Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

<table>
<thead>
<tr>
<th>Reconsideration Decision made on</th>
<th>23 January 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reconsideration Decision</td>
<td>An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 29 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 September 2015 to 21 July 2019.</td>
</tr>
<tr>
<td>Reason for decision</td>
<td>Under section 2.69 of the <em>Quality Agency Principles 2013</em>, the decision was reconsidered under ‘CEO’s own initiative’. The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <a href="http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program">http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program</a>.</td>
</tr>
<tr>
<td>This decision is effective from</td>
<td>23 January 2018</td>
</tr>
<tr>
<td>Accreditation expiry date</td>
<td>21 July 2019</td>
</tr>
</tbody>
</table>
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 21 September 2018.

We made our decision on 29 July 2015.

The audit was conducted on 23 June 2015 to 24 June 2015. The assessment team’s report is attached.

We will continue to monitor the performance of the home including through unannounced visits.
Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

<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>
<tr>
<td>Standard 3: Care recipient lifestyle</td>
<td></td>
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<tr>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Principle:</strong></td>
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<tr>
<td>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.</td>
<td></td>
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</table>

<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 Care recipient security of tenure and responsibilities</td>
<td>Met</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 4: Physical environment and safe systems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principle:</strong></td>
</tr>
<tr>
<td>Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.</td>
</tr>
</tbody>
</table>

<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>
Audit Report

Carinya Lodge Hostel 3019
Approved provider: Carinya Lodge Homes Inc

Introduction

This is the report of a re-accreditation audit from 23 June 2015 to 24 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team’s findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes
Audit report

Scope of audit
An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 23 June 2015 to 24 June 2015.

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

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

Assessment team

| Team leader: | Sarah Lawson |
| Team member: | Lynore Mercer |

Approved provider details

| Approved provider: | Carinya Lodge Homes Inc |

Details of home

| Name of home:       | Carinya Lodge Hostel |
| RACS ID:           | 3019 |
| Total number of allocated places: | 42 |
| Number of care recipients during audit: | 40 |
| Number of care recipients receiving high care during audit: | Not applicable |
| Special needs catered for: | Not applicable |
| Street:            | Carinya Crescent |
| City:              | Korumburra |
| Postcode:          | 3950 |
| Phone number:      | 03 5655 2125 |
| Facsimile:         | 03 5658 1624 |
| E-mail address:    | secretary@carinyalodge.com.au |
Audit trail
The assessment team spent two days on site and gathered information from the following:

### Interviews

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
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<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>2</td>
<td>Care recipients/representatives</td>
<td>11</td>
</tr>
<tr>
<td>Clinical/care staff</td>
<td>8</td>
<td>Volunteers</td>
<td>1</td>
</tr>
<tr>
<td>Lifestyle staff</td>
<td>2</td>
<td>Hospitality and environmental staff</td>
<td>5</td>
</tr>
<tr>
<td>Administration staff</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sampled documents

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th></th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients’ files</td>
<td>13</td>
<td>Medication charts</td>
<td>5</td>
</tr>
<tr>
<td>Personnel files</td>
<td>5</td>
<td>Care recipients’ agreements</td>
<td>5</td>
</tr>
</tbody>
</table>

### Other documents reviewed
The team also reviewed:

- Audits
- Care recipient and staff information booklets and packs
- Cleaning schedules
- Clinical assessments, charts, plans, forms and documentation
- Comments/suggestions/concerns
- Continuous improvement plan
- Diary
- Drugs of addiction register and medication refrigerator temperature charts
- Education calendars, competencies and attendance records
- Food safety program, audits, dietary information and menu
- Handover sheets
- Incidents and clinical indicator registers and data
- Lifestyle calendar and participation records
- ‘Look’ book
- Material safety data sheets
- Meeting minutes, memoranda, surveys and newsletters
- Police certificate, statutory declaration and nursing registration database
- Policies and procedures
- Position descriptions and duty lists
- Preventative and reactive maintenance records
- Recruitment, interview, orientation and induction information and checklists
• Reportable incident flow chart/folder
• Rosters
• Self-assessment
• Vision and values statements.

**Observations**
The team observed the following:
• Activities in progress
• Charter of care recipients’ rights and responsibilities – residential care’ on display
• Emergency and firefighting equipment, evacuation kit, egress routes and pathways
• Equipment, supplies, storage areas and signage
• Feedback forms, brochures and feedback box
• Information noticeboards
• Interactions between staff and care recipients
• Internal and external living environment
• Meal and refreshment services
• Medication administration and storage
• Short observation conducted in the dining room.
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

Care recipients, representatives, staff and other stakeholders are encouraged to participate in continuous improvement activities. Management uses various sources to identify possible improvement activities including statistical data analysis, complaints and suggestions. Also used as sources for improvement opportunities are meetings, incidents and accidents and the suggestion forms. An auditing process monitors the systems. Management registers improvement activities, monitors progress and evaluates actions to confirm successful completion or to initiate further action. Continuous improvement activities are communicated to all stakeholders through memoranda, meeting minutes, newsletters and noticeboards.

Improvement initiatives implemented by the home over the last 12 months related to Standard 1 - Management systems, staffing and organisational development include:

- Staff attended a leadership seminar and identified they did not have a policy and procedure for a code of conduct for staff. A new policy utilising the home’s mission statement was developed. The policy has been included in the staff application pack providing clear guidelines for all staff.
- Management identified the computer server required an upgrade and an additional computer for the registered nurse was required. A new company was sourced to provide internet support and to provide support and back up for the server and new computer. Management stated this has resulted in improved information management systems. Evaluation is ongoing.
- Feedback from a recent staff satisfaction survey has resulted in the removal of a split shift and increasing the morning shift by three hours. As a result more care hours are available to meet care recipients’ increasing needs. Staff report satisfaction with this change.

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

Management identifies relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. This is achieved through a commercial update service, peak bodies, publications and government communiqués. Management amend policies and procedures in response to legislative or process changes.
Information transfer occurs through meetings, memoranda and education sessions. Management monitors continued compliance with legislation through the internal auditing system. Care recipients, representatives and staff said they receive information from management about changes in legislation and regulations as needed.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development includes:

- There is a system to ensure all staff, volunteers and external contractors have a current police certificate and where applicable have completed a statutory declaration.
- Stakeholders have access to information regarding advocacy services and internal and external complaint mechanisms.
- Notification to staff, care recipients and representatives of the re-accreditation site audit occurred within the required time frame.
- Confidential documents are stored and destroyed securely.

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 systems to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The home has a recruitment procedure and orientation program for new staff. An education plan is developed monthly and mandatory and additional training is included as required. Meetings, incident reports, performance appraisals, infection monitoring and staff requests identify training needs. Education is provided by internal and external trainers, health professionals and industry experts and staff are supported to attend external education. Management monitor attendance at annual mandatory education and ensure staff have appropriate skills and knowledge through competency assessments and observation of practice. Staff stated they are satisfied with the education opportunities available. Care recipients and representatives said staff have the appropriate knowledge and skills.

Recent training and development opportunities relevant to Standard 1 include:

- assessing the Standards
- Better practice conference
- ‘Manad software’ training
- accreditation.

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

Management and staff inform each care recipient (or his or her representative) and other stakeholders of the internal and external complaints mechanisms. Management records actions and monitors concerns, suggestions and compliments through their continuous
improvement system. Brochures, handbooks, newsletters and care recipiency agreements explain the internal and external complaints systems to care recipients, representatives, staff, volunteers and visitors. Feedback forms are accessible throughout the home and a secure box is available to allow for anonymity. Management records, monitors and evaluates complaints and suggestions as part of its quality system. Care recipients and representatives are encouraged to raise any concerns and said they feel comfortable in doing so.

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

Team's findings
The home meets this expected outcome

The home has documented their commitment to quality of service in philosophy and mission statements displayed in the home and contained in information handbooks provided to care recipients and staff.

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

Management demonstrates there are appropriately skilled and qualified staff sufficient to ensure delivery of services in accordance with the Accreditation Standards. Staff recruitment is based on position descriptions, qualifications, reference checks, police certificates and visa requirements. Successful applicants receive a contract, staff handbook and undertake orientation. Staff appraisals, audits, competencies and management observations ensure maintenance of staff skills and practices. Staff gain additional skills and knowledge through internal and external education opportunities and are required to attend annual mandatory training. Monitoring of staffing levels occurs to reflect changes in care recipient numbers and care needs. Care recipients and representatives said they are very satisfied with the quality 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

Management has systems to ensure stocks of appropriate goods and equipment are available and maintained. Management and relevant staff purchase consumables regularly and maintain adequate stock holding levels. Identification of equipment needs occurs through incident and hazard reporting, observations, meeting structures, changing care recipients’ needs and audits. Storage areas are secure, clean and sufficient for inventory and equipment not in use. The home maintains equipment through a preventative and reactive maintenance program. Care recipients, representatives and staff are satisfied with the quantity and quality of supplies and equipment used by the home.
1.8 Information systems

This expected outcome requires that “effective information management systems are in place”.

Team’s findings

The home meets this expected outcome

The home has effective information management systems. Staff use an electronic care system for care recipients’ care information with a handover sheet printed daily to assist in communication of current care needs. Care recipients and staff files are stored securely and archived appropriately. Access to the system is password protected and the home has systems for backup of electronic information, secure storage, archiving and destruction of confidential documents. Management communicate with staff and care recipients through meetings, notice board displays, newsletters and discussion at handover. Staff, care recipients and representatives are satisfied with the communication process within the home.

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

Management have effective processes that ensure all externally sourced services are provided in a way that meets the residential care service’s needs and service quality goals. Product suppliers and service contractors sign service agreements which include standards of service, regulatory and license requirements, qualifications and insurance. Management, with input from care recipients, representatives and staff review the service agreements regularly to monitor compliance and performance of individual contractors and ensure service levels are appropriate. Care recipients, representatives and staff said they are satisfied with the services provided by the current external contractors and suppliers at the home.
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

Management at the home actively pursue continuous improvement in relation to care recipient health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Improvement initiatives implemented by the home over the last 12 months related to Standard 2 - Health and personal care include:

- Management identified care recipients’ care needs were increasing, with some care recipients becoming a falls risk. To assist in managing falls, a new low/low bed was purchased. The bed is now in constant use and has assisted in the management of falls.
- As a result of the increasing frailty of care recipients, staff identified additional equipment was required to assist in managing these care needs. The women’s auxiliary was approached to assist in funding the equipment. Their assistance has helped in the purchase of two pressure relieving cushions, a shower chair and a padded flotation chair. Staff stated the equipment is effective in supporting care recipients.
- The care manager identified a visually impaired care recipient would benefit from a brightly coloured placemat to assist in differentiating between the dining table and dinner plate. A bright yellow mat was trialled and purchased. The care recipient is pleased with the outcome.

**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 details of the home’s regulatory processes.

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

- Registered nurses plan and supervise the delivery of specialised nursing care.
- Staff demonstrate compliance with policy and legislative requirements relating to medication management and storage.
- There are policies and procedures in place and staff are aware of their responsibilities in relation to unexplained care recipient absence.
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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 2 - Health and personal care include:

- effective care planning and case conferencing
- nutrition care for frail care recipients and the older individual
- pain assessment and management
- incontinence
- advanced care planning and palliative 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

Care recipients receive appropriate clinical care. On entry an initial care plan guides staff practice until completion of the assessment period. Staff develop individualised care plans from assessments which identify needs, preferences and strategies required. Nurses regularly review care plans and consult with care recipients or representatives. The monitoring of clinical care occurs by incident reports, clinical data analysis and stakeholder feedback. Staff use appropriate clinical interventions to meet care recipients’ needs. Care recipients and representatives are satisfied with the clinical care provided to care recipients.

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

Appropriately skilled staff identify and meet care recipients’ specialised nursing care needs. Clinical staff assess, plan and evaluate care recipients’ specialised nursing needs in consultation with appropriate health specialists and general practitioners. Care plans document specialised nursing needs, preferences and strategies required. Specialised nursing needs are monitored by stakeholder feedback, incident reports and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing care. Care recipients and representatives said care recipients receive specialised nursing care in accordance with their needs and preferences.
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

Referrals to appropriate health professionals for care recipients occur in accordance with their needs and preferences. Staff regularly access allied health services including a speech pathologist, dietitian, physiotherapist and podiatrist. Completed assessments identify each care recipient’s need for referral to appropriate health specialists. Staff implement and follow health specialists’ recommendations as required. Care recipients and representatives said referrals to appropriate health specialists take place frequently and as necessary.

2.7 Medication management

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

Team’s findings
The home meets this expected outcome

The management of care recipients’ medication occurs safely and correctly. An assessment of care recipients’ medication administration needs occurs on entry and as required. Medication charts document relevant information including special instructions, allergies and photographs for ease of identification. Management monitor medication administration by audits, incident data analysis and staff competency completion. Staff store medications appropriately and assist or supervise care recipients’ medication administration as necessary. Staff assess and regularly review care recipients who self-medicate. Care recipients and representatives said the administration of care recipients’ medications is timely.

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 are as free as possible from pain. Care recipients’ pain assessments include identifying their risk for potential pain. Care plans document triggers for pain, strategies and equipment required. Consultation takes place with care recipients, representatives and the health care team as needed. Pain management interventions include medication, heat packs and massage. Management monitor care recipients’ pain management by observation, as needed medication use and stakeholder feedback. Staff are aware of appropriate pain management interventions to implement. Care recipients and representatives are satisfied with the management of care recipients’ pain.
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

Clinical staff maintain the comfort and dignity of terminally ill care recipients. Staff assess care recipients’ terminal wishes and palliative care requirements in consultation with care recipients, their families and general practitioners. This occurs on entry to the home or at a later date if preferred. Staff have access to multidisciplinary support for care recipients as appropriate. Staff described consultation processes and care measures they provide when caring for terminally ill care recipients, including access to resources to support care recipients’ emotional and spiritual needs. Representatives expressed satisfaction with how staff accommodate care recipients’ palliative care needs.

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 nourishment and hydration. Care recipients have a dietary assessment completed on entry that also informs catering staff. Care plans identify dietary requirements, likes and dislikes and the level of assistance staff are to provide when assisting care recipients with meals. Staff monitor care recipients’ weight and referrals to dietitians and speech pathologists take place as needed. Management monitor nutrition and hydration by weight analysis and stakeholder feedback. Staff assist care recipients with meals in an appropriate manner. Care recipients and representatives are satisfied with the home’s approach to meeting care recipients’ 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

Care recipients’ skin integrity is consistent with their general health. Staff assess care recipients’ skin integrity and care plans document needs and preferences, including the levels of assistance and equipment required. Progress notes identify breaks in care recipients’ skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur and access to a wound nurse is available. Staff have access to appropriate emollient creams and dressings. Management monitor care recipients’ skin care needs by incident reports, observation and stakeholder feedback. Care recipients and representatives are satisfied with the care provided in relation to care recipients’ skin care management.
2.12 Continence management

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

**Team’s findings**

The home meets this expected outcome

The home has processes to ensure staff manage care recipients’ continence needs effectively. Assessments and care plans take into consideration the level of staff assistance required by the care recipient and continence aids if needed. The home’s approach to continence management encourages promotion of care recipients’ independence. Staff said they have access to sufficient continence aids and displayed their knowledge of care recipients’ toileting requirements. Care recipients and representatives are satisfied with continence care provided and how staff promote care recipients’ independence.

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

The management of care recipients with challenging behaviours is effective. Staff assess care recipients’ behaviours on entry following a settling-in period. Reassessment occurs if new challenging behaviours arise. Care plans identify behaviours, potential triggers and interventions needed. Management monitor care recipients’ behaviour needs by incident reports, observation and stakeholder feedback. Staff are educated on appropriate methods for managing care recipients with challenging behaviours. Staff are familiar with individual care recipients’ behaviours of concern and they implement appropriate strategies. Care recipients and representatives are satisfied with the approach to managing care recipient 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

Management of care recipients’ levels of mobility and dexterity is effective in achieving optimal levels. Care recipients have their mobility and dexterity needs assessed on entry. Care plans identify interventions including aids and equipment needed for mobilisation and the level of assistance required. A physiotherapist visits the home on referral. Management monitor mobility by audits and stakeholder feedback. Staff have attended education in relation to assisting care recipients with their mobilisation needs. Care recipients and representatives are satisfied with the home’s approach to optimising 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

The maintenance of care recipients’ oral and dental health occurs effectively. Oral and dental care assessments take place and care plans identify aids, equipment and the level of assistance required. Staff change toothbrushes regularly. Management monitor oral and dental care by audits and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives said care recipients receive assistance as required to maintain oral and dental care.

2.16 Sensory loss
This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings
The home meets this expected outcome

Assessment and care planning processes ensure staff identify and manage care recipients’ sensory losses. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Referrals to audiologists and optometrists occur and devices to assist in sensory loss are acquired as needed. Care plan information includes the level of assistance required, care of aids and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff said they assist care recipients in maintaining and fitting sensory loss aids. Care recipients and representatives said they are satisfied with the support and care provided to manage care recipients’ 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

Care recipients are able to achieve natural sleep patterns. Staff identify care recipients’ sleep needs and preferences using entry and ongoing assessments. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor care recipients’ sleep requirements by audits and stakeholder feedback. Staff encourage natural sleep patterns, meeting care recipients’ environmental needs, pain management requirements and continence care. Care recipients said it is quiet at night and they are able to communicate with staff in relation to their sleep needs.
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

Management at the home actively pursues continuous improvement in relation to care recipient lifestyle. The home’s continuous improvement system is described in expected outcome 1.1 Continuous improvement.

Improvement initiatives implemented by the home over the last 12 months related to Standard 3 - Care recipient lifestyle include:

- The daily activities program is announced at the care recipients’ breakfast. This is as a result of a suggestion by care recipients to assist those who are visually impaired. Lifestyle staff have received positive feedback from care recipients.
- To improve the relaxation experience the lifestyle staff purchased a new aromatherapy diffuser for use in the pampering/sensory room. The diffuser is used when care recipients have manicures, foot massages and tactile therapy. There has been very positive feedback about the relaxing atmosphere of the room.
- The lifestyle staff identified the need to capture on camera special moments of the care recipients’ time in the home. An electronic tablet was purchased and photographs are now on display and included in the newsletter. Care recipients and staff have expressed pleasure at the lovely display of photos.

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 regarding the home’s regulatory compliance systems and processes.

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

- To ensure reporting requirements are met, management maintain a register to manage reportable incidents of elder abuse.
- Management displays the ‘Charter of care recipients’ rights and responsibilities’ in key areas and within documentation.
- Care recipients receive information on their rights and responsibilities, security of tenure and privacy and consent issues in their information package.
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 regarding the home’s education system and processes.

Examples of recent education in the home in relation to Standard 3 include:
- cultural diversity
- elder abuse and mandatory reporting
- ‘Manad’ training for lifestyle and leisure staff.

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

Each care recipient receives initial and ongoing emotional support in adjusting to life in the new environment. Prior to entry information on the services available is provided and potential care recipients and their representatives are encouraged to visit the home and/or utilise the respite services. In consultation with the care recipient and their representative staff identify strategies to provide emotional support based on individual preferences. Staff encourage care recipients to attend events and spiritual programs to suit their needs. Representatives are encouraged to be involved in the home. Care recipients and representatives are satisfied with the level of emotional support care recipients receive.

3.5 Independence

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

**Team’s findings**

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. In consultation with the care recipient and their representative, staff develop strategies to support the care recipient in remaining independent for as long as possible. An exercise program assists care recipients to maintain their mobility and dexterity and the provision of appropriate equipment and adaptive aids assists independence. Lifestyle staff co-ordinate activities and support individuals to fulfil their civic duties such as voting and to maintain links with the community. Care recipients stated staff provide support to ensure they maintain their independence and existing connections with friends and family.
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 ensure care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients receive information about their rights and responsibilities on entry to the home and the care recipient handbook contains information about how the home protects and respects care recipients' privacy. Consent is obtained for the use of personal information and staff receive training on their obligations in the use and release of personal information. Care recipients are encouraged to personalise their rooms with their own belongings and have access to communal and small private areas. Staff were observed being discreet when managing care recipients' care needs, knocking on doors prior to entering care recipients' rooms and addressing care recipients using their preferred name. Care recipients and representatives said staff provide care and services in ways which maintain privacy and dignity and that confidentially is respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Initial and ongoing care recipients' profiles and lifestyle and spiritual assessments identify interests, preferences, needs and relationships. Lifestyle staff utilise this information to generate lifestyle care plans to support and engage care recipient participation. Group and individual lifestyle sessions occur and include exercises and relaxation, music, outings, games, tactile therapy mind games, gardening, entertainers and special events. Staff conduct one to one sessions for care recipients who choose not to be involved in group activities or too frail to attend. A group of volunteers supports the lifestyle staff. Care recipients are informed of the daily program through a noticeboard, monthly and weekly planner and the announcement at breakfast each day. On-going visual and verbal feedback identifies the effectiveness of the activity program. Care recipients are also encouraged to provide feedback through meetings and surveys. Care recipients spoke very positively 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

Management and staff value care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds. Lifestyle staff, as part of their assessments, identify each care recipient's cultural and spiritual needs and wishes. Visiting clergy provide spiritual support and guidance to care recipients regularly and as requested. Cultural events, birthdays and days of significance are celebrated throughout the year. Memorial services are held to acknowledge the passing of a care recipient. Care recipients and representatives are
satisfied care recipients have opportunities to engage in activities reflective of their cultural and spiritual beliefs.

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

Staff actively support each care recipient (or his or her representative) to participate 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. Consultative processes obtain information from care recipients and representatives and include surveys, meetings, one-to-one discussions, access to management and staff, care plan reviews and the complaints and advocacy mechanisms. Information on advocacy services are displayed and care recipients are encouraged to nominate powers of attorney where appropriate. Staff demonstrate their support of care recipients’ choice and care recipients and representatives are satisfied with their choices and decisions are respected.

3.10 Care recipient security of tenure and responsibilities

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

**Team’s findings**

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Prior to and on entry to the home management discusses with each care recipient and their representative, rights and responsibilities and security of tenure. The information is also included in care recipients’ information packages and care recipient agreements. The ‘Charter of care recipients’ rights and responsibilities’ and advocacy and independent complaints mechanisms brochures are displayed within the home and easily accessible. There is a process of consultation with a care recipient and their representative should a change occur in care requirements indicating the need to change rooms or if the home is unable to provide the care needs required. Care recipients and representatives are satisfied with the security of tenure at the home.
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

Management at the home actively pursues continuous improvement in relation to physical environment and safe systems. The home’s continuous improvement system is described in expected outcome 1.1 Continuous improvement.

Examples of recent improvements undertaken or in progress relevant to Standard 4 - Physical environment and safe systems include:

- Care recipients’ provided feedback to management that the hair dresser’s hair washing basin was uncomfortable as they were required to lean forward. As a result, a new basin was purchased and installed. Feedback from the care recipients has been very positive.

- Management identified an occupational health and safety risk for care recipients in the vegetable garden and shed. Access to the garden area and shed was over grass making it an unsteady walking area. To improve access an extension of the concrete pathway was made. Care recipients are very happy with the path stating it is a lot easier to walk on and safer.

- As a result of a care recipient request to provide additional seating near the fish pond, the ladies auxiliary was approached to assist in the funding of the equipment. The request was met and a new seat and cushions were purchased. Care recipients expressed appreciation as their environment is enhanced and they feel valued as their suggestions are taken seriously. Weather permitting the area is frequently used by the care recipients.

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 regarding the home’s regulatory compliance system and processes.

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

- The catering department has a food safety program, current third party audit and local council food safety certificates.

- The home’s fire and safety systems undergo regular monitoring and maintenance and there is a current annual essential services report.

- There are infection control guidelines, reflecting reporting requirements in the event of an outbreak.
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

Management and staff have appropriate knowledge and skills to perform their roles effectively in the physical environment and to ensure safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 4 Physical environment and safe systems include:

- manual handling
- infection control
- chemical use and safety
- fire and emergency.

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 at the home are actively working to provide a safe and comfortable environment. Care recipients live in single, personalised rooms with ensuite bathrooms. The home provides maintained internal and external environments with appropriate signage and security features. Care recipients and visitors have access to a variety of private and communal areas to meet and facilities to make refreshments. Corrective and preventative maintenance systems and a cleaning program ensure equipment, fittings and fixtures are safe and functional. Staff monitor the comfort and safety of the living environment through observation, feedback and incident and hazard reporting processes. Care recipients and representatives are satisfied the home is safe and comfortable.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. Systems identifying risks to staff and care recipients’ safety include hazard alerts, incident reports and workplace safety inspections. Practices and actions include the provision of transfer equipment, staff training in manual handling techniques and chemical safety. Occupational health and safety representatives are on site and health and safety is an agenda item at staff and care recipients’ meetings. Staff receive information to promote a safe environment and work practices. Staff said they are satisfied with the work practices and safety at the home.
4.6 Fire, security and other emergencies

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

Team’s findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management displays emergency and evacuation plans with emergency exits easily identifiable and free of obstruction. The home is equipped with fire-fighting equipment, a sprinkler system and smoke and fire doors. Scheduled servicing of fire equipment occurs and flammable substances are stored safely and securely. Policies and procedures guide staff response to a range of internal and external emergencies. Staff are required to attend annual fire training and new staff at orientation are instructed in the use of the fire panel. Care recipients have fire instructions in the rooms and expressed confidence in the event of a fire. Staff confirmed attendance at fire training and expressed confidence in actions to take in the event of an emergency.

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 effective system to prevent, identify, manage and contain infections. Infection control education is part of orientation and part of the home’s annual mandatory education. Management collect infection data then identify and implement strategies and interventions. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively.

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 provision of hospitality services enhances care recipients’ quality of life and staff working environment. Catering services meet care recipients’ individual dietary needs and preferences, have a rotating menu and food preparation is in accordance with a food safety program. Care recipients have regular input into the menu and staff assist care recipients with their meals in a dignified manner. Cleaners follow a schedule which ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is used. The laundering of personal clothing takes place on site and staff offer a labelling service. Linen is laundered off site and staff monitor and ensure adequate supply. Care recipients and representatives are satisfied with all hospitality services provided at the home.