



Australian Government

Australian Aged Care Quality Agency

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 01 August 2018.

We made our decision on 03 June 2015.

The audit was conducted on 05 May 2015 to 06 May 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 Karingal Community Care 8007

Approved provider: Baptcare Ltd

Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 06 May 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 05 May 2015 to 06 May 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:	Cassandra Van Gray
Team members:	Gayle Heckenberg Ruth Richter

Approved provider details

Approved provider:	Baptcare Ltd
---------------------------	--------------

Details of home

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

Total number of allocated places:	112
Number of care recipients during audit:	111
Number of care recipients receiving high care during audit:	111
Special needs catered for:	N/A

Street:	32 Lovett Street
City:	Devonport
State:	Tasmania
Postcode:	7310
Phone number:	03 6422 7000
Facsimile:	03 6422 7009
E-mail address:	karingal@baptcare.org.au

Audit trail

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

Interviews

Category	Number
Management	12
Clinical, care and lifestyle staff	5
Hospitality, environment and safety staff	10
Care recipients and representatives	14
Medical and allied health	1

Sampled documents

Category	Number
Care recipients' clinical files	15
Care recipients' lifestyle files	12
End of life care plans	12
Medication charts	7
Infection reports	8
Contractor contracts	3
Continuous improvement request register	1
Continuous improvement requests	8
Agreements	12
Incident reports	9
Personnel files	8

Other documents reviewed

The team also reviewed:

- Activity calendar, records and evaluations
- Approved contractor and supplier lists
- Archive register
- Asset lists
- Audits

- Clinical procedures manual and contents
- Communication diaries
- Complaints register
- Compliments
- Confidentiality agreement
- Drugs of addiction register and daily checking register
- Electrical safety testing records
- Emergency and fire management documents
- Equipment calibration records
- Essential safety measures manual and report
- Evacuation lists and maps
- Food safety certification
- Food temperature records
- Gastroenteritis management documents
- Hazard records
- Mandatory reporting folder and pathway
- Material safety data sheets
- Medication management pharmacy reviews
- Meeting minutes
- Menu
- Pest control documents
- Police certification register and statutory declarations
- Policies and procedures
- Preferred supplier list
- Preventative and reactive maintenance systems
- Professional registrations
- Resident dietary requirement list
- Resident handbook

- Resident incident registers
- Resident newsletters
- Resident of the day and care plan reviews
- Restraint authorisations, reviews and risk management information
- Risk assessments
- Self-assessment package
- Specialist and allied health referrals and reports
- Staff survey
- Staff training resources, records and evaluations
- Stock ordering system
- Task lists and guidelines
- Vision, mission and values statement.

Observations

The team observed the following:

- Activities in progress
- Chemical storage
- Equipment and supply storage areas
- Evacuation packs
- Exits, egress and paths of exit
- Fire and emergency equipment
- Interactions between staff and residents
- Internal and external comments and complaints forms and brochures
- Internal and external living environment
- Menu on display
- Notice boards and notices
- Oxygen store room and supplies
- Pest baits
- Refreshment and lunch service

- Resident document storage
- Short observation in the dining room
- Spills kits
- Suggestion box
- Supplies of personal protective equipment
- Waste management area.

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 actively pursues continuous improvement and monitors performance against the Accreditation standards. Care recipients, representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings and completing paper based forms. Management operates continuous improvement registers which include audits, hazards and incidents, and monitors requests on a routine basis. Centralised corporate staff also support the management of the home's improvement system. Changes are introduced in a structured manner to ensure appropriate follow-up and evaluation occurs. Management provide feedback to stakeholders verbally through meetings and consultations as well as through documentation such as newsletters, emails and letters.

Examples of improvements implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- Identified at a corporate level, the home has introduced a new staff electronic learning management system. The system includes a suite of self-paced modules and a completion function. Management stated the system has provided efficient and effective mechanisms for staff to access and participate in education to enhance their skills and knowledge.
- Identified at a corporate level, the home has introduced a new electronic incident reporting system. Management stated the system provides 'real time' incident access and analysis, and therefore enhanced care recipient and staff risk management.
- Identified at a corporate level, the home's parent organisation has appointed personnel dedicated to managing clinical and non-clinical suppliers and contractors. An online contractor induction function has also been introduced. Management stated corporate support ensures the home meets its legislative requirements.

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 is a member of a peak industry body and engages and subscribes to a range of regulatory compliance notification related services. Additional information is obtained through corporate subscriptions and communication, and accessing Government related web sites.

Regulatory compliance is a standing agenda item at most meetings with relevant documentation updated as required. Legislative matters are monitored and discussed at a senior management level and disseminated to staff, as required. There are systems to ensure all employees and applicable contractors have current police certificates and statutory declarations. Care recipient and representative notification of changes occurs through meetings, email, notices and letters.

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 demonstrates there are systems to ensure all staff have appropriate knowledge and skills to perform their roles effectively. All staff participate in orientation training when they commence employment and ongoing compulsory education relevant to their role.

Further education is offered based on a training needs analysis, feedback at meetings, staff interest or a change in care recipients’ needs. Designated personnel maintain attendance records and evaluations to monitor effectiveness of training. Staff stated they are satisfied with the level of education on offer and that internal and external training opportunities are available to further develop their skills.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- Baptcare code of conduct
- electronic care program training
- foundations for managing risk.

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 comments and complaints systems, processes and procedures that are accessible to all stakeholders. Feedback is encouraged through the completion of paper based forms, audits, surveys, attendance at meetings and one to one discussions. Care recipients receive information regarding internal and external comments and complaints processes on entry and through the care recipient agreement, handbooks, and internal and external brochures displayed throughout the home. The home maintains a complaints register which is monitored and actioned on a routine basis and data and statistics are compiled to monitor trends. Management respond to complainants in a timely manner and maintain confidentiality of individual complaints. Care recipients, representatives and staff stated they are aware of the internal and external complaint processes and are satisfied management address complaints appropriately.

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 has documented vision, mission and values statements. Information is made available to stakeholders in handbooks and via the home's web site and intranet. We noted posters prominently displayed throughout the home. The home demonstrates its commitment to quality through the appointment of personnel and resources dedicated to support the home's quality culture and practice.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has sufficient appropriately skilled and qualified staff to deliver care, lifestyle and services. Staff recruitment and performance management processes occur. Commencing staff complete orientation competencies and work with experienced staff members in 'buddy' shift arrangements. Staff receive task lists and information to guide them in their roles.

Management and key staff monitor staffing levels and skill mix through stakeholder feedback and consultation and reviews of care recipient needs and preferences. Results of monitoring inform staff education programs and rosters are flexible to meet care recipients' needs. Care

recipients and representatives stated they are satisfied there are sufficient, appropriately skilled staff to meet care recipient needs.

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 sufficient goods and equipment for quality service delivery with identified staff managing stock control, ordering and purchasing. Stock is inspected on delivery and stock and equipment are safely stored. Management and corporate services monitor preferred suppliers' performance, practices and the quality of goods. Goods are rotated and stored safely. Routine and reactive maintenance ensures equipment is kept in a clean and usable condition. Staff stated they have sufficient equipment and supplies to meet care recipients' needs and preferences. Care recipients and representatives stated there are sufficient supplies and equipment to meet care recipients' needs.

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

Management has systems to ensure communication is effective across all services of the home. The home operates a paper based care recipient documentation system, supported by electronic progress notes and databases. Regular meetings and written documentation support the effective distribution of information. Staff sign a confidentiality agreement and care recipients and representatives receive a consent form for privacy and confidentiality purposes. Policy and procedure reviews ensure information remains relevant and current. Information technology systems are backed up on a routine basis and staff have access to online support. Information was observed to be stored securely. Staff stated they have access to information required to perform their roles. Care recipients and representatives stated they are satisfied with information provided by 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

The home engages a number of external services across a range of clinical and non-clinical areas. Senior management and corporate services monitor contractor performance on a routine basis and provide feedback regarding the quality of goods and services. A list of preferred providers is available and senior staff can access internal and external support and assistance outside business hours. Staff and care recipients stated they are satisfied with the type and range of external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- In conjunction with the University of Tasmania, the home has introduced the RedUse program. The aim of the program is to review and subsequently reduce the use of care recipient antipsychotic medications and increase the use of alternative strategies including food and fluids. Management stated there have been good outcomes for care recipients as a result of this initiative.
- As a result of a trade representative promotion, the home trialled and subsequently introduced a new skin care product. Management stated the product has enhanced care recipient skin integrity and the frequency of skin tears.
- The home's pharmacist identified a new product that enhances care recipients swallowing of crushed medications. The product was trialled with relevant care recipients. Management stated the new product has resulted in positive outcomes for care recipients who previously experienced difficulties with consuming medications effectively.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing and care staff perform care and medication management activities within their scope of practice. The home has systems to record and manage instances of unexplained absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

The home offers a range of training and education topics to staff relevant to care recipient’s health and personal care. There are systems and processes to monitor the knowledge and skills of management and staff in order for them to perform their roles effectively.

Recent education and staff development relating to Standard 2 Health and personal care include:

- deteriorating health in the older person
- medication management competency
- skin tears.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home’s management demonstrates there are systems for ensuring care recipients receive appropriate clinical care. An initial assessment provides an overview of identified clinical and care requirements to assist with development of interim and summary care plans. An admission procedure checklist guides staff in completing additional comprehensive charts and assessments and the development of care plans. Reassessment and reviews of care plans occur regularly in consultation with care recipients and representatives. Staff contact and discuss care recipients’ clinical care with medical practitioners, specialists and allied health professionals as required. Monitoring of care recipients’ care needs occurs through staff and care recipient feedback, observation of practices and audit and incident results.

Corporate personnel review clinical policies, procedures and assessments on a regular basis and care recipients stated they are satisfied with the 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 ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Consultation occurs with medical practitioners for referrals to specialists and treatments as required. Medical directives and specialist recommendations are recorded and implemented. Nursing staff complete and review specialised nursing care plans regularly based on care recipient needs. Management support nursing staff by providing policies and procedures, detailed resource information, identified training and specialised equipment. Specialists contacted for advice includes a speech pathologist, stoma therapist, palliative care nurse and diabetic advisor. Care recipients stated they are satisfied their specialised nursing care needs are attended to by nursing staff in a timely manner.

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

Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences. Health specialist services provided at the home include physiotherapy, podiatry, occupational therapy and geriatrician support. Care recipients attend appointments at the local dentist, dental technician, optometrist and audiologist as required. Nursing staff consult with medical practitioners, care recipients and representatives regarding recommendations or revised treatments. Care recipients stated they are satisfied with their access to visiting and external health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Management ensure care recipients’ medication is managed safely and correctly. Nursing and care staff administer medications from single dose packs. Policies and procedures provide guidelines for the safe and secure storage of medications according to relevant legislation and regulatory requirements. Medication charts generally reflect orders from medical practitioners, current photographs, allergies and special considerations for administration. Medication reviews by pharmacists and medical practitioners occur and contribute to monitoring current care recipient needs. All staff responsible for administering medications commonly record the effectiveness of medications and complete annual written and practical medication competencies. Medication related incidents are reported as they occur and are discussed at management, staff and medical advisory committee meetings. Care recipients stated staff administer their medications in a safe and timely manner.

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 relevant staff ensure all care recipients are as free as possible from pain. On entry to the home staff record and assess care recipients’ pain experiences to determine patterns and identify treatments to assist in relieving their pain. Nursing staff evaluate care recipients’ pain management through the care plan review process, as care recipients’ report new pain and as changes in medications are implemented. Referrals occur to the onsite pain clinic facilitated by the physiotherapist for massage and circulation treatments. Further pain relieving measures are offered such as heat therapy, music therapy, and cream application. Care recipients stated they are satisfied with the monitoring of their pain and the treatments received.

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 demonstrates they have systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Opportunities are provided to discuss advanced care directives and end of life wishes with care recipients and representatives. Nursing staff preventatively prepare pain management strategies to follow in consultation with the medical practitioner and visiting palliative care nurse. As care recipients enter the palliative phase implementation of the recorded strategies occur and care plans are updated regarding care recipients current care needs. An onsite chaplain supports residents and representatives as required. Staff access equipment and resources for assisting residents’ pain relief and maintaining their comfort. Staff stated they respect residents’ wishes and refer to their documented preferences as they are deemed palliative.

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 demonstrates there are systems to ensure care recipients receive adequate nourishment and hydration. On entry to the home staff assess and identify care recipients’ individual dietary requirements, menu choices and personal preferences. Nursing staff communicate with the kitchen for any changes to dietary requirements and reassess care recipients’ nutrition and hydration annually and as needed. The care recipient of the day approach ensures monthly monitoring of care recipients’ weight and when significant unplanned weight loss or gain is identified staff implement a weight management pathway. Meal and refreshment services are provided throughout the day and recording of food and fluid intake takes place when necessary. A speech pathologist and dietitian provide advice

regarding modified foods and fluids. Care recipients stated they are satisfied with the choices and quality of food and refreshments provided.

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 ensure care recipients’ skin integrity is consistent with their general health. On entry to the home a risk rated assessment tool assists in identifying concerns related to skin integrity. Care plans include strategies for minimising skin breakdown and trauma and outlines specific treatments. Consultation occurs with medical practitioners and care recipients and representatives as required. Nursing staff with an allocated role for wound care attends to care recipients’ specific treatments on a routine basis. A focus on skin care management for care staff raises awareness of practices which are regularly monitored by nursing staff. Reporting of skin tears, wounds and infections occur monthly with results analysed and trends identified. Care recipients stated they are satisfied with the skin care and treatments provided by staff.

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 demonstrates there are systems to ensure care recipients’ continence is managed effectively. On entry to the home staff complete charts and assessments to identify toileting patterns, allocation of aids to support continence and related continence concerns. Care plans detail strategies to guide staff in their approach to assisting care recipients and routine reviews of care recipients’ continence care needs provides current information for staff. Nursing staff report urinary tract infections as they occur with results analysed and trends identified. Staff consult with medical practitioners for prescribed treatments and external specialist advice is available as necessary. We observed a variety of continence aids stored in a secure and clean area. Care recipients stated they are satisfied their continence needs are met in a timely manner.

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 demonstrates there are systems to ensure the needs of care recipients with challenging behaviours are managed effectively. Care recipients with cognitive impairment live within the general population of the home. On entry to the home staff gather prior history information and complete charts and assessments to assist in identifying types and patterns of responsive behaviours. Care plans detail a range of strategies to assist staff in their approach

to care recipient care and lifestyle staff provide relevant therapies and programs to support care recipients. Regular evaluation of care recipients' behaviours occurs and referrals to specialists and dementia advisory services provide advice and support as necessary. The home's alert monitoring system enables staff to respond to care recipients who may attempt to leave the building and ensures care recipient safety. Care recipients stated they are satisfied staff assist care recipients with responsive behaviours in a timely manner and are kind in their approach.

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 that optimum levels of mobility and dexterity are achieved for all care recipients. Staff and a physiotherapist conduct initial and ongoing assessments of care recipients' functional ability using a risk management approach. Lifestyle staff implement programs focussing on falls prevention, promoting independence and maximising care recipients' mobility. Care plans detail information for staff to follow regarding types of walking aids, equipment and the assistance care recipients require. Staff report on incidents as they occur with results analysed and trends identified on a monthly basis. The physiotherapist and nursing staff provide further opportunities for treatments including heat application and massage. Staff stated they attend manual handling training through the home's 'back attack' program annually. Care recipients stated they are satisfied with the support provided to maintain their mobility.

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 demonstrates there are systems to ensure care recipients' oral and dental health is maintained. An initial oral and dental assessment includes identification of any problems with care recipients' mouths, teeth and gums and assistance care recipients may require for attending to their oral hygiene. Care plans reflect strategies for oral hygiene and a review of care needs occurs monthly. Staff replace dental care products and toothbrushes three monthly. External appointments with dentists and dental mechanics are encouraged and staff support access as required. Staff stated they assist care recipients with their oral hygiene needs. Care recipients stated they are satisfied with the dental care opportunities available and assistance received from staff.

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 demonstrates that care recipients’ sensory losses are identified and managed effectively. Staff complete a range of assessments and use a sensory board to identify sensory deficits and may include cognitive ability, vision and hearing, taste and touch. Care plans detail information for communication strategies, care recipients’ physical capabilities and the care required for a variety of sensory aids. Staff assist care recipients to attend audiologist and optometrist appointments. Staff stated they assist care recipients to access large print books, audio books, a communication board and large numbered keypads and telephones. Care recipients stated they are satisfied with the care provided in relation to their sensory needs.

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 care recipients are able to achieve natural sleep patterns. On entry to the home staff gather past history information and complete charts and an assessment to identify contributing factors impacting on care recipients’ sleep. Further details include preferences for routines for day and night rest. Care plans contain information on a range of strategies to promote restful sleep. Although sedation is offered staff consider further aspects as care recipients retire including room temperature, treatments and comfort measures. Care recipients are offered food, warm drinks, massage and relaxation music.

Care recipients stated the home is quiet during the night and they generally sleep well.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

- Care recipients expressed a concern regarding their ability to view a Sunday televised spiritual service and attend lunch, in a timely manner. As a result of this feedback management arranged for the viewing to take place in the home’s chapel, which is conveniently located adjacent to the dining room, thus alleviating any further anxiety. Management stated there has been good feedback from care recipients regarding this change.
- As a result of an approach by a local radio station, care recipients have been invited to submit weekly music requests and promote individual historical milestones. Management stated care recipients look forward to the broadcast, and they feel more connected with the wider community.
- In the interest of enhancing the connection between leisure and lifestyle staff and care recipients, the home has erected a lifestyle office space in the main activity lounge. Management stated the new office allows for enhanced access to lifestyle staff and support to care recipients.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Care recipients and representatives receive information regarding the privacy and confidentiality of their information on entry to the home. The care recipient handbook and agreement includes information regarding care recipients’ rights and responsibilities and the

Charter of care recipients' rights and responsibilities is on display. The home has systems to record and manage instances of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home offers a variety of educational topics relevant to care recipient lifestyle to assist staff to perform their roles effectively. Staff attend external seminars and the home's internal training and education program.

Recent education and staff development relating to Standard 3 Care recipient lifestyle includes:

- Alzheimer's disease
- compulsory reporting
- introduction to Dementia Dynamics.

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 has systems to ensure each care recipient receives support in adjusting to life in the new environment and an ongoing basis. Management meets with prospective care recipients and representatives and provides information and support prior to entry. The chaplain, lifestyle and clinical staff assess care recipients' needs for emotional support when they enter the home and they provide orientation as needed. Emotional support is noted in care plans to guide staff. The chaplain and staff monitor care recipients' needs and review their requirements on a monthly basis. The home's chaplain provides additional emotional support to care recipients and families in times of grief and loss and at end of life as required. Care recipients and representatives stated satisfaction with the emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients to achieve maximum independence, continue their social relationships and participate in community life. Clinical and lifestyle staff assess care recipients' abilities to maintain their social life on entry to the home and develop a care plan. Staff support care recipients to shop, visit cafes, go on bus trips and continue engagement with their church community. Community volunteers and groups are also engaged in the life of the home. Staff complete risk assessments to identify where care recipients may need support to maintain their independence. Care recipients and representatives stated they are satisfied with the support care recipients receive to maintain community connections.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home ensures each care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home provides care recipients with information about their right to privacy and seeks consent from care recipients to display their photographs and names. There are sitting rooms for care recipients to receive their guests. Care recipients' information is stored securely and discussed discretely. Staff displayed awareness of strategies to maintain care recipients' privacy, dignity and confidentiality and management monitors these aspects of care. Care recipients and representatives stated they are satisfied care recipient privacy, dignity and confidentiality is respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in activities of interest to them. When care recipients enter the home leisure and lifestyle staff record their interests and activities and develop care plans. Staff promote a range of group and individual activities and organise one to one contact visits, special events, guest attendances and outings. Staff seek care recipient feedback in relation to leisure interests and activities and monitor program effectiveness through activity evaluations, stakeholder feedback and meetings. Care recipients and representatives stated they are satisfied with the lifestyle program.

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

Management and staff value and foster the customs, beliefs and cultural backgrounds of care recipients' in the home. Staff gather information regarding care recipients' culture, language and spiritual beliefs on entry to the home and develop care plans. The chaplain and clinical staff support and encourage care recipients to discuss and document end of life wishes. The home provides religious services for care recipients who wish to participate. The chaplain coordinates and provides individual spiritual support. The program includes a range of Australian holidays and events and culturally diverse activities. Care recipients and representatives stated they are satisfied with the cultural and spiritual life provided by the home.

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

The home has systems for care recipients and representatives to participate in decisions about the home's services and their lifestyle. Management provides opportunities for care recipient feedback in surveys and during care recipient and representative meetings. Care recipients have access to comments and complaints forms and advocacy information. Staff seek information about care recipients' preferences across care, lifestyle and service areas. Management maintain information on care recipients' powers of attorney and provisions for voting. Care recipients and representatives stated they are satisfied with the opportunities for choice and decision making available to them.

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 home has systems to ensure care recipients have secure tenure and understand their rights and responsibilities. Management provides prospective care recipients with information regarding security of tenure, care and service entitlements and rights and responsibilities.

Each new care recipient is offered an agreement which confirms these arrangements. Room changes occur after consultation with the care recipient and, if required, their representatives. Care recipients and representatives stated care recipients have secure tenure and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

- As a result of a corporate initiative, the home has appointed a manual handling consultant. Coined the ‘back attack program’, the consultant provides manual handling training and reviews care recipients’ slings, as well as trained mentors to support staff practices on the job. Management stated there has been a reduction in staff manual handling injuries and enhanced care recipient skin integrity.
- As a result of a gastroenteritis outbreak, management identified staff would benefit from enhanced skills and knowledge when applying and removing their personal protective equipment. A member of the home’s management sourced information, as well as trained staff in the appropriate procedures. Management stated staff are now more aware of correct infection control processes and procedures.
- Management identified an opportunity to enhance the care recipient dining room. The area has been painted, carpets and window treatments replaced and decor items purchased. Management stated there has been good feedback from care recipients and a visible increase in care recipients using the area.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has achieved compliance with the appropriate fire, emergency and food safety certification legislation.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home provides education and development opportunities to staff to ensure they have the skills and knowledge to perform their duties in relation to the physical environment and safe systems.

Recent education and staff development relating to Standard 4 Physical environment and safe systems includes:

- 'back attack manual' handling
- fire and emergency
- infection prevention and control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management actively works towards providing a safe and comfortable living environment with ongoing improvements including painting, replacing carpets and individualising and upgrading sitting rooms. The home provides mainly single rooms with ensuites and some double rooms with shared bathrooms occupied by couples. There are lounge areas with kitchenettes for care recipients and visitors, large areas for activities, a chapel and dining areas. The home has secure courtyard areas easily accessed by care recipients. Care recipients' rooms reflect individual preferences and care recipients report temperatures are well controlled. Management maintain safety of the environment by addressing hazard reports and maintenance requests. Care recipients and representatives stated they are satisfied with the 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 actively pursues occupational health and safety to ensure a safe working environment which meets regulatory requirements. There is a system of policies and procedures, incident and hazard reports, an occupational health and safety representative and committee with representation from all work areas. The home provides a range of equipment to minimise the risk of injury to care recipients and staff. Management and the organisation monitor occupational health and safety through environmental audits, analysis of incidents and hazards and feedback from staff. Secure storage and material safety data sheets support the safe use of chemicals. Staff demonstrated knowledge regarding hazard and incident reporting.

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 minimise risk. Fire equipment, floor plans and fire procedure instructions are located throughout the home. Evacuation packs contain equipment and a current care recipient evacuation list is available. Emergency exits are marked and provide clear access and egress. Specialist contractors regularly test and maintain fire detection and firefighting equipment. The home has a process for testing and recording the safety of electrical appliances. The home provides staff with education on fire and emergencies during orientation and the mandatory fire and emergency training program. Staff follow security procedures to ensure a safe environment. Staff demonstrated knowledge and provided examples of what to do in the event of a 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 an effective infection control program. Designated staff have responsibility for the program in consultation with management. Detection and monitoring of care recipient infections occurs by staff reporting and generally completing infection documentation.

Policies, procedures and guidelines inform staff practices regarding infectious outbreaks and other types of infections. Infection outbreak management kits and spills kits are available to staff alongside appropriate personal protective equipment. Care recipients and staff are encouraged to participate in annual vaccination programs. Staff stated they regularly participate in hand hygiene and infection control related events.

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

The home provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Meals are prepared seven days a week, fresh daily on site with care recipient, allergies, likes and dislikes documented and taken into account.

Cleaning staff provide services seven days a week according to a schedule with provisions for ad hoc cleaning needs, as required. Designated staff process care recipients' personal laundry, with linen laundered by an external contractor. There are provisions for labelling of care recipients' clothes to assist in the prevention of lost items. Management monitor catering, cleaning and laundry services through one to one discussions, internal and external audits and feedback received at meetings. Care recipients and representatives stated they are satisfied with the home's hospitality services.