Immanuel Gardens Hostel

RACS ID 5186
10 Magnetic Drive
BUDERIM QLD 4556

Approved provider: Lutheran Church of Australia - Queensland District

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 10 March 2018.

We made our decision on 09 January 2015.

The audit was conducted on 02 December 2014 to 03 December 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
</tr>
<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Standard 2: Health and personal care

Principle:

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

This is the report of a re-accreditation audit from 02 December 2014 to 03 December 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 02 December 2014 to 03 December 2014.

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

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

**Assessment team**

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Anita Camenzuli</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member:</td>
<td>William Tomlins</td>
</tr>
</tbody>
</table>

**Approved provider details**

| Approved provider: | Lutheran Church of Australia - Queensland District |

**Details of home**

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Immanuel Gardens Hostel</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>5186</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>60</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>59</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>36</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>10 Magnetic Drive</td>
</tr>
<tr>
<td>City/Town:</td>
<td>BUDERIM</td>
</tr>
<tr>
<td>State:</td>
<td>QLD</td>
</tr>
<tr>
<td>Postcode:</td>
<td>4556</td>
</tr>
<tr>
<td>Phone number:</td>
<td>07 5456 7600</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>07 5456 7699</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:steve.stacey@lccqld.org.au">steve.stacey@lccqld.org.au</a></td>
</tr>
</tbody>
</table>
Audit trail

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

**Interviews**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General manager</td>
<td>1</td>
</tr>
<tr>
<td>Director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Care coordinator</td>
<td>2</td>
</tr>
<tr>
<td>Registered staff</td>
<td>1</td>
</tr>
<tr>
<td>Care staff</td>
<td>5</td>
</tr>
<tr>
<td>Diversional therapist</td>
<td>1</td>
</tr>
<tr>
<td>Chaplain</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>8</td>
</tr>
<tr>
<td>Catering, cleaning and laundry staff</td>
<td>6</td>
</tr>
<tr>
<td>Work health and safety officer/fire safety advisor</td>
<td>1</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Quality/education/return to work/physiotherapy aid</td>
<td>1</td>
</tr>
<tr>
<td>Admissions officer</td>
<td>1</td>
</tr>
<tr>
<td>Clinical governance and quality manager</td>
<td>1</td>
</tr>
</tbody>
</table>

**Sampled documents**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients' files</td>
<td>7</td>
</tr>
<tr>
<td>Personnel files</td>
<td>6</td>
</tr>
<tr>
<td>Medication charts</td>
<td>17</td>
</tr>
</tbody>
</table>

**Other documents reviewed**

The team also reviewed:

- Allied health referrals and reports
- Audit documentation
- Checklists
- Cleaner’s duties list/ cleaning audits
- Clinical monitoring, assessments and observations
• Communication books
• Competency tools
• Complaint forms
• Controlled drug registers
• Duties lists
• Education matrix/education calendar
• Electronic care management system
• Electronic mail and letters
• Evacuation diagram/evacuation list
• Evacuation impairment assessment checklist
• Fire maintenance inspection report
• Food safety program
• Handbooks – resident and staff
• Handover folder
• Imprest list
• Improvement/suggestion forms
• Incident report form/register
• Incoming goods log
• Job descriptions
• Key selection criteria/reference checks
• Leisure and lifestyle profiles
• Maintenance request
• Menu – six-week rotating
• Minutes of meetings
• Monthly weight summary
• Newsletter
• Notices and memoranda
• Outing information
• Pathology reports
• Performance review and planning
• Pharmacy order sheets
• Police certificates
• Policies, procedures, protocols and flowcharts
• Preventative maintenance program
• Quality indicators report
• Quality monitoring schedule
• Recruitment policies and procedures
• Resident agreement
• Resident dietary analysis
• Resident meal satisfaction report
• Restraint authorisation forms
• Safety data sheets
• Self-medication checks
• Service agreements
• Temperature records – food/equipment
• Treatment records
• Wound assessments and care records

**Observations**

The team observed the following:

• Activities in progress
• Advocacy, internal and external complaints brochures on display
• Charter of residents’ rights and responsibilities
• Chemical storage
• Cleaning operation/cleaner’s trolley
• Equipment and supply storage areas
• Fire detection and fighting equipment
• Fire panel/assembly areas
• Handover process
• Hand washing facilities
• Interactions between staff and care recipients
• Laundry operation/laundry holding room/laundry cool room
• Living environment
• Meal and beverage service and delivery
• Medication administration and storage
• Short group observation
• Spill kits
• Suggestion boxes
• Whiteboards and noticeboards
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

Immanuel Gardens Hostel (the home) has a continuous improvement system operating within its quality management system for identifying improvement opportunities, devising and implementing solutions, and monitoring outcomes. Residents and staff have input by making suggestions via a feedback form, raising issues of concern at meetings, completing satisfaction surveys or through the complaints mechanisms. An auditing schedule regularly reviews the service areas within the home. Incident/hazard reports and maintenance requests are other sources of improvement opportunities. Feedback on continuous improvement activities and progress of actions taken are communicated to residents and staff through meetings, notice boards, emails, memoranda, newsletters and one-on-one communication with the originator.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- With the practice of ageing in place the home is moving from a “hostel” situation to higher care. In the past residents were moved to the sister “nursing home” when they required assistance of two staff for mobility and transfers. The ageing in place model and residents’ subsequent higher care needs has required education of staff for instance in the practice of showering residents, the purchase and use of equipment such as hoists not previously used, and for additional training in manual handling. Management stated the feedback from residents and families for these moves has been “very positive”.

- Management has an ongoing program to improve communication with staff and the management of information. A common email address format has been established so if any staff member’s first and surname is known, anywhere in the provider organisation, then an email can be sent to them. Management stated this is enabling registered and other key staff to seek advice and learn from each other and from people they have not yet met.

- A phone system has been installed that uses the internet and this is making communication easier throughout the home as well as reducing significantly the cost to the organisation. Cordless phones using this system have been provided to night staff and they stated this has improved responsiveness to resident needs as time is not wasted searching for a colleague.
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

There are systems operated centrally through the provider’s support centre to monitor changes to relevant legislation, regulatory requirements, professional standards and guidelines. These systems include membership of bodies representing aged care, subscriptions to organisations providing information on relevant changes, access to internet websites, attendance at professional seminars and education sessions, liaison with allied health workers and government departments (state and federal), and subscriptions to professional journals. Changes are communicated to the home’s management and by them to staff through the orientation process, emails, meetings, noticeboards, education sessions and memoranda. Registered staff have appropriate qualifications and registration, staff police certificate currency is monitored, and residents and relatives had been notified of the forthcoming re-accreditation audit. Staff indicated they are provided with adequate information on changes to legislation and regulatory requirements relevant to their work area and that compliance with these changes are monitored via the audit process, staff appraisals/competencies and supervisor observation of work practices.

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 range of strategies to ensure staff have appropriate knowledge and skills. An education program for management and staff is based on identified needs, legislative, organisational, and advisory requirements. The performance appraisal process identifies general educational needs, a review of incidents and accidents, and observation of floor practice, and from these sources an education plan is developed. The home supplements the formal training plan with educational/skill development sessions as they are identified in response to changing care needs of residents. Competency assessments also form part of the audit of staff skills and are commenced at orientation for new staff and conducted on an ongoing basis. The home offers a range of training opportunities for staff, using senior/experienced staff, product and service suppliers, and external courses and conferences.

In relation to Standard 1 Management systems, staffing and organisational development education has been provided in relation to:

- Stepping up to management
- Quality management
- Communication systems
1.4 Comments and complaints

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

Team’s findings

The home meets this expected outcome

Care recipients/representatives and stakeholders have access to the homes internal and external verbal and written suggestion, comments and complaints system. Documents, brochures and posters containing information on internal and external comments, complaints and advocacy services are accessible to residents/representatives at the home. Forms can be completed and placed in a locked suggestion box with feedback given to written and verbal comments and complaints. Surveys capture resident/representative feedback on the home which is then raised at appropriate meetings and through continuous improvement activity. Residents and/or their representatives and staff are satisfied with the way the homes’ complaints and suggestion processes are managed

1.5 Planning and leadership

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

Team’s findings

The home meets this expected outcome

The organisation’s mission, vision, values, philosophy, and objectives are documented and included on posters displayed throughout the home, and in the resident and staff handbooks. The induction program for new staff includes the quality commitment of the organisation.

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

Residents and/or their representatives are satisfied with the responsiveness of staff and their level of skill to meet residents’ care needs. The home ensures appropriately skilled and qualified staff through its human resource procedures, which include key selection criteria at recruitment, reference checks, contracts of employment, position descriptions, performance reviews and training and education opportunities. The weekly roster includes a registered or enrolled nurse each day shift with a clinical care coordinator on site five days a week. A registered nurse at the co-located nursing home is available across all shifts for advice and clinical review; the clinical care coordinator is on call after hours. Roster reviews taking into account resident acuity, staff changes and staff needs, ensure correct skills mix and staff sufficiency are maintained. Roster vacancies are filled on a daily basis using a casual pool. New staff have at least four buddy shifts and performance reviews to guide them through the probationary period. Staff stated that there are sufficient of them rostered to complete their duties and attend to residents in a reasonable time.
1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There is a purchasing process to ensure sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, and housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There are approved suppliers and contracts are negotiated as appropriate, reviewed annually or when there are concerns and stakeholders are asked for their input where appropriate. New equipment is trialled by appropriate staff prior to purchase and suppliers are required to provide training at time of supply. There is a planned maintenance program to ensure ongoing reliability of equipment and infrastructure and a corrective maintenance program to attend to minor items needing attention. Residents and/or their representatives and staff are satisfied with the availability and appropriateness of the goods and equipment provided.

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

There are systems to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Staff have access to care plans and progress notes, as well as other necessary information through policies and procedures, handovers, meetings, memoranda, and on computers and in hard copy and passwords give access at the appropriate level.

Staff indicated that the information necessary to perform their jobs is readily available and that regular staff briefings keep them informed on a range of relevant topics. Communication to staff is mainly by email but also via noticeboards and meetings. Records are archived off-site under contract and destroyed at the appropriate time.

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

Externally sourced services are contracted in order to meet the home’s care service needs and service quality goals. Management, staff and care recipients are satisfied with the quality of services provided by the organisation’s external service providers. The home enters into formal service agreements with external service providers covering relevant legislation and guidelines, insurance covers and quality of service delivery. Most contracts are for one year,
performance is reviewed, and providers are usually required to compete for renewal on an annual basis. Residents and/or their representatives and staff are satisfied with the services provided.
Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- With the increasing acuity of residents, clinical management stated there are more people with swallowing, cognitive, or sensory deficits requiring supervision and assistance with cutting up of food and assistance with feeding at meal times. Clinical supervision of meals in the dining room has been increased and management stated this is working well.

- The organisation’s Directors of Nursing were not satisfied with the outcomes of some of the clinical assessments of their chosen electronic care system. As a result they have reviewed and redesigned many of the assessment tools and had the provider install them. Management stated the resultant care plans are much improved and the streamlined process saves registered staff time.

- With the home’s residents becoming higher care many are requesting their meals be served in their rooms. Twenty five over-bed tables have been purchased and staff stated many residents have commented this makes them feel “very special”.

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 regulatory compliance processes.

In relation to Standard 2 Health and personal care, management maintain and monitor the systems to manage care recipients’ care planning in accordance with the Quality of Care Principles 2014, protocols for medication management, and the reporting of unexplained absences as set out in The Accountability Principles 2014. Staff demonstrated knowledge of their legislative responsibilities under Standard 2 expected outcomes.
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 manage the ongoing education program.

In relation to Standard 2 Health and personal care, examples of education provided include:

- Continence
- Medication
- Diverticular disease
- Managing hearing aids
- Oral 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

Assessment of residents’ clinical needs commences prior to entry to the home where possible and staff continue to gather information upon entry. Information is gathered through assessments, interview with residents and their representatives, input from medical and allied health professionals and previous assessments and medical information. Information is translated into a care plan to guide staff as to the resident’s individual care needs and preferences. Care plans are reviewed three monthly or when there is a change in resident health status or care. Changes in care needs are communicated on the resident care plan, progress notes, through the handover process and communication books. Residents are attended by a medical officer of their choice and referred to other health professionals as needs indicate. Residents’ clinical incidents are assessed by a registered nurse and addressed as necessary; strategies are implemented to reduce the risk of incident recurrence. Effectiveness of clinical care is monitored through resident feedback, incident analysis and the auditing process. Residents and/or their representatives are satisfied with clinical care.
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

Specialised nursing care needs are identified and met by appropriately qualified staff. The care coordinator or registered nurse conducts assessments in consultation with residents/representatives and allied health professionals and in liaison with the resident’s medical officer or treating specialist. Care plans and medication charts identify specialised care needs and are reviewed regularly and as changes occur. Registered nurses are available 24 hours a day (either on site or at the co-located nursing home) and oversee specialised nursing care needs. The home liaises with external specialists should the resident care need exceed the current knowledge and skill of staff and external education is sourced. The home has equipment and staff skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, catheter management, stoma management, oxygen therapy and palliative care. Residents and/or their representatives are satisfied specialised nursing care needs are 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 referral processes for residents if and when the need arises. A variety of medical and allied health professionals visit the home including physiotherapist, occupational therapist, podiatrist, speech therapist, dietitian, mental health services and palliative care specialists. External referrals can be facilitated, assistance with transport is organised. Documentation of health specialists’ visits are incorporated into residents’ care plans and in resident files as appropriate. A physiotherapist attends the home five days a week and assesses, plans, implements and reviews mobility and therapy programs for all residents. Allied health specialists’ recommended strategies are monitored for effectiveness and follow up appointments organised as necessary. Residents and/or their representatives are satisfied with the range and access to appropriate health specialists in accordance with residents’ needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a pre-packaged system and administered by registered care staff who have completed competency assessment. Medication charts and care plans
include information to guide staff regarding individual resident allergies and assistance required with administration. Residents wishing to self-medicate are assessed for competency, the outcome is documented and a locked drawer is provided. Medications are stored securely including controlled medications which are stored in a locked safe; records are maintained. An emergency stock of medications is available such as commonly used antibiotics. A nurse-initiated medication list, reviewed by medical officers, is available to guide registered staff. Effectiveness of medication management is monitored through audits and incident reporting and reviewed by the medical officer and pharmacist. Audits and monthly incident results are analysed and discussed at relevant meetings. Action is taken to address deficiencies and staff receive appropriate education on the medication management system. Residents and/or their representatives are satisfied with the management of residents' medications and 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

The pain management needs of residents are identified through assessment undertaken on entry to the home and reviewed on a regular basis. Consultation occurs with the resident and/or their representative regarding pain management needs and preferences. Pain interventions are recorded on care plans, treatment sheets and progress notes. The home utilises a number of pain management strategies and works in conjunction with the physiotherapist and medical officers to achieve best possible results for residents. Strategies used to manage pain include massage, hot and cold packs, repositioning, distraction, massage, and regular and as required prescribed medications. Registered staff and the physiotherapist monitor effectiveness of pain relieving strategies with ongoing assessments; unrelieved pain is referred to medical officers for further review and action. Residents and/or their representatives are satisfied residents' 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

The home has processes to ensure the comfort and dignity of terminally ill residents is maintained. Residents are assessed for their needs and wishes in relation to end of life requirements on entry to the home or at time suitable to the residents. Information such as enduring power of attorney and advance health directives are located in the residents’ records. The home is supported by its own palliative care resources and is able to access more if the need arises. Relatives and significant others are able to be involved in the care of their loved one and are supported to stay with the resident in the palliative phase if they wish. A pastoral carer with counselling and chaplaincy skills is available to assist residents, representatives and staff with palliative care and grief issues. Residents' pain, comfort and spiritual needs are managed in consultation with the resident and/or their representative, medical officer, staff and pastoral care personnel to provide physical, emotional, cultural and spiritual 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

Dietary requirements including likes, dislikes, special diets and allergies are assessed on entry to the home; relevant information is provided to the kitchen and included in resident documentation to guide staff practice. Care plans outline strategies required to support residents' nourishment and hydration needs. Meals are freshly prepared on site, special diets are accommodated. Residents are weighed in accordance with their individual requirements and weight variations outside of acceptable parameters are actioned through use of supplements, fortification and/or referral to the medical officer, dietitian and speech pathologist if required. Residents are assisted with meals and fluids as indicated and specialised equipment is available to assist residents in their dietary intake. Additional fluids and ice blocks are available and encouraged during times of extreme heat. Residents and/or their representatives are satisfied with the provision of food and fluids and the support of staff 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’ skin care needs are assessed on entry to the home and on a regular basis. Interventions to maintain skin integrity are recorded in care plans and on medication charts according to residents’ needs and preferences. Interventions used to maintain skin integrity are recorded in care plans to guide staff, and are reviewed on a regular basis. Preventative strategies employed include pressure relieving devices, use of emollients, regular positional changes, limb protectors and equipment assisted manual handling. Skin tears and wounds are reported, monitored and trended. Wound treatments are completed by registered staff; healing progress is monitored and evaluated on wound charts. Advice is sought for ongoing skin conditions and complex wounds from medical officers and external services. Staff report sufficiency of wound care products and have attended education in wound care. Residents and/or their representatives are satisfied with the care provided in relation to residents’ 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 and preferences are assessed on entry to the home and on an ongoing basis. Assessment processes identify any continence issues and include residents’ strategies to assist in maintaining and improving continence. A resource staff member coordinates assessments and ordering of aids. Individual continence programs are developed
and recorded on care plans to guide staff practice. Staff interventions to manage residents’ continence requirements include scheduled toileting, use of continence aids and ensuring sufficient fluid intake. Staff complete daily bowel monitoring charts and these are monitored with notifications to registered staff if changes in residents’ continence patterns occur to allow intervention strategies to be implemented. Bowel management strategies may include dietary intervention and, following medical officers’ directive, regular and as required medication. Residents and/or their representatives are satisfied that continence needs are met and staff support 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’ behavioural needs are assessed in conjunction with their representative, on entry to the home and on an ongoing basis. Care planning is undertaken by a registered nurse and staff are guided by information in the plan of care which alerts them to triggers for behaviours and strategies useful in behaviour intervention. External mental health services can be accessed to assist in the management of complex behaviours and provide support and education for staff. Regular medical officer review occurs and staff are aware of their reporting responsibilities in the event of a behavioural incident. Recreational activities are utilised to assist with behaviour management. Care, lifestyle and pastoral staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when residents are unsettled. Residents and/or their 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 a physiotherapist. A care plan is formulated which includes mobility and transfer needs and any equipment required. The physiotherapist, physiotherapy assistant and occupational therapy students support residents in exercise and walking programs. Mobility aids and specialised assistive aids are provided for residents as required. Internal and external walkways are clear and have hand rails to maximise safety. Resident falls are monitored and a registered nurse, medical officer and/or physiotherapist review falls; interventions are implemented to prevent recurrence. Staff are provided with mandatory training in manual handling techniques. Residents and/or 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

Each resident’s oral and dental needs are considered during the initial assessment process and their individual preferences are taken into account when formulating the plan of care.

The effectiveness of care plans is reviewed on a regular basis to ensure residents’ needs are met. Staff monitor residents’ ability to self-manage their oral care and assist when required. Oral and dental issues are referred to residents’ medical officers or dentists as required.

Registered staff liaise with residents and their representatives to co-ordinate dental referral and organise transport if necessary. A dental clinic visits the home as needed and residents can have their dental needs attended on site. Staff have access to appropriate equipment and supplies and report sufficiency. Residents and/or their 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

Assessment of residents’ senses are completed on entry to the home and reassessed if losses or behavioural changes are suspected and/or reported. Plans of care are developed in consultation with residents and representatives to guide staff practice and strategies address identified needs and personal preferences including reference to use of assistive devices. Residents are referred to specialist services including audiologist and optometrist as needs indicate. Staff assist residents to manage assistive devices such as hearing aids and spectacles and provide consideration and assistance to residents who have sensory impairments to enable them to access activities. The home utilises strategies including large print books, talking books and large print activity calendar to assist residents with sensory loss. Residents and/or their representatives are satisfied with management strategies and assistance provided by staff to residents with identified sensory loss.

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

The home has processes to assist residents to achieve natural sleep patterns. Each resident’s natural sleep pattern and settling history is collected on entry and reviewed as necessary. Individual care plans are formulated using information gathered from resident and representative input and assessment processes. Care plans include information on settling routines and rituals, usual sleep times and day time rest patterns. Staff monitor noise levels,
lighting and environmental temperature to assist residents in maintaining restful sleep. Drinks and food are available for residents who wake in the night. Sleep disturbances are investigated and referred to the medical officer if interventions are considered to be ineffective. Residents and/or their representatives are satisfied with the assistance provided by staff so residents can maintain their natural sleep and rest patterns, and with the assistance provided by staff during times of sleep disturbance.
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.

Improvement initiatives implemented recently by the home in relation to Standard 3, Care recipient lifestyle include:

- Following receipt of a story telling DVD the home decided to use university students on placement to collect the stories of their own residents and hopefully publish them. Many of these stories along with their photos have been written and displayed and staff stated residents are “very keen” to have their story added to the collection.

- A garden club was established and flowers and vegetables are being grown. Community and business donations have assisted with raised garden beds, bird feeders, and outdoor furniture and staff stated this has become a “social hub” for residents, reducing social isolation and stimulating discussions between residents.

- Ageing in place is moving the home from a “hostel” situation to higher care and with this residents requiring more support emotionally and spiritually. The services of a second part-time chaplain have been engaged and staff stated residents have responded positively to having this support available.

- Arrangements have been made for a fruit and vegetable vendor to visit the home on a weekly basis to enable residents with impaired mobility to shop for farm fresh produce. The kitchen will prepare this produce if necessary for residents in addition to the meals normally supplied.
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 regulatory compliance processes.

In relation to Standard 3 Care recipient lifestyle management maintain and monitor the reportable care recipient abuse register, privacy, and ensure security of tenure in line with legislative requirements. Care recipients are aware of their rights and responsibilities as per the *User Rights Principles 2014*. Staff demonstrated knowledge of their legislative responsibilities under Standard 3 expected outcomes.

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 manage the ongoing education program.

In relation to Standard 3 Care recipient lifestyle, education has been provided in relation to:

- Mandatory reporting and elder abuse
- Choice and decision making
- 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

Residents receive information about the hostel prior to and upon entry to the home. Orientation is provided to residents and their representatives and they are introduced to staff and co-residents. Residents are encouraged and assisted to personalise their rooms.

Emotional needs and preferences for support are identified and care plans include residents’ social and support needs. Family members and friends are welcomed as part of the supportive network and encouraged to visit the home. Pastoral care, lifestyle, nursing and care staff provide emotional support and are involved in monitoring care outcomes through
reassessment, observation and personal contact with residents. Should the emotional support need exceed what the staff are able to offer, the care coordinator is informed and external support services can be accessed. Residents and/or their representatives are satisfied with support received by residents during their settling in period and with the ongoing support provided by management and 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

Residents’ previous and current interests, abilities and lifestyle needs are identified and care plans developed to maximise opportunities for individual residents to maintain independence and lifestyle preferences according to their abilities. Residents are assisted with those aspects of personal care and other activities they are unable to manage independently.

Appropriate equipment is provided to support resident independence. Residents are encouraged to maintain community links and assistance with transport is available. Staff assist residents to maintain their civic and legal rights and to exercise their independence to their optimal capacity. Residents and/or their representatives are satisfied residents are encouraged and supported to be independent.

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 established processes and maintains a supportive environment to protect residents’ privacy and dignity. Residents are provided with information about their rights including their right to privacy. Staff are informed of their responsibility to respect residents’ privacy and dignity and to maintain confidentiality regarding their knowledge of individual residents. Residents’ personal information is stored in locked areas, electronic files are password protected. Access to personal information is limited to authorised staff and visiting health professionals. Staff practices are monitored with performance issues addressed as required. Residents and/or their representatives are satisfied staff are courteous and respectful of their privacy and personal preferences.
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

Initial and ongoing assessment processes identify residents’ past and current leisure interests, including those in the community. Individual care plans are developed to reflect resident’s physical, sensory and cognitive abilities and identified interests and these are subject to regular review. The activities program is developed with individual interests and capabilities in mind, with large and small group and one-on-one sessions included. The activities program is communicated through resident meetings, a monthly activity calendar provided to all residents, noticeboards and daily verbal reminders. Residents are invited, encouraged and supported to attend to interests and activities of their choice. Activities are monitored and evaluated through individual feedback, comments and complaints and consideration of participation rates. Resident suggestions for new activities and outings are welcomed and incorporated into the monthly activity calendar where possible. Residents and/or their representatives are satisfied residents are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

3.8 Cultural and spiritual life

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

Team’s findings

The home meets this expected outcome

Residents’ specific cultural and spiritual needs, including information regarding their religious beliefs, customs and cultural requirements are identified through initial and ongoing assessment processes. The information is included in care plans that assist staff to foster and value individual beliefs and customs. Pastoral carers provide emotional and spiritual support with regular visits and provision of religious observances. Pastoral services are available after hours should residents’ require; different denominational visits are organised according to residents’ wishes. Residents are assisted to attend church services according to their preferences; the home celebrates special events and provides appropriate catering services on these occasions with specific dietary needs supplied as required. Residents and/or their representatives are satisfied that residents’ cultural and spiritual needs are respected and supported.
3.9 Choice and decision-making

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

Team’s findings

The home meets this expected outcome

The home has processes to identify and assess the choice and decision-making needs and abilities of residents on entry and when changes occur. Residents are encouraged to maintain control over their lives. Resident choice is incorporated into plans of care and lifestyle activities; staff respect and accommodate residents’ choices. Residents are offered a choice of meals, choices in hygiene care, and whether or not to participate in leisure activities. Staff respect and accommodate residents’ choices and encourage within their capacity regarding activities of daily living. Residents and representatives are given opportunities to have input into care and the environment through participation in resident meetings, case conferences, satisfaction surveys, and via the complaints system.

Information regarding enduring power of attorney and alternative decision makers is included in resident files and accessible to relevant staff. Residents and/or their representatives are satisfied with the support provided for residents to exercise choice and make decisions 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 and/or their representatives are provided with information regarding security of tenure, rights and responsibilities and dispute resolution through the resident handbook, the resident agreement and in discussion with staff on entry to the home. Key personnel are available to ensure there is a shared understanding of the terms of the agreement. The charter of residents’ rights and responsibilities is displayed in the home. If a resident requests or their care needs change, relocation within the home or in the co-located home can be facilitated. Consultation is undertaken with the resident, representative and medical officer prior to this occurring. Residents and/or their representatives are satisfied with security of tenure 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.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- A sprinkler system for fires has recently been installed throughout the four wings and other buildings of the home and management stated this has improved the safety of residents and staff and will meet forthcoming regulatory requirements.
- To minimise the false alarm call outs of the fire brigades, exhaust fans and isolation switches have been installed in each kitchenette where toast is prepared. Management stated alarms will still be activated in the case of fire and that this measure has saved more money already than the cost of the exhaust fans and switches.
- At the suggestion of residents and staff the gardens at the entrance to the home have been redesigned to promote a “sense of coolness and peacefulness”. Timber benches have been provided along the walkway for resident and visitor comfort and enjoyment of the garden space. These benches were observed to be often in use.

### 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 regulatory compliance processes.

In relation to Standard 4 Physical environment and safe systems, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 expected outcomes.
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 manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education has been provided in relation to:

- Chemical handling
- Fire and evacuation
- Food handling
- Infection control
- Workplace health and 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

Management is actively working to provide care recipients with a safe and comfortable living environment consistent with their care needs. Care recipients and their representatives are encouraged to personalise their rooms with their own belongings with attention given to their own and staff safety in moving about the room. Communal lounge/dining areas and external garden areas provide places to meet with visitors and other residents. Routine scheduled maintenance, daily corrective maintenance and cleaning schedules and audits, hazard identification and risk assessments ensure a safe environment both internally and in outdoor areas. After daylight hours external doors to the four wings are locked and alarmed. A security firm responds if an “alarmed” door is opened and alerts staff by telephone to investigate the reason for an open door. A separate security firm conducts periodic on the ground checks of the home throughout the night. Each resident has access to a call bell system for emergency assistance. Residents and/or their representatives are satisfied with the safety and comfort of the internal and external living areas of the home.
4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home’s management is actively working to provide a safe and secure working environment for staff that meets regulatory requirements through its monitoring systems and education programs. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of supervisory staff and by annual mandatory training programs. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in safe working condition. Chemicals are stored securely, and spill kits are available and accessible to staff. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations. A staff coordinator is responsible for managing the rehabilitation and safe return of injured staff to the workplace.

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

Procedures are in place and staff are trained and understand the processes to follow in the event of fire or other emergency. Training sessions are conducted as required and training records indicate all staff have completed their annual statutory fire training. Formal fire drills are carried out annually, and occasional area drills as well as false alarms supplement this training. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, smoke and fire doors, sprinkler system, exit lights, and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building and assembly areas are signed and easily accessible. A certificate of maintenance regarding fire safety is held. A lock down procedure is followed each evening and a security firm monitors the safety of the area. Residents are notified of the safety procedures to follow when they enter the home and through resident meetings and are satisfied with the safety of their environment. Staff demonstrated knowledge of fire, security and other procedures including their role in the event of an alarm, emergency or evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program that is overseen by the care coordinator and registered nurse. Staff complete infection control and hand washing education at orientation, annually and as required. Hand washing facilities are located throughout the home and staff have access to personal protective equipment. Infections are recorded as part of the incident
reporting process, reviewed and monitored monthly. There are policies and processes to guide management and staff in the event of an infectious outbreak. A vaccination program is available and encouraged for residents and staff. Care, catering, laundry and cleaning staff practices are conducted in accordance with standard precautions and infection control guidelines. Residents and/or their representatives are satisfied with the effectiveness of the infection control system and processes.

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 processes at the home provide meals and drinks that reference resident preferences and health care needs. Meals are prepared fresh daily onsite with resident preferences and dietary requirements managed by the catering manager who ensures updated meal and drink lists. The six-week menu is developed in response to feedback from residents and in consultation with clinical staff and the dietitian. Cleaning processes are completed in accordance with cleaning schedules and in response to need. Laundry services are provided to residents, and processes are carried out in line with the home’s infection control policy. Residents are satisfied with the hospitality services provided by the home.