Brighton Aged Care

RACS ID 6757
580 Brighton Road
SOUTH BRIGHTON SA 5048

Approved provider: Aged Care Services 30 (Brighton) Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 07 May 2019.

We made our decision on 08 March 2016.

The audit was conducted on 08 February 2016 to 09 February 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Audit Report

Brighton Aged Care 6757

Approved provider: Aged Care Services 30 (Brighton) Pty Ltd

Introduction

This is the report of a re-accreditation audit from 08 February 2016 to 09 February 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 February 2016 to 09 February 2016.

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

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

Assessment team

Team leader:	Judith Silkens
Team member:	Kellie Whelan

Approved provider details

Approved provider:	Aged Care Services 30 (Brighton) Pty Ltd

Details of home

Name of home:	Brighton Aged Care
RACS ID:	6757

Total number of allocated places:	76
Number of care recipients during audit:	71
Number of care recipients receiving high care during audit:	71
Special needs catered for:	People living with dementia and related disorders.

Street:	580 Brighton Road
City:	SOUTH BRIGHTON
State:	SA
Postcode:	5048
Phone number:	08 8296 8950
Facsimile:	08 8296 5680
E-mail address:	brightondon@acsagroup.com.au

Audit trail

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

Interviews

Category	Number
Corporate and site management	6
Clinical and care staff	7
Hospitality staff	4
Administration staff	1
Care recipients/representatives	8
Lifestyle staff	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	9
Personnel files	4
Medication charts	20

Other documents reviewed

The team also reviewed:

- Care recipient and staff surveys

- Chemical safety data sheets

- Cleaning schedule

- Clinical equipment checklists and calibrations

- Comment and complaints documentation

- Continuous improvement documentation

- Dietary advice documentation/textured diets

- Drugs of dependence licence

- Environmental, refrigeration and water monitoring documentation

- Equipment and building maintenance documentation

- Fire safety monitoring documentation

- Food safety plan

- Human resources documentation including staff training

- Incident and hazard reports

- Infection control register and analysis

- Job descriptions

- Lifestyle participation records, program aims and objectives, program evaluations

- Medical officer communication folders

- Memorandums

- Menu

- Police certificates

- Resident information directory

- Residential accommodation agreement

- Schedule 8 medication records

- Triennial fire safety certificate

- Various audits

- Various clinical documentation including charting/monitoring/end of life

- Various meeting minutes

- Various policies and procedures, flowcharts and guidelines

- Visitors and contractors registers

- Work health and safety documentation

Observations

The team observed the following:

- Accreditation notice on display

- Activities in progress

- Charter of care recipient's rights and responsibilities displayed

- Chemical storage

- Equipment and supply storage areas

- Evacuation kit

- External and internal complaints and advocacy information on display

- Fire equipment and evacuation maps

- Infection control resources/Personal protective equipment

- Interactions between staff and care recipients

- Keypad security systems

- Kitchen/food storage and preparation

- Laundry

- Living environment

- Mobility aids

- Personal protective equipment in use

- Secure storage of medications and medication administration

- Short group observation during meal service

- Smoking area

- Staff practices and work areas

- Suggestion boxes

- Various noticeboards

- Vision, mission and values displayed

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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

Aged Care Services 30 (Brighton) Pty Ltd actively pursues continuous improvement utilising an established corporate framework. Opportunities for continuous improvement are identified through hazard and incident reports, audits and from staff, care recipient and representative feedback. 'Corrective Action Requests' and 'Priority Action Workplans', evaluated by management, are used to record identified opportunities, which are transferred onto the home's continuous improvement plan. An auditing schedule implemented by management is used to monitor the home's performance across the four Accreditation Standards. Results show continuous improvements are presented and discussed in management, resident/representative and staff meetings. Staff interviewed said they have opportunities to contribute to the continuous improvement process. Care recipients and representatives interviewed said they are aware of the process for making suggestions and are able to do so if they wish.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Corporate management identified the opportunity to conduct an awareness campaign for the organisation's 'Employees Assistance Program' (EAP). The campaign included the distribution of the procedure for use of the EAP. Promotional materials were displayed in the home and discussions were held at handover, in staff meetings and in the staff room. Staff who utilised the EAP following the campaign provided feedback regarding the value they received from using the program and referred co-workers to the service.

- Clinical staff identified that the handover sheets in use did not provide sufficient information to enable efficient clinical care. The handover sheets were reviewed and a redesigned sheet introduced that provides significant information on each care recipient. The information is colour coded for ease of identification. Evaluation of the new sheets through staff feedback demonstrates that they are user friendly and improve time efficiency for clinical staff.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulations and guidelines. The organisation receives changes from relevant government departments, industry bodies and through subscription to professional organisations. Policies and procedures are updated corporately and forwarded to the facility manager. Information is provided to staff and care recipients through meetings, memoranda, newsletters and noticeboards. Results show regulatory compliance is monitored through the home's auditing process. Staff interviewed said regulatory compliance information is distributed in memoranda and discussed in meetings.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives were notified in writing of the re-accreditation audit and posters were displayed throughout the home.

- Police clearance documentation for staff

- Monitoring of professional registrations for clinical staff

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 has processes to ensure that management and staff have the appropriate skills to perform their roles effectively. Staff selection and recruitment processes are based on required qualifications and skills for each position as defined in job descriptions. The home identifies training needs and monitors the efficiency of training conducted through staff feedback, surveys, and audit results. The home has a training schedule, which includes mandatory and non-mandatory training delivered through group training and self-directed learning packages. Results show training attendances are recorded and monitored by management. Staff confirmed they attend mandatory training and are encouraged to complete non-mandatory training through self-directed learning.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Documentation for nurses

- Continuous improvement

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a system to provide access to internal and external complaint mechanisms to each care recipient or their representative and other interested parties. Information on internal and external complaints systems is provided to care recipients and their representatives on entry to the home, displayed around the home, and discussed at resident/relative meetings. The home has 'Have your say' forms and 'Corrective Action Request' forms, which are available for use by staff, care recipients and other stakeholders. The home has a confidential suggestion box and verbal complaints received by staff from care recipients are recorded on corrective action request forms. Complaints are recorded by management on the continuous improvement plan and are monitored and evaluated through audits, surveys and reporting. Results show comments and complaints are discussed at management, staff and resident/relative meetings. Staff interviewed said they understand the comments and complaints system and know how to raise a complaint. Care recipients and representatives interviewed said they feel comfortable providing feedback to management and are aware of the feedback process.

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

Aged Care Services Australia Group (ACSAG) has vision; mission and value statements which inform care recipients, representatives and staff of the organisation's commitment to provide a quality aged care service. These statements are displayed in the home and in the resident information directory and staff handbooks.

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 appropriately skilled and qualified staff sufficient to ensure care and services are provided according to the organisation's vision, mission and values. Staff are recruited according to corporate recruitment policies and position descriptions. Staff are provided with onsite orientation and guided in their roles through duty statements, probationary reviews and job descriptions. There are orientation processes for agency staff and staffing levels are guided by care recipient needs with 24-hour registered nurse supervision provided. Casual, part-time staff and agency staff fill planned and unplanned roster vacancies. Staffing levels are

monitored through feedback, incident reporting, observation and review of care recipient care needs. Results show management monitors staff competencies and registrations and employee satisfaction is monitored through meetings, feedback and surveys. Staff interviewed said they have sufficient time to complete their duties. Care recipients and representatives interviewed were satisfied with the standard of care provided.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home has a system for ensuring there are stocks of appropriate goods and equipment sufficient for quality service delivery. Re-ordering and stocking of consumable stocks is delegated to relevant staff. New equipment is trialled and feedback is sought from staff with training provided where necessary. Goods and equipment are monitored through the use of corrective and preventative maintenance processes, re-stocking and ordering processes and equipment inventory. The home's processes are monitored through audits, surveys, feedback and observation. Results show stock levels of goods and equipment are reviewed and adequate levels maintained. Staff, care recipients and representatives interviewed said they are satisfied there are adequate and appropriate stores and equipment available.

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 effective information management systems in place. The home uses hard copy clinical documentation, with documents stored securely in documentation offices.

Electronic records including care plans, handover sheets and evacuation records are password protected and access is limited to management staff. The home disseminates information to stakeholders through staff meetings, 'resident and representative' meetings, newsletters, noticeboards, memoranda, staff handbooks, and education sessions. Policy and procedure manuals available to guide staff are generally reflective of the home's practices.

Management monitors the home's information management systems through audits, surveys and feedback from staff, care recipients and representatives. Results show information relating to legislation and care-recipient care is generally accessible and archived information is held securely on site and destroyed appropriately in accordance with legislative requirements. Care recipients and representatives interviewed said they are kept informed about matters of interest to them. Staff interviewed have an understanding of the information system and said that information relating to their role is accessible.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home uses externally sourced services, which are provided in a way that meets the home's service needs and service quality goals. The home has agreements with external services such as pest control, fire safety and physiotherapy, which are managed under corporate, preferred supplier procedures. Contracts are documented and meet the home's service quality goals and safety standards. External contractors undergo an induction process prior to delivering services to the home. External services are monitored through the home's comments and complaints system, observation and service reports. Staff, care recipients and representatives interviewed said they are satisfied with the 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

Refer to expected outcome 1.1 Continuous improvement for information related to the home's continuous improvements systems and processes.

In relation to Standard 2 Health and personal care, processes to monitor clinical care include incident reporting, staff and care recipient feedback, audits and care review processes.

These assist the home to identify opportunities to improve clinical care. Care recipients and representatives interviewed are satisfied they are able to contribute to the home's continuous improvement program if they wish.

Improvements implemented by the home in relation to Standard 2 Health and personal care in the last 12 months include:

- Staff requested clinical refreshers on basic skills for all clinical staff. Suitable education resources were obtained and developed to provide clinical refreshers on basic skills such as interpretation of urinalysis, vital signs and blood glucose levels. Clinical staff members undergo one to one training and group training in accordance with a monthly schedule. Feedback provided by staff indicates they found the method applied was non-confrontational and improved their knowledge.

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 relating to the home's regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Medication is stored safely and securely

- Care recipients assessed by appropriately skilled and qualified staff

- Schedule S4 and S8 drug licence

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Needle stick injury

- Pain management

- Anti-psychotic medication

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 clinical care appropriate to their needs. Admission processes, and initial assessments, completed in consultation with the care recipient, representatives, allied health staff and general practitioners, identify care recipients' clinical care needs and an interim care plan is developed. Clinical staff use assessment and care planning tools to develop relevant assessments and create a care plan in addition to 'technical nursing' care

plans as required. Individual care plans are reviewed through the resident of the day (ROD) process which occurs on a monthly basis by a multi-disciplinary team; any changes are communicated to relevant staff through updated care plans, verbal handovers and updated clinical handover documents. Clinical care is monitored through clinical observations, handover processes, data trending, clinical audits, incident reporting analysis and surveys. Results show care recipients are assessed reviewed and receive the appropriate clinical care. Staff described clinical care requirements as documented in care plans. Care recipients and representatives interviewed said care recipients clinical care is met.

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 nursing staff. Specialised care needs are identified by qualified staff through assessments and care plan reviews and referrals are made to relevant allied health professionals, when required. Technical nursing and specialised nursing care plans are documented for care recipients requiring specialised care and registered nurses, appropriately trained staff and allied health professionals carry out the care requirement. Complex wounds are attended and assessed by appropriately qualified staff and catheter changes are completed by other health professionals as appropriate. Specialised care is monitored through clinical handover, ROD reviews, clinical monitoring and audits. Results show care recipients specialised nursing care needs are identified and addressed. Staff described specialised care provided as documented in individual care plans. Care recipients and representatives interviewed said specialised nursing care needs are met by qualified staff.

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 health specialists according to their assessed needs and preferences. Care assessments, reviews and medical officers identify care recipients' needs; allied health services such as physiotherapy and podiatry regularly attend the home and external contractors supply required speech pathology and dietician services on-site. Care recipients are supported to attend specialist and allied services of their choice and the clinical team arranges reviews by other services such as optometry, dental or other health providers. Ongoing required care, as recommended by other health and related services, is documented in care plans and conducted by appropriately qualified staff. Other health and related services are monitored through care reviews, clinical audits and care recipients feedback. Results show appropriate allied and other health services are provided to care recipients. Staff interviewed said allied health services attend to care recipients as required. Care recipients and representatives interviewed said care recipients are referred to specialists.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Care recipients medication is managed safely and correctly. Care recipients' medication is assessed on admission to the home and assessed through ROD processes, medical officer reviews and pharmacy evaluation of medication charts. Medications are administered by registered or enrolled nurses. Care recipients who wish to self-administer medications are assessed for competency and, if able to self-administer, are provided with appropriate medication storage in their room. 'As required' medication is administered by appropriately qualified staff and is assessed for effectiveness. There is a contracted pharmacy service that supplies prescribed medications in pre-packed single-dose blisters, with medication names and descriptions on each medication dosage aid. Medications are appropriately and securely stored. Monitoring processes include care reviews, incident reporting and audits and are discussed at the medication advisory committee. Results show medications are stored safely, incidents are actioned and medication charts reviewed regularly. Staff interviewed described medication management processes. Care recipients and representatives interviewed said medications are administered in a timely manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients' pain is managed to ensure they are as free as possible from pain. Admission processes and initial assessments, including monitoring for care recipients with cognitive deficits and language barriers, identify care recipients' pain levels and preferred interventions. Physiotherapist assessments are conducted to assist in the identification of pain and a pain care plan is developed in consultation with clinical staff and relevant allied health providers. A physiotherapist regularly attends the home to complete reviews, assessments and therapies. 'As required' medications can be administered and are generally assessed for effectiveness. Alternative methods for pain relief are offered by staff including massage, heat packs and therapeutic creams. Monitoring processes include clinical observations, data trending, clinical audits, care reviews and surveys. Results show care recipients' pain is managed effectively. Staff described activities completed to reduce pain, as documented in individual care plans. Care recipients and representatives interviewed said care recipients' pain is monitored and addressed as required.

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 care recipients in the terminal stage of life is maintained. There is a consultative process for discussing and documenting the end of life wishes with care recipients, family and relevant cultural persons. End of life wishes are communicated to relevant staff and a specific palliative care plan implemented, when appropriate. Local ministers of a variety of religions are accessed to provide care recipients and family with specific end of life spiritual support, when required. Appropriate care equipment is available for care recipients as well as access to palliative care specialists as required. Palliative care is monitored through review and feedback processes. Results show care recipients are provided comfort care and their pain is managed appropriately.

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 nutrition and hydration to meet their needs and preferences. Care recipients' dietary needs and preferences are identified in the admission process and ongoing reviews are completed as part of the ROD process. Care plans are developed in consultation with clinical staff, speech therapist, dietician, care recipients and representatives. Hydration is encouraged by care staff and monitored through observation, and care recipients weights are monitored monthly; significant changes initiate further review and additional "weight loss/weight gain" monitoring chart. Care recipients at high risk of weight loss and with swallowing difficulties are referred to relevant allied health professionals. Nutrition and hydration is monitored through clinical audits, care reviews, food and fluid clinical monitoring and observation. Results show care recipients at risk of weight loss/gain are identified, referred to the appropriate allied health services, strategies are implemented and care plans are updated. Staff are able to describe the processes relating to nutrition and hydration as documented in care plans. Care recipients and representatives interviewed said nutrition and hydration needs for care recipients 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

There are processes to maintain care recipients' skin integrity consistent with their general health. Admission and ongoing review processes use skin assessment tools to evaluate care recipients' skin integrity. Care plans document staff interventions related to maintenance and

promotion of skin integrity and pressure relieving aids are used as required. Wounds are assessed by clinical staff and a wound care plan is implemented, including documented actions, photographs and evaluations, treatments are managed by appropriately trained clinical staff. Complex wounds are managed by registered nurses and care recipients are referred to medical or wound specialists as required. Monitoring processes include clinical audits; wound assessments, observation and feedback. Results show skin care and wound requirements are identified and documented. Staff are able to describe how skin integrity and wound care is managed. Care recipients and representatives interviews said they are satisfied care recipients' skin integrity is maintained.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

There are processes to effectively manage care recipients' continence needs. Continence needs are assessed on admission and ongoing evaluation processes use assessments tools and observation charts. Continence care plans are developed, including impacts of medication, medical condition contributors, continence aids used and schedules for toilet use. Monitoring processes include bowel charts, pad allocation and changes record, clinical audits, care reviews and surveys. Results show schedules for toilet use are met and continence needs are reviewed. Staff described processes they use relating to how they meet continence needs. Care recipients interviewed said they are satisfied with how their toileting and continence needs and preferences are met.

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 managed effectively. Admission processes and initial assessments, completed in consultation with representatives, allied health staff and general practitioners, identify care recipients' behaviours. Behaviour care plans are developed, including triggers and strategies for intervention. A minimal restraint approach is used and alternative interventions implemented where possible. Behavioural management is monitored through care reviews, audits, feedback and observation. Results show triggers are identified and interventions documented for staff. Staff interviewed described interventions as documented in care plans. Care recipients and representatives interviewed said they are satisfied with the home's approach to challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial assessments and ongoing reviews identify care recipients' capabilities and required mobility and dexterity aids. Assessments are completed by a physiotherapist and clinical staff. Specialised equipment and mobility aids are available to assist care recipients in maintaining their independence. Monitoring processes include care reviews, audits, meetings, incident and trending data, surveys, feedback and observation. Results show care recipients at risk of falls are assessed and supported. Exercises are offered in different formats, including group exercises and individual plans. Staff described strategies for maintaining mobility and dexterity. Care recipients and representatives interviewed said they are satisfied with staff promotion of care recipients 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. Admission and ongoing review processes use assessment tools to evaluate care recipients' oral and dental needs and preferences. Oral and dental assessments identify care recipients dental care requirements for natural or prosthetic teeth. The home has a toothbrush replacement program and alternative methods of oral care are available to care recipients if required. There is a mobile dentist who provides dental care and referrals are made to dental specialists, as required.

Monitoring processes include clinical audits, observation and feedback. Results show dental care is available to care recipients. Staff interviewed are able to describe dental care processes as documented in care plans. Care recipients and representatives interviewed are satisfied with dental care provided.

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. A sensory care plan is completed using assessments which incorporate all five senses. Strategies to assist care recipients with sensation loss, such as monitoring skin integrity are documented. Care staff maintain sensory aids such as glasses and hearing aids and assist care recipients with use and fitting if required. Access to items to enhance care recipients' sensory experiences is available, including large print books and sensory enhancing lifestyle activities. Monitoring processes include care reviews, observation and surveys. Results show care recipients have access to

items to assist with their sensory losses. Staff interviewed described care provided for care recipients with sensory losses. Care recipients and representatives interviewed said they are satisfied with the support given to care recipients with sensory losses.

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 provided with care to assist them to achieve natural sleep patterns. Admission and ongoing review processes identify strategies to assist care recipients to achieve natural sleep patterns, care plans are developed using this information.

Environmental factors, including subdued lighting, reduction of noise and bedding preferences are used to encourage natural sleep patterns. Care recipient preferences are supported by care staff, and include warm drinks, additional supper and timing of activities of daily living. Sedation is available for relevant care recipients as per medication charts and consultation with their medical officer. Sleep management processes are monitored through audits, feedback processes and care and leisure and lifestyle reviews. Results show care recipients' sleep preferences are identified and documented and strategies to promote natural sleep patterns are undertaken by staff. Staff described actions taken to assist care recipients achieve natural sleep patterns. Care recipients and representatives interviewed said care recipients are able to seek assistance to achieve sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Lifestyle reviews, care recipient meetings and feedback processes are used by the home to identify improvement initiatives in relation to Standard 3 Care recipient lifestyle. Results show the lifestyle program includes care recipient choices and the home is responsive to their feedback.

In relation to Standard 3 Care recipient lifestyle, the home has implemented the following improvements:

- Staff suggested a 'Welcome Pack' be provided to all care recipients on entry to the home. A booklet was produced containing information about the home including photographs of lifestyle staff, identification of key staff, activity information and other useful items. Booklets titled 'Supporting Families and Friends of Older People Living in Residential Aged Care" were also produced and provided to families and friends. Feedback from care recipients and families who have received the pack stated it make them feel less lonely knowing who they can talk to.

- Management conducted a comprehensive review of care recipient experiences at meal times. Resulting from the review staff were provided with education and guidance materials on the service of meals. Individual care recipient preferences were actioned and the dining room environments enhanced with new curtains and furniture. Care recipients report the improvements make going to the dining room like going to a restaurant.

- A project was implemented titled 'Mirror Pictures' to encourage staff to see care recipients as the young, productive and energetic individuals that they continue to see themselves as. Images were provided which reflect the backgrounds of each care recipient in their younger years. The photographs are displayed in the home and staff use them to instigate conversations with care recipients about their past. Feedback from staff indicates they have changed the way they engage with care recipients and have a higher level of respect for who they are.

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 relating to the home's regulatory compliance systems and processes.

In relation to Standard 3 Care recipient lifestyle examples of regulatory compliance include:

- Procedures and documentation relevant to mandatory reporting legislative requirements

- Processes and advice to support care recipients' security of tenure

- Care recipients' consent to release of information

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

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Leisure activities for residents with dementia

- Privacy and dignity

- Cultural diversity

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems for the identification and management of care recipients' emotional needs and preferences. Processes include a broad activity program that includes assessment and ongoing review, as well as a robust consultation system that supports both the care recipient and their representatives. Care recipients receive a copy of the resident information directory and resident agreement prior to admission and are given the opportunity to visit the

home before entry. Assessment information is collected by the lifestyle team and used to compile the lifestyle form. Monitoring of care recipients' individual emotional support needs is done through observation, feedback, progress notes, staff discussions and family conferences. Results show individual care recipients emotional support needs are well documented, reviewed and support provided. Staff practices are monitored through observation and staff feedback, with care recipients and representatives stated they are satisfied with the level of consultation and emotional support provided.

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's processes include care planning processes, consultation, access to voting, the facilitation of transport and support to access external activities where appropriate. The home uses observation, feedback, resident and representative meetings, ongoing review and survey processes to monitor care recipients' independence and access to the community.

Results show care recipients are provided with appropriate support to maintain their independence and ties with the community. Staff interviewed are able to describe strategies used by the home to preserve and enhance care recipients' independence. Care recipients and representatives are satisfied with home supports care recipients to maintain their independence and maintain friendships.

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

Care recipients' rights to privacy, dignity and confidentiality are recognised and respected. The home has systems to identify individual and support needs and preferences in relation to privacy, dignity and confidentiality. These include the care planning processes, encouraging care recipients and representatives to bring in personal items and furniture as well as ensuring care recipients and staff information is stored securely. The home monitors care recipients' satisfaction through observation, surveys, meetings and audits. Results show the home stores care recipient and staff information securely and staff are aware of their responsibilities regarding respecting care recipients' privacy and dignity. Staff interviewed could describe strategies to support and ensure care recipients' privacy, dignity and confidentiality was maintained. Care recipients and representatives are satisfied care recipients privacy; dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a range of activities of interest to them. The home has processes to assess and review care recipients' interests, activity needs and preferences, including any barriers that may impact on participation.

Information gathered through assessment, review and feedback is used to develop and refine the lifestyle program to ensure an appropriate range of activities, outings and special events. The program is monitored by lifestyle staff through feedback, attendance records, ROD processes and at care recipient and staff meetings. Results demonstrate the home has a robust activity program tailored to care recipient needs and preferences and complements other care needs, such as mobility. Staff interviewed provided examples of how they support care recipients to attend their preferred leisure interests and activities. Care recipients and representatives are satisfied they are encouraged and supported to participate in a range of activities and interests of their choice.

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' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home has systems to ensure the identification and support of care recipients' individual customs beliefs and cultural backgrounds. These include assessments, feedback, meetings, regular cultural events tailored so that all can attend and regular spiritual worship and regular individual visits from activity and diversional therapy staff. Care recipients' cultural, spiritual needs and preferences are monitored through feedback, reviews, satisfaction surveys and audits. Results demonstrate care recipient's individual interests, customs, beliefs, cultural and ethnic backgrounds are identified, valued and supported. Staff interviewed provided examples of how they support care recipients to maintain their individual cultural and spiritual needs and preferences. Care recipients and representatives are satisfied the home recognises supports and values their individual interests, customs, beliefs and cultural and ethnic backgrounds.

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

Each care recipient, or their representative, participates in decisions and exercises choice about the services the care recipient receives. The home's processes include assessments regular reviews, and consultation to ensure each care recipient or their representative, can exercise choice and have control over care planning and services. This information is used to develop individualised care recipients' care plans. Brochures and pamphlets, in both English and other languages, are available and include information regarding services within the home and advocacy and aged care services. Feedback, reviews, meetings, audits and survey processes are utilised by the home to monitor and evaluate care recipient and representative satisfaction with choices offered to care recipients. Results demonstrate care recipients and representatives are able to exercise choice over care and activities provided. Staff interviewed described strategies used to encourage and support care recipients to exercise choice and control in their daily lives. Care recipients and representatives interviewed said they are able to have input into care provided.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to assist care recipients to understand their rights and responsibilities and security of tenure. A tour of the home is provided for prospective care recipients and pre-entry information is provided to them. On entry to the home care recipients and representatives receive a residential accommodation agreement which contains information outlining security of tenure, the Charter of Care Recipient's Rights and Responsibilities and complaint mechanisms. The Charter is displayed in the home and staff receive training in care recipient's rights. Changes to accommodation are arranged in negotiation with the care recipient and representatives. Security of tenure processes are monitored through audits, legal advice and care recipient feedback. Results show processes uphold care recipient's security of tenure rights. Care recipients and representatives interviewed said they understand the provisions of security of 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

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

Internal and external audits, incident reports, staff and care recipient/representative feedback assist the home to identify improvements in relation to Standard 4 Physical environment and safe systems. Care recipients and staff interviewed said they are encouraged to provide feedback and suggestions to improve the living and working environment.

- Management identified that hazard identification practices could be improved by the introduction of training for key staff. A review of all tasks was undertaken by an external contractor and Safe Operating Practices (SOP's) were developed for all tasks. The SOP's were implemented and introduced to staff. Evaluation by management indicates that all staff members could identify common hazards in their work areas and describe the process for reporting hazards.

- Care recipient feedback indicated that some communal areas were affected by the sun and heat if blinds were left open. When blinds were closed however, the care recipients were unable to enjoy the view. New blinds were sourced and installed which have both shear and block-out options. Care recipients are complementary of the new blinds providing feedback indicating the communal areas are more useable in warmer weather.

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 relating to the home's regulatory compliance systems and processes.

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Audited food safety program

- Mandatory training policy for manual handling

- Fire systems monitored and maintained and current triennial fire safety certification

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

In relation to Standard 4 Physical environment and safe systems, training conducted by the home includes:

- Manual handling

- Fire and emergency training

- Dealing with chemicals

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home provides a mixture of single and double accommodation with ensuites and shared bathrooms. Care recipients have access to

communal living, dining and activity areas including courtyard gardens and are encouraged to personalise their rooms to enhance their private space. The living environment is monitored through environmental audits, incident reports, observation, feedback and preventative and corrective maintenance programs. The home has a minimal restraint approach with physical restraint used in consultation with the care recipient and/or their representative, clinical staff and a general practitioner. Results show incident and hazard minimisation strategies are documented and regularly reviewed. Staff interviewed said they are aware of their responsibilities in maintaining the safety and comfort of the environment in the home. Care recipients and representatives interviewed said they are satisfied with the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. Inspection results, audit outcomes and incident and hazard data are discussed at work, health and safety meetings. The home has access to rehabilitation and return to work services to assist staff affected by workplace injuries. Monitoring processes include audits, incident and hazard reporting, environmental inspections, preventative and corrective maintenance programs and observation. Results show staff receive training in work, health and safety responsibilities at induction and mandatory manual handling training is provided annually to all staff. Staff interviewed said they have access to personal protective equipment, policies and procedures, guidelines and training.

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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps are located throughout the home and an evacuation kit contains current care recipient mobility information which is updated as required. Staff are provided with mandatory emergency management training and emergency procedure manuals are available throughout the home. Smoking assessments are generally completed for care recipients who wish to smoke.

Security systems include external security cameras, after hours lock down procedures and key pad access to secure areas of the home. Emergency management and safety systems are monitored through internal and external audits. Results show the home has current emergency evacuation information available and fire equipment servicing is up to date. Staff interviewed are aware of their responsibility in the event of an emergency. Care recipients and representatives interviewed said they are satisfied staff would manage an emergency efficiently.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has systems to ensure there is an effective infection control program. Policies and procedures are in line with state and commonwealth infection control guidelines. There are adequate resources to guide safe staff practice, including hand washing stations, alcohol based gel, personal protective equipment and outbreak kits. Care recipients' infectious status is identified on admission and as infections occur. Appropriate safety precautions are documented and implemented and there is an annual vaccination program offered to care recipients. Hospitality services are offered in-line with infection control practices and there are procedures for the disposal of sharps, contaminated waste and pest control measures.

Infection rates are collated and reported monthly by the facility manager and reported in the facility manager's monthly report. Auditing results show the home has processes to manage an infectious outbreak and staff attend annual infection control updates. Staff said they understand their responsibilities and work practices to minimise the risk of infections.

Interviews with care recipients and representatives confirm they are satisfied with the practices employed by the home to minimise the incidence 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 provides hospitality services in a way that enhances care recipients' quality of life and the staff work environment. Care recipients' dietary needs are assessed on entry and hospitality services are implemented and reviewed giving consideration to the needs of each care recipient. The home uses a corporate issued, four week rotating menu with some adjustments for preferences of the care recipient's at the home. Meals are prepared and cooked on site and catering staff are guided by care recipient dietary requirement plans provided by clinical staff. Cleaning and laundry services are guided by infection control procedures, cleaning schedules, SOP's and safety data sheets and cleaning is carried out daily in care recipients' rooms and communal areas. Laundry services are available on site for flat linen and care recipient's personal clothing. Monitoring of hospitality services includes care recipient and representative feedback, meetings, comments and complaints and observation. Results show care recipients' needs in relation to catering; cleaning and laundry are documented and reviewed on a regular basis. Staff interviewed are aware of care recipients' needs and preferences and are generally satisfied with their working environment. Care recipients and representatives interviewed said they are satisfied with the meals, cleaning and laundry services provided.