



Australian Government

Australian Aged Care Quality Agency

Alwyndor Aged Care

RACS ID 6931
52 Dunrobin Road
HOVE SA 5048

Approved provider: City of Holdfast Bay

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 14 November 2019.

We made our decision on 16 September 2016.

The audit was conducted on 08 August 2016 to 10 August 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Alwyndor Aged Care 6931

Approved provider: City of Holdfast Bay

Introduction

This is the report of a re-accreditation audit from 08 August 2016 to 10 August 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 August 2016 to 10 August 2016.

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

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

Assessment team

Team leader:	Lorraine Baker
Team member:	Kellie Whelan

Approved provider details

Approved provider:	City of Holdfast Bay
---------------------------	----------------------

Details of home

Name of home:	Alwyndor Aged Care
RACS ID:	6931

Total number of allocated places:	134
Number of care recipients during audit:	130
Number of care recipients receiving high care during audit:	114
Special needs catered for:	Care recipients living with dementia

Street:	52 Dunrobin Road
City:	HOVE
State:	SA
Postcode:	5048
Phone number:	08 8177 3200
Facsimile:	08 8298 9025
E-mail address:	alw_reception@holdfast.sa.gov.au

Audit trail

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

Interviews

Category	Number
Acting general manager/operations manager	1
Clinical nurse managers/registered nurses	4
Care staff/lifestyle assistants	5
Administration assistant	1
Chef	1
WHS manager	1
HR manager	1
Care recipients/representatives	15
External contractor	1
Lifestyle Coordinator	1
Housekeeping/laundry staff	6
Operations team leader	1
Quality manager	1
Volunteer	1

Sampled documents

Category	Number
Care recipients' files	13
Summary and extended care plans	13
Resident agreements	3
Medication charts	10
Personnel files	5

Other documents reviewed

The team also reviewed:

- Alwyndor Aged Care's self-assessment tool
- Alwyndor Aged Care's strategic plan 2015-2018
- Audits, audit schedule, surveys and monthly reports

- Cleaning and catering audit results and catering surveys
- Cleaning and laundry communication books, schedules and resource manuals
- Clinical assessments, charts, forms and documentation
- Clinical data and analysis
- Comments and complaints documentation
- Continuous improvement documentation
- Drugs of addiction register and medication refrigerator temperature charts
- Electronic information management and document control systems
- Feedback cards
- Fire and safety management documentation
- Food safety plan, related documentation and current third party food safety certification
- Handover information
- Human resource documentation
- Incident and hazard reporting documentation
- Induction and education schedules and related documentation, competencies, questionnaires and monitoring reports
- Infection documentation and related analysis
- Lifestyle calendars and participation monitoring documentation
- Maintenance records
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes, agendas, schedules and memoranda
- Menu and dietary needs, supplement and preference documentation
- Newsletters
- Police certificate, nurse registration and regulatory compliance records
- Policies and procedures (selected)
- Resident lists
- Service agreements

Observations

The team observed the following:

- Activities in progress
- Archive process
- Emergency and firefighting equipment, egress routes and pathways
- Equipment and supply storage areas
- Information noticeboards
- Interactions between staff, care recipients and representatives
- Kitchen and food storage/refrigeration facilities
- Laundry and cleaning in progress
- Living environment
- Meal and refreshment service
- The home's 'Vision' statement displayed
- Notice of the Quality Agency re-accreditation visit displayed
- Outbreak information, personal protective equipment availability and hand hygiene facilities
- Short group observation during an activity
- Storage and administration of medications
- The 'Charter of residents' rights and responsibilities' displayed
- Waste disposal facilities.

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

Management and staff actively pursue continuous improvement across the Accreditation Standards and demonstrate improvements in management systems, staffing and organisational development. Internal and external audits, comments and complaints and stakeholder suggestions inform the home’s continuous improvement processes.

Improvement suggestions, comments and complaints are captured through ‘feedback cards’ and entered into the home’s electronic feedback data management system. Improvement opportunities are actioned, monitored and evaluated through the continuous improvement system and action plans are developed when needed. Multiple stakeholder meetings, newsletters and memoranda keep care recipients, representatives and staff informed of continuous improvement initiatives. Care recipients, representatives and staff are extremely satisfied with the organisation actively pursuing continuous improvement.

Examples of improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- A new residential management structure was implemented in 2015 following a trial in 2014. The new structure incorporates three clinical managers each with specific areas of responsibility increasing the amount of clinical support of residential staff. Other changes include a supervisory registered nurse on each shift, and enrolled nurses having first line responsibility for care staff. Staff said that the new structure is working well and they feel supported.
- Management have implemented an auditing tool that is linked to the Accreditation Standards and is underpinned by the Agency’s Results and Processes Guide and Assessment Modules resource. Relevant legislative information is cross-linked to expected outcomes and updated as required. Audits are conducted by different staff members to ensure a ‘fresh eyes’ approach. Audit activities can be viewed on manager’s phones live and alerts inform management of the status of audit activities.
- Management are currently investigating a stand alone ‘information communication technology’(ICT) model due to Holdfast Council decommissioning their data system to utilise the ‘cloud’. Management report the stand alone model will enable the home to have a data platform that suits their specific needs.
- As a result of a staff survey management have implemented a staff recognition scheme and to date 43 staff have received recognition letters and vouchers. A recipient informed us of her pride in being recognised for her commitment.
- In 2014 the home introduced a ‘feedback card’ to capture comments, complaints and suggestions. The electronic feedback data system implemented in conjunction allows management to link feedback items to the home’s continuous improvement log and provides for automated responses, reports and progress notes on activity to date. Data analysis reflected 97 per cent of feedback items were resolved satisfactorily. Care recipients, representatives and staff spoke of their satisfaction in receiving timely acknowledgement and advice of actions taken in response.

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’s management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. The home’s management subscribe to a notification service which includes updates from government, industry and specialist services to ensure they receive notification of any changes to regulatory requirements. Management provide relevant information to staff and others of any regulatory changes through avenues such as intranet access, meetings, education and memoranda. The organisation’s management develop or modify policies and procedures to ensure alignment with any changes. Management use various mechanisms to monitor compliance including observation of staff practices, incidents, quality activities and compliance audits and reports. Staff are aware of their obligations in relation to regulatory compliance and said management inform them when changes occur.

Examples of regulatory compliance in relation to Standard 1 - Management systems, staffing and organisational development include:

- A system for ensuring the currency of police certificates and statutory declarations as appropriate for staff, volunteers and contractors.
- Secure information storage and destruction systems at the home.
- Management notified care recipients and their representatives of the re-accreditation assessment within the required notice time.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Clinical information management system and
- Mentoring and leadership.

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

There are systems to ensure each care recipient and/or their representatives and other interested parties have access to internal and external complaints mechanisms. Residential agreements, handbooks and noticeboard displays convey information on internal and external complaint management and advocacy services. Feedback cards used to capture suggestions, comments and complaints are readily available at ‘feedback boards’ located throughout the home alongside locked receptacles for collection of the feedback cards.

Feedback cards are collected daily, entered into the home’s feedback data system, assigned by the quality manager to the relevant manager for immediate response and any action that may be required. Evaluation and review processes are in place to ensure the effectiveness of any actions taken. Stakeholders are also encouraged to raise issues and provide feedback in person. Care recipients, representatives and staff confirm their awareness of the home’s comment and complaints processes and are very confident in using them to provide feedback to staff and management.

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 'Vision' statement reflects a commitment to providing quality care and services to all stakeholders. This information is on display and communicated through orientation processes and documentation provided to all stakeholders.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure care and services are provided according to the organisation's vision, mission and values. Staff are recruited according to recruitment policies and position descriptions. Staff are provided with onsite orientation and guided in their roles through an intensive orientation and induction program, probationary reviews and job descriptions. There are orientation processes for agency staff and staffing levels are guided by care recipient needs with 24-hour registered nurse supervision provided. Casual, part-time staff and agency staff fill planned and unplanned roster vacancies. Staffing levels are monitored through feedback, incident trending and analysis data, observation and review of care recipient care needs. Results show management monitors staff competencies and registrations and employee satisfaction is monitored through meetings, feedback and surveys. Staff interviewed said they have sufficient time to complete their duties. Care recipients and representatives interviewed were satisfied with the standard of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are sufficient supplies of appropriate goods and equipment to provide quality service delivery. Electronic systems and associated processes inform senior management of day-to-day stock levels, scheduled replacement of equipment and any maintenance requirements. Goods are stored safely in secure areas. Management are responsible for ordering all clinical and non-clinical supplies through preferred suppliers. Scheduled and preventative maintenance programs ensure equipment is fit for use. Staff feedback is sought on new equipment and training is provided so that equipment is used safely. Links to brochures and instruction manuals of goods and equipment used in the home are available for staff

electronically at various workstations. Care recipients and staff confirm there are sufficient supplies of goods and equipment and maintenance requests are attended to promptly.

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

Access to the home's care and information management software systems is password protected and limited according to delegated authority. Staff utilise the electronic system to document care recipients' needs and preferences; communication of current care needs through the handover process supports timely updates to practice. Established processes ensure regular back up of electronic information, onsite and external archiving and the scheduled destruction of confidential documents. Management utilise a variety of established formal and informal communication strategies to communicate with staff, care recipients, representatives and other stakeholders. These include the use of electronic notice boards and message systems, scheduled stakeholder meetings, newsletters and established informal and formal communication processes. Policies and procedures are available both electronically and in hardcopy. Staff, care recipients and representatives are satisfied the variety of communication methods available provide information to meet their needs.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's processes ensure all externally sourced services meet residential, operational and service quality goals. Management require contractors to provide information to meet regulatory compliance obligations. Arrangements are in place to ensure service requirements can be attended to after hours as required. Management and relevant staff monitor service performance through observations of practice, stakeholder feedback and quality activities. Management, staff and care recipients are satisfied with the services provided by external contractors.

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

There are systems to support the pursuit of continuous improvement in relation to care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the continuous improvement system.

Examples of improvements relevant to Standard 2 - Health and personal care include:

- Management have implemented an online care management system that enables the provision of a 'dynamic' care plan record for each care recipient. The project included reviewing and updating all clinical assessment tools and care plans; management and staff report it has improved the quality of care plans. Plans are in train for a complementary medication module to be implemented.
- Due to the successful implementation of the electronic care management system, the home have been invited to lead user acceptance testing in a dynamic care environment for new versions of the electronic system; the project is planned to commence late September with an estimated finish time of mid April 2017.
- During May last year, the lifestyle coordinator and clinical nurse manager-specialised care worked closely with an external dementia support team to introduce a sundowner program specific to care recipients living in the Allandale secure memory support unit. Strategies introduced include the wearing of smiley t-shirts, aprons and dressing gowns during ADL's and bedtime to minimise anxiety and stress related behaviours. Other initiatives introduced were the placing of murals on doors where previously care recipients would congregate and attempt to leave the unit. Management report that there has been a marked reduction in falls and behaviours since the program was introduced.

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

Please refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of regulatory compliance relating to Standard 2 - Health and personal care include:

- Appropriately qualified staff manage clinical care and carry out specialised nursing care tasks.
- Management demonstrate compliance with policy and legislative requirements in relation to medication storage and management.
- There are procedures for the compulsory reporting of care recipients unexplained absences.
- Management have a system to monitor the currency of professional registrations.
- The home has a license to possess S4 and S8 drugs for administration purposes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Continence management.
- Pain management.
- Pharmacy falls/fractures.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs. Admission processes, and initial assessments completed in consultation with the care recipient, representatives, allied health staff and general practitioners, identify care recipients’ clinical care needs and a care plan is developed. Clinical staff use assessment and care planning tools to develop relevant assessments and further develop the ‘dynamic’ care plan. Individual care plans are reviewed as care needs change and within a four month evaluation process which occurs by a multi-disciplinary team. Any changes to care recipients’ needs are communicated to relevant staff through updated care plans, verbal handovers. Clinical care is monitored through clinical observations, handover processes, data trending, clinical audits, surveys and incident trending and analysis data. Results show care recipients are assessed, reviewed and receive the appropriate clinical care. Staff described clinical care requirements as documented in care plans. Care recipients and representatives interviewed said care recipients clinical care is met.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff through assessments and care plan evaluations. Referrals are made to relevant allied health professionals, when required. Technical nursing and specialised nursing care plans are documented for care recipients requiring specialised care and registered nurses, appropriately trained staff and allied health professionals carry out the care required. Complex wounds are attended and assessed by appropriately qualified staff and catheter changes are completed by other health professionals as appropriate.

Specialised care is monitored through clinical handover, care plan evaluations, clinical monitoring and audits. Results show care recipients specialised nursing care needs are identified and addressed. Staff described specialised care provided as documented in individual care plans. Care recipients and representatives interviewed are satisfied with specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Care assessments, reviews and medical officers identify care recipients’ needs; allied health services such as gerontology, physiotherapy, podiatry, occupational therapy and

dentistry regularly attend the home and external contractors supply required speech pathology and dietician services on-site. Care recipients are supported to attend specialist and allied services of their choice and the clinical team arranges reviews by other services such as optometry, audiology and other health providers. Ongoing required care, as recommended by other health and related services, is documented in care plans and conducted by appropriately qualified staff. Other health and related services are monitored through care evaluations, clinical audits and care recipients feedback. Results show appropriate allied and other health services are provided to care recipients. Staff interviewed said allied health services attend to care recipients as required. Care recipients and representatives interviewed said care recipients are referred to specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

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

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

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

recipients and representatives interviewed said care recipients' pain is monitored and addressed as required.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of care recipients in the terminal stage of life is maintained. There is a consultative process for discussing and documenting the end of life wishes with care recipients, family and relevant cultural persons. End of life wishes are communicated to relevant staff through the palliative care plan, along with an "End of Life Pathway" being introduced, when appropriate. Local ministers of a variety of religions are accessed to provide care recipients and family with specific end of life spiritual support, when required.

Appropriate care equipment is available for care recipients as well as access to palliative care specialists as required. Palliative care is monitored through review and feedback processes. Results show care recipients are provided comfort care and their pain is managed appropriately. Care recipients and representatives interviews and feedback confirms satisfaction with comfort and dignity provided to terminally ill care recipients.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

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

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

There are processes to maintain care recipients’ skin integrity consistent with their general health. Admission and ongoing review processes use skin assessment tools to evaluate care recipients’ skin integrity. Care plans document staff interventions related to maintenance and promotion of skin integrity and pressure relieving aids are used as required. Wounds are assessed by clinical staff and a wound care plan is implemented, including documented actions, photographs and evaluations, treatments are managed by appropriately trained clinical staff. Complex wounds are managed by registered nurses and care recipients are referred to medical or wound specialists as required. Monitoring processes include clinical audits; wound assessments, observation and feedback. Results show skin care and wound requirements are identified and documented. Staff are able to describe how skin integrity and wound care is managed. Care recipients and representatives interviews said they are satisfied care recipients’ skin integrity is maintained.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

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

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively. Admission processes and initial assessments, completed in consultation with representatives, allied health staff and medical officers, identify care recipients’ behaviours. Behaviour care plans are developed, including triggers and strategies for intervention. A minimal restraint approach is used and alternative interventions implemented where possible. Behavioural management is monitored through care evaluations, incident and trending data, audits, feedback and observation. Results show triggers are identified and interventions documented for staff. Staff interviewed

described interventions as documented in care plans. Care recipients and representatives interviewed said they are satisfied with the home's approach to challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial assessments and ongoing reviews identify care recipients' capabilities and required mobility and dexterity aids. Assessments are completed by a physiotherapist and clinical staff. Specialised equipment and mobility aids are available to assist care recipients in maintaining their independence. Monitoring processes include care evaluations, audits, meetings, incident and trending data, surveys, feedback and observation. Results show care recipients at risk of falls are assessed and supported. Exercises are offered in different formats, including group exercises and individual plans. Staff described strategies for maintaining mobility and dexterity. Care recipients and representatives interviewed said they are satisfied with staff promotion of care recipients mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained. Admission and ongoing review processes use assessment tools to evaluate care recipients' oral and dental needs and preferences. Oral and dental assessments identify care recipients dental care requirements for natural or prosthetic teeth. The home has a toothbrush replacement program and alternative methods of oral care are available to care recipients if required. There is a dental assistant care worker who manages the referral process and facilitates dentist and dental hygienist visits weekly. Monitoring processes include clinical audits, observation and feedback. Results show dental care is available to care recipients. Staff describe dental care processes as documented in care plans. Care recipients and representatives interviewed are satisfied with dental care provided.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed. A sensory and communication care plan is completed using assessments which incorporate all five senses. Strategies to assist care recipients with sensation loss, such as monitoring skin integrity are documented. Care staff maintain sensory aids such as glasses and hearing aids and assist care recipients with use and fitting if required. Access to items to enhance care recipients' sensory

experiences is available, including large print books and sensory enhancing lifestyle activities. Monitoring processes include care evaluations, observation and surveys. Results show care recipients have access to items to assist with their sensory losses. Staff interviewed described care provided for care recipients with sensory losses. Care recipients and representatives interviewed said they are satisfied with the support given to care recipients with sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

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

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 3 - Care recipient lifestyle include:

- An intergenerational playgroup (‘Tots and Dots’) was implemented following a care recipient’s representative suggestion. The lifestyle coordinator and staff liaised with a State based playgroup association to develop the activity. The playgroup has had a very positive effect on care recipients, playgroup attendees and their children. Care recipients and their representatives spoke highly of the activity and the benefits it has brought to them.
- Following a ‘bucket list suggestion’, a small number of care recipients went on an excursion in a limousine. Staff and care recipients dressed up for the occasion and champagne and savouries were served. Another excursion is planned in the near future due to the positive feedback received. Care recipients said they enjoyed the outing immensely.
- The lifestyle coordinator introduced an electronic music device with personalised playlists for 12 care recipients who are anxious and do not wish to take part in activities. Care recipients have been observed tapping their feet and responding positively to the music they enjoy.
- A walking group has been introduced as a result of care recipient feedback gathered from a survey. The Heart Foundation assisted to set up the activity which involves walking around the perimeter of the grounds. Management report that five of seven care recipients taking part in the activity have reduced their weight and body mass index. Care recipient feedback was very positive about the activity including making use of the pergola to sit and chat with others afterwards.

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

Please refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of regulatory compliance related to Standard 3 - Care recipient lifestyle include:

- Care recipients and representatives receive information on moving into the home regarding privacy and confidentiality, their rights and responsibilities and security of tenure.
- The Charter of care recipients’ rights and responsibilities - residential care is on display in the home.
- The home has systems to record and manage instances of elder abuse, where applicable.

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 processes.

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

- LGBTI awareness.
- Sexuality and the older person.
- Dementia Essentials.

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

Management and staff ensure each care recipient receives support in adjusting to life when they move into the home and on an ongoing basis. Care recipients and representatives receive a welcome pack and card and information regarding the care and services of the home. Staff are in frequent contact with care recipients during this time to assist them with the settling in period. Visitors are welcome and staff foster ongoing connections with families, friends and the community. Volunteer programs provide additional support and special events are celebrated. Staff said emotional support extends to care recipients' representatives when required, particularly during the palliative phase of the care recipient's life. Care recipients and representatives spoke highly of the staff and their support.

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

Management and staff encourage care recipients to achieve maximum independence and maintain community ties and friendships. The assessment process identifies each care recipient's needs and preferences for maintaining independence. Lifestyle staff develop activities based on these preferences and include outings, exercise programs, and links with community groups. There is a café on site. Friends and family are welcome to visit the home throughout the day and evening and there are a range of internal and external areas throughout the home that can host social gatherings with friends and family. Staff encourage care recipient independence through the use of equipment such as mobility aids and specialised crockery and cutlery. Care recipients and representatives are satisfied staff assist care recipients to be as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate there are processes to recognise and respect each care recipient's privacy, dignity and confidentiality. All care recipients have the opportunity to personalise their rooms according to their preferences. Care recipients also have access to a number of quiet sitting areas. Staff have access to care recipient information that includes their preferred name and specific wishes during the terminal phase of their life, to maintain dignity at all times. Staff assist care recipients in a respectful manner, knock on doors before entering care recipients' rooms and provide care and services according to care recipients' wishes as

outlined in the care plan. Care recipients and representatives are satisfied staff treat care recipients with both dignity and respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle staff consult with care recipients and their representatives to determine each care recipient's past and current interests, preferences and activities they may wish to participate in. The lifestyle program runs over seven days a week. The distribution of the monthly activities calendar is complemented by individual staff follow-up. The lifestyle team, with the support of volunteers, engage with care recipients to optimise their abilities and enjoyment through the provision of a variety of individual and group activities within and outside the home. These activities, which involve those living with dementia and sensory loss, include outings, visits by entertainers and school children, an intergenerational playgroup, crafts, puzzles, social occasions and celebrations of cultural and personal significant days. The men's shed is very popular. The success of the lifestyle program is regularly reviewed and individual care plans are updated accordingly. The variety of monitoring methods includes the use of informal and formal stakeholder feedback, scheduled meeting minutes, surveys and audits. Care recipients and representatives are satisfied with the variety, responsiveness and spontaneity of the lifestyle program.

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

There are systems for identifying, addressing and fostering each care recipient's customs, beliefs and cultural backgrounds and preferences. The activity program is reflective of care recipients' spiritual and cultural needs and includes regular church services, the celebration of religious and cultural days, birthdays and other days of significance. Where required the kitchen is notified to ensure personal beliefs relating to food are adhered to. There are regular church services at the home and access to other religious personnel ensures religious needs of all care recipients are met as required. Care recipients and representatives are satisfied care recipients' cultural backgrounds; ethnicity and belief systems are respected.

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

Management and staff support care recipients and representatives to participate in decisions about the care and services they receive. Staff provide information detailing the care and services available to care recipients when they move into the home. Staff document choices and consult with care recipients and representatives about their needs and preferences across all aspects of care and services, including food requirements, activities and care provision. Care recipients and representatives participate in regular meetings, provide informal feedback to staff and have access to the comments and complaints process. Care recipients and representatives are satisfied with the opportunities available for choice and decision making.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management ensure care recipients have secure tenure within the home and are supported to understand their rights and responsibilities. During the pre and entry processes, management meets with each care recipient and/or their representative to provide relevant information on care recipients' rights and responsibilities. In addition, security of tenure, privacy, confidentiality and complaints mechanisms are discussed. This information is reinforced through residential agreements. The 'Charter of residents' rights and responsibilities', feedback forms and advocacy and independent complaints brochures are displayed within the home. Care recipients and representatives are advised of any changes to specified care and services. Should a change in care requirements indicate the need to change rooms, management undertakes a process of consultation with a care recipient and their representative. Management informs all other stakeholders of care recipients' rights and responsibilities through the induction and education programs, poster displays and policies and procedures. Care recipients and representatives are satisfied with care recipients' 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

The home has a system that demonstrates improvements in the area of Physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 4 - Physical environment and safe systems include:

- Due to care recipient dissatisfaction with catering services, the operations manager visited a number of aged care sites interstate to identify and evaluate other catering service models. This research has led to a change to a full service model. Previously care staff were involved in meal services. The new model has allowed care staff to return to providing direct care with a resultant increase of 160 hours per fortnight added to the care roster.
- In conjunction with the introduction of the new catering contractor, a daily catering log has been implemented to capture any suggestions, comments and complaints about care recipient meals. Complaints about the quality of meals has reduced significantly since the introduction of the new catering model. A food focus group was also introduced in January this year to provide feedback to the catering service and management.
- A menu monitor visits each care recipient daily to inform them of menu choices for the next day. As some care recipients in a recent food survey said they find it hard to remember what choice was available, management are in the process of having the daily menu streamed onto television sets located in care recipient rooms.
- High pressure steam cleaning and pumping of wheelchairs has been added to the preventative maintenance schedule following a staff suggestion.

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 systems and processes.

Examples of regulatory compliance related to Standard 4 - Physical environment and safe systems include:

- Chemicals are stored safely in secure areas and material safety data sheets are available.
- There is a current food safety program and third party auditing regularly occurs.
- Regular monitoring and maintenance of fire and safety systems occurs.

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 processes.

Examples of education conducted over the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Fire evacuation
- Fair treatment and
- Food safety management.

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 and staff actively work to provide a safe and comfortable environment consistent with care recipients' care needs. Each care recipient has a single room with a private ensuite and are encouraged to personalise their rooms. There is safe access to clean, comfortable and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. Allied health services are available on site along with a café that is also used by the wider community. Management and relevant staff monitor the safety of the home via stakeholder feedback, audits, preventative maintenance processes, incident and hazard reporting mechanisms. Cleaning regimes and reactive maintenance process ensure a comfortable and functional environment for care recipients and staff.

Provision of equipment such as mobility aids and call bells enhance care recipients' safety. Care recipients and representatives spoke positively of the well maintained living environment and said care recipients felt safe and secure in their surroundings.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

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

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe system of work that minimise fire, security and emergency risks. There are procedures to respond to a range of internal and external emergencies. Qualified external contractors maintain fire safety equipment and there are processes to ensure essential services equipment is maintained.

Management display emergency evacuation plans and ensure emergency exits and egress routes are free from obstruction. There are processes to maintain current emergency evacuation lists and response packs. All staff are required to complete annual mandatory fire and emergency training and management facilitate a secure environment through the provision of sign in processes and keypad entry and exit points. The home is patrolled after hours by a security company. Care recipients and representatives are satisfied the home is safe and secure.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there is an effective infection control program. Policies and procedures are in line with state and commonwealth infection control guidelines. There are adequate resources to guide safe staff practice, including hand washing stations, alcohol based gel, personal protective equipment and infection control stations. Care recipients' infectious status is identified on admission and as infections occur. Appropriate safety precautions are documented and implemented and there is an annual vaccination program

offered to care recipients. Hospitality services are offered in-line with infection control practices and there are procedures for the disposal of sharps and contaminated waste. Pest control measures are in place. Monitoring processes include infection incidence and trending data, audits and observation. Results show the home has processes to manage an infectious outbreak and staff attend annual infection control updates. Staff said they understand their responsibilities and work practices to minimise the risk of infections. Interviews with care recipients and representatives confirm they are satisfied with the practices employed by the home to minimise the incidence of infection.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

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