Australian Government
Australian Aged Care Quality Agency

Churches of Christ Care Amaroo Aged Care Service Gatton & District

RACS ID 5124
28 Logan Street
GATTON QLD 4343

Approved provider: Churches of Christ in Queensland

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 31 August 2018.

We made our decision on 23 July 2015.

The audit was conducted on 23 June 2015 to 24 June 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

Churches of Christ Care Amaroo Aged Care Service Gatton & District 5124

Approved provider: Churches of Christ in Queensland

Introduction

This is the report of a re-accreditation audit from 23 June 2015 to 24 June 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 23 June 2015 to 24 June 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:	Robyn Sullivan
Team member/s:	Jan Gallagher

Approved provider details

Approved provider:	Churches of Christ in Queensland

Details of home

Name of home:	Churches of Christ Care Amaroo Aged Care Service Gatton & District
RACS ID:	5124

Total number of allocated places:	20
Number of care recipients during audit:	20
Number of care recipients receiving high care during audit:	17
Special needs catered for:	Nil

Street/PO Box:	28 Logan Street
City/Town:	GATTON
State:	QLD
Postcode:	4343
Phone number:	07 5462 3311
Facsimile:	07 5462 3752
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Service Manager	1
Registered staff	2
Care staff	3
Cook	1
Environment services worker	1
Maintenance Officer	1
Lifestyle Coordinator	1
Chaplain	1
Care recipients/representatives	8
Area Manager	1
Area Business Support Officer	1
Hospitality Services Coordinator	1
Administration Support Officer	1
Area Maintenance Support Officer	1
Physiotherapist	1
Volunteer	1

Sampled documents

Category	Number
Care recipients' files	5
Care recipients' residential agreements	6
Medication charts	7
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity calendar, attendance and evaluation forms

- Advance care plans

- Allied health referrals and documentation

- Amaroo newsletters

- Audits and audit tools

- Biographical profiles

- Blood glucose level results

- Bowel charts

- Care recipient fire evacuation list

- Case conference records

- Catheter change record

- Clinical and lifestyle assessments

- Comment and complaint reports

- Continuous improvement plan

- Contractor service agreements

- Controlled drug register

- Corrective and preventative maintenance register and schedules

- Diabetic management plans

- Dietary requirements and nutritional supplement lists

- Duty lists (daily and weekly)

- Equipment maintenance and calibration records

- Evacuation maps

- Fire safety and emergency management plan

- Food business licence

- Food safety program and food safety supervisor certificate

- Handover sheets and diaries

- Improvement reports

- Incident reports and analysis

- Infection control guidelines

- Information handbook for care recipients

- Maintenance inspection reports

- Mandatory reporting folder and associated documentation.

- Medical officers' documentation

- Memoranda

- Minutes of meetings

- Mobility instruction cards

- Occupier's statement

- Pathology results

- Pest inspection reports

- Policies and procedures

- Position descriptions

- Resident satisfaction survey result 2015

- Restraint authorisation form

- Risk management assessments

- Safety data sheets

- Self-assessment for re-accreditation

- Service agreements

- Sign in/out books

- Staff education and training attendance records

- Staff handbook

- Police certificates

- Temperature monitoring records

- Weight charts

- Wound assessment and treatment plans

Observations

The team observed the following:

- Accreditation information displayed

- Activities in progress

- Activity program on display

- Administration and storage of medications

- Chaplain interacting with care recipients

- Charter of residents' rights and responsibilities on display

- Chemical storage areas

- Colour coded equipment and personal protective equipment in use

- Emergency assembly areas

- Emergency exits, lighting and egress routes

- Equipment and supply storage areas (including chemical storage)

- Facility pets residing on site

- Fire/smoke detection and firefighting equipment and inspection tags

- Hand washing facilities

- Information displayed relating to advocacy and complaints services

- Interactions between staff, volunteers, care recipients and family members

- Internal and external environment

- Meal service

- Menu on display

- Notice boards and notices on display

- Security of records and information

- Sharps disposal

- Short group observation

- Spills kits and outbreak management kits

- Suggestion box

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

Amaroo Aged Care Service Gatton (the home) actively pursues continuous improvement activities through monitoring and feedback processes including: audits conducted across the four Accreditation Standards; complaint processes; incidents and risk management processes; and through the collating and analyses of information from feedback processes including surveys and individual or group meetings. Opportunities for improvement are discussed in a consultative manner between management, staff and care recipients/representatives to action and evaluate improvement activities. Management records consultation processes, documents action steps, monitors progress and evaluates outcomes as appropriate. Care recipients and staff are satisfied with improvements implemented across all services provided by the home.

Examples of improvements in relation to this Standard include:

- In response to staff feedback, management reviewed the way information is communicated with staff and introduced an electronic messaging system. Information such as filling shifts, education sessions, meeting alerts and care recipient movements is communicated to staff through mobile phone messaging. Staff and management report the new system has improved efficiency in shift replacements and has provided for timely reminders and updates of information across all services provided by the home.

- In response to staff feedback, the home reviewed the impact of registered staff workloads on the quality of handover sessions between the morning and afternoon shifts. Management extended the rostered hours of registered staff (morning shift) by half an hour to allow for a more comprehensive exchange of information. Management report that they have received positive feedback from staff on the initiative.

- In response to a review of the home's information management system, the home has installed a wireless internet service to provide staff with increased access and efficiency when accessing the home's intranet system and staff learning materials. Management and staff report satisfaction with the initiative.

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 organisational systems and processes to identify and ensure compliance with legislation, regulatory requirements, professional standards and industry guidelines.

Organisational personnel provide information to management and staff at the home via electronic alerts, policy updates, memoranda, newsletters, meetings and education; this information is available to staff electronically and in hardcopy. Compliance with legislation, organisational procedures/policies and the Accreditation Standards is monitored through the audit system, performance appraisals and observation of staff work practices. Care recipients/representatives are notified of re-accreditation audits and the home has organisational and local systems and processes to monitor currency of criminal history certificates and designated personnel receive alerts for staff, volunteers and identified service providers.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Recruitment processes ensure staff have the skills, ability and relevant qualifications to perform the role. Orientation processes include mandatory and other training programs specific to their roles (provided by qualified personnel) and the completion of identified competencies and assessments. Education is planned, scheduled, advertised and monitored for attendance by designated staff at the home. The need for further education is identified through monitoring processes including incident and hazard reporting, risk assessments, feedback from staff and care recipients, receipt of new goods/equipment, implementation of new processes, observation of staff practice and the environment and changes in care recipients' needs. Staff and management are encouraged and supported to undertake further education and formal qualifications utilising internal and external training processes.

In relation to this Standard relevant education includes: orientation processes, team building, bullying and harassment and recruitment training.

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 an organisational system to manage comments and complaints. Care recipients/representatives have access to internal and external complaints and advocacy processes and are advised in the care recipient handbook, the residential agreement and brochures. Feedback forms are available to care recipients and a suggestion box is available for submission of complaints. The complaints process is discussed at care recipient and staff meetings and complaints are incorporated into the continuous improvement system. The comments and complaints register is logged, monitored and reviewed by designated personnel to ensure complaints are actioned, evaluated and closed out. Feedback is provided through individual or group meetings, electronic communication, memoranda, letters and newsletters. Care recipients/representatives are aware of the complaint process and are satisfied with staff response to their concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has consistent documentation of the organisational vision, mission, values, philosophy and objectives which are published in handbooks and relevant documents and discussed at orientation and other forums. This information is available to care recipients/representatives, staff and other interested parties.

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

Systems and processes are in place to ensure that appropriately skilled and qualified staff are sufficient to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. The recruitment, selection and employment of staff is based on required skills, experience, qualifications, satisfactory reference checks and police certificates and completion of statutory declarations. Orientation processes include role specific and organisational information, mandatory training sessions and competencies and new staff are supported by experienced staff during "buddy" shifts. Staff skills are monitored through observation of staff practice, incident analysis and performance appraisals. A roster is maintained and reviewed as required to ensure that sufficient staff are available to meet care recipients' needs and to ensure that the environment is maintained. Staff report they are able

to complete their duties and management report they monitor workloads on an ongoing basis. Care recipients/representatives are satisfied with the timeliness of staff response to their requests for 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

Care recipients/representatives and staff are satisfied with the availability of goods and equipment. Effective processes are in place to monitor stocks and reorder goods. Stock management is delegated to key clinical, lifestyle and support staff. Equipment needs are identified through consultation with staff and care recipients/representatives, through the maintenance program or through the safety reporting system. A work order request process is used to manage equipment supply. The organisation has a capital expenditure review and authorisation process for high expenditure items. Effective preventive and general maintenance programs are in place. Staff have access to the maintenance reporting process.

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

Care recipients/representatives are satisfied with care and service delivery and the home's communication processes. Care, lifestyle and support staff are satisfied they have access to accurate and current information. Information management systems that support the home's key systems such as clinical care, lifestyle, human resources, safety and continuous improvement are effective. The home has a process for the archiving and disposal of obsolete records. Access to confidential electronic and hardcopy records is secure.

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

Care recipients/representatives and staff are satisfied with externally sourced services. Professional maintenance services, allied health services, goods supply and hairdresser services are sourced externally. The organisation has a central procurement system in place to manage external services. Service agreements are used to specify the organisation's service requirements. There is an induction process for contractors that visit the home. The performance of external service providers is monitored.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvements in relation to this Standard include:

- The home reviewed the way in which the scheduling and completion of care recipients' care planning review processes are managed and introduced a 'Clinical Care Planning Assessment Matrix' tool. Staff report the matrix has increased registered staff and other attending health practitioners' access to current assessment data and has increased efficiencies in undertaking reviews.

- As a result of a review of work force planning, the home facilitated medication competency training for four personal care workers. Management report the increased flexibility when rostering staff has ensured care recipients receiving their medication in a more timely manner.

- The home has reviewed the way in which palliative care of care recipients is managed and has introduced a palliative care program that includes new training materials and assessment forms for improved assessment of care recipients' care needs and preferences. Management report that all staff have completed the training modules and the new program has positively impacted on the delivery of palliative care to care recipients.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has organisational systems to ensure compliance with legislation relevant to health and personal care. In relation to this Standard, there are established systems to ensure relevant staff have current registration, police certificates, statutory declarations and reporting guidelines in the event of unexplained absence of care recipients or abuse of a care recipient.

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 systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes: medication management, palliative care and continence care.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has established processes for the identification and assessment of care recipients' clinical needs utilising comprehensive baseline health assessments and a range of focus assessment tools. Registered nurses develop an interim care plan on entry to the home to guide staff practice. Focus assessments and flowcharts are then completed to form individualised care plans that direct the provision of care. Care plans are reviewed three monthly or in response to a change in care recipients' care needs. Referral to medical and/or allied health professionals occurs in accordance with care recipients' needs and preferences. Care recipients and/or representatives are consulted during the assessment and care planning process and case conference are offered. Continuity of care is discussed at shift handover and recorded in progress notes and care staff are knowledgeable of individual care recipients needs and preferences. Clinical processes are monitored regularly through communication with staff, care recipient/representative feedback, reassessments and the audit and incident reporting processes to ensure compliance with organisational policies and procedures. Care recipients/representatives are satisfied with care provided, the consultation processes and the way care is delivered.

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 needs are identified in consultation with the care recipient and/or their representative, medical officers and other health professionals. Provision of specialised nursing care is managed and overseen by registered staff. Types of specialised care provided include diabetes management, anticoagulant therapy management, catheter care, oxygen therapy and complex wound management. Registered nurses are onsite or available 24 hours a day and regularly assess and evaluate specific care requirements. Care strategies are developed and recorded within care and treatment plans and evaluated regularly by registered staff. Staff indicated they have access to education, appropriate

equipment and sufficient resources to provide care and treatment effectively. Care recipients/representatives are satisfied with the specialised nursing 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 are referred to a range of health services and allied health professionals including specialist doctors, hospital services, mental health care, physiotherapy, dietetics, speech pathology, podiatry, pathology, dental, hearing and optical services with assessments undertaken for individual care recipients as required. Referrals are initiated in a timely manner and directions for ongoing care interventions are documented in care recipients' clinical records. If services are not provided on site then assistance is provided by care recipients' representatives or care staff for care recipients to attend external appointments when required. Implementation of care is monitored and the effectiveness of care is regularly evaluated. Care recipients/representatives are satisfied with the range of and access to allied health specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The medication management system ensures safe management of care recipients' medication. Medical officers prescribe medication and the orders are dispensed by an external pharmacy service in a multi dose packaging system. Medications are administered by registered and care staff who have undertaken recent medication competencies and registered staff administer controlled drugs and injections. Information about the time and frequency of medications as well as alerts about medications not packed is effectively communicated to staff to ensure care recipients receive their medications as prescribed.

Medication prescriptions, administration instructions and allergies are documented on individual medication charts to guide staff practice. Effectiveness of medication management processes is monitored through an auditing program and incident reporting processes. Care recipients/representatives are satisfied with the management of medications and the assistance and support provided.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients experiencing pain or discomfort are identified through comprehensive assessment and reassessment using verbal and nonverbal processes. Care plans for pain

management are developed in consultation with the care recipient's medical officer and allied health professionals as required. Care recipients' individual pain management programs and care plans are monitored and evaluated three monthly, or as required to determine the effectiveness of strategies such as massage, heat packs, gentle exercise, repositioning, rest and administration of regular or 'as required' pain medications. Care recipients report staff respond in a timely manner when they report pain and they are satisfied with current pain management strategies and the additional assistance provided.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Palliative care strategies are discussed as part of advance care planning and identify care recipients' special needs, and care recipient and/or representatives' preferences and wishes. Care recipients' end of life wishes are documented and reviewed in response to changes in care recipients' clinical care status. A range of specialised nursing equipment such as syringe drivers for pain relief and mouth care products are available to ensure appropriate care. Care recipients' needs are met within the home whenever possible, with assistance from the local hospital/ palliative care services as required. Support for the comfort and dignity of palliative care recipients and their representatives is provided by staff and the chaplain. Staff are aware of care recipients' care needs and measures to provide comfort and dignity for palliating care recipients.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients' dietary needs and preferences including special requirements, food allergies and care recipients at risk of impaired nutrition are identified on entry to the home and recorded in dietary profiles. Care recipients' weights are recorded monthly and monitored by registered nurses. Strategies implemented to manage unplanned weight loss include more frequent weight recording, monitoring of food intake and introduction of food supplements.

Dietician and/or speech pathology reviews are completed as required with texture modified diets/fluids introduced according to assessed needs. Care recipients are assisted with meals and fluids, with special eating utensils supplied according to assessed need. Care recipients/representatives are satisfied with the meals and fluids and that nutritional requirements are met.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home's assessment processes identify care recipients' at risk for compromised skin integrity. Strategies to prevent skin breakdown in individual care recipients are implemented, documented in care plans and monitored for effectiveness. Strategies implemented include application of moisturiser, correct manual handling procedures, repositioning and pressure area care, maintaining mobility, pressure relieving equipment, protective clothing and monitoring nutritional status. Wound management processes include actions to monitor and evaluate progress of healing with wound care managed by registered staff and delivered in accordance with directives. Incidents of skin tears or pressure injuries are captured through the incident reporting process. Care recipients/representatives are satisfied with the care of care recipients' skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence status is assessed on entry to the home and monitored regularly for changes. Individualised strategies to promote and manage continence are developed by registered staff in consultation with the care recipient/representative. Care recipients' urinary and bowel patterns are monitored by care staff and interventions initiated by registered staff as required. Bowel management programs include dietary interventions, encouragement of fluids and regular exercise and administration of prescribed medication as required. Staff are knowledgeable of continence promotion strategies that include the use of continence aids and/or toileting programs. Care recipients/representatives are satisfied with the assistance provided by staff in respect 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 are assessed on entry to the home and as required, to identify actual or potential triggers for challenging behaviours and effective behavioural management interventions. Behaviour management strategies are documented in the care plan and regularly reviewed. Care recipients' episodes of challenging behaviours are managed through care staff interventions, diversional therapy, and/or referral to external behavioural specialists as required. Care plans outline triggers and preventative and management strategies for care recipients with challenging behaviours. Staff are educated in dealing with care recipients with dementia and recreational activities are used to enhance effective behavioural management intervention. The effectiveness of behaviour management strategies is regularly evaluated.

Care recipients who require the use of two bedrails have a restraint authorisation from the medical officer that has been recently reviewed. Care recipients/representatives are satisfied with the way the needs of care recipients with 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

Care recipients are encouraged to mobilise independently or with the assistance of mobility aids and/or staff as required. The home has initial and ongoing processes for assessing care recipients in relation to their mobility, dexterity and transfer needs. A falls risk assessment is conducted by the physiotherapist who develops individualised exercise programs and mobility/transfer care plans. The physiotherapist and care staff collaborates to implement aspects of care recipients' exercise programs aimed at minimising functional decline and maintaining care recipients independence. Regular education is provided to care staff to enable them to effectively assist care recipients with manual handling procedures, their exercise program and to maintain and/or improve their mobility and dexterity in accordance with planned care. Aids for mobility and dexterity such as walking aids and specific dietary utensils are provided to promote independence in accordance with care recipients' needs. Care recipient falls are monitored, associated data is collated and analysed, with actions taken to reduce incidence of falls such as low beds and sensor equipment to monitor care recipients requiring staff assistance to mobilise. Care recipients/representatives are satisfied with the assistance provided by staff to achieve optimum levels of mobility, dexterity and independence.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The oral and dental needs of care recipients are identified on entry to the home and maintained through regular assessment. If needed, care recipients are referred for medical and/or dental services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to effectively maintain care recipients' oral and dental health are developed, communicated to staff and implemented. Care staff are trained in assisting care recipients with their oral care and registered staff arrange dental referrals as necessary. Equipment to meet care recipients' oral hygiene needs is available. The effectiveness of strategies in maintaining care recipients' oral and dental health is regularly evaluated. Care recipients/representatives are satisfied with the assistance provided by staff to maintain 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' sensory abilities such as vision, hearing, smell, taste and touch are assessed and if sensory loss is identified, care recipients are referred for medical and/or allied health services in accordance with their needs and preferences. Care strategies to effectively manage care recipients' sensory loss are developed, communicated to staff and implemented. Staff receive instruction in correct use and care of sensory aids and are aware of the interventions required to meet individual care recipients' needs. The effectiveness of strategies in identifying and managing care recipients with sensory losses is regularly evaluated. Care recipients/representatives are satisfied with the assistance provided by staff to manage sensory losses effectively.

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' usual sleep patterns, settling routines and personal preferences are identified during the comprehensive assessment on entry to the home. Care recipients experiencing difficulty sleeping are offered warm drinks, snacks and/or assisted with hygiene requirements should this be required. Registered staff monitor care recipients' ongoing needs and effectiveness of strategies in promoting natural sleep with referral to the care recipients' medical officers if interventions are not effective. Care recipients are satisfied with the care and assistance provided to make them comfortable in bed and promote sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvements in relation to this Standard include:

- Through discussions at staff meetings, the home undertook a project to refurbish an area of the home to provide an onsite café for use by care recipients and their visitors. Management report that the initiative has been a success in so far as it has improved socialisation of care recipients and feedback from families, care recipients and visitors has been positive.

- In response to feedback from care recipients, the home has increased provision of activities including the additional scheduling of indoor bowls, intra facility games and introduction of foot spas. Care recipients report satisfaction with the additional activities provided by the home.

- In response to care staff feedback, the home has implemented a system that promotes care recipients' privacy and dignity through alerting staff, families and visitors that personal hygiene cares are being attended to and to not enter the room while cares are in progress. Management and staff report that the placement of the 'cares in progress' sign is effective and has been well received by care recipients and visitors.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to care recipients' lifestyle. In relation to this Standard, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements and organisational procedures.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes: mandatory reporting, privacy and dignity, advocacy, coping with loss and grief.

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 provides information and support to care recipients before and upon entry to the home and on an ongoing basis to assist their adjustment to the new environment.

Information is gathered to identify care recipients' lifestyle preferences, personal traits and assessment of care recipients' emotional needs is undertaken. Information about care recipients' individual needs in relation to emotional support is shared with relevant staff and additional requirements for support are identified on an ongoing basis. Staff support care recipients who are having difficulty adjusting to their changed circumstances. Care recipients are given additional assistance to meet other care recipients within the home, develop friendships and participate in the lifestyle of the home at a pace that suits them. Care recipients are satisfied with the support they receive and the care and concern shown by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients' preferences and abilities are assessed by registered nurses and physiotherapist on entry to the home and on an ongoing basis and risks are identified. Care recipients with special needs are provided with appropriate equipment and support with provision made to maintain personal, legal and civic rights to their optimum ability. Care recipients' representatives, volunteers or care staff support access to the community for services, appointments or special events. Staff demonstrate an awareness of individual care recipient's preferences and limitations. Care recipients/representatives are satisfied with the assistance received in maintaining personal independence and friendships within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to support care recipients' privacy and dignity. Care recipients' privacy and dignity needs are recognised and respected and preferences of each individual care recipient are communicated to staff. Staff demonstrate an understanding of maintaining care recipients' privacy, dignity and confidentiality as well as the individual preferences of the care recipients. Staff are sensitive and respectful in the recording of care recipients' personal information and information is stored in computer files with password protection and in secure locations. Staff are aware of strategies to maintain care recipients' privacy and dignity when providing cares. Care recipients/representatives are satisfied with the level of privacy and respect for dignity being provided by staff at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients' social history, leisure interests and lifestyle preferences are identified and the information gathered from care recipients/representatives is then used to create activity programs to stimulate care recipients' physical, emotional, intellectual, creative, spiritual and social skills. Care recipients are encouraged and supported by staff to participate in a wide range of activities both individually and as a group and their choice not to attend is respected. The home has a bus that accommodates a wheel chair and has regular outings to places of interest. The Lifestyle Coordinator develops a monthly activity calendar and this is communicated to care recipients and displayed on noticeboards. Care recipients participate in the development of the varied group activities and provide feedback individually and in meetings resulting in adjustment of the program in accordance with feedback provided. Care recipients/representatives advised there are a range of activity opportunities of interest to the care recipients and are satisfied with the support provided by the staff.

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' cultural and spiritual needs and preferences are identified and supported and information is communicated to staff to ensure these preferences are reflected in the delivery of care, leisure pursuits and other services. The home can accommodate culturally diverse diets as requested or identified on entry to the home. The home recognises and celebrates a variety of traditional and religious events throughout the year in keeping with the care recipients' preferences and care recipients are assisted to attend. Religious services are held

regularly and care recipients are supported to attend services of their preference within or outside the home. A chaplain is available for care recipients and families/representatives as requested. Care recipients are satisfied that staff are sensitive to their individual beliefs, customs and cultural backgrounds and the assistance provided to maintain their choices.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages care recipients to participate in decisions about the services and care they receive and to have choice and control over their lifestyle. Care recipients' preferences for care, lifestyle and routines are identified and reviewed on a regular basis. Care recipients' enduring power of attorney or information about alternative decision-makers is requested and information provided is then made available to staff. Care recipients have opportunity to express their preferences through day to day interaction with staff, care recipients' meetings and the home's compliments and complaints process. Staff provide opportunities for choice and utilise strategies to incorporate choice into care recipients' daily care routines, leisure interests and care recipients are provided a choice with meal selection where appropriate.

Care recipients/representatives are aware of their rights and responsibilities, have access to information about internal and external complaints processes and are satisfied with their ability to be involved with decision making.

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

Processes are in place to provide information to care recipients/representatives in regard to security of tenure and their rights and responsibilities through meeting minutes, newsletters and other correspondence. The residential care agreement and handbook offered to new care recipients contains information about care recipients' rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about advocacy and dispute resolution services. Care recipients/representatives are consulted should any changes in care recipients' care needs require a room transfer or transfer to an alternative home. Care recipients/representatives are aware of care recipients' rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

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.

Examples of improvements in relation to this Standard include:

- In response to feedback from catering staff, the home reviewed the kitchen's storage areas and has refurbished an area to provide for the safe storage of catering supplies. Staff report that the initiative has improved efficiency and safety when accessing supplies.

- In review of staff and visitor parking areas, the home allocated a new area for staff and visiting contractors to allow for extra parking spaces for care recipients' family members and visitors. Management report that the initiative has received positive feedback from visitors.

- In response to sighting of snakes and the identification of potential risk to care recipients, staff and visitors, the home installed snake deterrent devices around the perimeter of the home, with particular attention to the gardens and recreational areas. Further, garden beds have been modified and stone pebbles placed around plantings in order to easily identify the presence of a snake. Staff report that the initiative has improved care recipients' and staff safety.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. In relation to this Standard, the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes infection control, manual handling, food safety, chemical safety, workplace health and safety and emergency response and fire safety.

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

Care recipients and representatives are satisfied with the safety, security and comfort of the living environment. The home's care and lifestyle assessment processes identify care recipients' environmental needs including preferences, equipment needs and risk factors.

There is an effective incident management system to monitor incidents such as falls and skin tears in order to minimise their recurrence. Hazards are identified and are either eliminated or controlled. Care recipients are assisted to personalise their room to make it as home like and as comfortable as possible. Care recipients have access to lounge, dining and activity areas, outdoor sitting areas and landscaped gardens. Furniture, equipment and lighting are consistent with care recipients' care needs. The home's maintenance and cleaning programs are effective. The home has formal processes to manage protective assistance.

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 an occupational health and safety system to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies. Training is provided on the use of chemicals, manual handling and infection control at orientation, annually and as needs arise. Equipment is maintained and chemical storage areas are secured. Health and safety issues are discussed at meetings. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

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 organisation has taken action to minimise fire, security and emergency risks. Fire risks are minimised through equipment such as fire detection and alarm system, a sprinkler system, portable fire extinguishers and fire blankets, emergency lighting and fire/smoke doors. This equipment is regularly inspected and tested and defects rectified. Staff are trained in how to respond to a fire alarm and evacuate care recipients from danger; and staff have a shared understanding of their responsibilities. The home has a smoking policy and dedicated smoking areas. There is ready access to emergency equipment, evacuation procedures, evacuation diagrams, evacuation lists and emergency exits. The home has daytime and overnight security procedures and management have developed an emergency procedure manual and disaster management plan.

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 processes to manage infection control in the areas of clinical, catering, cleaning and laundry practices. Key personnel oversee the infection control program and infection control policies are available to guide staff practice, including guidelines on outbreak management. Staff are provided with infection control education at orientation then annually at mandatory training. Care recipients and staff can access a vaccination program on an annual basis. The home has a food safety program in place and safe food practices are followed by catering and clinical staff. The home provides hand washing facilities, sharp containers, spill kits and personal protective equipment for staff and has processes to manage waste and pest control. The effectiveness of infection control measures are monitored through review of infection statistics, regular audits and observation of staff practices. Staff are aware of the colour-coded equipment, the use of personal protective equipment and the principles used to prevent cross 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

Hospitality services are provided in a way that enhances care recipients quality of life and the working environment for staff. Catering services are provided to meet care recipients dietary needs and preferences. Care recipients have input into the current menu through meetings and directly to management and catering staff via care recipient meetings, food focus groups and one-on-one discussions with the cook and catering staff. Cleaning of care recipients' rooms, communal areas and high cleaning is done in accordance with the cleaning duty lists

and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. Laundry services are managed through the onsite laundry. The effectiveness of hospitality services is monitored through meetings, audits, the complaints process and surveys. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided.