



Australian Government

Australian Aged Care Quality Agency

Beuaraba Lodge

RACS ID 5043
10 Weale Street
PITTSWORTH QLD 4356

Approved provider: The Pittsworth and District Hospital Friendly Society 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 29 April 2019.

We made our decision on 08 March 2016.

The audit was conducted on 16 February 2016 to 18 February 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Beuaraba Lodge 5043

Approved provider: The Pittsworth and District Hospital Friendly Society Ltd

Introduction

This is the report of a re-accreditation audit from 16 February 2016 to 18 February 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 February 2016 to 18 February 2016.

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

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

Assessment team

Team leader:	Mary Allen
Team member:	Margaret Williamson

Approved provider details

Approved provider:	The Pittsworth and District Hospital Friendly Society Ltd
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Details of home

Name of home:	Beuaraba Lodge
RACS ID:	5043

Total number of allocated places:	100
Number of care recipients during audit:	97
Number of care recipients receiving high care during audit:	80
Special needs catered for:	Care recipients requiring a secure environment

Street/PO Box:	10 Weale Street
City/Town:	PITTSWORTH
State:	QLD
Postcode:	4356
Phone number:	07 4619 8422
Facsimile:	07 4619 8400
E-mail address:	janet.newlands@beuarabaliving.org.au

Audit trail

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

Interviews

Category	Number
General Manager	1
Director of Care Services	1
Registered nurses	3
Care Coordinator	1
Care staff	10
Contract and Client Services Managers	2
Fire Safety Adviser	1
Care Support Officer	1
Care recipients/representatives	13
Executive Assistant/Administration Manager	1
Operations Manager	1
Quality Coordinator	1
Maintenance staff	2
Catering, cleaning, laundry staff	6
Diversional Therapists	3

Sampled documents

Category	Number
Care recipients' files	12
Summary/quick reference care plans	5
Medication charts	13
Personnel files	4

Other documents reviewed

The team also reviewed:

- Audit folders including schedules and results, survey results
- Authorisation for resident to administer/store own medications
- Cleaning schedules and checklists

- Comment and complaint register
- Continuous improvement log and plan
- Controlled drug register
- Corrective action summary
- Duties lists
- Education attendance sheets
- Employee handbook
- Fire and evacuation manual
- Food safety program
- Information systems including staff communication diaries, memoranda, minutes of meetings, newsletter
- Lifestyle documentation
- Maintenance service agreements and reports from external contractors, maintenance log, preventative maintenance program
- Medication management documentation
- Nurse registrations
- Pest inspection reports
- Police check register
- Quality management system including policies, procedures and forms
- Referral forms
- Register of compulsory reporting
- Resident handbook
- Restraint authorisations and charts
- Safety data sheets
- Self-assessment for re-accreditation
- Temperature logs
- Training needs analysis summary

Observations

The team observed the following:

- Activities in progress, activities calendar on display, activity resources
- Charter of care recipients' rights and responsibilities displayed
- Daily menu displayed in dining rooms
- Dangerous drugs count
- Equipment and supplies in use and in storage
- Evacuation wheelie bin, outbreak boxes, spill kits
- Feedback mechanisms including internal feedback forms, suggestion box and external agency complaints brochures available
- Fire and emergency equipment, emergency response flip charts, evacuation diagrams, assembly point signage
- Interactions between staff, care recipients and visitors
- Living environment - internal and external
- Manual handling and mobility equipment in use
- Medication administration round, medication storage
- Mission and values displayed
- Noticeboards
- Quality Agency re-accreditation audit notices on display
- Secure storage of confidential information
- Short group observation
- Staff work practices and work areas, staff room
- Visitor sign in/out register

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

Beuaraba Lodge has a quality framework which enables the pursuit of continuous improvement and the monitoring of the home's performance against the Accreditation Standards. Areas for improvement are identified through the complaints process, results of audits and surveys, incident reports, meetings, observation and informal feedback from staff, care recipients and representatives. A plan for continuous improvement enables the planning, implementation and evaluation of the improvements and the process is coordinated by the quality manager. Feedback and information about improvements is provided through meetings, notices, education and newsletters. Care recipients, representatives and staff report they are aware of how to provide feedback and are satisfied with the home's response to their input. The home has made planned improvements in relation to Accreditation Standard One including:

- A review of the ordering processes identified poor stock control including there often being too much stock of particular items and also poor stock rotation. To assist with the process a care support assistant has been appointed three days a week with the main responsibility being to ensure appropriate stock levels and stock rotation is maintained. To streamline the process an imprest system has been introduced and additional storage space allocated for clinical stores. Feedback on the new system has been positive and staff say they always have the goods available to provide care.
- The introduction of a roster coordinator position in 2015 has led to efficiencies in the management of staff. The roster coordinator works closely with the clinical management team to ensuring the skill mix of staff meets the requirements of the care recipients. Available to the roster coordinator and other staff after hours is a text messaging system that enables more efficient replacement of staff. Management and staff say this has reduced the amount of time spent replacing staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of an industry body which provides ongoing information about industry issues and regulatory changes. Additional information is obtained from government and professional organisations. Legislation, regulatory compliance, standards and guidelines are reviewed for their relevance and policies are amended, if necessary. Staff are informed of regulatory matters relevant to them through memoranda, meetings and education. The management team monitors the home’s adherence to regulatory requirements through audit processes, competency assessments and observation of staff practices. Care recipients/representatives are informed of regulatory matters relevant to them through notices, meetings and correspondence sent to the individual. Examples of regulatory requirement undertaken in relation to Accreditation Standard One include:

- Procedures to monitor criminal history checks for staff, volunteers and contractors.
- Care recipients/representatives were informed of the re-accreditation site audit and notices of the impending audit displayed prominently throughout the home. Care recipients and representatives interviewed during the site audit were aware of the 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 an education program for management and staff based on identified needs, organisational requirements and changing care recipient needs. Electronic learning packages, face to face presentations, workshops, use of the Aged Care Channel and external specialists are used to improve access to education and training opportunities.

Flexible times and dates are offered to enhance the opportunities for staff to attend training. Staff have an obligation to attend mandatory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at essential training. The Education Coordinator monitors education and training and the skills and knowledge of staff, competency assessments, staff appraisals and observation of practice contribute to the development of the education schedule. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

Examples of training and education topics relevant to Standard One include:

- Code of conduct
- Bullying and harassment
- Documentation/computer access
- Accreditation standards
- Residents' rights and responsibilities
- Managing workplace pressure

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

There are systems to provide care recipients and their representatives, as well as other interested parties access to internal and external complaints mechanisms. All stakeholders are encouraged to communicate compliments, suggestions, concerns and complaints both verbally and in written form on all aspects of the services provided by the home. Information on the external complaint mechanisms is posted around the home, documented in the resident handbook and brochures are available at reception. A register of comments and complaints is maintained and documentation reviewed demonstrates that any complaints are managed in a timely manner. Care recipients/representatives confirm they are aware of how to make a comment or complaint and that any issues raised are appropriately addressed.

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 their vision, mission and values. The vision, mission and values statement is displayed around the home and documented in the resident and employee handbooks, made available to care recipients upon moving into the home and provided to new staff during the orientation program. Feedback from care recipients/representatives and observations of interactions between staff, care recipients and representatives demonstrated the vision and values of the home underpin the care provided.

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 recruitment and selection processes for employing staff which identify their skills and qualifications. Staff receive position descriptions and undergo a process of orientation and ongoing education and training to acquire and/or maintain the skills and knowledge required to perform their roles effectively. Staff skills are monitored through performance appraisals, competency assessments and observations by management.

Staffing hours and rosters are adjusted and reviewed to meet care recipients' needs. The home has processes for replacing staff on planned leave or unexpected staff absences. Care recipients/representatives are satisfied there are sufficient staff who understand care recipients' needs, and are responsive to their care needs and requests.

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 purchasing systems and available stock of goods and equipment appropriate for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home enters into service agreements with approved suppliers and the responsibility for ordering goods is delegated to designated staff in each department. The maintenance staff oversee the corrective and planned preventative programs to ensure equipment is safe for use. Management monitors the inventory and equipment system through regular audits, surveys, meetings and the feedback mechanisms of the home. Care

recipients/representatives and staff stated and observations indicated there are plentiful supplies of goods and equipment available for use in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep care recipients/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. Electronic information is backed up, password protected and with access appropriate to position. The home has a system of internal audits to ensure compliance with their policies and procedures. Various systems and processes ensure information is available in a timely manner to all stakeholders. These include meetings, newsletters, notices, case conferencing and handovers. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/representatives report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure external services are provided to meet the home's care and service needs and quality goals. Service contracts with a range of external providers and service suppliers are established and are regularly reviewed. The home has an approved supplier/contractor listing available for staff. External suppliers of goods and services are required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and criminal history certificate as required. All work performed is monitored for quality and effectiveness of service through inspection, audits, surveys and feedback. A range of allied health professionals provide on- site care and services for care recipients.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples include:

- The home identified an increase in the number of care recipients receiving cytotoxic medications and undertook a review of their process to ensure they were managed safely. Cytotoxic medications are now packaged in separate purple sheets and delivered and stored in sealed and labelled bags. A purple coloured pill 'bob' is maintained for each individual care recipient for dispensing the medication and medication chart labels have been purchased. Staff confirmed they were given training on the new process and were able to discuss the way cytotoxic medications are managed.
- The home has undertaken a full review of available physiotherapy providers and following this review appointed a new physiotherapist. Management were interested in sourcing a physiotherapist with pain management experience and also experience in rehabilitation. In addition management identified the need to recruit a physiotherapy aide to assist with the implementation of individual care recipients' physiotherapy programs. Management provided some examples of improvements observed in the mobility of individual care recipients.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- A record is kept of the current registration of registered nurses.
- Management has procedures to ensure notification of unexplained absences of care recipients is reported according to legislation.

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

The home provides management and staff with a learning and development program to enable the maintenance and improvement of clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of staff training needs. Competencies for clinical skills are conducted annually or as required. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system.

Examples of training and education topics relevant to Standard Two include but are not limited to:

- Pain, recognising and responding
- Continence program
- Psychotropic drugs and their side effects
- Palliative care
- Skin integrity, preventing pressure ulcers
- Understanding dementia and person centred care
- Diabetes, promoting health and wellbeing
- Assisting with medications and adjusting medications

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients’ clinical needs are assessed on entry to the home through interviews with care recipients/representatives, application information and discharge summaries as provided. Baseline assessment data is completed on entry to the home to enable an interim care plan to be developed, which guides staff practice until individualised care plans are established. Completion of individualised assessment tools guide staff in the development of care plans. Registered staff review care plans every three months following a review of care recipient details including progress note entries, clinical observations and assessment data. Reassessment occurs if indicated; changes are actioned and care plans are amended as required. Daily care profiles are located in care recipients’ rooms and care staff are knowledgeable of individualised care recipient requirements. Information relating to care recipients’ health status is recorded in progress notes and communication diaries. Incident reports are created following interruptions to the delivery of clinical care. Incident reports are completed by staff, investigated by registered staff, reviewed by management and collated monthly for the identification of trends. Care recipients/representatives are satisfied with the clinical care provided by staff.

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

The home has systems and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, wound management, oxygen therapy, anticoagulant therapy, dialysis care, catheter care and pain management. Registered staff assess the initial and ongoing specialised nursing care needs and establish care recipients’ preferences guided by management plans instigated by medical officers. Care plans are developed to guide staff practice and support specific care needs; interventions are evaluated regularly or as required. Registered nurses are available 24 hours a day and oversee and assess specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are informed about allied health and other health related services available. The home has referral processes for care recipients if and when the need arises to a variety of medical and allied health professionals with a process to manage urgent referrals.

Services accessed by care recipients include physiotherapy, speech pathology, dietetic, podiatry, psychology, optometry, audiology and alternative therapies. Documentation of the health specialist’s visit is included in the care recipient’s progress notes and registered nurses incorporate changes into care plans as appropriate. Consultations occur in the home or, where this is not possible and/or appropriate, staff or families facilitate attendance to external appointments. Care recipients/representatives are satisfied with the range and access to appropriate health specialists and the follow-up care provided.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff and care staff, who have completed medication competencies, assist care recipients with their medication guided by policies and procedures. Medications are stored securely and records of controlled medication are maintained. Those medications required to be stored at specific temperatures are stored within refrigerated confines and are monitored for appropriate storage temperatures and opening dates. Medication charts contain information to guide staff in the administration or assistance required when administering medication to care recipients. Care recipients receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

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

The pain management needs of care recipients are identified through initial assessments on entry to the home with provisions for non-verbal assessments as required. Pain strategies include medication, massages, repositioning and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Pain management strategies are reviewed regularly, and as required, to

ensure the interventions for pain are current. Staff have access to information relating to the pain management requirements of care recipients. Care recipients are as free from pain as possible and are satisfied with the care they receive to minimise pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Palliative care strategies and wishes are discussed with care recipients/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney, advance care directives and end of life wishes are located in the care recipient records if required. Staff have access to palliative care resources such as mouth and skin care products and pain relief to ensure appropriate care provision. Representatives are encouraged to stay at the home with their loved one and are supported with refreshments as required. Chaplaincy services are available at the home and accessed after hours as required for care recipients entering the palliative phase. Memorial services are held regularly to celebrate and commemorate care recipients who have passed away at the home. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and dietary forms to guide staff practice. Care recipients’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in diets and fluid requirements. Care recipients are weighed in accordance with their individual requirements and changes in weight and/or changes in oral intake are monitored by the registered staff. To support changes in diet, implementation of supplements and/or referral to the Dietitian and Speech Pathologist occurs if required. Strategies implemented to assist care recipients to maintain adequate nourishment and hydration include assistance with meals, nutritional supplements and fortification of meals. Care recipients are satisfied with the quantity of food and fluid received.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and planned interventions are included in the care recipients’ care plans to guide staff practice. The potential for

compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, use of pressure relieving devices and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes are communicated in wound documentation, care plans and progress notes. Wound care is managed by registered staff and is monitored through regular review processes. Staff have an understanding of factors associated with risks to care recipients' skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. Care recipients are satisfied with the management of their skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence needs are assessed on entry to the home and on an ongoing basis. Individual continence programs are developed by the registered staff with one staff member responsible for the 'continence portfolio'. Care plans and continence assessments direct staff practice and ensure individual care recipients' preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed regularly. Individualised bowel management programs are developed and include medication and other natural methods. Care recipients are satisfied with the assistance by staff to maintain their continence.

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

There are systems to ensure the needs of care recipients with challenging behaviours are managed effectively. This includes initial and ongoing assessment of individual behavioural needs and the development of a care plan that includes strategies to address care recipients' specific needs. Specialist consultations are arranged as needed and staff have access to mental health services when required. Staff could discuss individual care recipients, any triggers for behaviours and strategies used to manage these behaviours. Observation of care recipient and staff interaction shows a patient and gentle approach to behaviour management. Care recipients/representatives say the needs of care recipients with challenging behaviours are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients’ mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs when there are identified issues relating to mobility including following falls. Care plans are developed and reviewed regularly and as required. Staff provide assistance to care recipients with range of movement activities during hygiene cares and through the promotion of regular exercise. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques. Care recipients are satisfied with the assistance provided to maintain mobility and maximise independence.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance is assessed and this information is included in the care recipient’s care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Staff liaise with external health care professionals when interventions are needed. Limited dental services can be organised on site and assistance is provided to access external appointments according to care recipients’ needs and preferences. Care recipients/representatives are satisfied with the assistance given by staff to maintain and dental health.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients’ care needs in relation to all five senses are assessed on entry to the home, and reassessed when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. The lifestyle program includes activities to stimulate care recipients’ senses such as cooking and musical activities. Audiology and optometry specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of care recipients with sensory loss by safely storing large equipment and ensuring egress to outdoor areas is unimpeded and safe. Care recipients are satisfied with the care and support offered to minimise the impact of any sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist care recipients to settle and remain asleep. Staff have access to snacks for care recipients who require additional nourishment overnight. Medical officers are consulted if interventions are considered to be ineffective. Care recipients are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples include:

- The home purchased a mini bus in December 2015. Staff have commenced using the bus for outings and we observed care recipients going on an outing during the re-accreditation audit. Staff say having their own bus will enable more frequent trips and it is also more cost effective. The bus can also accommodate two wheelchairs. Care recipients were satisfied with the new purchase.
- In response to a suggestion received the home has introduced two memorial boxes. The shadow box is a way for the home to honour and remember the care recipient. Management said a photograph of the care recipient is displayed in the shadow box and staff and others will have a place of reflection on the passing of a care recipient. Positive feedback has been received from staff and representatives.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to care recipients/representatives in the resident agreement regarding care recipients’ rights and responsibilities including security of tenure.
- A system is in place for the compulsory reporting of alleged and suspected reportable assault and/or abuse as required under amendments to the *Aged Care Act 1997*.

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

Education in leisure and lifestyle issues is derived from changing care recipient needs and through review of staff training needs. Staff are offered opportunities to access continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of training and education topics relevant to Standard Three include:

- Cultural diversity
- Compulsory reporting process
- Leisure and health
- Person centred activities

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Care recipients and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Information is gathered through talking with care recipients and assessments are undertaken to identify important information for care and activity planning. Ongoing support for existing care recipients includes management and staff support, contact with volunteers and visits by religious representatives. Staff encourage care recipients to join in with social activities as they feel comfortable, whilst respecting their right to refuse. Family members are encouraged to visit whenever they wish and feel welcome by staff. Care recipients say they are happy living at the home and that the staff are kind and caring. Observations of staff interactions with care recipients during the re- accreditation audit showed warmth, respect and laughter.

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

Beuaraba Lodge provides a welcome environment for visitors with care recipients being encouraged to participate in life outside the home as their condition allows. Documentation

and discussions with staff and care recipients/representatives demonstrate care recipients are encouraged to be as independent as possible and are provided with appropriate information and equipment to maintain their independence. The activity program helps facilitate community access by regular bus trips and community entertainers and volunteers visit the home. Care recipients' independence is also fostered through having personal items such as televisions in their rooms and having access to telephones and newspapers. Staff practice, documentation and care recipient/representative feedback confirms that care recipients are encouraged to maintain their independence and keep in touch with family.

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

Management and staff of the home protect the privacy and dignity of care recipients and ensure the confidentiality of personal information. Care recipients/representatives consent to the release of information to appropriate parties and staff sign confidentiality agreements.

Staff demonstrate an awareness of practices which promote the privacy and dignity of care recipients. These include closing doors and using privacy screens when providing personal care. Care recipients who are reliant on staff for their dressing and grooming requirements are well presented. Staff were observed to knock on closed doors before entering and address care recipients by their preferred name. Care recipients/representatives say there are sufficient private and communal spaces to meet with family and friends and that staff are polite and respect their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of care recipients are identified on entry to the home and an individualised care plan developed. A monthly activity calendar is formulated by lifestyle staff and includes a variety of activities. Lifestyle staff and care staff described ways they encourage care recipients to participate in activities and how they provide one-on-one activities for those who are unable or choose not to participate in group activities. Activity programs are evaluated via feedback, meetings, surveys and review of activity attendance records. Attendance at activities is recorded to monitor care recipients' participation in activities. Care recipients were observed to be participating in a range of activities during the re-accreditation audit. Care recipients say they are happy with the activities available to them and their preference not to attend activities is always respected.

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 demonstrates care recipients individual interests, customs, beliefs and cultural and ethnic background are recognised and valued. Cultural and spiritual needs are assessed on entry to the home and this information is incorporated into the plan of care and reviewed regularly. Church services are regularly conducted. Specific cultural days, holy days, multicultural 'theme' days and care recipients' birthdays are celebrated and involvement from families and friends is encouraged. Care recipients and their representatives report they are satisfied with the cultural and spiritual life offered at 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

Systems are in place to ensure care recipients/representatives can participate in decisions regarding the services they receive and exercise choice and control over their lifestyle within their capabilities. Care recipients/representatives are kept informed and given opportunity to provide input into the home through processes including case conferencing, resident meetings, surveys, comments and complaints and informal discussion. Where care recipients are unable to make choices for themselves, management said an authorised decision maker is identified. Staff were observed providing care recipients with choice in a range of activities of daily living. Care recipients/representatives say they speak up without hesitation and the home enables individuals to make choices of importance 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 processes ensuring potential and new care recipients and representatives are provided with information on security of tenure, their rights and responsibilities and the choices available to them for care and services. All care recipients/representatives are offered a resident agreement on entry to the home. The agreement includes information for care recipients about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients and representatives report they are satisfied with the information the home provides regarding security of tenure and 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 about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples include:

- Following feedback from a representative management recognised their restraint authorisation form was confusing and could lead to misinterpretation. The home undertook a full review of restraint management including consulting the *Decision Making Tool: Responding to issues of restraint in Aged Care (2004)* resource. As a result of the review the home has implemented a new risk form and authority form for restraint. The registered nurses were consulted about the form and say it is simpler to use.
- The home has installed lifting equipment in the new building to ensure it is equipped to provide better care and to reduce the risk of manual handling injuries to staff. Ceiling hoists have been installed in eleven rooms and the ceilings of the other rooms in the new wing have been reinforced to enable ceiling hoists to be installed in the future. Management say the ceiling hoist uses minimal floor space and is easy to manoeuvre. Staff say they are easier to use and give the care recipients a sense of safety and dignity.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- A review of records and observations showed fire safety equipment is regularly inspected, tested and maintained in accordance with fire safety regulations.
- Safety data sheets (SDS) are readily available to staff in all relevant work areas.

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 relating to the home's education and staff development systems and processes.

Examples of training and education topics relevant to Standard Three include but are not limited to:

- Fire safety
- Workplace health and safety responsibilities
- Infection control
- Food safety
- Chemical safety
- Use of restraints

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with care recipients' needs and expectations. There are a number of communal areas and lounge rooms as well as outdoor areas and gardens. The living environment is clean, well-furnished and free of clutter. It is well lit and has a heating/cooling system to maintain a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental audits, care recipient/representative feedback, incident/accident reports and observation by staff. Care recipients/representatives interviewed expressed their satisfaction with the living 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 of the home have implemented a safety system which includes regular assessments and reporting of risk, incidents and potential hazards. The home has a work health and safety committee which meets regularly to monitor compliance and review incidents, hazards and audit results. Processes enable notification and control of hazards; managing exposure to risks; reporting and investigation of staff incidents; regular safety and environmental audits and the rehabilitation and return to work of injured staff. Staff receive education on their responsibilities in relation to work health and safety in a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's fire and safety systems are maintained and monitored to provide an environment and systems to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and staff training. Emergency flipcharts and evacuation plans are displayed throughout the home and a list of current care recipients and their mobility status is maintained in case of evacuation. There is a system using internal and external procedures to maintain security at the home. Staff wear identification badges authorising them to be on site and a sign in/sign out book is maintained for visitors and contractors. Staff say they have received training and demonstrate a sound knowledge of the location of emergency equipment and emergency procedures.

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 based on the identification and treatment of infections, staff/care recipient/representatives education in infection control including hand washing and the collation and analysis of infection data. In addition, processes for care, catering, cleaning and laundry are designed to minimise the risk of cross infection. Hand washing/sanitizing facilities are located throughout the home and staff have access to personal protective equipment. Food is stored and served safely in accordance with the home's food safety plan. A pest control program includes regular inspections and processes are in place for the management of clinical and general waste. Care recipients and staff are encouraged and supported with regular immunisation programs. Home has policies, work instructions and resources to guide staff in infection control practices and outbreak management. Care recipients are satisfied with the actions of staff to control the risk of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients' dietary needs are assessed on entry to the home and this information is communicated to the kitchen. Seasonal menus are developed with care recipient input, reviewed by a dietitian and are discussed at care recipient forums. Care recipients are able to make choices as meals are served and provide feedback to care and catering staff during meals. A cleaning program includes schedules to guide staff in the regular cleaning of care recipients' rooms and the communal environment. Laundry services are provided on site with naming of clothing completed by staff. Regular stocktakes are conducted to ensure linen is replaced as necessary. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Care recipients/representatives and staff are satisfied with the catering, cleaning and laundry services provided.