; registered staff are alerted if changes in care recipients' continence patterns occur to allow intervention strategies to be implemented. Bowel management strategies may include dietary intervention, encouragement of fluids, exercise and, following medical officers' directive, regular and as required medication. Care recipients/representatives are satisfied care recipients' continence needs are met and staff support privacy and dignity.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified on entry to the home through review of medical history, previous assessments and discussion with representatives. Further assessment is completed to assist in the identification of possible triggers and effective management strategies. Information gathered is translated into care plans to guide staff. External dementia and mental health specialists can be accessed to assist in advice and management of complex behaviours and provide support and education for staff. Regular medical officer review occurs and staff are aware of their reporting responsibilities in the event of a behavioural incident. The home has a dedicated secure unit to accommodate care recipients who may have wandering or challenging behaviours requiring close staff observation and intervention. Care and diversional therapy staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support. Restraint is utilised as necessary to facilitate safety and is discussed with representatives and the medical officer, authorised and reviewed regularly. Care recipients/representatives are satisfied the home manages 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' mobility and dexterity needs and falls risk are assessed by registered nurses and the physiotherapist on entry with consideration to their medical history and personal preferences. Strategies are developed in consultation with care recipients to maintain optimum levels of mobility and dexterity. A care plan is formulated which includes mobility, transfer and exercise needs and any equipment required. Mobility aids are reviewed by the physiotherapist to ensure aids are appropriate to care recipients' needs. Care recipients are encouraged with their functional mobility and dexterity during activities of daily living; allied health assistants and care staff assist with individual and group exercises and walking programs. Care recipients' falls are monitored and a registered nurse, physiotherapist and/or medical officer review falls; interventions are implemented to prevent recurrence. Staff are provided with training in manual handling techniques. Care recipients/representatives are satisfied with care recipients' ability to maintain optimum levels of mobility and dexterity and the assistance provided by staff.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Care recipients are assessed on entry to the home to determine their needs and preferences for oral and dental care; information gathered is included in plans of care. Staff encourage care recipients to attend to their mouth care needs as independently as possible and assist as necessary. Mouth care equipment and products are supplied and replaced regularly.

Increased frequency of oral care and specialised equipment is available for palliating care recipients and those requiring additional care. Oral and dental issues are identified and referred for investigation to medical officers, dentists or speech therapists as required. A dental service visits the home and care recipients are assisted to access external dental services as required. Care recipients/representatives are satisfied with the assistance provided by staff to maintain care recipients' oral and dental health.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients sensory needs and deficits are identified on entry and as changes occur through assessment, review of past history and discussion with care recipients/representatives. Care interventions reflect care recipients' sensory needs and preferences; staff provide assistance to care recipients with their activities of daily living based on individualised care directives. Staff assist care recipients to manage assistive devices such as spectacles and hearing aids. Activities and aids are provided to manage sensory loss and maximise participation in activities of daily living. Referral systems are in place for health professionals to assess sensory loss and provide appropriate assistive devices. Care recipients/representatives are satisfied with management strategies and assistance provided by staff to support care recipients with identified sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients' usual sleep and rest patterns are assessed on entry to the home to ascertain their needs and preferences. Care plans outline settling routines, preferred rest, sleep and wake times. Provision is made for care recipients who need or prefer to have a rest during the day. Night routines maintain an environment conducive to sleep such as subdued lighting, temperature and noise control. Factors that may compromise sleep are identified and addressed. A 'night owl' menu is available to cater for care recipients who wake in the night and are hungry or thirsty, staff assist with re-settling as necessary. Medical officers are

consulted if ongoing sleep issues are identified and pharmacological strategies are utilised as prescribed. Care recipients/representatives are satisfied with interventions to manage care recipients' sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Recent examples of improvements related to Standard 3 include:

- As a result of feedback from care recipients regarding improving activities, outings and events at the home, the lifestyle team in conjunction with care recipients have created a 'Lifestyle Club'. This club meets second monthly and review of documentation and interviews with staff and care recipients show that additional outings, walks and coffee shop visits have been added to the calendar. Care recipients interviewed commented that they enjoy the club and feel they have greater input into the activities they enjoy at the home.

- Care recipient feedback identified that they would like a formal way of acknowledging those care recipients who had died at the home. As a result of consultation, a remembrance table has been set up in a common area of the home which acknowledges the deceased care recipient with a candle and photograph. Care recipients expressed satisfaction with this process.

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 compliance systems and processes.

In relation to Standard 3 staff are aware of their responsibilities in relation to alleged and suspected reportable assaults.

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 systems and processes to manage the ongoing education program.

In relation to Standard 3 Care recipient lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting care recipients' lifestyle requirements. Examples include care recipients' rights and privacy and dignity and customer service. Staff feedback demonstrated their knowledge and awareness of their responsibilities under Standard 3 outcomes.

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

Care recipients and their representatives receive information and a tour of the home prior to entry where possible. New care recipients receive a welcome pack on the day of entry and are orientated to the home through a walk around, introductions to staff and other care recipients and an informal 'getting to know you' discussion with lifestyle staff. Information regarding social and support needs is collected to identify needs and preferences for emotional support and included in care plans to guide staff in effective support mechanisms. Family members and friends are welcomed as part of the supportive network and encouraged to visit the home. Nursing, care and diversional therapy staff provide emotional support and are involved in monitoring care recipients' emotional needs. Visiting religious representatives and community visitors are available if the need is identified or requested.

Should the emotional needs of the care recipient exceed what staff at the home can offer, external services can be accessed and/or medical officer review is organised. Care recipients/representatives are satisfied with the support care recipients receive during their settling in period and with the ongoing support provided by management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Regular assessment of care recipients' independence needs is conducted. A physiotherapist assesses all care recipients and advises on strategies to support and maximise independence to the greatest extent in the safest manner possible. Staff encourage and support care

recipients to achieve maximum independence within their capacity in relation to personal care and activities of daily living; assistance is given with those aspects of personal care and other activities they are unable to manage. Exercise programs provided are aimed at assisting care recipients to maintain their physical strength, promote balance and prevent falls. Equipment such as mobility aids and specialised assistive devices are available to support independence. Care recipients are assisted to continue to participate in activities of interest both in the home and in the wider community; staff and volunteers assist with attendance and participation. Regular outings are scheduled to allow care recipients to maintain links with their local community. Care recipients/representatives are satisfied with interventions to maintain care recipients' independence and the assistance they receive from staff.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has established processes to protect support and maintain care recipients' privacy and dignity. Information is provided to care recipients about their rights, including their right to privacy and confidentiality. Staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality. Care recipients are provided with single or shared rooms with privacy curtains; all rooms are ensuited. The home has a variety of internal and external areas where care recipients can receive visitors. Care plans include information on care recipients' preferred names; staff knock on doors before entering rooms and personal cares and procedures are conducted in private areas. Administrative and record keeping systems are in place to ensure personal information is secure. Computers are password protected with limited access to authorised personnel. Verbal handover and discussion regarding care recipients' needs is conducted in private areas. Care recipients/representatives are satisfied privacy and dignity is maintained and care recipients are treated in a respectful manner.

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

Assessment processes identify care recipients' past and current leisure interests, including those in the community. Individual care plans are developed to reflect lifestyle needs and preferences and physical ability to participate in activities. A monthly activities program is developed, distributed to care recipients and communicated through noticeboards and daily reminders. Care recipients are invited, encouraged and supported to attend to interests and activities of their choice. A range of activity programs are included in the monthly program and include group and individual one on one activities to cater for differing needs and preferences. A dedicated lifestyle program in the secure unit tailors activities and outings appropriate to care recipients' ability and changing needs. Activities are monitored and evaluated through individual feedback, comments and complaints and consideration of participation rates. Care recipient suggestions for new activities and outings are welcomed and incorporated into the monthly activity calendar where possible. Care recipients/representatives are satisfied care

recipients are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients cultural and spiritual needs are assessed on entry to enable staff to meet the needs of all care recipients. A care plan is developed to guide and direct appropriate spiritual and cultural care. Care recipients are assisted to attend religious observances according to their preference; regular ecumenical church services are conducted at the home. Religious representatives visit care recipients at their request according to their beliefs and wishes. Multicultural resources are available and translator services can be accessed. The home celebrates special events and cultural celebrations with appropriate catering services provided on these occasions; specific dietary needs are addressed as required. Care recipients/representatives are satisfied that care recipients' cultural and spiritual needs are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients are assessed for their ability to be involved in care and decision-making on entry to the home. Where a care recipient's decision making abilities are impaired, staff involve representatives in care planning and decision making. Care recipients/representatives are provided with opportunities to exercise choice and decision making in the planning and provision of care through the delivery of information in a manner they can understand to enable them to make informed choices. Care recipients are encouraged to be actively involved in exercising choice and control over their life while not infringing on the rights of others. Input and feedback is sought from care recipients and/or their representatives through participation in case conferences, one on one discussion, meetings, surveys, suggestions and complaints processes. Care recipients retain the right to refusal of care and treatment. The home enables care recipients to participate in activities with a degree of risk involved by liaising with care recipients and/or their representatives, informing them of risks involved and documenting the decision. Care recipients/representatives are satisfied with choices offered in matters relating to the care and services in 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 representatives are provided with a tour, written and verbal information regarding accommodation, care and service provision prior to and when entering the home. Care recipients are provided with a handbook which details information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Residential care agreements are offered and include details regarding security of tenure and care and service provision. Management are available to answer any questions and discuss how to manage moving into the home. Care recipients are able to remain in the home as their care needs increase. If care needs change and movement to another room would better meet the level of care and support required, relocation within the home is undertaken after consultation with the care recipient and/or their representative and their medical officer. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Recent examples of improvements related to Standard 4 include:

- As a result of feedback regarding difficulties that some care recipients had in using soap during bathing, the home has installed soap dispensers in all rooms. It was further identified that some care recipients could not push the dispensers due to dexterity challenges so sensor dispensers have now been installed for those care recipients. Both staff and care recipients commented positively on the dispensers.

- To improve infection control measures for all persons at and visiting the home, automatic hand sanitisers have been installed at all entrances to the home. Staff commented positively on observing frequent usage by staff and visitors to the home. In addition the home has made available anti-bacterial wipes for all staff to use. Management informed us that this has added to their management of possible outbreaks.

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 compliance systems and processes.

In relation to Standard 4 the home maintains compliance through monitoring, surveys, audits and observations of staff practices. The home's food safety program has been accredited by local council with food safety training available to guide staff. All staff have attended fire training.

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 manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents have a safe and comfortable living environment that supports the quality of life and welfare of care recipients, staff and visitors. Examples include infection control and chemical handling with staff feedback demonstrating their knowledge and awareness of their responsibilities under Standard 4 outcomes.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has processes to provide a safe and comfortable environment both internally and externally; care recipients are encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs and cover all areas of the home. Effectiveness of cleaning is monitored through audits. Identified hazards are risk assessed and actions taken through the plan for continuous improvement and staff meetings. Preventative and corrective maintenance is conducted by the maintenance officer and external contractors. Consent and authorisation is obtained for those care recipients who may require protective assistance devices and care recipients are individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Staff are aware of practices that ensure the safety and comfort of care recipients. Care recipients/representatives are satisfied with the living environment of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Work health and safety policies and procedures, risk assessments and audit tools are used to guide the home's safety system; this process is monitored by the DOC and key staff. A designated staff member combined with the safety system including hazard/incident reporting, staff training and maintenance activities ensure the home is a safe environment to work in. Care recipients are informed about the safety system through regular meetings. Risk

assessments are conducted and control measures are implemented by the home's designated staff member and relevant staff. Incidents are documented, reviewed by the DOC and deficiencies are discussed at meetings. Staff have access to hazard/incident reporting forms; safety training is provided to staff during orientation and workplace health and safety is part of the home's training program. Staff are satisfied that management provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency exits are clearly marked, pathways to exits are free of obstructions and exit doors are monitored to ensure they operate as designed.

Electrical equipment is inspected by the MO. Staff are provided with fire safety education at orientation and annually. Fire safety is part of the home's orientation and mandatory training programs and fire drills are conducted regularly. Staff have access to care recipient emergency lists, emergency plans/procedures and firefighting equipment. Evacuation diagrams are displayed in public areas throughout the home. Work instructions for night duty staff include lock up procedures, and visitors/contractors are required to sign a register when arriving on-site. Staff and care recipients are knowledgeable of the home's fire and emergency procedures with care recipients feeling safe at the home.

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. The program is based on infection identification and management by registered staff, staff training and the use of practices that minimise the risk of cross infection. Care recipients with a suspected infection are referred to their medical officer for review and treatment. Records are maintained for each infection and monthly reports are prepared for review and analysis. Infections are discussed at relevant staff meetings and strategies to address trends in infections are identified. There are processes to ensure the management and containment of an outbreak. There is a vaccination program for care recipients and staff. Staff members receive training in infection control practices including hand washing. There are processes and practices to minimise the risk of cross infection including hand hygiene, a food safety program, pest control, waste management, laundry and cleaning services.

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 services are provided to meet care recipients' dietary needs and preferences that are identified on entry and on an ongoing basis. Meals are prepared on site and served in the dining rooms and transported to rooms as required. Care recipients have input into the menu verbally, through feedback forms, and the care recipients' meetings. The home's kitchen has monitoring systems to ensure food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure care recipient rooms, common areas and service areas are cleaned on a regular basis, all laundry services are provided on site. Laundry is delivered in covered trolleys promoting privacy and dignity to each care recipient. The home monitors the effectiveness of hospitality services through care recipient/representative feedback and regular control audits and identified deficiencies are actioned in a timely manner. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided by the home.