



Australian Government

Australian Aged Care Quality Agency

Florence Price Gardens

RACS ID 2681
11 Hackett Lane
BALLINA NSW 2478

Approved provider: RSL LifeCare Limited

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 13 January 2018.

We made our decision on 02 December 2014.

The audit was conducted on 04 November 2014 to 06 November 2014. 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Florence Price Gardens 2681

Approved provider: RSL LifeCare Limited

Introduction

This is the report of a re-accreditation audit from 04 November 2014 to 06 November 2014 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 04 November 2014 to 06 November 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Jill Winny
Team members:	Elizabeth White Stella Comino

Approved provider details

Approved provider:	RSL LifeCare Limited
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Details of home

Name of home:	Florence Price Gardens
RACS ID:	2681

Total number of allocated places:	120
Number of care recipients during audit:	118
Number of care recipients receiving high care during audit:	94
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	11 Hackett Lane
City/Town:	BALLINA
State:	NSW
Postcode:	2478
Phone number:	02 6686 2383
Facsimile:	02 6686 6469
E-mail address:	ron.thompson@rslifecare.org.au

Audit trail

The assessment team spent 3 days on site and gathered information from the following:

Interviews

Category	Number
Manager	1
Care Manager	1
Regional Manager	1
Registered/qualified staff	7
Care staff	5
Catering Supervisor/Work, Health and Safety Representative	1
Residents/representatives	21
Catering, cleaning and laundry staff	6
Art Therapist	1
Leisure and Lifestyle Coordinator	1
Administration staff	2
Physiotherapist	1

Sampled documents

Category	Number
Care recipients clinical' files including assessments, care plans ,progress notes	16
Medication charts	36

Other documents reviewed

The team also reviewed:

- Audits and quality plan
- Bowel hygiene competencies
- Cleaning schedules
- Clinical indicator data and analysis
- Code of conduct
- Comments, complaints and suggestions register
- Compulsory reporting register and supporting information

- Contractors' agreements
- Contractors' record book
- Daily cares sheets-care staff
- Daily treatment sheets-registered staff
- Dietary information
- Education folders
- Enteral feeding regimen
- Equipment manual – preferred supplier and product list
- Evacuation list
- Fire system service records
- Food licence
- Food safety plan
- Handover sheets
- Hazard identification and management process
- Infection control general questionnaires and audits
- Leisure and lifestyle activity folder and attendance sheets
- Maintenance request folder
- Mandatory education folder
- Meeting minutes
- Memoranda
- National police checks – maintenance contractors
- New resident information pack and handbook
- Newsletter
- Nurse initiated medication authorities
- Nurses registration register
- Orientation program
- Pain assessments
- Pain management program

- Pest control records
- Physical restraint management chart
- Plan for continuous improvement
- Police certificate register
- Policies and procedures
- Preventive maintenance records
- Quarterly quality data and analysis
- Religion folder
- Resident accommodation agreement
- Resident weights
- Restraint authorities and continuations
- Rosters
- Safe work method statements
- Safety induction checklist for contractors
- Schedule eight topical patch monitoring form
- Self assessment
- Special instructions for resident meals
- Surveys
- Staff handbook
- Strategic plan
- Temperature monitoring records
- Timesheets
- Vaccination program details
- Visa requirements register
- Vision, core values, philosophy and objectives
- Workplace environmental audits including hairdressing and allied health
- Wound treatment forms

Observations

The team observed the following:

- Accreditation notices on display
- Activities in progress
- Activity calendar on display
- Equipment and supply storage areas
- Fire safety installations
- Interactions between staff, residents and visitors
- Internal and external environment
- Mail box and suggestion box
- Meal and beverage service
- Medication administration and storage
- Residents using mobility aids
- Security coded doors
- Short group observation

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

Florence Price Gardens (the home) continues to pursue continuous improvement and has implemented improvements in response to the changing needs of residents, their representatives, staff and the organisation to meet and exceed the requirements of the accreditation standards. The organisation's quality assurance program focuses on the needs of residents and is modelled on an improvement cycle. A quality assurance plan, a plan for continuous improvement, quarterly quality assurance reports, clinical indicators and benchmarked audits are used to monitor systems and processes. Regular meetings for all levels of management, staff and residents and ongoing staff education are used to initiate continuous improvement activities and to monitor the home's performance measured against the Accreditation Standards. Residents/representatives and staff are satisfied that improvements continue to be implemented at the home and provided examples to show their suggestions are valued and result in improvements.

Examples of recent improvements include the following:

- The upgrade of the home's computerised resident care management system has been effective in improving the timeliness and accuracy of information available to management and staff. It also provides the organisation capacity to monitor documentation processes and care planning remotely. Management has found this an effective way of ensuring consistency and accuracy of care information management processes.
- In response to a suggestion from a resident, the staff induction program has been enhanced with the introduction of a session presented by the residents' nominated representative, who provides new staff with the perspective of a resident who is a resident of the home. Staff have found this session enlightening and residents find staff's approach and communication has improved since the introduction of this session.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation monitors changes to legislation and regulations at head office level. Legislative changes and impacts are standing agenda items at executive committee meetings and are communicated through the quality structure and meetings to staff at all levels. Compliance with relevant requirements is monitored through the annual ‘quality assurance plan’, third party reviews and central registers for monitoring registration and criminal history clearance, registration requirements and competency assessment of staff. Policy and procedure manuals are generally reflective of legislative requirements, professional standards and guidelines. The home has processes to ensure that staff, volunteers and relevant contractors have a current police certificate and to notify care recipients and their representatives of accreditation audits.

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 a system and processes to ensure management and staff have the required knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the four Standards. Staff training and education is identified through direct feedback from staff, the changing needs of residents, observation of practice, audits and surveys. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

Staff have the opportunity to undertake a variety of training programs relating to Standard 1 Management systems, staffing and organisational development. For example:

- Appropriate workplace behaviour
- Leadership
- Organisational intranet
- Orientation

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 comments and complaints mechanism that is accessible to residents, representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to residents/representatives and staff. Complaints can be raised at meetings through surveys and comments/ complaints/ suggestion forms, with a secure box provided for confidentiality. Complaints are documented by the Manager and include actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist residents. Residents/ representatives are satisfied with the comments and complaints processes and are confident that issues raised with management will be addressed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, values, philosophy, objectives and commitment to quality in publications provided to residents, residents' representatives and staff and in documents on display throughout the home.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure there are appropriately skilled and qualified staff sufficient for the delivery of services. Staff selection is made against identified skills, knowledge and qualification requirements. New staff undertake buddy shifts with an experienced staff member as part of the home's orientation program. Processes to monitor adequacy of staffing levels include the current needs of residents, staff feedback, audits and surveys. Rostering ensures appropriately skilled and qualified staff are available to meet the identified care needs of the residents and the home has the ability to draw on additional staff in the event of planned and unplanned leave. Residents/representatives are satisfied that there are sufficient skilled and qualified staff to provide quality care and services to meet the needs of the residents.

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 uses approved suppliers and order processes to ensure that adequate stocks of key supplies (linen, food products, medical supplies, chemicals, consumables and continence aids) are available. Orders are checked at the time of delivery to ensure product quality and deficiencies are followed up with suppliers. Stocks of goods held on site are appropriately and securely stored. A preferred equipment list has been developed by the organisation's allied health team to provide a consistent approach across the organisation and ensure equipment is fit for purpose. Equipment is maintained by appropriately qualified personnel through reactive and preventative maintenance programs. Staff and residents/representatives are satisfied with the availability of goods and equipment at the home and that equipment is well maintained.

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

Processes are established by the home to ensure information is managed in a secure and confidential manner that includes storage and access to files. Electronic information is password protected and staff have authority to access information relevant to their roles. The home collects and uses key information in relation to resident infections, incident data, audits and other resident/staff data to assist in the improvement of care and services. Key documents such as policies, procedures and care plans are regularly reviewed and updated. Information is communicated effectively through newsletters, meetings, memoranda and verbal feedback. Residents/representatives are satisfied with consultation processes about issues concerning the resident and staff have access to relevant and timely information to perform their roles.

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 organisation uses external service providers to provide goods, equipment and specialised services in relation to allied health, equipment maintenance and fire safety. All contractors are provided with a contractor pack, including site safety rules, contractor handbook and occupational health and safety statement. An external service provider register is maintained. Contracts are held for key services such as pest control, fire equipment servicing, laundry and kitchen equipment maintenance and waste removal suppliers. Suppliers provide the home with relevant licences, insurance details, registration certificates and criminal history checks as required within the terms of their agreements.

Residents/representatives and staff are satisfied with the quality of services provided by external suppliers.

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.

Recent examples of improvements in relation to Standard 2 include the following:

- The introduction of video conferencing has facilitated improved access to specialist clinical advice and support from the organisation's head office in Sydney. Staff and residents are benefitting from improved access to resources and practical support through the appointment of a wound care specialist and psychogeriatric nurse practitioner who review care remotely and provide guidance to staff.
- The allocation of a registered nurse position one day a week to plan and coordinate pain management strategies in consultation with the physiotherapist facilitates a more holistic approach and has resulted in enhanced resident comfort. The purchase of a blanket warmer cupboard ensures there are always warm towels and blankets available to assist residents' comfort in times of illness and support pain management strategies.

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 information in expected outcome 1.2 Regulatory compliance for information about the system to ensure compliance with legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 2, management ensures that residents receive care and services and registered staff are available to provide care as required.

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 system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 2, Health and personal care. For example;

- Heart matters
- Medication management
- Pain management
- Palliative care
- Syringe drivers
- Wound 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 Manager (M), Care Manager (CM) and registered nurses identify clinical care needs through analysis of medical, nursing and allied health assessments, hospital discharge summaries and discussion with residents/ representatives. The process of gathering/analysing information commences prior to resident entry whenever possible and allows care planning to commence; an interim care plan is developed to guide staff in relation to the resident’s individual care needs and preferences. Comprehensive assessments allow development of clinical interventions, identification of any associated risks and strategies to minimise or eliminate the risk. Comprehensive care plans are developed, reviewed on a three monthly basis and as residents’ needs through the home’s electronic clinical management system; residents and representatives are encouraged to contribute to the process. Changes in health status and care needs are communicated through verbal handover processes, via review of progress notes and other clinical documentation. Clinical care is coordinated by registered nurses, residents are attended by a visiting medical officer of their choice and referred to allied health professionals as needs indicate. Monitoring of clinical care is undertaken through review of clinical incident data, clinical reports and regular audits; twenty five percent of residents are audited per quarter. Residents/representatives are satisfied with the clinical care services provided.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome.

Registered nurses complete assessments and liaise with residents/representatives and medical specialists regarding specialised nursing care needs. Information to guide staff practice is documented in comprehensive care plans; these are regularly evaluated through the electronic clinical management system and review of quality data. The Care Manager and registered nurses are available 24 hours a day to deliver and oversee specialised nursing care. The home communicates with external specialists if residents’ care needs exceed the knowledge and skill of staff. Educational material and information on product use and treatments is sourced and used to guide care as needs indicate. The home is currently providing and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, enteral feeding, catheter care, complex wound management and oxygen therapy. Residents/representatives are satisfied specialised nursing care needs of residents are identified and met by appropriately 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.

The home has established processes for referral to a variety of medical and allied health professionals and services including a physiotherapist, podiatrist, dietitian, speech pathologist, psychogeriatrician, dental, optometry and audiology services. Wherever possible staff organise appointments to occur at the home but where this cannot occur, strategies are implemented to assist residents to attend external appointments. Results of health specialists’ visits are incorporated into the resident’s plan of care as appropriate, with information communicated to relevant staff. Implementation of recommended strategies is monitored and the effectiveness of care evaluated. Follow up appointments are organised by the home as needed. Residents/representatives are satisfied with the range of and access to appropriate health specialists and the follow up care provided.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome.

Registered staff and care staff assessed as medication competent administer medications from a pre-packaged system according to medication management policies and procedures. Residents wishing to self-medicate are assessed for their capability and regularly reviewed. Medication charts and care plans contain information to guide staff regarding allergies and assistance required when assisting residents with medication. ‘As required’ (PRN) medications

are administered by, or after consultation with a registered nurse and monitored for effectiveness. Medications are stored securely and records of controlled medications are maintained; those medications requiring storage at specific temperatures are stored within the appropriate environment. An imprest system is available for commonly used medications. Effectiveness of medication management is monitored through quarterly audits, incident reporting and investigation, medical officer and pharmacist review, discussion at medication advisory committee and relevant staff meetings. Residents/ representatives are satisfied with the management of medications and with the assistance provided by staff.

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.

Individual assessments to determine a resident’s pain experience are undertaken on entry to the home and on a regular basis. The physiotherapist is involved in assessments and management strategies as necessary, with the physiotherapy assistant, nursing and care staff offering supportive therapies such as gentle massage, repositioning and heat therapy. Care plans, treatment sheets and progress notes reflect ongoing re-assessment and comprehensive strategies to manage pain, including pharmaceutical and non-pharmaceutical measures. The effectiveness of pain management strategies is monitored and ongoing/unrelieved pain is referred to the medical officer or pain specialist for review.

Residents report they are either pain free or their pain is managed effectively.

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.

Residents’ palliative care needs and preferences are assessed at a time suitable to the resident or their representative. Information such as enduring power of attorney, advance health directives and advance care plans is obtained and appropriately stored. The home is committed to ensuring residents live and die with dignity and comfort according to their needs and preferences. A multidisciplinary approach to end of life care is in place, with palliative care specialists consulted as required. Relatives and significant others are encouraged to participate in the care of resident and are able to stay with residents if they wish. Specific care instructions are communicated to staff and focus on residents’ pain, comfort and other physical needs, spiritual and cultural needs and are managed in consultation with the resident, family members, medical officers, palliative care specialists and pastoral care personnel to provide physical, psychological and emotional support to residents and their families.

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.

Residents’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Relevant information is provided to the kitchen and area kitchenettes on dietary profiles and amended as required. Care plans outline strategies required to support residents’ nourishment and hydration needs. Resident weights are recorded monthly or more often as required, unplanned weight variances are monitored by senior management and registered staff. Unintended weight loss/gain is analysed for causative factors with strategies such as special diets, introduction of supplements, referral to a dietician and/or speech pathologist initiated as required; directives from allied health personnel relating to nutrition and hydration are communicated to relevant staff. Strategies to assist residents to maintain adequate nourishment and hydration include assistance with meals, provision of specialised cutlery and observation/recording of food and fluid intake.

Residents/representatives are satisfied with the provision of food and fluids and the support provided to meet residents’ nutrition and hydration needs.

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.

Residents are assessed for their skin care needs on entry to the home and on a regular ongoing basis. Skin integrity is monitored daily by staff while attending to residents’ hygiene cares, pressure relieving equipment and protective devices such as limb protectors are used according to assessed need. Resident mobility is monitored to reduce the potential for injury. The incidence of pressure injury/skin tears is captured on incident reports and interventions are implemented as appropriate. Wound care is managed by registered staff, with involvement of the corporate wound care specialist supporting provision of best practice in wound care. Wound documentation assists continuity of care and monitors progress of healing/evaluation of care. Strategies employed to maintain and improve skin integrity include regular repositioning, air mattresses, limb protectors, use of emollient creams and attention to residents’ nutritional status. Staff attend education and specialised training relevant to correct manual handling and delivery of appropriate wound care. Residents/ representatives are satisfied with the care received in relation to 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.

Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Care plans direct staff practice and ensure individual resident’s needs and preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs and assist residents with specialised continence needs. Staff complete daily bowel monitoring charts, patterns outside residents’ normal routine are referred to registered nursing staff for appropriate action. Bowel management interventions may include dietary intervention, exercise and prescribed regular or as required medication. Staff are provided with education enabling them to manage residents’ continence needs.

Residents/representatives are satisfied residents’ continence needs are managed effectively and that staff support resident privacy and dignity.

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.

Residents are assessed on entry to the home, triggers for challenging behaviours and interventions to prevent/minimise these behaviours are identified. Staff monitor challenging behaviour and care plans are developed through behaviour charting, discussion with representatives, medical officers and external specialists as required. Staff are aware of individual resident’s behaviour management needs; when increased confusion, agitation or aggression is observed, causes are investigated and treated as necessary. Activity officers and an art therapist facilitate leisure activities and social activity with the home’s secure unit. External mental health services and dementia advisory bodies are utilised to provide staff education as well as assisting with behaviour management. Residents requesting or requiring protective assistive devices have relevant authorities which are reviewed regularly. Staff are aware of their reporting responsibilities in the event of a behavioural incident and documentation supports appropriate nursing and medical intervention. Representatives are satisfied the home manages residents’ challenging behaviours in an effective manner.

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.

Mobility and dexterity needs and preferences are assessed on entry to the home by registered nurses and by the physiotherapist. A care plan is formulated which includes mobility and transfer needs, falls risk, presence of pain and any equipment required. The home’s activity program provides for group exercises and regular walking programs; the physiotherapist

develops individualised exercise programs facilitated by the physiotherapy assistant and care staff. Mobility aids are provided for residents as required. Falls are reported, monitored, analysed and discussed at relevant meetings; interventions are implemented to prevent recurrence and optimise resident safety. Staff are provided with mandatory training in manual handling techniques and equipment. Residents/representatives are satisfied with residents' ability to maintain optimum levels of mobility and dexterity and the assistance provided by staff.

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.

Residents' oral and dental history and current needs are identified through initial and ongoing assessment, review and evaluation processes. The level of assistance required to maintain oral and dental health is included in individual care plans that document presence of dentures or resident's own teeth and specific care strategies required. Oral hygiene is provided as part of daily personal care processes. Outcomes of care are monitored through reassessment, regular care plan evaluations and through reports following referrals to dental services. Residents are assisted to attend external dental services when necessary. Oral care equipment and products are available to provide oral care for residents, including those at the end stage of life. Residents are satisfied with the level of support and assistance provided to maintain their oral and dental care.

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.

Residents' care needs in relation to sensory loss and communication are assessed on entry to the home and reassessed as needs change. Care plans are formulated to guide staff care practices; information relates to sensory loss and residents' needs and preferences regarding staff assistance and use of assistive devices such as spectacles and hearing aids to maximise sensory function. Audiology and optical specialists are accessed as required to identify and address concerns and/or provide ongoing management. The lifestyle program includes activities to stimulate residents' senses such as musical concerts, a regular quiz and activities of residents' choice. Residents/representatives are satisfied with the care and support residents receive to minimise the impact of any sensory impairment.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome.

Initial and ongoing information about residents’ usual sleep patterns, settling routines and personal preferences is collected through assessment and review processes. Care plans identify preferred sleep routines and strategies used to promote sleep; staff at the home maintain a quiet environment at night, lighting is kept to a minimum. Residents who wake in the night are assisted to resettle utilising strategies such as repositioning, attention to pain, change of bedding, provision of food and fluids and emotional support. Residents’ medical officers are consulted if interventions are considered to be ineffective and pharmacological strategies are utilised as prescribed. Residents/representatives are satisfied with interventions to manage 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.

Recent examples of improvements related to Standard 3 include the following:

- As part of the building renovation and construction program, additional resources were allocated to support residents lifestyle, including large aviaries both upstairs and downstairs, aquariums in all areas and chickens in an enclosed garden area. The pets provide a focus for residents, who are alert to the birds’ and fish feeding regimes and were observed to be enjoying the various pets in the different areas of the home.
- The introduction of an art therapy program has been well-received and is having unexpected benefits for residents who were previously isolated and since commencing the program, have begun joining in other activities and interacting more with others. The program provides opportunities for reminiscing, socialisation and a focus for residents to continue working on their artworks independently as an alternative to computer games.

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 system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 3, for example, the home has processes to manage the reporting of assaults, to ensure that confidentiality of resident information is maintained and residents are informed about how their information is used, who has access and for which purpose that access is provided.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 3 Resident lifestyle. For example;

- Compulsory reporting
- Dementia workshops
- Diversional therapy workshop

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has processes to support residents adjust to life in the new environment upon entry and on an ongoing basis. Information about the resident's social and family history, lifestyle choices and preferences is collected from the residents/representatives through initial assessment. Residents are encouraged to furnish their rooms with personal items and family visits are encouraged. Lifestyle staff assist residents to become orientated to the home by offering introductions to other residents and encouragement to participate in the lifestyle program. Family members and friends are welcomed as part of the supportive network and encouraged to visit the home. Nursing and lifestyle staff provide emotional support and are involved in monitoring care outcomes through reassessment/care plan evaluation, observation and personal contact with residents, including regular visits from lifestyle staff and volunteers to those preferring to stay in their rooms. Residents/representatives are satisfied with the support received from staff to assist the resident to adjust to life in the home.

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

The home assists residents to maintain independence through the initial and ongoing review of their needs including clinical and social assessments. Staff regularly monitor residents' mobility and ability to perform activities of daily living. Residents' social, civic and cultural

needs and preferences are identified and residents are assisted and supported to maintain friendships within the home and in the community. Family members, friends and other significant persons are informed of events at the home and encouraged to participate in social functions and outings. Staff practices promote and support residents' independence within their capacity. Residents/representatives are satisfied with the support the resident receives to achieve independence, maintain friendships and participate in the life of the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each resident's right to privacy, dignity and confidentiality is recognised and respected. Entry processes provide residents with information about their rights, including their right to privacy. Residents' administrative and electronic care files are stored and accessed in a way that provides security and confidentiality of information. Information about each resident's personal preferences and needs regarding privacy and dignity is collected and specific needs are communicated to relevant staff. Staff have knowledge of individual residents preferences, and interact with residents in a respectful manner. Staff obtain consent for entry to residents' rooms and close doors and curtains when residents are being attended to.

Residents/representatives are satisfied with the manner the resident's privacy is respected and confidentiality and dignity is maintained.

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

Residents are encouraged and supported to participate in a range of interests and activities of interest to them. The home has processes to identify residents' physical, cognitive and social needs and their leisure interests and activity preferences. The lifestyle team develop and oversee leisure and social activities and co-ordinate volunteer assistance. A monthly calendar is displayed including community, group and individualised activities. Regular outings are facilitated through the use of the home's own bus and community groups are encouraged to engage with residents including an art therapist whose program provides emotional and behavioural support to residents. Staff monitor the level of involvement and enjoyment of residents and revise individual and group activities accordingly. Staff members encourage and assist residents' to attend activities of their choice. Residents have opportunity to participate in planning and provide feedback on the program.

Residents/representatives are satisfied with the range of activities on offer.

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

Resident's cultural, spiritual customs and beliefs are assessed on entry to the home, from which individual care plans are developed to direct staff practice. Religious services are conducted on a regular basis and days of personal, cultural and spiritual significance are planned and celebrated such as Christmas, Easter and Anzac Day. Residents are assisted to attend cultural activities conducted in the home and the community and catering services are provided to meet individual cultural requirements. Residents' ongoing cultural and spiritual needs are monitored by the nursing and lifestyle staff. Residents/representatives are satisfied with the spiritual and cultural support provided to residents.

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

Residents are encouraged and supported to make decisions about their care, lifestyle and routines. Information about life in the home is provided to residents/representatives on entry to the home and on an ongoing basis to assist them with choice and decision making. Input and feedback is sought from residents/representatives through individual resident case conferences, one on one discussion, comments and complaints mechanisms, meetings and resident surveys. Where a resident is unable to make an informed decision, an authorised decision-maker is identified and a copy of the enduring power of attorney document is kept on file. Residents' have the right to refuse care and staff document residents' choices.

Access to advocacy services is facilitated where there is an identified need. Residents/representatives are satisfied with their ability to exercise choice in various aspects of the resident's life in the home.

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

Residents have secure tenure within the home, and understand their rights and responsibilities which is provided to them prior to entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and the resident's rights and responsibilities. The Manager ensures that all parties understand the terms of the agreement prior to signing the residential care agreement. Further

information regarding resident's rights and responsibilities is contained in the resident handbook. Ongoing information is provided through newsletters, discussions at resident meetings and as the need arises.

Residents/representatives are satisfied the resident has secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Recent examples of improvements related to Standard 4 include the following:

- The home has been refurbished and extended to provide single rooms with en-suite bathrooms and various communal internal and external areas that take advantage of the river and garden views. The transition into the new rooms was managed with care to minimise disruption and ensure residents were familiarised with their new surroundings. Residents of the home and their representatives are satisfied with the transition and the new environment.
- The purchase of new trolleys for the laundry has resulted in streamlined workflow and improved safety for staff. The trolleys are stacked with linen daily and stored in recesses in the corridor of each wing, providing staff with easy access to linen and eliminating double handling. The trolleys are smaller and easier for staff to manage.

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 system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 4, for example, management ensures that staff attend mandatory training in fire safety, manual handling and infection control. An accredited food safety plan is in place and annual third party audits are conducted as required.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 4 the Physical environment and safe systems. For example;

- Fire safety
- Food safety
- Manual handling
- Risk assessment

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 residents' needs. Processes include the appointment of a work health and safety representative and committee, a planned preventive maintenance schedule, prompt response to maintenance requests, regular environmental inspections, hazard and incident reporting and analysis. Residents are accommodated in single rooms with en-suite bathroom facilities and staff monitor the rooms to ensure furniture is safe and trip hazards are eliminated where possible. Common areas are easily accessed for meals and lifestyle activities and heating/cooling facilities are provided. Incidents involving residents are documented and followed up in the resident's care record and through the incident management system. Assessment and review processes are in place to ensure that residents are safe; minimal physical restraints are used and regularly reviewed. Chemical restraint is monitored by the resident's medical officer and authorisations are in place.

Residents/representatives are satisfied with the maintenance and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's safety system is supported by a work health and safety representative and committee that meets regularly and reviews hazards and risk management processes. Safety training is provided for staff at orientation and at compulsory training sessions conducted annually and as required. Policies and procedures are updated in response to legislative changes and staff are provided with information and training about the changes. Issues raised from regular environmental inspections are addressed promptly or included in the plan for continuous improvement to ensure significant and systemic issues are prioritised and tracked to completion. As the home has had a major building program in place, monthly inspections have been conducted. Equipment and building maintenance is conducted to ensure safety and useability. Chemicals are stored securely and current safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and indicated satisfaction with management's response to issues.

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 fire detection and alarm system, fire-fighting equipment, and emergency lighting have been inspected and maintained in accordance with the relevant standards. Fire exits and pathways to exit are free from obstacles and exit doors operate in accordance with requirements. Regular fire evacuation drills are conducted within the education cycle.

Processes ensure that Fire and Rescue NSW representatives have quick and easy access to current and relevant resident information. All staff have received fire safety training within the last 12 months and a trained fire safety advisor is on site and on-call. Staff have an accurate knowledge of fire and emergency procedures and their role in the event of an alarm and evacuation. Security procedures are in place and consistently implemented to protect care recipients and staff.

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 and processes to prevent and minimise infections including mandatory staff education, personal protective equipment, spill kits, sharps management equipment, an outbreak management process and systems for cleaning and laundry to prevent/minimize cross infection. Documented procedures and education guide staff in correct use of personal protective equipment, disposal of infectious waste, safe food handling and correct handling of

soiled linen. Individual resident infections are identified, referred to medical officers and monitored until resolved. A vaccination program for residents and staff is in place. Staff follow effective infection control practices according to their areas of responsibility; compliance and the incidence of resident infections are monitored through the home's regular audit program. Residents/representatives are satisfied with the actions of staff to control the risk of 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

Catering staff have been trained in food safety and implement quality monitoring processes with supervision from the food safety supervisor. Meals are prepared fresh on site and transported from the main kitchen to the different wings of the home in bain-maries to maintain the food temperature. Temperature monitoring and quality control processes are consistently applied. Residents are consulted about their preferences and their requests are considered and provided where possible. Equipment and supplies of cleaning products are available and in good working order. The cleaning team is trained in the safe use of chemicals. The on-site laundry provides prompt service and chemical efficacy is monitored monthly to ensure effective sanitisation and stain removal. Residents are satisfied with the catering, cleaning and the care taken with their clothes. Staff are satisfied with their working environment.