



Australian Government

Australian Aged Care Quality Agency

Blue Care Maleny Erowal Aged Care Facility

RACS ID 5327
1274 Landsborough Maleny Rd
MALENY QLD 4552

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 24 July 2018.

We made our decision on 22 June 2015.

The audit was conducted on 19 May 2015 to 21 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Blue Care Maleny Erowal Aged Care Facility 5327

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

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 21 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 May 2015 to 21 May 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

Team leader:	Felette Dittmer
Team member:	Desma-Ann van Rosendal

Approved provider details

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

Name of home:	Blue Care Maleny Erowal Aged Care Facility
RACS ID:	5327

Total number of allocated places:	82
Number of care recipients during audit:	74
Number of care recipients receiving high care during audit:	73
Special needs catered for:	Behaviour and psychological symptoms of dementia

Street/PO Box:	1274 Landsborough Maleny Rd
City/Town:	MALENY
State:	QLD
Postcode:	4552
Phone number:	07 5494 3844
Facsimile:	07 5499 9008
E-mail address:	erowal@bluecare.org.au

Audit trail

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

Interviews

Category	Number
Administration officer	1
Allied health assistant	1
Care recipient/Representative	11
Care support officer - regional	2
Care support worker	6
Clinical manager	2
Diversional therapist	2
Facilities manager – organisational	1
Hospitality officer	2
Hospitality outcomes officer – cluster	1
Hospitality team leader (cleaning)	1
Human resource officer	1
Maintenance/Garden officer	4
Palliative care volunteer coordinator	1
Physiotherapist	1
Registered staff	3
Senior cook	1
Senior hospitality officer	1
Service manager	1
Volunteer	1
Work health and safety team	2

Sampled documents

Category	Number
Care recipients' care, clinical and lifestyle file	9
Medication chart	16

Other documents reviewed

The team also reviewed:

- Action plans
- Asset register
- Audit schedule, tools and analysis
- Care recipient dietary needs and preferences form
- Care recipients' information packages (including handbooks – organisation and site-specific)
- Chemical registers – hazardous/non-hazardous
- Cleaning records
- Clinical monitoring charts
- Communication books, appointment diaries and electronic correspondence
- Complaints analysis report
- Continuous improvement plan
- Controlled drug registers
- Dietary requirements summary report
- Education and training records and resources
- Emergency response manual
- End of life pathway records
- Evacuation exercise report
- Fire/smoke detection and firefighting equipment inspection and maintenance records
- Food and equipment temperature monitoring logs
- Food safety program
- Hazard identification report form
- Incident forms and analysis report
- Lifestyle documentation, activity evaluations and calendars
- Maintenance request book
- Mandatory reporting folder – register and reports

- Memoranda
- Menu survey
- Minutes of meetings
- Monthly infection control report
- Monthly safety notice
- Newsletters – care recipients, families, staff and volunteers
- Non-conformance contract work report
- Organisation magazine
- Palliative care documentation
- Pathology reports
- Pest control records
- Pharmacy documentation
- Police check register
- Policies, procedures and guidelines
- Position descriptions
- Preventative maintenance schedule
- Residential care agreement
- Restraint assessment, authorisation and monitoring records
- Risk assessments
- Roster
- Safety data sheets
- Scheduled maintenance program
- Self-assessment
- Service suppliers' list
- Shower list
- Specialist referrals and associated correspondence
- Staff information pack (including handbook)
- Staff signature register

- Test reports – thermal mixing valves, Legionella and residual current devices
- Toolkits – palliative care and dementia care
- Work order
- Wound care folder

Observations

The team observed the following:

- Accreditation information on display
- Activities in progress
- Advocacy and complaints agencies' brochures on display
- Blackout boxes
- Charter of Residents' rights and responsibilities on display
- Chemical storage
- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Falls prevention aids in use
- Fire panel
- Fire/smoke detection and firefighting equipment and inspection tags
- Hand sanitiser, hand washing facilities and personal protective equipment
- Handover processes
- Interactions between staff and care recipients
- Internal and external living and working environments
- Kits - outbreak and spill
- Midday meal, setting, service and practices
- Mobility and dexterity aids in use
- Morning and afternoon tea service
- Notice boards and notices on display
- Personal protective equipment in use
- Short group observation

- Sign in/out registers
- Staff practices and equipment in use
- Storage and administration of medications
- Whiteboard – dietary needs and preferences

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 Maleny Erowal (the home) has organisational and site-specific systems to identify opportunities for improvement including a form (capturing suggestions, comments), informal individual communication with staff and care recipients and/or their representatives, regular care recipient and staff meetings, individual meetings with management, electronic mail, and scheduled audits/surveys. Feedback on suggestions or comments is provided verbally to the originator and, where requested or necessitated, in writing by key personnel. Electronic systems have been implemented to support continuous improvement processes and activities, and a log of improvements is maintained for monitoring and reporting purposes.

Progress and outcomes of continuous improvement activities are reported to the relevant service areas and stakeholders through newsletters, meetings, electronic mail and reports. There is an established auditing schedule. Key personnel and/or an external provider analyse results of audits, risk assessments, incident reports, and staff performance appraisal processes enabling the home to monitor the effectiveness of the quality improvement program. Care recipients, representatives and staff are satisfied improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- In response to staff feedback on their dissatisfaction with the roster since the recruitment of additional staff, a staff allocation system was introduced with staff able to nominate preferred shifts. Preferences and shifts are transferred to a spreadsheet for prioritising and shifts allocated to the staff member in accordance with the hours worked by staff and skill suite required to meet the care needs of care recipients. Staff have been surveyed since this system was introduced six months ago and have reported that being able to “bid” for shifts contributes to their job satisfaction.
- Following a suggestion from a diversional therapist, an article was written on the home's band of volunteers and was published in the organisation's magazine. The article, written by a head office public relations officer, highlights the number of volunteers and the diversity in skills and talents they bring to the home. Management and volunteers report the article has boosted volunteer morale and encourages the wider community to offer service and participate in volunteering at the home.

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 and organisation have implemented systems to identify regulatory requirements and manage compliance with relevant regulations. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and key approved provider roles and documents. The orientation program and compulsory education sessions reinforce relevant regulatory requirements. There are systems to monitor compliance; to notify care recipients and their representatives of the re-accreditation audit; to present self-assessment information and to ensure all relevant personnel, volunteers and contractors have a current police certificate.

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, and legislative, approved provider and advisory requirements. Rostering strategies and external specialists are used to improve access to education and training opportunities and support education sessions/toolboxes conducted by the home and organisation. Staff have an obligation to attend compulsory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at compulsory training.

Management monitor the skills and knowledge of staff using audits, competency assessments, and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

Examples of information topics relevant to Standard 1 include: orientation to the organisation, assessing the standards, staff incidents, hazard documentation, and government funding documentation.

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 and/or their representatives have access to the home’s internal comments and complaints system and to external complaints and advocacy mechanisms. The home provides relevant information to care recipients, their representatives and other stakeholders through a variety of communication channels including care recipient entry processes, the residential

care agreement, care recipient handbook, meetings, and via external complaints management and advocacy brochures. Care recipients are invited to raise issues at meetings and/or privately with management and staff. Care recipients have access to confidential suggestion/complaints boxes and there are processes for the regular retrieval of feedback forms from assigned receptacles. There is a process to manage informal and formal comments and complaints and to provide feedback whilst maintaining confidentiality. Care recipients and/or their representatives and staff are familiar with the mechanisms available to initiate a suggestion or raise a concern and are satisfied that management is responsive to their suggestions and responds to their requests in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's values and mission statement are documented and displayed in the home for care recipients/representatives and visitors. They are reflected in policies and procedures of human resource management, care and lifestyle support, and underpin information provided at interview, orientation, and in care recipient and staff information books.

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

There are systems and processes to ensure appropriately qualified, skilled and sufficient numbers of staff are available to meet the needs of the care recipients; the selection of staff is based on experience, qualifications, ability of applicants to meet care recipients' needs and the possession of a criminal history clearance. There is an orientation program; staff are accompanied by experienced staff members for initial shifts and are required to complete competencies within the probationary period. Absences are back-filled with existing staff, and staff skills are monitored through supervision, observation, competencies and performance appraisals. Staff have access to the requirements of their position and are provided with sufficient time to meet the needs of care recipients and obligations associated with their role. A registered nurse is available to supervise the delivery of care to care recipients. Care recipients and/or their representatives are satisfied with the quality of care and services provided by staff at the home and the availability of staff when they require assistance.

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 identifies equipment needs through discussion with staff, quality improvement systems, and monitoring of maintenance. Staff receive training in the use of new equipment and, where appropriate, instructions are available to guide staff in equipment usage. There is a planned preventative maintenance program – the maintenance team, together with external contractors, manage the safe working order of equipment. Equipment and supplies are monitored through auditing programs, observations, staff feedback and maintenance requests. Adequate supplies to support clinical care and hospitality services are maintained at the home. Stock is stored and rotated appropriately. Care recipients and/or their representatives and staff are satisfied there are adequate supplies and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation and home have established processes to ensure information is managed in a secure and confidential way. The home uses both hardcopy and electronic information systems. Staff and care recipient information is stored in secured areas and is accessible only to authorised personnel. Electronic information is secured by passwords, with restricted access depending on your role in the organisation. Electronic information is regularly backed up to prevent loss of information. There is a system to archive information appropriately.

Verbal and written strategies (communication diaries, electronic mail, notices) are used to disseminate information. Staff have access to information relevant to their position and changes to care recipients' needs are communicated to them in a timely manner. Care recipients and/or their representatives are satisfied with internal communication processes and have access to information about care and service delivery.

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

Service agreements are established and reviewed. Agreements outline the home's requirements on site and the quality of the service to be provided. Performance of external service providers is monitored and feedback is obtained from staff and care recipients.

External service providers are provided with information about the home's work health and safety processes and requirements. Staff have access to the contact details of key service providers if required after hours or in an emergency and access to a 24 hour seven day a

week maintenance helpdesk. Management and staff are satisfied that external service providers are responsive to concerns raised by the home and that if goods were faulty they would be replaced. Staff and care recipients are satisfied with the quality of external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system in relation to care recipients' health and personal care. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- Following a review by the Service Manager of educational resources, additional clinical information has been collated to provide resource kits on topics not usually part of the registered staff's everyday practice. These resources, coupled with the employment four weeks ago of a level one registered nurse, have increased the clinical knowledge and skills of staff; enables staff to respond to existing and future clinical care needs, and improves access to current and relevant clinical resources supporting best practice in clinical care.
- The home has rolled out the organisation's Palliative and Dementia Care toolkits and established on-site committees for each. Quality action plans have been devised for both toolkits, and the home facilitates surveys for head office. The committees' meetings and members improve the dissemination of information to staff and families; promotes opportunities for developing ideas and discussing issues, and an opportunity to represent staff at meetings for related issues.
- In response to staff feedback, additional medication trollies have been purchased and lockable trolley storage areas constructed. There is now one trolley between two lodges instead of two between seven lodges. This initiative improves medication safety and workplace safety.
- As a response to a review on controlled drug storage and administration practices, additional secured storage areas were installed to enable controlled drugs to be stored closer to consumption points. The home has gone from one to four controlled drug cupboards so staff have less distance to walk with the medications. This initiative has been evaluated as decreasing loss of medication and opportunity for intervention thereby increasing medication management safety and improving workplace safety.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, and systems for storage, checking and administration of medications in accordance with regulatory requirements.

Registered nurses assess, plan and evaluate care recipient medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care recipients, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

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 care and clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of training needs. Competencies for clinical skills are conducted annually or as required. Staff are assisted to attend external tertiary education. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system.

Examples of information topics relevant to Standard 2 include: oral and dental care, continence management, continence and dementia, nutrition and hydration, pain in dementia and palliation, sleep disorders, diabetes, pharmacy online ordering, wound dressings, and commercially prepared nutritional products.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes to assess care recipients’ care needs on entry to the home and on an ongoing basis. Care plans are developed by the Clinical Managers (CMs) utilising information gathered from assessments and input from care recipients/representatives with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by the CMs and registered nurses (RNs) through the handover process, review of progress notes and clinical incident data with changes communicated to staff and care plan adjustments made as required.

Communication and referral between external and allied health professionals for care recipients’ needs is appropriate and timely. Staff are satisfied with communication processes utilised to inform them of clinical care changes. Care recipients are satisfied the clinical care they receive is appropriate to their needs and preferences.

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 through assessment and care planning processes conducted on entry to the home and as required. Registered staff supports the CMs in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care services currently being provided include blood glucose monitoring, stoma management and oxygen therapy. Ongoing monitoring of care needs is conducted through observation, discussion with care recipients, review of care recipients’ records and feedback from staff and health professionals. Visiting medical officers, allied health practitioners and specialist services are contacted if additional support is required for individual care recipients. Care recipients who receive specialised nursing care are satisfied with the care 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’ allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, podiatry, dietician, speech pathology, occupational therapy and dementia specialists with regular assessments undertaken for individual care recipients as required. Registered staff initiates referral for medical and allied health reviews. The outcome of the referrals are documented appropriately and retained in

care recipients' records. Staff have an understanding of the circumstances to refer care recipients for re-assessment by other health specialists and are aware of the referral process. Care recipients are referred to appropriate health specialists in accordance with their needs and preferences.

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

The home has systems and processes to identify care recipients' initial and ongoing medication management needs. The home utilises a sachet system for care recipients' medications. Registered staff and care staff with (medication) endorsement assist care recipients to take their regular medications while registered nurses administer 'as required' medications as ordered by the medical officer. Registered staff are responsible for the ordering of unpacked medications and notifying pharmacy of changes to care recipients' medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Care recipients are satisfied their medication is administered safely and correctly.

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 with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as use of heat packs, soft tissue massage, repositioning, exercise/movement, aromatherapy, reiki and acupuncture are implemented for care recipients to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual care recipients. Pain management strategies are evaluated for effectiveness. Care recipients are satisfied with the way their pain is managed.

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

Care recipients' end of life requests are collected in consultation with the care recipient and their representatives when appropriate. Copies of information such as enduring power of attorney and advance health directives are located in care recipients' records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. The Chaplain and representatives

from local churches and palliative care volunteers provide pastoral care support to the care recipient/representative as requested. Care plans are developed in consultation with care recipients' family members and representatives and form part of the care recipient's pain management interventions. Care recipients/representatives are satisfied staff are caring and respectful of their wishes and preferences in ensuring care recipients' care needs are met.

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' nutrition and hydration needs including likes, dislikes, cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of a dietary assessment. The information gathered is used to develop the care recipient's care plan and inform the kitchen, to ensure appropriate meals are provided to all care recipients. Care recipients are weighed on entry then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist care recipients to maintain adequate nourishment include the provision of texture-modified diets, dietary supplements and referral to a dietitian and/or speech pathologist as required. Care recipients are satisfied with the quality and sufficiency of food and fluids provided.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity needs are assessed on entry to the home and on an ongoing basis. Care plans are developed to guide staff practice and staff receive education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, reassessed every three months and changes are communicated in daily handover sessions, care plans and progress notes. Registered staff manage wound care and the home receives support from an external wound specialist if required. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Care recipients are satisfied with the skin care provided.

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. Care plans guide staff practice and ensure individual care recipients' preferences are met. Education is provided and networks with continence care services support the

implementation of continence care strategies. 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 every three months and as required.

Changes to continence regimes are communicated to staff through the communication book, during handovers, in records of continence aid use and progress notes. Care recipients are satisfied that staff support their privacy when providing continence care and with the care they receive 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

Care recipients with challenging behaviours are assessed on entry to the home and care plans are developed in consultation with the care recipient (if appropriate), their representative/s and health professionals when necessary. Ongoing monitoring of the care recipient occurs with care plan evaluation and amendment undertaken when care recipient needs change and/or at the scheduled three monthly reviews. The home has processes to consult with care recipients/representatives and their medical officer should the use of a restraint as an intervention be considered and are able to consult with external mental health services if required. Staff are aware of interventions to manage care recipients with challenging behaviours. Care recipients/representatives are satisfied with the way challenging behaviours are 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

Processes including initial and ongoing assessments by the physiotherapist and registered staff identify individual care recipients’ specific mobility, transfer and therapy needs.

Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Following assessment by the physiotherapist, care recipients are assisted to trial and select mobility aids appropriate to their needs; care staff initiate passive exercises with care recipients during daily care routines and facilitate individual exercise programs in conjunction with the physiotherapist and allied health assistant. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of care recipient falls and care recipient feedback. Care recipients are satisfied with the level of support and assistance provided to maintain 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’ dental history is assessed on entry to the home, including determining their preferences relating to management of their oral care. Care plans are developed to guide staff practice and effectiveness of care is reviewed every three months or as care needs change. Referral to dental services occurs and assistance is provided to access services when required. Resources such as mouth care products are available to meet care recipients’ oral hygiene needs. Amendments to care are communicated through handover sessions, progress notes and care plans. Care recipients are satisfied with the assistance given by staff to maintain their oral 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 senses such as hearing, vision, speech and touch is assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice; strategies are in place to address identified needs and personal preferences. Care staff assist care recipients as required, including the removal and management of aids. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the care recipient/representative and medical officer. Staff are educated on individual care requirements and the maintenance of sensory aids and demonstrated awareness of environmental controls required to support care recipients with sensory impairment. Care recipients with sensory impairment are satisfied with the care assistance provided by staff.

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

Initial and ongoing assessment processes identify care recipients’ sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help care recipients achieve and maintain natural sleep. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Ongoing assessment, planning and evaluation processes and care recipient feedback monitor the effectiveness of care interventions. Staff are aware of individual care recipient’s sleep/rest patterns and personal routines and provide additional support for care recipients with disturbed sleep. Care recipients are satisfied with the support provided by staff to enable them to achieve sufficient rest.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system in relation to care recipients’ lifestyle. Refer to Expected outcome 1.1, Continuous improvement, for details on the home’s overall system.

Examples of recent improvements relating to care recipient lifestyle include, but are not limited to:

- Following a care recipient’s suggestion, for the past three months aromatherapy has been an added option of massages. Each care recipient has been assessed by a registered nurse who is a qualified aroma therapist with a care plan developed followed by patch testing. This initiative has been evaluated as improving pain management and behaviour management; increasing relaxation; aiding skin integrity; stimulating the senses, and the women enjoy the session as “beauty therapy”.
- While the Erowal community (home and independent living units) holds an Anzac Day activity each year, they organised a much larger ceremony this year for the 100th anniversary. The wider community was invited to participate or attend – there were ‘Light Horsemen’, high school students and teachers, and the Vintage Car Association took some care recipients to the march downtown. This event connected care recipients to the wider community; provided an opportunity to reminisce, and afforded an opportunity for care recipients, their family and friends to participate in a meaningful activity together.
- In response to a suggestion from the Service Manager, an all-weather buggy is used daily for rides for care recipients along a designated pathway to the property next door (approximately 500 metres away). The buggy has seating for three, luggage rack, seat belts and room for a person in a wheelchair. Rides are available for care recipients who would otherwise rarely leave the home. Since the introduction of these rides early 2014, care recipients have said they enjoy the rides as it enables them to “go outside in the fresh air” and “enjoy the gardens surrounding 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

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients and/or their representatives are provided with a residential care agreement and information pack. The care recipient information materials detail information relating to care recipients’ security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and care recipients’ rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The lifestyle staff and care staff support care recipients in relation to their leisure and lifestyle interests, needs and preferences. Education in leisure and lifestyle issues is derived from changing care recipient needs and/or desired outcomes, and through review of training needs. Staff are assisted to attend external education and are offered opportunities in accessing 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 information topics relevant to Standard 3 include: compulsory reporting of assaults, aged care advocacy, privacy and dignity, and consumer protection.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients are supported in adjusting to their new home and on an ongoing basis. Prior to or on entry the care recipient and their representative receive an information pack and ‘resident information book’ explaining the services offered and their rights and responsibilities. Care recipients and their representative/s are oriented with a tour of the home, assisting them to meet staff and other care recipients. In consultation with the care recipient and representative/s, lifestyle staff commence a detailed assessment of the care recipient’s lifestyle that captures social, cultural and spiritual histories. Lifestyle care plans are developed and document preferences and strategies to assist care recipients in

enjoying life at the home. Care recipients are satisfied with the emotional support provided to them.

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 encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program offers a range of activities designed to maximise care recipients' independence and includes exercise programs and outings. Care recipients are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Care recipients are encouraged to use aids such as hearing aids and walking frames to maintain their independence. They are also encouraged to participate in decisions about their physical, intellectual, spiritual, financial and social care. Care recipients are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

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

There are systems to support care recipients' privacy and dignity. Care recipients' privacy, dignity and confidentiality wishes and preferences are identified and documented in care plans. Information on care recipients' right to privacy is contained in the 'resident information book' and explained to care recipients during their initial entry to the home. Information is stored and archived securely and handover is conducted in a confidential manner. Staff practices maintain care recipients' confidentiality and staff are discreet when managing care needs. Care recipients are satisfied staff are respectful of their privacy and dignity when caring for them.

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

The home offers care recipients a lifestyle program that incorporates a wide range of interest and activities of interest to them. A leisure and lifestyle assessment is completed for each care recipient, capturing information that assists with their individual participation levels. The home offers one to one options for care recipients who choose not to be involved in group activities. Group activities are designed around care recipients' preferences and suggestions. A copy of the weekly activities program is provided to each care recipient and is displayed in communal

areas throughout the home. A copy of the monthly activities program is placed in a folder in each lodge. Care recipient participation and level of interest is monitored and evaluated. Review of the activity program occurs through observation, surveys, care recipient feedback and regular meetings. Care recipients are assisted to participate in activities of choice and are satisfied with the lifestyle program offered at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the care recipient/representative. Staff and volunteer services provide emotional support, religious services are held regularly on site and attendance at external religious observances is encouraged and facilitated. Celebrations are held to mark days of cultural and religious significance, with the kitchen able to provide special meals on these occasions, as well as catering for the specific cultural requirements of individual care recipients as required. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care. Care recipients are satisfied their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The rights of each care recipient/representative to make decisions and exercise choice and control over lifestyle and care planning are recognised and respected. The home uses consultative processes to actively obtain information from care recipients and representatives including surveys, meetings, suggestions and one to one communication. Monitoring processes include personal care and activity plan reviews, and evaluation of feedback through the continuous improvement system. Staff encourage and assist care recipients to participate in choice and decision making about the services provided to them. Care recipients/representatives are satisfied with their participation in making choices and decisions about issues that affect care recipients' daily life.

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 residential care service and understand their rights and responsibilities. On entry to the home care recipients are provided with a 'resident information book' which details information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. 'Resident agreements' are offered to all care recipients and include details regarding security of tenure and documents care and services provided. Care recipients/representatives are consulted where changes may require a move within the home. Staff are informed of resident rights through orientation and ongoing training with care recipient satisfaction monitored through surveys and feedback. Care recipients are satisfied they have appropriate access to information regarding their rights and feel secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement, for details on the home’s overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- New furnishings have been purchased to highlight the ‘home’ environment. While the furniture is suitable for older people, the pieces meet the care recipients idea of outdoor and lounge furniture and wall units. Feedback from care recipients is that they are more comfortable around familiar looking furniture items and management and staff have identified the new furniture provides opportunity for reminiscing; improves behaviour management, and improves the aesthetics of the home.
- A new ‘chemical alert system’ was introduced at the home two months ago. The on-site work health and safety representative manages the system which enables downloading of safety data sheets; has a risk assessment attached to each listed chemical, and capacity for the home to conduct their own risk assessment. This system improves access to chemical resources; assists to manage compliance with legislative requirement, and improves safety of chemical storage and usage.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an audited food safety program, and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. In conjunction with the mandatory safety education program, staff are afforded the opportunity to attend in-service and external courses or information sessions conducted by specialist educators. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of information topics relevant to Standard 4 include: fire, food safety, infection control, restraint, safe use and storage of chemicals, work health and safety and associated regulations, risk assessment, and manual handling.

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 living environment and care recipient safety and comfort needs are assessed and reviewed through regular care recipient and staff meetings, audits, incident reports, risk assessments, maintenance requests and staff observation. The home consists of single rooms through seven lodges and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for care recipients' needs. Handrails are throughout the home and walkways facilitate care recipient mobility outside. The on-site maintenance officer implements and oversees a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as required. Restraint is utilised for some care recipients and appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken, and staff have access to police and emergency telephone numbers in the event of a security breach. Care recipients and/or their representatives are satisfied with the maintenance, safety and comfort of their 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 organisation and management at the home have implemented a safety system to manage regulatory requirements. The home's safety system is coordinated by organisational health and safety staff in association with the on-site work health and safety representative,

maintenance and management teams. There are processes which enable notification and control of hazards; to manage exposure to risks; for reporting and investigation of staff incidents; management of chemicals; regular safety and environmental audits, and the rehabilitation of injured staff to support their return to work. 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 safety system and installations have been assessed and records of inspection identify that the fire detection, alarm and firefighting system have been inspected and maintained in accordance with relevant standards. Fire exits and pathways to exit are free from obstacles. The home has emergency response guidelines available at key points in the home to support the management of adverse events such as a fire/smoke, bomb scare, intruder, loss of utilities. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and have access to emergency procedures, firefighting equipment and evacuation diagrams. A care recipients' evacuation list (updated on entry/exit), coupled with sign in/out registers and staff roster, assist with evacuation headcounts. There are procedures to ensure security (day and night) of care recipients, staff and site visitors.

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 and staff are aware of infection control principles relevant to their role. Hand washing facilities and hand sanitiser solutions are located throughout the home; an outbreak management system, provision of personal protective equipment and sufficient cleaning supplies assist to minimise the incidence of infection. The home provides vaccinations for staff and care recipients annually and issues relating to infection control are discussed at relevant staff meetings as an outcome of the infection surveillance system, including collection, collation, analysis and trending of infections data. Care recipients with suspected infections are reviewed by their medical officer and monitored by clinical staff with appropriate treatment implemented. Regular pest control services are provided and there are processes for the disposal of general and sharps waste. The food safety program, cleaning and laundry practices support the infection control program and regular relevant training is provided to staff.

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 and/or their representatives and staff are satisfied with the catering, cleaning and laundry services provided. Care recipients' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies, likes, dislikes and preferences. This information is communicated to catering staff. The home has a cook fresh system with the capacity to cater for individual dietary needs. Care recipients are presented with options for main meals and may provide feedback. The cleaning program includes duties lists and schedules to guide staff in the cleaning of care recipients' rooms and the environment.

Personal clothing and manchester is laundered off site with care recipients encouraged to name personal clothing items to facilitate satisfaction with the laundry service. Regular stock-takes are conducted to ensure linen and crockery is replaced as necessary. The effectiveness of hospitality services is monitored through feedback, meetings, audits and surveys.