Blue Care Kenmore Aged Care Facility

RACS ID 5893
129 Brookfield Road
KENMORE QLD 4069

Approved provider: The Uniting Church in Australia Property Trust (Q)

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 30 March 2018.

We made our decision on 05 February 2015.

The audit was conducted on 05 January 2015 to 07 January 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
</tr>
<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>
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.

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

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

**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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction

This is the report of a re-accreditation audit from 05 January 2015 to 07 January 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 January 2015 to 07 January 2015.

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

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Stewart Brumm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Andrea Hopkinson</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | The Uniting Church in Australia Property Trust (Q) |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Blue Care Kenmore Aged Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>5893</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of allocated places:</th>
<th>121</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of care recipients during audit:</td>
<td>115</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>115</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Dementia and related disorders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>129 Brookfield Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>KENMORE</td>
</tr>
<tr>
<td>State:</td>
<td>QLD</td>
</tr>
<tr>
<td>Postcode:</td>
<td>4069</td>
</tr>
<tr>
<td>Phone number:</td>
<td>07 3878 4000</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>07 3378 8110</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Audit trail

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

Interviews

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential service manager</td>
<td>1</td>
</tr>
<tr>
<td>Registered staff</td>
<td>7</td>
</tr>
<tr>
<td>Care staff</td>
<td>6</td>
</tr>
<tr>
<td>Administration staff</td>
<td>2</td>
</tr>
<tr>
<td>Hospitality staff</td>
<td>5</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>2</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>13</td>
</tr>
<tr>
<td>Support officer</td>
<td>1</td>
</tr>
<tr>
<td>Diversional therapy/activities</td>
<td>3</td>
</tr>
<tr>
<td>Corporate staff</td>
<td>4</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
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</tbody>
</table>

Sampled documents

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients' files</td>
<td>11</td>
</tr>
<tr>
<td>Personnel files</td>
<td>5</td>
</tr>
<tr>
<td>Medication charts</td>
<td>12</td>
</tr>
</tbody>
</table>

Other documents reviewed

The team also reviewed:

- Activities calendars
- Activity descriptions and evaluation records
- Advanced care planning discussion record
- Archiving and retention procedures
- Audit program
- Authorisation and consent for restraint
- Blood glucose monitoring directives
- Care of nebuliser/O2 therapy equipment
- Care plan overviews
- Chemical safety information
- Clinical assessments and monitoring forms (electronic)
- Compulsory reporting folder
- Contracts and correspondence
- Controlled drug registers
- Diversional therapy individual participation record
- Duties lists
- Education program
- Equipment service reports
- External audit reports
- Evacuation impairment assessments
- Feedback forms
- Fire and emergency procedures
- Fire service reports
- Food safety documents and records
- Handover reports
- Hazard reports
- Incident and accident reports
- Legislative updates and alerts
- Maintenance records
- Meeting minutes
- Memorandum
- Menus
- Newsletters
- Orientation program
- Pain assessment and treatment directives
• Pain management program master list
• Patch application history
• Performance management documents
• Physiotherapy treatment record
• Police certificates register
• Policies and flow charts
• Position descriptions
• Preferred supplier list
• Professional nursing staff register
• Purchase/expenditure forms
• Quality action plans
• Quality improvement examples
• Recruitment policies and procedures
• Reflective note writing – Analysis and reflection for medication error
• Resident diagnosis summary
• Resident information booklet
• Risk assessments
• ‘RN’ massage therapy list
• Rosters and staff allocations
• Safe work procedures
• Safety assessment for bed with side rails
• Self-assessment for accreditation
• Sign in and out registers
• Staff handbook
• Supplement lists
• Tailor made posters
• Training records and matrix
• Welcome pack
• Workbook reports
• Workload forms
• Wound protocols

**Observations**

The team observed the following:

• Activities in progress
• Equipment and supply storage areas
• Evacuation plans on display
• External complaints brochures and posters
• Information on display
• Living environment
• Locked suggestion boxes
• Meal services
• Short group observation
• Storage of and administration of medications
• Staff interactions with care recipients
• Staff practices
• Storage of information
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

Blue Care Kenmore Aged Care Facility (the home) is a part of the Blue Care organisation. An organisational quality system is implemented to support the active pursuit of continuous improvement within the home. This system is comprised of processes to support the input and consultation with various stakeholders through feedback forms, meetings, surveys, comments and complaints and management’s open door policy. Identified opportunities for improvement are captured within quality action plans and monitored for completion. A program of internal monitoring activities such as audits and reviews are undertaken to monitor the home’s performance against internal indicators and the Accreditation Standards. Care recipients/representatives and staff are satisfied with being able to provide suggestions and feedback to management at the home.

Example of improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Following a staff suggestion at the home, feedback forms have been moved to a more centralised location closer to the sign in and out registers. Suggestion boxes were also secured by locking these. Management identified the visibility of the forms has supported greater access to feedback forms and ensured confidentiality of information is consistently maintained.

- As a result of feedback from a representative, the home had undertaken a review of their telephone systems. Incoming calls were previously received in multiple administration locations within the facility resulting in calls not being answered when administration staff were not in attendance. All calls to facility have been centralised through the main administration area and calls are then directed to the appropriate person. A review conducted by management identified staff and care recipients’ families have reported an improvement in contacting key personnel by telephone.
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 organisation has implemented systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Organisational staff identify changes to legislative requirements and these are incorporated into policies, procedures and other related documentation. A system to communicate changes is implemented and inclusive of the intranet, meetings and through education relevant to staff roles. Monitoring of compliance occurs through the use of internal registers, the organisation’s auditing program and external reviews.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to police certificates and notification of reaccreditation audits. Processes are in place to ensure these requirements are met.

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

Systems ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Recruitment criteria and position descriptions set out the knowledge and skill requirements for the role. New staff are orientated at a corporate and site level and supported by staff to assist them in understanding the requirements of the role. Ongoing training needs are identified and provided as part of the home’s education program or delivered on a one to one basis. A program of staff assessment is undertaken on commencement and then following an identified risk. Staff performance is monitored through an appraisal process, internal audit program as well as feedback mechanisms; a process to address performance issues is implemented. Care recipients/representatives are satisfied with the knowledge and skills of management and staff.

Particular to this Standard, staff have been provided with education sessions in relation to Accreditation Standards, professional boundaries and discrimination.

1.4 Comments and complaints

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

Team’s findings

The home meets this expected outcome

Care recipients, representatives and others have access to complaints mechanisms. Information is provided to care recipients, representatives and others on the home’s internal
complaints processes and external mechanisms through information packs, orientation and via meetings. Feedback forms and brochures are on display throughout the home along with a locked suggestion box. Care recipients and representatives are encouraged to provide feedback either verbally or in writing; there are systems to support the management of an anonymous or confidential complaint. Complaints are investigated and feedback provided on the outcomes to the relevant party. Monitoring of the complaints mechanism occurs through the completion of surveys and audits. Care recipients/representatives and staff are satisfied with the processes in place and feel confident to raise any issues of concern with management.

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 organisation’s vision, values, philosophy, objectives and commitment to quality have been documented and these documents are available to care recipients, staff and others.

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 processes for ensuring there are appropriately skilled and qualified staff sufficient to provide care and services relevant to the needs of care recipients. The recruitment and selection of staff is undertaken by management based on the relevant skills, qualifications and experience held. New staff are orientated and provided with educational opportunities to enhance their current skills. Staff skills and qualifications are monitored and evaluated through competency assessments/questionaries, performance reviews, observations and via feedback mechanisms. Nursing registrations and police certificates are checked and monitored to ensure their currency. The home’s staffing model is based on the identified needs, acuity of care recipients and the skill mix of staff to provide the necessary care and services. Strategies to manage workloads are implemented following planned and unplanned leave. The sufficiency of staff is monitored through feedback, workload reports, call bell response times as well as through incident analysis. Care recipients/representatives are satisfied staff are able to meet care recipients individual care and service 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

There are systems and processes to ensure appropriate stocks of goods and equipment are available for service delivery. The monitoring and ordering of stocks is designated to key staff using preferred suppliers. Goods are checked on receipt, rotated and securely stored.

Equipment needs are identified through various mechanisms including internal reviews/audits, clinical assessments, maintenance programs and work health and safety processes. Organisational staff provide support for the purchase of equipment to ensure its suitability and safety. Safe work procedures are developed and available to support the safe use of equipment. Maintenance programs are implemented and staff are supported by an organisational call centre to assist with any urgent repairs outside business hours. Care recipients/representatives and staff are satisfied with the availability of goods and equipment.

1.8 Information systems

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure there are effective information management systems. Care recipients’ care and lifestyle needs are assessed by appropriate staff and this information is used to develop plans of care. Data is routinely collected and information is generally available and updated to support the home’s activities and monitoring processes. Dissemination of information occurs through verbal systems as well as through newsletters, education, memoranda and meetings. Information is stored securely, confidentiality is maintained and appropriate archiving and retention of documents is conducted in accordance with organisational requirements. Staff, care recipients/representatives are satisfied with the effectiveness of the home’s information systems.

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

Systems ensure external service providers meet the needs and service requirements. Externally sourced services are predominately managed by organisational staff and include the use of contracts and service agreements. Service requirements are specified and performance of external providers is monitored. Systems to follow up and address breaches are implemented where performance is unsatisfactory. Staff access the organisation’s preferred supplier list for regularly required services and an organisational call centre is available for the management of contractors outside standard hours. Care recipients/representatives and staff are satisfied with externally sourced 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 improvements for information about the organisation’s continuous improvement systems and processes.

Example of improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- Following staff attendance at a clinical workshop on skin integrity, it was suggested that a new type of bed overlay be implemented for care recipients at moderate to high level of risk. As a result management purchased a number of bed overlays for care recipients. The new equipment is inflatable and can be easily be stored. Management and staff feedback reported the implementation of this initiative has improved care recipients’ comfort and enhanced the home’s skin care management practices.

- Following a review by management, the home has expanded their multidisciplinary team to include a Nurse Practitioner – Palliative Care and Psychogeriatrican. Specialists visit a number care recipients across the home and provide greater access to expert advice on care recipients needs. Management advised this has improved outcomes for care recipients and care recipients/representative confirmed access to these specialists.

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 organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to specified care and services, medications, nursing registrations and unexplained absences of care recipients. Processes are in place to ensure these requirements are met.
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 processes.

Particular to Standard 2 Health and personal care, staff have been provided with education sessions in relation to medications, malnutrition in the elderly, delirium, falls prevention and supplements.

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 receive appropriate clinical care. Care recipients’ care needs are assessed on entry through a baseline assessment that guides care along with progress notes and handover processes ensure care staff have current information to provide care. A comprehensive assessment process, including use of focused assessments is then undertaken by the registered staff; from this information a care plan is developed. Care plans are reviewed third monthly by the registered nurse. Care recipient/representative consultation occurs during the assessment process and as required. Care delivery is monitored by the clinical nurses (CN) and registered nurses. Care recipients are referred to their medical officer or specialist service as required. Staff are aware of the care requirements of care recipients. Care recipients/representatives are satisfied with the care being 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Care recipients requiring specialised nursing care are identified on entry through the initial assessment process, specialised nursing care directives are recorded on the care plan. Staff have access to resources and specialist information and equipment requirements are identified and are available to ensure care recipients’ care requirements are met. The CN’s monitor the implementation of specialised care and the effectiveness of care is reviewed during the third monthly care plan reviews. Care recipients/representatives are satisfied with the care being provided.
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. Registered staff liaise with the care recipient’s medical officer, to co-ordinate health specialist appointments for care recipients in a timely manner. Staff and care recipients’ representatives support and assist care recipients to attend external appointments with health professionals of their preference. Care plans are amended as required following referrals. Monitoring of the processes is carried out by the CN’s. Care recipients/representatives are satisfied they receive referrals to appropriate health specialists of their choice when required.

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 is managed safely and correctly. Medical officers prescribe medication orders and these are dispensed by the external pharmacy service. The home utilises both multi dose sachet packs and original dispensed containers. Care recipients medication is stored safely and securely. Medication incidents are recorded and reviewed by the CN’s. Effectiveness of the medication management system is monitored through the completion of medical and pharmaceutical reviews and audits. Staff administering/assist with medications demonstrated awareness of their responsibilities in relation to medication administration and of the guidelines in place to ensure care recipients medications are administered safely and correctly. Care staff are required to seek registered nurse approval prior to administering a care recipient with a ‘PRN’ when necessary medication, and the effectiveness of ‘PRN’ when necessary medication is generally recorded. Care recipients are satisfied with the management of their medications, as well as with the assistance and support provided.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Care recipients’ pain is identified during the initial assessment, and reassessment is undertaken as needed. Care plans are developed from the assessed information and care plans are reviewed by the registered nurse to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients’ pain; strategies to manage pain include non-pharmacological and pharmacological interventions. Non-verbal pain assessment tools are available for care recipients unable to articulate their pain. Pain is monitored by the registered
nurses and CN’s. Care recipients are satisfied with current pain management strategies and the provision of additional assistance if and when pain persists.

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

The comfort and dignity of terminally ill care recipients is maintained. The initial assessment process is used to obtain care recipients’ end of life care wishes in consultation with care recipients/representatives, the information obtained is recorded in the care recipients' clinical record and provided to staff as care recipients care needs change. Care recipients at the end of life are supported and cared for at the home whenever possible and according to the care recipients/representative's wishes. Care recipients’ pain, comfort and spiritual needs are managed in consultation with the care recipients /representatives, to provide physical, psychological, emotional, cultural and spiritual support to care recipients and family members according to their needs and preferences. Palliative care is monitored by the CN’s and the registered nurses.

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 receive adequate nourishment and hydration. Care recipients’ dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and this information is forwarded to the catering staff. Care recipients are weighed on entry and then monthly and any variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. The CN’s monitor the weight management at the home. Care recipients’ are assisted with meals and fluids, and special eating utensils supplied as necessary. Care and catering staff are aware of the dietary requirements of care recipients. Care recipients are satisfied that their nutrition and hydration requirements are met.

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 consistent with their general health. On entry to the home care recipients’ are assessed for their skin care needs through the initial assessment process and in consultation with care recipient to determine their needs and preferences. Care plans reflect strategies to improve and/or maintain care recipients’ skin consistent with their general health. Care strategies include the daily application of moisturisers, correct manual handling
procedures, pressure area care, and pressure relieving aids. The registered nurse oversees wound management and registered staff are responsible for wound treatments, completion of treatment records, and documenting interventions. Care recipients are satisfied with the assistance provided to maintain 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 is managed effectively. Care recipients’ urinary and faecal continence needs are assessed during the initial assessment and supported with the use of focus assessments, and reassessments occur as required. Continence needs are reviewed third monthly during the care plan review process. Care staff outlined continence management strategies for individual care recipients’ and understand reporting requirements should there be a change to care recipients’ normal patterns. Continence management processes are monitored by the CN’s and registered nurses. Care recipients are satisfied with the care provided by staff in relation to continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. On entry to the home care recipients with challenging behaviours are assessed, including the identification of known or potential triggers, then a behaviour care plan developed. Care recipients are generally reassessed as care needs change or current interventions are ineffective. Behaviour management is monitored by the CN’s and registered nurses. The home is implementing a “person centred” based care model. Care recipients/representatives are satisfied with the management of challenging behaviours at the home.

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

The home has processes in place to ensure that care recipients achieve optimum levels of mobility and dexterity. Care recipients are assessed by a physiotherapist on entry to the home. Assessed needs and strategies for care are communicated to staff through the care plan, and care plans are reviewed to ensure interventions remain effective. The care staff and physiotherapists assist care recipients with mobility programs. Falls are reported and are monitored by the Physiotherapists and CN’s. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available. Care
recipients/representatives are satisfied with the assistance they receive in achieving optimum levels of mobility and dexterity.

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 health is maintained. Care recipients' needs and preferences relating to teeth and denture management and other oral/dental care requirements are identified through the initial assessment. Care strategies are documented on the care plan.

Care staff assist care recipients with their oral care and the registered staff arrange dental referrals as necessary. Equipment to meet care recipients' oral hygiene needs is available. Care recipients are satisfied with the assistance given by staff to maintain their dentures and overall oral hygiene.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Care needs in relation to sensory loss which includes vision, hearing, smell, touch and taste, is collected through the initial assessment. Care plans identify needs and individual preferences and are reviewed third monthly. Care recipients are referred to specialists such as audiologists and optometrists according to assessed need or care recipient request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the interventions required to meet individual care recipients' needs.

Care recipients are satisfied with the assistance provided by staff to optimise sensory function.

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 are able to achieve natural sleep patterns. Care recipients' usual sleep patterns, settling routines and personal preferences are identified during the initial assessment. Care plans are developed and reviewed to ensure interventions remain effective. Care recipients experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements should this be required. The registered nurse monitors ongoing needs. Care recipients are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.
Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvements for information about the organisation’s continuous improvement systems and processes.

Example of improvements undertaken by the home in relation to Standard 3 Care recipient lifestyle include:

- In response to staff feedback, the home has implemented a short memorial service for care recipients that have passed away. This service is undertaken by staff or the Chaplin with the presentation of a special reading. Management advised this now provide interested parties with an opportunity to attend a ceremony in order to show their respect and say their good byes.

- Following staff and residents feedback, the home has revised their activities program. New activities such as happy hour, choir, balance class and a comedy movie morning have been implemented. Management advised positive feedback has been received from staff and care recipients on these new activities. Care recipient/representative feedback has indicated satisfaction with the provision of lifestyle activities at the home.

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 organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to care recipient lifestyle.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to compulsory reporting, privacy and security of tenure. Processes are in place to ensure these requirements are met.
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 processes.

Particular to Standard 3 Care recipient lifestyle, staff have been provided with education sessions in relation to, conflict management and behaviour awareness, consumer protection and ‘play up program’ (activity programming).

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 receive support in adjusting to life in the new environment and on an ongoing basis. Care recipients/representatives are provided with information prior to or on entry which provides an overview of life within the home. Care recipients are assessed for their emotional support needs during the initial assessment process. Care recipients are monitored for ongoing support needs via the care, pastoral and lifestyle staff. Care staff are advised of any ongoing emotional support needs through the handover process. Staff provide care recipients with one to one support and will refer care recipients to the registered nurse or pastoral care worker for additional support as required. Care recipients/representatives are satisfied with the level of emotional support provided, and care recipients are encouraged to furnish their rooms to their liking.

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

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. The home assists care recipients to maintain independence through initial and ongoing review of their needs utilising clinical and social assessments. Strategies to promote and maximize independence are reviewed during the care plan reviews. Care recipients are supported to access the local community with regular outings. Care recipients are encouraged to maintain friendships and external social networks, care recipients are supported by the lifestyle staff to achieve this. Care staff are aware of their responsibility to promote care recipient independence and follow care plans to assist care recipients to achieve a maximum level of
independence. Care recipients/representatives are satisfied with the level of independence and autonomy care recipients can exercise at the home.

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

Each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. The home has policies and procedures to govern staff practices in maintaining care recipients’ privacy and dignity. Staff are provided training on privacy and dignity issues during orientation. Care recipients’ information is stored in secure locations. Staff practices are generally monitored by the CN’s and registered staff. Staff are aware of strategies to maintain care recipients’ privacy and dignity when providing resident cares. Care recipients/representatives are generally satisfied with the level of privacy and respect for dignity being provided by staff at the home.

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 a wide range of interests and activities of interest to them. Information on care recipients’ social history, interests and lifestyle is collected on entry to the home, through the social assessments and one to one interview with the care recipient/representative and a care plan developed. The lifestyle staff develop a monthly activity calendar and this is communicated to care recipients verbally, in writing and on noticeboards. Care recipients provide feedback on activity programs individually and in meetings. The program is monitored by the lifestyle staff. Care recipients/representatives are satisfied that staff provide encouragement and support to participate in activities they wish to attend and that there is a range of activity opportunities of interest to them.

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

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Care recipients’ cultural and spiritual needs are assessed on entry to the home; a care plan is developed as required from the assessment information. Care recipients have access to pastoral care workers and religious services at the home. Care recipients are assisted to attend cultural activities conducted in the home and the community, and days of significance are celebrated at the home. Care recipients’ ongoing cultural and spiritual needs
are monitored by the lifestyle staff. Care recipients/representatives are satisfied with the spiritual and cultural support provided.

3.9 Choice and decision-making

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

Team’s findings

The home meets this expected outcome

Care recipients/representatives are encouraged and supported to make decisions about their care, lifestyle and routines; information is provided to care recipients/representatives on entry outlining their rights and responsibilities. Staff provide opportunities for choice and utilise strategies to incorporate choice into care recipients’ daily care routines and leisure interests and care recipients are provided a choice with meal selection where appropriate. Staff practice regarding choice and decision making is monitored by the CN’s, registered and lifestyle staff. Care recipients/representatives are satisfied that they are able to exercise choice in relation to care recipients’ care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team’s findings

The home meets this expected outcome

Care recipients have secure tenure within the home, and understand their rights and responsibilities. Processes are in place to provide information to care recipients in regard to security of tenure and their rights and responsibilities. The residential care agreement and welcome pack offered to new care recipients contains information about residents’ rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about dispute resolution. Care recipients/representatives are consulted should any changes in care recipient needs require a room transfer, or removal from the home. Care recipients/representatives are satisfied they have been provided with sufficient information in relation to security of tenure and understand 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 improvements for information about the organisation’s continuous improvement systems and processes.

Example of improvements undertaken by the home in relation to Standard 4 Physical environment and safety systems include:

- Following a management review of catering services, the home has undergone a refurbishment program of the kitchen. This has included changes to workflow, the installation of a new cold room and the introduction of a sandwich bar. Following the changes staff have provided positive feedback in relation to an improved working environment and reported this resulted in efficiencies in the provision of meals to care recipients.

- Following a management review of the home’s emergency procedure, the home implemented a new system to identify staff who are the designated fire wardens. A red dot is now placed on the staff allocation sheet next to the staff member responsible for carrying out this role. Feedback from staff has been positive as it as provide greater clarity and knowledge of staff who are the designated wardens on each shift.

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 organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to physical environment and safety systems.

Particular to this Standard, management and relevant staff are aware of their regulatory responsibilities in relation to fire and building compliance, food safety and work health and safety. Processes are in place to ensure these requirements are met.
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 processes.

Particular to Standard 4 Physical environment and safety systems, staff have been provided with education sessions in relation to fire and emergency, manual handling, safe food handling and infection 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

The home has processes to provide a safe and comfortable living environment for care recipients in accordance with their care needs. Care recipients’ safety and comfort needs are assessed when they move into the home and on an ongoing basis. Accommodation provided for care recipients include a mixture of single and shared en-suited bathrooms and access to common areas for dining, activities and outdoor gardens. The home has a secure environment to support care recipients at risk due to wandering behaviours. There are processes to support the reporting and actioning of safety issues, hazards and incidents. The living environment is generally maintained through cleaning schedules, maintenance programs and the reactive maintenance request system. Monitoring of the environment occurs through observations, surveys and the completion of internal audits. Care recipients/representatives are satisfied with the safety and comfort of the home’s 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

The home is actively working to provide a safety environment that meets regulatory requirements. Management and key staff work in consultation with organisational safety staff to manage work health and safety at the home. Policies and safe work procedures are developed and accessible to staff. Staff are trained in safety requirements at commencement through the orientation program and based on risk. Hazard and incident reporting processes are implemented to support the identification, assessment and control of risks. Safety assessment and inspections are conducted and actions taken to address identified deficiencies. The home has a safety committee that meets monthly to discuss any safety
issues or concerns and changes to safety legislation or procedures. Staff are satisfied with management’s response to any safety issues or concerns.

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 processes to ensure fire, security and other emergencies risks are minimised. Fire safety equipment and detection systems are generally inspected and maintained by external service providers in accordance with relevant requirements. Care recipients are provided with information on what to do in the event of emergency, staff are trained in fire and emergency procedures and have access to documentation relating to fire, emergency and other incidents. Evacuation diagrams are displayed, evacuation impairment assessments are conducted and fire lists available. Fire drills are conducted to test staff knowledge of emergency procedures and staff demonstrated appropriate knowledge of the home’s evacuation procedures. The home has sign in and out procedures for care recipients and visitors and procedures are implemented to minimise security risk. Monitoring of fire, security and emergency risks occurs through internal inspections/audits, observations and discussion at meetings.

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

An infection control surveillance program is in place and includes policy, procedures and outbreak guidelines available for staff reference. Infection information is collected and reviewed by the CN’s prior to action. Staff are provided with infection control training at orientation and on an ongoing basis during mandatory training sessions. Hand washing facilities are located throughout the home and staff have access to personal protective equipment. Food is stored safely and temperature monitoring of stored and cooked food is conducted in accordance with the home’s food safety program. There are effective cleaning schedules for all areas of the home and the cleaning program is monitored through regular audits. Care recipients are satisfied with the cleanliness of the home, and care recipients/representatives 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

The home has processes to ensure that hospitality services are provided in a way that enhances care recipients’ quality of life and staff working environment. Care recipients’ dietary needs and preferences are assessed and this information is communicated to kitchen staff. A
hybrid model of cook chill and cook fresh is implemented for the provision of meal services and monitoring of care recipients’ satisfaction is undertaken to support the review of menus. Care recipients’ personal laundry is washed onsite and linen is laundered offsite.

Care recipients' personal items are collected and labelled to support the effective return of items. A process to facilitate the return of unlabelled items is implemented. Regular cleaning services are undertaken by designated staff. Cleaning duties and information is provided to staff to ensure these are completed on scheduled days. Monitoring and reviews of the home’s hospitality services is conducted through audits, observations, surveys and via other internal feedback mechanism. Care recipients/representatives are generally satisfied with the provision of hospitality services at the home and staff are satisfied with the working environment.