



Aged Care
Standards and Accreditation Agency Ltd

Baptcare Karingal Community Care

RACS ID 8007

32 Lovett Street

DEVONPORT TAS 7310

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 1 August 2015.

We made our decision on 8 June 2012.

The audit was conducted on 8 May 2012 to 9 May 2012. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. [Click here](#) to find out more about their award.

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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Baptcare Karingal Community Care 8007

Approved provider: Baptcare Ltd

Introduction

This is the report of a re-accreditation audit from 8 May 2012 to 9 May 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 8 May 2012 to 9 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Mary Jo Nash
Team members:	Ruth Richter
	Gayle Heckenberg

Approved provider details

Approved provider:	Baptcare Ltd
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Details of home

Name of home:	Baptcare Karingal Community Care
RACS ID:	8007

Total number of allocated places:	112
Number of residents during audit:	105
Number of high care residents during audit:	98
Special needs catered for:	N/A

Street:	32 Lovett Street	State:	Tasmania
City:	Devonport	Postcode:	7310
Phone number:	03 6424 7766	Facsimile:	03 6424 7901
E-mail address:	karingal@baptcare.org.au		

Audit trail

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

Interviews

	Number		Number
Director of nursing/manager	1	Residents/representatives	17
General manager - aged care operations	1	Compliance and risk manager	1
General manager - human resources	1	Office manager	1
Manager - occupational health and safety	1	Occupational health and safety manual handling trainer	1
Education manager	1	Hotel services manager	1
Registered nurses	6	Nurse unit managers	2
Care staff	6	Laundry staff	3
Chaplain	1	Cleaning staff	5
Catering staff	4	Maintenance staff	1
Volunteer coordinator	1	Lifestyle staff	2

Sampled documents

	Number		Number
Residents' files	11	Medication charts	10
Clinical care plans	11	Personnel files	9
Nursing registrations, police checks and statutory declarations	10	Resident agreements	10
Activity evaluation forms	6	Lifestyle care plans	10
Incident reports	8	Blood glucose level monitoring records	8
Infection reports	4	Wound management records	9
Medication incidents	6	Observation monitoring records	11

Other documents reviewed

The team also reviewed:

- Aged care certification assessment instrument
- Annual maintenance statement – form 56
- Charting - behaviour, continence, blood thinning therapy
- Competency assessments
- Compulsory reporting pathway (flowchart)
- Contractor police certificate/statutory declaration compliance certification

- Current continuous improvement register/continuous improvement request forms
- Daily report to management form
- Dangerous drugs registers
- Education attendance/evaluation records
- Emergency procedures
- Employee induction checklist
- Essential safety measures manual and related documentation
- Food safety program
- Food storage
- General practitioner notes/communication form
- Golden standards framework for palliative care
- Hazardous substance and product registers and hazard forms
- Individual environmental checklists
- Initial admission assessment/clinical assessments/checklist/clinical progress notes
- Inspection, testing and maintenance procedures
- Interim care plan/care plan reviews/care consultations/advanced care plans
- Internal audit schedule and related audit documentation
- Internal procedure review schedule
- Kitchen communication book
- Laundry and cleaning in progress
- Letter to builders regarding contractor police checks
- Lifestyle program documentation
- Living and dying well project
- Material safety data sheets
- Medication fridge temperature monitoring form
- Meeting minutes
- Memoranda
- Menu
- Nurse initiated medications
- Nutrition/dietary advice for catering and changes forms
- Occupancy permit – form 13
- Orientation documentation
- Patch application records
- Pathology tracking sheet
- Pest management tools
- Pharmacy medication reviews
- Physiotherapy program including pain management

- Podiatrist reports
- Policies and procedures
- Position descriptions
- Preventative and reactive maintenance manual, schedule and related documentation
- Professional services agreement
- Reportable event folder and database
- Resident evacuation list
- Resident information pack
- Resident of the day process
- Restraint procedures/flowchart/authorisation and review form
- Risk management database
- Rosters
- Safety improvement program – Caring for ourselves as we care for others
- Self-assessment report
- Sensory loss training package
- Specialist report information
- Speech pathologist report
- Staff and resident surveys
- Staff, volunteer and resident handbooks
- Supplier agreements
- Task lists
- Urinary catheter information/replacement dates form
- Vision, mission, values and philosophy statements
- Wanderer identification form and observation charts
- Wound management information.

Observations

The team observed the following:

- Activities in progress
- Chapel
- Cleaners' room, equipment and supplies
- Clinical resource material displayed in nurses' stations
- Colour dot system on residents' doors
- Complaints investigation scheme and advocacy brochures (displayed)
- Computers available for residents' use
- Consulting room
- Electric beds
- Emergency backpack

- Entertainers singing to/with residents
- Equipment and supply storage areas
- Exit doors
- Fire plans (displayed)
- Handover
- Interactions between staff and residents
- Internal and external living environment
- Intranet containing organisational policies and procedures
- Laundry and cleaning in progress
- Mail box
- Meal service
- Medication administration
- Online medication training packages/pharmacy ordering process
- Sharps containers
- Staff knocking on residents' doors respecting privacy
- Staff wearing personal protective equipment
- Suggestion box
- The Charter of residents' rights and responsibilities (displayed).

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 residents, 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 actively pursues continuous improvement with staff, residents and representatives supported and encouraged to participate. Policies and procedures underpin the continuous improvement system and continuous improvement forms, audits, meetings, surveys and informal stakeholder input inform the system. The home maintains a continuous improvement register and risk management database with issues actioned, timeframes established and results evaluated for effectiveness and satisfaction. Incident and infection data are analysed for trends with strategies implemented and outcomes evaluated. Larger, more complex improvement opportunities are registered and actioned through a plan for continuous improvement. Management provides feedback individually or through meetings, memoranda, noticeboards, newsletters and letters. Staff, residents and representatives said they participate in the continuous improvement process and are satisfied ongoing improvements occur.

Examples of improvement initiatives implemented by the home relevant to management systems, staffing and organisational development include:

- Management recognised a need to improve the culture of learning in the home and to provide for succession planning. The home, in liaison with Aged Care Tasmania, the University of Tasmania and the Department of Health and Human Services, employed a recently registered nurse and provided a graduate year program for this nurse. The registered nurse is supernumerary and is mentored and supervised by a nurse unit manager. The program has resulted in engaging a key clinical staff member in an aged care culture of learning.
- Staff said they were finding it difficult to complete afternoon teas due to increased residents' acuity. After discussion with management the hours were increased. This resulted in staff being satisfied with the outcome and residents said that staff are less hurried.
- To improve communications staff suggested the home provide more portable phones. The home updated and replaced phones where necessary and upgraded part of the call system. Staff are satisfied with the improved communications and residents stated their call bells are being answered in a more timely manner.

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

Regulatory and legislative updates and information are available to the home through a legal update system, membership of industry bodies and government and municipal correspondence. Organisational management monitor these avenues for regulatory and legislative changes, assess the changes for their potential impact on policies and procedures and follow an approval process to update these. Staff are made aware of all requirements through online and hard copy access to policies and procedures, memoranda, handover, information sessions, organisational notification and education. All staff and volunteers are required to provide a current police check and this process is monitored to ensure currency is maintained. The home informed all stakeholders of the re-accreditation audit and stakeholders have access to a comments and complaints process.

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 provides a training and professional development program that supports consistent and safe resident care and underpins employees’ work performance. A calendar of education sessions is developed based on compulsory topics, clinical needs, staff suggestions, observations of staff practices, internal audits, appraisals of staff skills and competencies, the continuous improvement program and an annual education survey. Internal and external training providers facilitate education sessions and self- directed learning and e-learning packages are available. New staff and students have an orientation program. The home maintains education records for sessions conducted and conducts an evaluation of all sessions. The home has affiliations with local organisations and education institutions to enhance the education program. Staff stated they are satisfied with the training offered and are encouraged to pursue further education. Residents expressed satisfaction with staff knowledge, skills and practices.

Recent training and development opportunities relevant to Standard 1 include:

- mandatory reporting
- office manager training
- site induction and orientation
- training to prepare staff to use the new computer system.

1.4 Comments and complaints

This expected outcome requires that "each resident (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 displays internal and external complaint mechanisms and documents the complaints process in the resident handbook. During orientation staff show residents and representatives the location of continuous improvement request forms, external complaints and advocacy brochures and informs them of the manager's open door policy. The home reinforces the comments and complaints process at resident and staff meetings. The home logs comments and complaints and management review and action all complaints with outcomes fed back to the person submitting the complaint. Residents, representatives and staff know about making comments or expressing concerns through appropriate means and said management is responsive to concerns or suggestions.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home displays its vision, mission, values and philosophy statements throughout the home and in documentation. The home also displays the organisation's core values of respect, justice, commitment, integrity, accountability and cooperation.

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 employs appropriately skilled and qualified staff to meet resident care needs. The home's management identify staffing needs and facilitate recruitment with the support of the organisational human resources department if required. The home employs a range of staff with a skill mix to achieve the home's objectives and management regularly review this skill mix against residents' changing needs. Position descriptions and duty statements inform and guide staff and an orientation program and buddy shifts are available for new staff. The home conducts annual performance appraisals. Staff said the home provides them with a thorough orientation program. Staff said they enjoy their work and expressed a commitment to the residents and to the home. Residents and representatives expressed confidence in the abilities of staff and say they are satisfied with the services staff provide to them.

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 stocks of goods and equipment are available for use and are sufficient in quantity and quality for service delivery. Management have formal processes for ordering food, clinical and cleaning supplies on a regular basis and for proper rotation of stock. There is a preventative and reactive maintenance program with maintenance attended in a timely manner. The home maintains stock and storage areas in a clean and secure way and there is a bi-annual program for the tagging and testing of electrical equipment. Staff and residents said there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests. Staff said equipment is in good working order.

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 gathers information through the clinical assessment and care planning process, confidential financial and contractual information, staff employment, continuous improvement activities, meetings and correspondence. Management and staff have access to resident care information and registered nurses regularly review this information. Resident and personnel files are stored securely in restricted access areas; electronic information is password protected and backed up and the home archives resident and staff documentation off site at a secure facility. Residents and representatives receive information packs and residents and staff receive handbooks providing information on the home's processes and requirements. The home holds regular minuted resident, representative and staff meetings and there are scheduled reviews of policies and procedures. Staff stated they receive information electronically, at handover, in memoranda and at staff meetings. Residents and representatives said the home ensures they are aware of information relevant to them through noticeboards, a newsletter, in meetings and by mail.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has systems to ensure externally sourced services meet the needs and quality expectations of the home and the organisation. The organisational facility and supply manager identifies, selects, monitors and evaluates major contractors' level of service and ensures the contractors meet all necessary regulatory requirements. Local contractors, appointed by the home have service agreements which include terms and conditions set by the organisation. All contractors are required to complete compliance certification for police certificates and statutory declarations and the maintenance officer inducts and orients contractors to the home. Management review contractors' performance during the term of the

contract or if residents or staff provide negative feedback. Residents and staff state they are satisfied with the quality and services provided by external contractors.

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.

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.

Examples of improvement initiatives implemented by the home relevant to health and personal care include:

- Management applied for and was approved a grant to supply new syringe drivers to the home. The home purchased three new syringe drivers and all registered and enrolled nurses attended training with the representative or online. Staff have commenced using the drivers and management said these have improved the management of palliative residents.
- Management review of infection data identified there was an increase in urinary tract infections. The home decided to increase fluids to residents, to extend the variety of drinks on offer and to make icy poles available. The nurse unit managers spoke with staff to be aware of the potential increase in these infections and to encourage residents to drink more fluids. Over the next month management observed there was a marked decrease in urinary tract infections. Staff are continuing to provide extra fluids to residents.
- A new pharmacy scanner has been placed in each nurses' station. When doctors order medications and write prescriptions for residents, staff scan the prescription and the medication chart to the pharmacy. This has improved medication management by enabling the tracking of what has gone to pharmacy and ensures residents receive medications in a timelier manner.

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 systems in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing certification and systems for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan and evaluate resident medication and specialised care needs. Staff stated they receive information and education on the mandatory reporting of residents who abscond and about the legislative and regulatory requirements relating to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

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

In relation to health and personal care, management and staff have the knowledge and skills required for effective performance in their roles. The home’s clinical policies and procedures guide staff practices. Staff are supported to attend external training and education and the home’s internal education encompasses varied clinical topics. Mandatory clinical competency testing monitors staff knowledge and skills. Refer to expected outcome 1.3 Education and staff development for details of the home’s system.

Recent training and development opportunities relevant to Standard 2 include:

- assisting with medication for extended care assistants
- continence management
- diabetes management
- understanding symptoms of dementia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home’s systems ensure residents receive appropriate clinical care relevant to their care needs. An initial clinical assessment conducted on entry to the home collects baseline information and enables development of an interim care plan in order to guide staff practices. During an extended timeframe, further comprehensive assessments detail residents’ needs and preferences. Creation of individualised care plans occurs in consultation with residents and/or their representatives and the home utilises both an electronic and paper based documentation system. A ‘resident of the day’ process assists evaluation of care with qualified staff confirming evaluations conducted by staff on a monthly basis. Observation, competencies, a staff appraisal program, checklist completion and incident report outcomes assist in monitoring staff practices. Staff advised they have access to residents’ clinical care information via handover, charts, assessments, progress notes, specialist reports and care plans. Residents expressed satisfaction with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses identify and assess residents for any specialised care needs on entry to the home. External providers and specialist referrals in consultation with general practitioners occur. Currently this includes areas such as palliative care, wound management, complex pain management, catheter care, diabetes management and speech pathology. Routine observation, monitoring and evaluation of specialists’ recommendations and prescribed treatments occur. Care plans reflect recommended strategies from specialist services. Staff

and documentation reviewed confirmed qualified nursing staff provide specialised nursing care for residents. Residents stated they receive consultation regarding complex care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home demonstrated referrals occur to health specialists according to residents’ needs and preferences. Initial assessment, resident and/or their representative consultation and regular reviews identify specific services required. Current health professionals providing services to the home include a physiotherapist, podiatrist and dentist. Staff assist residents to attend external appointments to a dental mechanic, optometrist and audiologist. Gerontologists, mental health consultants and dementia advisory services attend the home providing support and advice to staff and general practitioners. Staff reported they are satisfied with services and recommendations provided by visiting health professionals. Residents expressed satisfaction with the support from staff to enable them to receive health specialist services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home demonstrated safe and correct management of residents’ medication in accordance with regulatory requirements. Currently qualified nursing staff administer medications from a blister pack system. Paper based charts record general practitioner orders and staff administration and reflect dated photographs, resident allergies and special instructions for administration. An accredited medication review process occurs annually including visits to general practitioners to discuss recommendations. Registered and enrolled nurses complete annual medication competencies. Medication incident reporting and analysis takes place within appropriate timeframes and the home discusses outcomes at a bi-monthly medication advisory committee meeting. We observed safe and secure storage of medications and staff administering medications using safe practices. Residents expressed satisfaction with the pharmacy services and advised they receive their medications on time.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home ensures residents are as free from pain as possible. Charting of pain experienced by residents occurs on entry to the home and as new pain symptoms develop to record concerns and monitor pain levels. An intensive physiotherapy program at the home compliments the clinical assessment and management of residents’ pain. Verified verbal and non verbal assessment tools assist in the assessment process. Pain management strategies include a range of treatments such as massage, positioning, heat packs, exercise, walking, and relaxation spa baths and prescribed medications. Staff provided examples of pain

management treatments available to maintain residents' comfort. Residents advised staff attend to their concerns regarding pain in a responsive and timely manner.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home identifies the palliative care wishes and/or needs of residents on entry to the home and as residents advance towards terminal illness, determining comfort and pain management measures required. Implementation of the 'Golden Standards Framework' for palliative care promoting 'living and dying well' allows for timely activation of advanced care planning strategies. General practitioners respect and support residents and/or their representatives' terminal illness requests and end of life instructions. Care plans reflect strategies to maintain comfort and dignity. An external palliative care team supports the home regarding delivery of complex care to residents. Spiritual and cultural wishes occur as requested and an onsite chaplain provides emotional support to all stakeholders at any time during the day or night. We observed staff have access to specialised equipment and staff confirmed residents receive respectful and appropriate palliative care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

As residents enter the home staff assess residents' individual dietary requirements and preferences in consultation with residents and/or their representatives. Care plans provide information and strategies to assist residents in receiving appropriate nourishment and hydration. We observed assistive devices during meal services to promote independence and reflecting residents assessed needs. Residents' weight monitoring occurs monthly and set parameters provide instructions to staff for identifying significant anomalies regarding weight loss or gain. Staff also raise an incident report to highlight the weight loss or gain. Residents have access to a variety of meals, snacks, fluids and supplements throughout the day. Resident referrals to the speech pathologist as required and follow recommendations regarding modified diets. Residents expressed satisfaction with food choices offered and the quality and presentation of meals.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

As residents enter the home an effective risk rated assessment tool is utilised for identifying concerns related to skin integrity. Care plans provide strategies to minimise skin trauma and breakdown and outline specific treatments. Consultation occurs with residents and/or their representatives and reviews take place as required. External specialists provide advice and support regarding wound management in consultation with general practitioners. Observation

of care staff practices ensures ongoing monitoring by qualified staff. Collection, collation and reporting of clinical data in relation to skin tears, wounds and infections occur monthly. Staff reported satisfaction with the resources and equipment provided to enable skin care and wound management. Residents stated staff provide ongoing support with their skin care and treatments.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home demonstrated effective management of residents’ continence. Processes include initial charting and assessments on entry to the home and identification and supply of continence aids. Care plans indicate the level of assistance required and established toileting plans and the ‘resident of the day’ process ensures regular review of continence care needs. Monitoring and reports occur monthly in relation to urinary tract infections and discussion at the quality meeting identifies trends and precautionary strategies. Consultation with general practitioners for prescribed treatments occurs. Bowel management programs include recording, monitoring and promoting preventative measures. Staff confirmed, and we observed, appropriate stock levels of continence aids stored in a secure and clean area. Residents expressed satisfaction with the assistance provided by staff to meet their needs within a timely manner.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

The home demonstrated effective management relevant to the needs of residents with behaviours of concern. Information gathered from prior history, transfer information and consultation with representatives enables development of an interim care plan to initially guide staff practices. Charting and assessment processes assist in depression, cognitive impairment and in identifying behaviours of concern. Care plans reflect information on a range of strategies for implementation to support staff approaches to residents. Regular evaluation, review of behaviour incidents and audits monitors the effectiveness of care. Referrals to specialists and dementia advisory services occur regularly in consultation with general practitioners. The home has secure monitoring systems available to alert staff when residents attempt to leave the home ensuring resident safety. Residents stated they are satisfied with the approach taken by the home to manage the care needs of residents with behaviours of concern and that staff interaction with residents reflects respect and dignity.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home achieves optimum levels of mobility and dexterity for all residents. A visiting physiotherapist provides initial and ongoing assessment of residents’ functional ability

including a focus on falls prevention and pain management. Leisure and lifestyle staff implement individualised plans and programs to enhance hand/eye coordination and manual dexterity and to maximise mobility. Incident reporting and analysis of falls occurs monthly. A variety of walking aids, transfer and lifting equipment is available in order to promote and maintain residents' independence. Access to a gym circuit, heat packs and massage provide further opportunities for treatments and rehabilitation. Staff confirmed attendance at annual mandatory manual handling training. Residents expressed satisfaction with the support provided to maintain or improve their mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home demonstrated there are systems to maintain residents' oral and dental health. An initial oral and dental assessment includes physical examination of the mouth, teeth and gums. Consultation with residents and/or representatives occurs and developed care plans reflect strategies for oral hygiene. A review of care needs takes place monthly, cleaning of dental care items and toothbrush replacement occurs regularly. Support to attend appointments to dentists and dental mechanics assists the home to address residents' oral hygiene and denture anomalies. Staff explained strategies used to assist residents with their oral care and we observed oral care products available to residents. Residents confirmed staff support and assist them with their oral and dental care and they have access to dental services.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has a system to identify and manage residents' sensory losses effectively. On completion of a range of assessments, developed care plans reflect strategies to guide staff practices. Details record information for communication strategies, physical capabilities and the care required for a variety of aids. A visiting audiologist attends the home and residents attend both internal and external appointments supported by staff to an ophthalmologist. The home provides access to large print books, cue cards and audio books. The home's wide corridors and uncluttered environment allows residents to mobilise around the home safely. Activities conducted in the home encompass the five senses. Residents confirmed their satisfaction with assistance provided from staff for the fitting and care of specific aids.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns. On entry to the home, background information provided by residents and/or their representatives and charting for seven days identifies causes or disturbances' impacting on sleep. Further assessment indicates preferences and routines in relation to sleep and rest. Care plans

indicate resident needs and reflect a variety of effective strategies including consideration of environmental factors. Comfort measures integrated in to residents' settling routines consider hot pack administration for pain relief, massage and aromatherapy. Inducing sleep through alternative measures other than sedation occurs including warm drinks and relaxation music. Residents' reported they feel safe and secure at night and they generally sleep well.

Standard 3 – Resident lifestyle

Principle: Residents 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.

Examples of improvement initiatives implemented by the home relevant to resident lifestyle include:

- As the home has a large number of volunteers, management decided to employ a volunteer coordinator who works at the home two days per week. This has resulted in volunteers being organised according to skill and expertise, ensuring volunteers feel more valued and providing relief for activity staff.
- The activities program uses the Delta Dog program which provides trained dogs to go into the home and interact with residents. To enable the dog handlers to visit and identify residents who want a dog visit, activities staff placed pictures of dogs on these residents’ doors. This has resulted in improved time management for the dog handlers and minimises the risk of the dog handlers approaching residents who do not like dogs.
- A resident who enjoys gardening was asking for more pots to plant seedlings in. The home purchased four raised tubs and this has resulted in residents who are interested in gardening being able to attend their gardens without having to bend down. Money for the purchases came from funds raised through a footy tipping competition.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

The home has a system for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. The home provides residents and representatives with a resident agreement which details information relating to their security of tenure and rights and responsibilities. A resident information booklet details information relating to internal and external complaints mechanisms and privacy. Staff stated they receive information relating to privacy, elder abuse, mandatory reporting responsibilities and residents’ rights. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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

The home has systems and processes to ensure management and staff have appropriate knowledge and skills to assist residents to maintain control of their own lives. Refer to expected outcome 1.3 Education and staff development for details of the home's system. Recent training and development opportunities relevant to Standard 3 include:

- looking good feeling good – enhancing self esteem
- music therapy workshop
- doll therapy in aged care.

3.4 Emotional support

This expected outcome requires that "each resident 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 chaplain, lifestyle staff and a buddy system support residents to adjust to life in the home. Initial assessments identify individual circumstances and needs and a care plan is developed. The chaplain, lifestyle and clinical staff, inclusion of families and the routines of the home provide support on an ongoing basis. Review of the care provided occurs as required and every three months. The home accesses specialised support services on identification of need. Staff were observed interacting with residents in a friendly, supportive and caring manner. Residents said they felt welcome on entry and expressed satisfaction with the ongoing support they receive. Staff exhibited an awareness of the individual needs of residents.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home provides assistance for residents to maintain their independence and to participate in the community. There is a system for residents to express their ideas, suggestions, comments and complaints. Able residents are involved in planning and reviewing their care on a regular basis, they have access their civic rights such as voting and some contribute by leading programs. Activities are organised according to resident needs and representatives and friends are actively encouraged to visit. Community links are encouraged and enabled by volunteers so residents can visit local shops, community resources and churches. Residents and representatives said staff support residents to be as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects residents' privacy, dignity and confidentiality in accordance with residents' individual needs and preferences. On admission staff record preferred names and permission to display names is sought. Confidential resident information is securely stored and managed. The home assists with advanced care wishes and provides a palliative care program. Double rooms have privacy screens and there are various indoor and outdoor meeting spaces for families to meet privately. Staff sign confidentiality agreements on commencement with the home and there are privacy statements in resident and staff handbooks. Staff work practices respect residents' privacy and dignity. Residents and representatives stated staff are respectful of their privacy and dignity when caring for them.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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. Social, cultural and religious needs are identified on entry, recorded on care plans and reviewed three monthly. The home displays the activities calendar in prominent places and staff give reminders about individual sessions to residents. The lifestyle program includes group activities such as exercises, music, singing and gardening and a one to one program ensures residents have individual time with carers. Volunteers assist with activities. Lifestyle staff review the program through meetings, surveys and quarterly care plan reviews. We observed activities in progress, viewed photos of a wide range of activities and, in general, residents stated they have things to do to keep interested.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to identify, recognise and foster individual interests, customs and beliefs. The chaplain conducts an assessment of individual needs on residents' entry to the home and care plans provide information specific to individual needs. The home celebrates relevant community events such as Anzac Day. The home regularly offers various church services and assists residents with religious services. Residents complete an annual survey and discuss cultural and spiritual activities at resident meetings to monitor the program. Residents said the home supports and respects their cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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

Each resident has the opportunity to participate in decisions about services they receive and regular resident meetings provide the forum for participation in decision making. There is accessible information on internal and external avenues for making suggestions and complaints and accessing advocacy services. Staff and residents are aware of resident rights to refuse treatment, to participate in activities as they desire and to exercise their preferences for meals and rising and retiring times. The home records residents' terminal wishes and the chaplain is available to advocate for and support residents and representatives during difficult times. Staff reported they understand residents' preferences and give them priority and residents are comfortable with their ability to decide about their care and exercise control over their lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Prior to or on entry the home provides residents and representatives with a resident information pack which includes information on the home, admission information and consent forms. The resident handbook details information relating to internal and external complaints mechanisms and privacy and confidentiality. The home offers resident agreements to all residents and the agreement includes details regarding security of tenure, rights and responsibilities and documents care and services provided. The director of nursing provides residents and representatives with information on fees. The organisation provides annual prudential compliance statements to all residents with bonds and the home displays the Charter of residents' rights and responsibilities. The home informs residents and representatives of any changes to care and services provided in resident meetings, by direct communication with management or by mail.

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.

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.

Examples of improvement initiatives implemented by the home relevant to the physical environment and safe systems include:

- Following residents’ requests, the home widened external pathways in the front of the home to accommodate residents with wheelchairs. This has made the external environment more accessible for residents with wheelchairs.
- At breakfast time in each wing management observed staff running to and from the kitchen bringing individual breakfasts for each resident. In consultation with staff management reviewed the process and obtained more trolleys, trays and toast covers. Residents stated the breakfast service has improved and staff say they are now well prepared for the breakfast service.
- The residents’ communal area in the south wing was small and becoming more crowded due to resident acuity. The home enlarged and reconfigured the room and installed a new kitchenette. Feedback from resident, representatives and staff has been extremely positive.

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 for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. The home has an audited food safety plan, complies with occupational health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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 and staff have the knowledge and skills required for effective performance in their role in relation to the physical environment and safe systems. Management provides mandatory education sessions and monitors records to ensure annual staff attendance. Regular environmental and safe system audits monitor staff skills and knowledge. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Recent training and development opportunities relevant to Standard 4 include:

- fire safety
- infection control
- occupational health and safety
- using chemicals.

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 residents' care needs".

Team's findings

The home meets this expected outcome

This home provides a safe and comfortable environment with residents accommodated in single bed rooms with en suites and three double rooms with shared bathrooms. Residents are encouraged to bring their own furniture and mementos. There are private areas and courtyards for meetings with relatives, representatives and friends. Exits have electronic key pads and residents have access to a number of internal courtyards. The home was observed to be well maintained, clean and light and a comfortable temperature. Environmental audits and incident and hazard reporting monitor the home's safety and the comfort of the living environment. Staff said scheduled maintenance is completed, and if required, repairs are promptly completed. Residents and representatives said they are satisfied with the environment, are consulted on changes and encouraged to provide feedback.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system for identifying, evaluating and rectifying incidents and hazards. The orientation program and annual training calendar for staff includes compulsory sessions in safe systems and there is an appropriately trained occupational health and safety representative. The occupational health and safety committee meets bi-monthly and monitors the system. The employee handbook covers occupational health and safety requirements. Maintenance routines ensure the environment is safe and equipment is fit for

its intended use. The organisation provides manual handling training and the implementation of new approaches is occurring to more closely align the program with a risk management approach. New equipment is tested and staff are trained in its use. Staff demonstrated an understanding of reporting of workplace hazards and incidents and said management deals with matters promptly.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to manage fire, security and emergencies and fire equipment, floor plans and fire orders are located throughout the home. An evacuation backpack located at the fire panel contains a current resident evacuation list, hat, torch and vests. Emergency exits are clearly marked and provide clear access and egress. Specialist contractors regularly test and maintain fire detection and fire fighting equipment and the home has a process for the tagging and testing of electrical appliances. Staff are provided with orientation education on fire and emergencies which is supported by bi-annual mandatory fire and emergency training. Staff secure the home in the evening and an intercom and camera assist staff to identify after-hours visitors. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff stated they know what to do in the case of fire or other emergencies.

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 systems and processes in place to identify, monitor and manage resident infections and train staff in this area. The home logs resident infections and identifies and acts on trends. Management and staff discuss infection rates and trends at staff meetings and staff discuss individual resident's issues at handover meetings. Kitchen processes ensure the completion of cleaning and checking as required and appropriate bodies have audited the kitchen. The laundry has clean and dirty areas and staff are able to describe the laundry infection control processes. Cleaning is conducted daily according to a schedule and staff have received appropriate training in infection control and chemical use. Hand washing facilities are located in several areas throughout the home and anti-microbial hand gel is available to the staff. Outbreak kits, spill kits and adequate amounts of personal protective equipment are available for use. A pest control program is in place.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way which enhances residents' quality of life and staff's working environment. Residents' individual dietary needs and preferences are captured, available and reviewed. Cleaning staff described processes for maintaining a clean

environment following cleaning schedules and infection control guidelines. Task lists provide guidance on routine work and used to monitor performance. Resident clothing is laundered onsite in accordance with infection control guidelines and labelling services are available to residents. A commercial provider launders the linen. Supplies and equipment are available and chemicals are stored in a safe manner. Scheduled audits monitor the home's hospitality services and, if required, education and maintenance services are available. Residents and representatives expressed satisfaction with the hospitality services at the home.