



Australian Government

Australian Aged Care Quality Agency

Baptcare - Karana Community

RACS ID 3624
55 Walpole Street
KEW VIC 3101

Approved provider: Baptcare 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 06 May 2018.

We made our decision on 18 March 2015.

The audit was conducted on 09 February 2015 to 10 February 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Australian Government

Australian Aged Care Quality Agency

Audit Report

Baptcare - Karana Community 3624

Approved provider: Baptcare Ltd

Introduction

This is the report of a re-accreditation audit from 09 February 2015 to 10 February 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 09 February 2015 to 10 February 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Adrian Clementz
Team members:	Rebecca Phillips Stephen Koci

Approved provider details

Approved provider:	Baptcare Ltd
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Details of home

Name of home:	Baptcare - Karana Community
RACS ID:	3624

Total number of allocated places:	93
Number of care recipients during audit:	93
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Not applicable

Street:	55 Walpole Street
City:	Kew
State:	Victoria
Postcode:	3101
Phone number:	03 9854 9200
Facsimile:	03 9853 0447
E-mail address:	bmwandabwa@baptcare.org.au

Audit trail

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

Interviews

Category	Number
Management and corporate support staff	12
Clinical, care and lifestyle staff	9
Hospitality and maintenance staff	6
Care recipients/representatives	21
Administrative, allied health and professional support staff	5

Sampled documents

Category	Number
Care recipients' files	9
Care recipients' lifestyle care plans	5
Residential agreements	5
Medication charts	9
Personnel files	10

Other documents reviewed

The team also reviewed:

- Annual essential safety measures report
- Audits, inspection records and surveys
- Authorisations and assessments
- Chaplain's role, religious service documentation and cultural and spiritual assessment and care plans
- Cleaning and laundry documentation
- Clinical charts, checklists and records
- Comments and complaints records
- Communication diaries and referral folders
- Dangerous drug register
- Education records, attendance records and evaluations

- Emergency procedures manual
- Essential services schedules, service reports and monitoring processes
- External contractor related documentation
- Food safety plan, menu, audits, daily consolidated records and resident dietary information
- Handover sheet
- Infection control information, summaries, reports and registers
- Lifestyle documentation, activity calendars and records
- Manual handling program
- Meeting minutes
- Memoranda
- Newsletters
- Occupational health and safety plan and documentation
- Pest management records
- Plan for continuous improvement and associated records
- Policies, procedures and guidelines
- Preventative maintenance schedules, records and monitoring processes
- Purchase records
- Refrigerator temperature records
- Regulatory compliance monitoring tools and related documentation
- Roster
- Self-assessment documentation
- Staff and resident handbook
- Staff orientation records
- Unplanned maintenance records
- Wound folder.

Observations

The team observed the following:

- Activities in progress
- Animals in the home
- Archive room
- Call bell system in use
- Charter of residents' rights and responsibilities
- Cleaning and laundry processes
- Clinical and medical supplies
- Emergency evacuation maps, egress routes and assembly areas
- Emergency evacuation pack
- Equipment and supply storage areas
- External complaints and advocacy brochures
- Fire detection, firefighting and containment equipment
- Forms encouraging feedback and lodgement boxes
- Hand basins and infection control information on display
- Incident report management system
- Interactions between staff and residents
- Kitchen, dry stores, cool room and freezers
- Living environment
- Chemical storage and material safety datasheets
- Meal and refreshment service with menus displayed
- Medication administration and storage
- Medication disposal and sharps containers
- Mobility and transfer equipment in use
- Noticeboards and information displays
- Notification to stakeholders of re-accreditation audit
- Oxygen storage and signage

- Palliative care kit
- Personal protective equipment
- Safety and security mechanisms
- Short observation in upstairs dining room
- Shredder and security destruction bin
- Statements of strategic intent.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home with the support of the parent organisation has a system to actively pursue continuous improvement across the four Accreditation Standards. The system encourages input from staff, residents and their representatives and draws from various mechanisms and source documents including feedback forms, meetings, audits, surveys, incidents, trends and clinical data. Improvement initiatives are managed through a quality improvement register accessible at a corporate and local level. Management discuss initiatives at meetings and other forums as appropriate. There are processes to prioritise and track the progress of initiatives and to evaluate the outcome of any improvement generated through the system.

Management communicate outcomes of improvement initiatives to staff and residents through memoranda, newsletters and meetings. Residents, their representatives and staff said they are encouraged to participate in improvement activities and said ongoing improvements occur.

Recent improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- Management of the home piloted the organisation-wide initiative for the introduction of an electronic incident reporting system. The system has provided a clearer definition and categorisation of what is regarded as an incident and enabled more effective management of the incident recording and investigation process. Management said incident reports are now responded to and processed in a more timely manner, provide greater detail on a broader scope of incident types and more effective trending and analysis now occurs.
- As part of the organisation's strategic planning initiative, an electronic learning induction and professional development program was implemented. All staff have access to electronic versions of the learning modules which form part of competency testing used during induction and on an ongoing basis. A comprehensive library of professional development courses available through the system strengthens the home's ability to offer and monitor learning. The system has enabled greater flexibility for staff during induction and enabled an easier and more consistent learning experience.

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 with the support of the parent organisation has a generally effective system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management receive information through legislative update services, peak bodies and government departmental bulletins. Management interpret this information and discuss compliance action at relevant forums. As part of this process management review existing or develop new policies, procedures and guidelines.

Management share information about regulatory guidelines and changes to policy at meetings and through memoranda and education. Management require all staff to complete an annual competency in relation to key legislation. Staff receive information about regulatory compliance matters relevant to their roles and demonstrate knowledge of regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include the following:

- Management processes ensure ongoing self-assessment of the home.
- The home has an effective system to manage police certificates for staff, volunteers and contractors.
- The home has a process to manage statutory declarations in regard to citizenship or permanent residence of a country other than Australia since turning 16 years of age.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

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 demonstrate there are systems to ensure all staff have appropriate knowledge and skills to allow them to perform their roles effectively. Upon commencement of employment, all staff undertake orientation training and are required to complete ongoing education competencies relevant to their role. The home's education system is augmented by an electronic learning management system. Additional education sessions are conducted in response to training needs identified through needs analysis, meetings, incidents or change in residents' needs. Management maintain attendance records and evaluations to monitor the effectiveness of the training. Staff are satisfied with the level of education provided and that internal and external training opportunities are available to further develop their skills.

Recent and upcoming training opportunities relevant to Standard 1 include:

- code of conduct and compulsory reporting
- effective communication between staff and team leaders
- progress notes training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has formal and informal comments and complaints processes that are accessible to care recipients, their representatives and other interested parties. Information handbooks, posters and brochures convey information about the internal complaints process and external complaints resolution services, including in languages other than English. Forums and mechanisms available to raise concerns or suggestions include the feedback form, meetings and surveys. Locked lodgement boxes located within the home and reception area promotes confidentiality. Staff are aware of ways to raise concerns and feel comfortable to do so. Residents and their representatives are aware of formal complaints processes and are encouraged to raise concerns or suggestions. Residents, their representatives and staff are satisfied management take timely action and address concerns in an appropriate manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, mission and values are documented in a consistent way and shared with residents, their representatives, staff and visitors. A commitment to quality care is articulated through these statements of strategic intent.

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

Management demonstrate there are sufficient numbers of appropriately skilled and qualified staff to provide care recipient care and services. The home bases their recruitment process on skill and qualification requirements outlined in position descriptions. Interviews and reference checks are completed and the home and parent organisation have induction processes for new staff. Resources to support staff in their roles include position descriptions, policies and procedures, handbooks and ongoing education. Staff performance is monitored during a probation period and thereafter through observations of practice, incidents, feedback and an annual performance review. There are processes to replace staff for planned and unplanned leave and there is adjustment of staffing levels to meet resident care needs. Residents and representatives are satisfied with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There is an effective system to ensure stocks of appropriate goods and required equipment is available for staff and residents. Management ensure approved suppliers deliver consumables to a regular order cycle and there are processes to maintain adequate levels of stock. Management identify equipment needs through feedback mechanisms, meetings, observations and visiting professional services. There are procedures for ensuring the suitability of new equipment. Staff are trained in the use of and new and existing equipment as required. The home maintains a preventative maintenance program and a structured process to manage unscheduled repairs. There are processes to regularly clean equipment. Staff and residents are satisfied with the amount and quality of inventory supplies and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems to inform residents and representatives that includes meetings, minutes, resident handbooks, newsletters, noticeboards and weekly and monthly lifestyle calendars. Systems to inform staff include staff handbooks, orientation, meetings and minutes, noticeboards, policies and procedures, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored on site in a secure archive room or through an external record storage service and staff have access to a shredder and a security destruction bin. Residents, their representatives and staff are satisfied with access to information and with the communication mechanisms at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management with the support of the larger organisation ensures externally sourced services are provided in a way that meets the home's needs and quality goals. The home maintains service agreements with a wide variety of external service providers, which specify the level and quality of services required. External contractors provide hospitality services and associated staff at the home. All external contractors provide evidence of qualifications, certification and insurances as part of the contractual engagement and review process.

There are processes to orientate new contractors and to monitor attendance at the home. Management monitors the quality of services through feedback processes. Contractors not fulfilling their obligations do not continue to provide services at the home. Residents, their representatives and staff are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system that demonstrates improvements in the health and personal care of residents. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 2 Health and personal care include:

- As part of an ongoing commitment to improve resident outcomes, the home developed a program for reducing the use of some medications, such as sedatives and anti-anxiety drugs. Drawing on validated industry tools, the program covered the development and implementation of new documentation, procedures and staff education within the home. The program provides relevant personnel with the required information and evidence to prompt a review of medications being prescribed, considerations of alternative therapies and monitoring of adverse effects of the medication and potential withdrawal. The home has achieved significant reduction in the number of residents prescribed with these types of drugs and they are process embedded within the quality framework to ensure regular audit and review.
- Management identified the need to develop a more formal and structured approach to identifying residents' personal preferences regarding current and future health care wishes. This led to the implementation of an advanced care planning system. The project included extensive training for staff and the development of a range of tools and forms to accurately capture individual resident choice about future medical and health treatments. The project included building systems to promote comfort, enable family involvement, accommodate religious, spiritual and cultural beliefs and recognise the individual's right to live and die with dignity. Management report that most residents have an advance care plan in place.
- Resident feedback and management observations highlighted an opportunity to enhance person centred care. This was promoted by the development of a comprehensive checklist that outlines staff responsibilities during the care process. Education has been provided to staff. Management and staff report the initiative has led to a more efficient and effective approach to resident care.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a generally effective system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- Appropriately qualified staff manage clinical care and carry out specialised nursing.
- Professional registrations of staff are monitored and maintained.
- The home demonstrates compliance with policy and legislative requirements in relation to medication storage and 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

Management demonstrate there are systems in place to ensure all clinical staff have the appropriate knowledge and skills to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Residents said staff have the appropriate skills and knowledge to care for them. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 2 include:

- catheter care
- continence management
- palliative care
- thickened fluids.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate care recipients receive appropriate clinical care. On entry to the home residents undergo a suite of assessments, across all areas of clinical care. This information is used to form individual care plans which documents residents’ likes, dislikes, specific routines and habits, medical requirements and level of assistance needed. Staff regularly review this information to ensure it remains consistent with residents’ needs and preferences and this occurs in consultation with the resident and their representative.

Nursing staff have access to medical practitioners and can refer to external health specialists for additional advice and support as needed. Ongoing education and training support staff to provide residents with appropriate clinical care and ongoing access to policies and procedures supplement the education and training program as needed. There are adequate supplies and equipment to assist staff in providing clinical care to residents, in accordance with their needs and preferences. Residents and their representatives are satisfied with the level of clinical care provided.

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

Management and staff demonstrate care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. A registered nurse, in conjunction with the resident and their representative assesses each resident’s needs and preferences on entry to the home. Further consultation occurs as required with the resident’s medical practitioner and other health care specialists as appropriate. Specialised nursing care occurs in the areas of catheter care, diabetes management, stoma care, oxygen therapy and wound management. Corresponding care plans reflect monitoring requirements, specific needs, equipment, resources, instructions and strategies to optimise care delivery. Residents and their representatives are satisfied with the way in which the home addresses the resident’s specialised 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

Management and staff demonstrate care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Systems include, identification of needs, consultation with the resident or representative, referral procedures and a process of information sharing and ongoing communication. Staff refer to specialists including mental

health professionals, dietitians, speech therapists, podiatrists, optometrists, audiologists, palliative care services, wound specialists and an 'in-reach' service provided by a nearby hospital. There is an on-site physiotherapist and occupational therapist available for support in the areas of falls and pain management and to enhance resident mobility and dexterity as needed. Medical practitioners visit the home regularly and residents can choose to retain their own doctor if practical. Staff can access locum doctors to supplement medical care as needed. Assistance is available for residents to attend outside appointments as required.

Residents and their representatives are satisfied with the way the home arranges referrals to relevant health specialists in response to specific request or identified need.

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

Management and staff demonstrate care recipients' medication is managed safely and correctly. Registered and enrolled nurses and competency tested carers administer medications via original packaging and dose administration aids dispensed by the pharmacy. Current photographs on medication charts identify residents, any known allergies and instructions to ensure safe medication administration. There is a system to ensure residents who wish to self-administer their medication are safe to do so. Pharmacy reviews of medication occur regularly and a medication advisory committee discusses any medication issues at regular meetings. Audits of medication management processes and review of incidents occur to identify trends which may initiate a change to staff practice. Residents and their representatives said residents' medication administration occurs in a safe and timely manner and in accordance with needs and preferences.

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

Management and staff demonstrate all care recipients are as free as possible from pain. Assessment for pain occurs on entry to the home with the development of a corresponding care plan occurring in consultation with the resident, their representative and medical practitioner. Regular review occurs and a change in a resident's condition or an incident such as a fall would prompt reassessment and evaluation of pain management strategies. The home has an on-site pain clinic that attends to residents with ongoing pain management needs. The pain clinic administers a range of pain management strategies to reduce pain, including massage and heat packs and access to transcutaneous stimulation, if required.

The provision of exercise classes, music therapy and walking groups complements the pain clinic, assisting with pain management in the interim. Where pain relief medication is required, administration occurs in accordance with medical direction. Residents and their representatives are satisfied with the way in which staff optimise pain management.

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

Management and staff demonstrate there is a system to ensure the comfort and dignity of terminally ill care recipients is maintained. Staff provide residents and representatives the opportunity to express the resident’s advanced care wishes on entry to the home. This documentation guides staff to provide care in accordance with the resident and family’s wishes and spiritual and cultural needs. Staff have access to religious personnel, support services, equipment and specialists to enhance the provision of palliative care as required. Facilities are available to accommodate residents’ family to stay during this time, if required. Staff describe a range of interventions utilised, to ensure comfort and dignity is maintained when caring for a terminally ill resident. Residents and their representatives said consultation occurs about care needs and personal wishes, on entry to the home.

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

Management and staff demonstrate care recipients receive adequate nourishment and hydration. The assessment of resident’s nutritional needs occurs on entry to the home taking into consideration personal preferences, allergies and medical requirements. Nursing staff inform catering staff of residents’ specific dietary needs on entry to the home and thereafter in response to an identified need or specific request. Staff weigh residents regularly and consultation with the medical practitioner, dietitian and speech therapist occurs to ensure optimal nutritional intake. Nutritional supplements are available to enhance residents’ nutritional status when required and assistive cutlery and crockery further ensures adequate nutritional intake whilst maintaining residents’ independence. Residents and their representatives are satisfied with the food provided and stated residents have enough to eat and drink.

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

Management and staff demonstrate care recipients’ skin integrity is consistent with their general health. Residents’ skin care needs and preferences are assessed on entry to the home. Care plans document strategies to protect residents’ skin and include regular repositioning, the use of pressure relieving devices, application of moisturising creams and adequate nutrition and hydration. Staff regularly monitor residents’ skin condition and observe for bruises, skin tears and excoriations. Skin related injuries are reported as incidents,

documented in wound care charts and monitored for trends via the incident management system. Regular review of wounds promotes healing with access to wound care specialists occurring on an as needs basis. Resident and their representatives are satisfied with the home's approach to skin care and wound management.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure care recipients' continence is managed effectively. Processes include initial assessments, in consultation with residents and representatives, regular care plan reviews and staff monitoring for any changes in the residents' continence needs. Continence aids and toileting equipment are available to promote continence management and maintain residents' independence and dignity. Staff promote optimal bowel health through the implementation of increased hydration, a high fibre diet and appropriate exercise. The company that supplies the continence aids provides education and advice as needed to ensure aids are appropriate for the residents' individual needs. Residents and their representatives are satisfied with the continence care provided to residents.

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

Management and staff demonstrate there is a system to ensure the needs of care recipients with challenging behaviours are managed effectively. Processes include initial assessments, in consultation with residents and representatives, regular care plan reviews and staff monitoring for any changes in the residents' behavioural needs. Behaviour management occurs in consultation with the resident's medical practitioner and referrals can be made to external providers if required. Regular audits of incidents occur to identify any trends and provide the opportunity to consider additional strategies to minimise recurrence. Diversional therapy activities enhance behavioural management at the home and access to secure garden courtyards provides residents the opportunity to engage in outside activities, whilst remaining in a safe environment. Residents said other residents do not infringe on their rights. Residents and their representatives said they are satisfied with the home's approach to behavioural management.

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

Management and staff demonstrate there is a system to ensure optimum levels of mobility and dexterity are achieved for all care recipients. On entry to the home, staff in consultation with

allied health professionals assess residents' mobility and dexterity needs. Care plans document any equipment needed and level of staff assistance required to enhance residents' mobility and dexterity. Review of the care plans occurs regularly and in response to a change in a resident's condition or following a fall. Staff record falls on the home's incident management system and are reviewed by management to identify trends and minimise recurrence. Assistive devices such as mobility and transfer aids are in use and equipment is available to reduce falls and associated injury. Residents and their representatives are satisfied staff promote mobility and dexterity in accordance with residents' needs.

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

Management and staff demonstrate care recipients' oral and dental health is maintained. On entry to the home all residents undergo an oral and dental assessment that forms the basis of a care plan which records individual preferences and requirements. Dental care is available through the provision of a mobile dental service that visits regularly and staff facilitate appointments to external dentists if residents prefer. Staff provide assistance to residents with the cleaning of their teeth and fitting of dentures if required. Adequate dental and mouth supplies assist in the maintenance of appropriate oral health. Residents and their representatives are satisfied with the oral and dental care provided to residents.

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

Management and staff demonstrate there is a system to ensure care recipients' sensory losses are identified and managed effectively. Residents undergo a suite of assessments on entry and this process includes evaluation of sensory needs, in consultation with the resident and their representative. Care plans document identified strategies to enhance sensory loss which may include resources needed and level of assistance required. Staff refer residents to external specialists, following discussion with the resident and their representative with recommended strategies documented in the residents' file. Provision of music therapy and a varied lifestyle program highlights all five senses and access to resources such as large print and talking books, further minimises the impact of any sensory loss. Residents and their representatives are satisfied staff provide the relevant support and assistance to residents for the effective management of any 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

Management and staff demonstrate there is a system to ensure care recipients are able to achieve natural sleep patterns. On entry to the home, staff record residents’ personal preferences with regards to sleep and document rising and settling times and associated routines. Corresponding care plans record strategies, if needed, to promote sleep and include the availability of supper, extra pillows and blankets. Additional comfort measures include toileting regimes and pain management prior to settling to further enhance sleep. Residents and their representatives are satisfied with the home’s approach to sleep management and residents state the home is quiet at night.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of lifestyle for residents. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 3 Care recipient lifestyle include:

- A ‘Manager’s Lunch’ was introduced to enhance socialisation among residents and build relationships with key staff and other residents. For each lunch, six residents receive written invitations to attend a fine dining experience with the director of nursing and a nurse unit manager. This is a dress up occasion with waiters and a specific menu. The lunch provides a safe and intimate environment for residents to express concerns, make suggestions and for general discussion about living at the home. Residents said they enjoy the special occasion and the opportunity to socialise and get to know the managers better. Management said the lunches help break down barriers between management and residents and that they get to know residents as individuals.
- In an effort to enhance opportunities for residents to participate in their preferred lifestyle choices, art therapy classes have been integrated into the home’s lifestyle program. Overseen and facilitated by an art therapist, residents attend regular art therapy classes in a room specially designed to promote relaxation and creativity. Following from a resident suggestion, lifestyle staff assisted residents to create an exhibition of their works attended by more than 100 people. Resident feedback and evaluations indicate residents enjoy the art therapy sessions because of the feeling of self-worth, sense of achievement and self-expression. Management said the sessions have been particularly beneficial for residents who are unable to verbalise feeling and emotion as the class enables them to express themselves in a relaxed and creative environment.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a generally effective system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Management provides information about privacy and confidentiality to residents, their representatives and staff.
- The Charter of residents’ rights and responsibilities is displayed within the home.
- The home provides a residential agreement to residents or their nominated representative at the time of entry.

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

Management demonstrate there are systems in place to ensure all relevant staff have appropriate knowledge and skills required to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Residents reported the home to be a safe environment in which to live and said staff respect their choices and treat them with respect. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 3 include:

- ‘Montessori’ activities
- best practice basics workshop
- the power of storytelling.

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

The home supports residents in adjusting to life in the home and on an ongoing basis. Assessment of residents' emotional support needs and preferences occur upon entry to the home and care plans are developed to meet their needs. Review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff and care plans are updated as required. There are processes to enable access to a counselling service if required. Residents and representatives are provided with a resident handbook to assist their orientation to the home. Lifestyle staff and volunteers run a one to one visiting program.

Residents and representatives confirmed their satisfaction with the initial and ongoing emotional support residents receive at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home, regular exercise programs and the use of individual mobility aids. The home welcomes visitors and maintains contact with local schools and community groups. Residents and representatives are satisfied residents' independence is actively promoted.

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

Staff respect residents' right to privacy, dignity and confidentiality. Staff practices are governed by organisational policies and procedures which detail residents' rights to privacy and dignity. Staff describe appropriate practices to protect residents' privacy and dignity including knocking on doors, not discussing private information in public areas, using curtains in shared rooms and calling residents by their preferred name. Monitoring processes include audits, stakeholder feedback and observation. Residents and representatives said staff respect residents' rights to privacy and dignity.

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

Residents are encouraged and supported to participate in a wide range of interests and activities. Staff complete a leisure and lifestyle assessment and care plan on entry to the home in consultation with residents and representatives. Staff regularly review lifestyle care plans to ensure currency. The program includes a wide range of activities that are advertised through a weekly calendar that is distributed to all residents and a monthly calendar that is displayed and is distributed to representatives. Management obtain feedback on the program via an activity interest, spiritual and cultural review, meetings, direct feedback, forms, observation and through reviewing participation records. The lifestyle coordinator meets regularly with other members of the management team. Residents and representatives are satisfied with the lifestyle program and said residents are able to participate in a range of activities at 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 organisation values and fosters individual interests, customs, beliefs and their cultural and ethnic backgrounds. Staff identify residents' cultural and spiritual needs through the assessment process on entry to the home. There is provision for church services for residents at the home including regular ecumenical, Roman Catholic communion and mass, Anglican Eucharist, and memorial services. There are special days held throughout the year and staff have access to a residential Chaplain service, culturally specific services via the internet and a cultural care kit to assist in meeting individual cultural and spiritual needs as required. Residents and representatives are satisfied with the home's response to residents' cultural and spiritual needs.

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

There are processes that promote residents' right to exercise choice and control over their lifestyle. Residents and representatives are encouraged to participate in the assessment process. The home provides residents and representatives with meetings and forms to provide feedback on the home. Management have an open door policy to ensure they are easily accessible if needed. Staff will support residents to manage their own financial affairs if required and management have a system for managing small amounts of resident's money.

There is a wide range of activities on offer and residents can choose their participation levels. Residents and representatives confirmed that their individual choices and decisions are encouraged, respected and supported by management and staff 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

The organisation has a system to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Resident information and agreements cover security of tenure and residents' rights and responsibilities. The director of nursing discusses entry requirements and agreements with residents and representatives and can get assistance from corporate office as required. Any change of rooms will only occur after consultation with the resident and their representatives. Management can clarify on an ongoing basis any residents' rights and responsibilities, security of tenure information or any financial questions. Residents and representatives said residents have secure tenure within the home and are aware of their resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 4 Physical environment and safe systems include:

- In an effort to develop the living environment for the benefit of residents and representatives, the use of office space and storage areas were reviewed which resulted in the conversion of two of these areas into a café and function room and a separate library respectively. The newly refurbished multi-purpose café/function space is now used for activities, cooking groups, coffee afternoons and resident and family celebrations. Two computers have also been installed within the new library for residents to use. Management spoke positively about how this had benefitted a resident who had previously been at risk of absconding.
- Care staff identified the opportunity to further support the safe and effective transfer of residents by suggesting the purchase of additional purpose built slings and additional transfer equipment for the upper level of the home. This resulted in the purchase of larger sized slings and a new lifting machine more suitable for bariatric residents. Residents can now be transferred more safely and in greater comfort with significantly reduced risk of injury to residents and staff.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include the following:

- Staff store chemicals safely and current material safety data sheets are available.
- The home follows relevant protocols in relation to compliance with food safety regulations and guidelines.
- Management meet requirements for annual essential services safety measures reporting.
- There are infection control guidelines and outbreak procedures.
- The home has a system to demonstrate compliance with fire safety regulations.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrate there are systems in place to ensure all staff have appropriate skills to allow them to perform their individual role effectively. Staff stated they are satisfied with the level of education available. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming development opportunities relevant to Standard 4 include:

- fire and emergency response
- gastroenteritis education and precautions
- manual handling training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide care recipients with a safe and comfortable environment consistent with the care needs of those living at the home. Residents are accommodated mostly in single ensuite rooms which they are encouraged to personalise with their belongings. Rooms and communal areas are light-filled, appropriately furnished, well maintained and kept at a comfortable temperature and noise level. Residents have access to a number of outside areas and established gardens. Management ensures the buildings, grounds and equipment are maintained through regular servicing and maintenance programs by maintenance staff and external contractors. There are processes for regularly reviewing the environment to ensure safety including audits, inspections, hazards and incident forms. Staff are made familiar with the home's processes to promote a safe environment and employ appropriate practices to ensure the safety and comfort of residents. Residents and their representatives are satisfied the home provides a comfortable, safe and secure 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 to meet regulatory requirements. On commencement of employment, staff complete orientation that includes occupational health and safety and expansive manual handling training program. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety and notices identify relevant representatives. Management monitor the effectiveness of its occupational health and safety procedures through regular inspections and review of incident forms. Management and relevant stakeholders discuss and address any occupational health and safety issues at regular meetings and staff meetings. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe 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

Management and staff work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies. Qualified external contractors maintain fire equipment and there are effective processes to monitor the maintenance of essential services

equipment. Management displays emergency evacuation plans and ensure emergency exits and egress routes are free from obstruction. All staff are required to complete mandatory annual fire and emergency training. Arrangements for providing a secure environment include sign in processes, keypad access and an after-hours lock up procedure. Residents and their representatives are aware of what to do if the fire alarm sounds.

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. Staff collect data on residents' infections via an electronic incident reporting system and management analyse this information to identify any trends and interventions required. Management discuss infection control at staff meetings and there are policies and procedures to manage infection outbreaks in the home. There are facilities and equipment for staff to use for hand hygiene and standard precautions as needed. An external body regularly audits the kitchen's food safety plan and there is a pest control program in the home. Appropriate contaminated waste bins and sharps containers are available. Management monitor infection control in the home through scheduled audits. Staff complete education at orientation and ongoing in relation to infection control practices.

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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff working environment. All food is prepared in a central kitchen onsite by a contractor and meals are served directly to residents or served via preheated thermal covers to residents on the first floor. Monitoring mechanisms in the kitchen include external and internal audits and reports and daily consolidated records. The home has a four week menu that is reviewed twice a year with input from a dietitian. Schedules are in place to ensure that cleaning tasks by the cleaning contractor are completed and the team observed the living environment and resident rooms to be clean during the visit. All laundry is completed onsite through a contractor and there are adequate linen services. All residents' clothing is labelled and staff have access to a labelling machine. The home has a system to manage lost property. Staff and residents are satisfied with the home's catering, cleaning and laundry services.