



Australian Government

Australian Aged Care Quality Agency

Highercombe

RACS ID 6289
7 Sirius Avenue
Hope Valley SA 5090

Approved provider: Aged Care & Housing Group Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 01 October 2021.

We made our decision on 25 August 2016.

The audit was conducted on 02 August 2016 to 04 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



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Audit Report

Highercombe 6289

Approved provider: Aged Care & Housing Group Inc

Introduction

This is the report of a re-accreditation audit from 02 August 2016 to 04 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 02 August 2016 to 04 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:	Alice Redden
Team member:	Judy Wong

Approved provider details

Approved provider:	Aged Care & Housing Group Inc
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Details of home

Name of home:	Highercombe
RACS ID:	6289

Total number of allocated places:	116
Number of care recipients during audit:	108
Number of care recipients receiving high care during audit:	104
Special needs catered for:	N/A

Street:	7 Sirius Avenue
City:	Hope Valley
State:	SA
Postcode:	5090
Phone number:	08 8397 1600
Facsimile:	08 8397 1699
E-mail address:	mwemmer@ach.org.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical management	2
Nursing, care and lifestyle staff	11
Volunteers	3
Allied health staff	4
Care recipients	12
Catering staff	2
Laundry staff	1
Cleaning staff	3
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	13
Summary/quick reference care plans	13
Medication charts	15
Personnel files	10

Other documents reviewed

The team also reviewed:

- Calibration and equipment maintenance reports
- Care recipients' information handbook
- Care recipients' information package
- Cleaning program information
- Clinical communication tools
- Clinical incident information
- Compulsory reporting register

- Continuous improvement plan and records
- Corrective and preventative maintenance records
- Dietary requirements folder
- Dietitians reports
- Electrical testing and tagging records
- Equipment service records
- Food safety plan and audit
- Food safety program and records
- Incident, infection and hazard data and analysis
- Infection control documentation
- Job descriptions
- Leisure and lifestyle documentation
- Maintenance schedules and documentation
- Menu
- Mission, vision, values and objectives statements
- Newsletters
- Pest control records
- Police certificate records
- Residential care service agreement
- Safety data sheets
- Staff education records
- Staff handbook and induction pack
- Temperature testing records
- Triennial fire safety certificate
- Various audits, surveys and results
- Various meeting minutes and memoranda
- Various policies and procedures
- Various policies, procedures, guidelines and work instructions

- Volunteer register and files
- Wound management resources

Observations

The team observed the following:

- Activities in progress
- Charter of Care Recipients' Rights and Responsibilities
- Chemical storage
- Cleaning in progress
- Document and archive storage areas
- Equipment and supply storage areas
- Fire safety and equipment
- Interactions between staff and care recipients
- Internal and external complaints and advocacy information
- Keypad security
- Kitchen
- Laundry
- Living environment
- Meal service
- Medication round
- Outbreak and spills kits
- Personal protective equipment
- Short group observations various
- Staff practice
- Storage of medications
- Various noticeboards
- Waste control process

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

The home has systems and processes to identify, plan, undertake, evaluate and communicate continuous improvement activities within the home. The home's processes are guided by ACH organisations continuous quality management procedure in implementation of the above processes. Continuous improvement opportunities are identified through quality audits, incident and hazard reporting, staff and care recipient feedback, surveys and suggestions. An electronic continuous improvement log is maintained and regularly updated by management. All continuous improvement initiatives are planned, assigned to relevant personnel for actions and evaluated regularly and on completion. The home uses regular newsletters, meetings and notification posters to communicate to care recipients, families and staff members of ongoing and completed continuous improvement initiatives. Staff and care recipients stated they are satisfied the home is actively pursuing continuous improvement.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development include.

- Management introduced an in-house staff magazine, Pulse Magazine, in March 2015 which is in addition to the ACH organisation wide staff newsletters. Pulse Magazine is published three times a year with key objectives to promote staff awareness in health, well-being and quality related matters. Four issues have been published and distributed since it was implemented in 2015. A recent staff survey recorded 90 percent of staff members agreed the magazine is effective in communicating quality related matters within the home. Staff interviewed said it was a good source of information on education and activities at the home.
- Management identified a need to encourage nursing staff to be more proactive in administration of as required medications particularly in areas of pain and behavioural management. Clinical reference tools were created to guide nursing staff in identifying care recipients requiring interventions and implementing and evaluation of such interventions. The continuous improvement initiative was introduced in May 2016 and completed in July 2016. We reviewed the pain management and behavioural management clinical reference tool during the site audit. Staff feedback said the tools are a good guide to better management of care recipients' behaviours and pain and have achieved improved health outcomes for care recipients.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a framework in place to monitor and manage regulatory compliance. Corporate services provide the home with regular updates in relation to their legislative requirements, these are received from government agencies and industry peak bodies. The regulatory compliance and industry communications log is maintained by a quality manager in the corporate office and is accessible by all senior and site managers. Regulatory compliance related matters are discussed in management and quality meetings and policies and procedures to reflect any legislative changes as are completed. New and updated policies and procedures are communicated to staff members via memoranda, handover, training and staff meetings to ensure these changes are implemented and adhered to by staff members. Monitoring occurs through maintenance of a register, audits, staff competencies and appraisals. Results show staff receive regular updates regarding their responsibilities in relation to the legislative requirements. Staff interviewed are aware of their responsibilities in relation to regulatory compliance.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Standard 1 Management systems, staffing and organisational development.

- Police certificate checking process for all staff and volunteers
- Migrant visa expiry date monitoring process
- Care recipients and representatives are informed of the re-accreditation site audit.

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’s education program ensures management and staff are equipped with appropriate knowledge and skills to safely and effectively perform their roles. Management identify training needs through training needs analysis, staff meetings, surveys, audits, accident/incident reports and competency assessments. New employee induction program and ‘buddy’ shifts are established for new employees. Mandatory training is provided according to organisation policies to all staff members. A workplace trainer works in conjunction with management to plan, coordinate and implement education activities.

Education programs are provided using internal and external resources and are delivered via various modes such as, classroom learning, workbook assessments, online learning and practical observations. Monitoring includes evaluation of the effectiveness of training through staff feedback, attendance records, post learning quizzes and staff competency assessment

outcomes. Results show staff education records are maintained and monitored. Staff members interviewed reported they are satisfied with the home's training and education opportunities.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development provided in the last 12 months include:

- Leadership for nurses
- Medico-legal documentation
- Customer service training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems and processes to enable care recipients, representatives and other interested parties access to internal and external comment and complaint mechanisms.

Information on feedback processes, advocacy services and internal and external complaints mechanisms is available throughout the home, in care recipient handbooks and care recipient agreements. Care recipient verbal and written feedback is collected and recorded by staff and management. All comments and complaints received are acknowledged by management, registered in an organisational electronic log for management to action, resolve and monitor. The home uses audits, surveys and resident council meetings to assure the effectiveness of the feedback system. Results show complaints are monitored for trends through regular reports and meetings. Staff are familiar with the home's comments and complaints process and they advocate on behalf of care recipients as required. Care recipients and representatives interviewed said they are satisfied with the home's feedback management and that they feel supported to provide their feedback both in open and anonymous manner.

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's vision statement of Good Lives for Older People, mission and commitments to care recipients, staff and volunteers are displayed within the facility. The information is also published in all key organisation documents such as care recipient handbook, staff handbook and organisation annual reports. Information on the organisations values is incorporated into staff induction program.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure sufficient and appropriately skilled and qualified staff are in place to meet care recipients' needs. Recruitment processes are supported by head office and the home has an induction and buddy program to support new staff on commencement of employment. Management undertake staffing and roster reviews across all service areas based on care needs and feedback. There are systemic processes to monitor the status of staff police certificates, working visas and professional registrations. Management monitor staff performance through feedback mechanisms, observation, surveys, audits and competency assessments are generally used. Results show staff on leave are replaced by casual staff or agency staff if required. Staff interviewed stated they have sufficient time to complete their duties and management is responsive in adjusting staffing resources to meet changing care recipient needs. Care recipients reported satisfaction with the skill level and number of staff to provide care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system to ensure adequate and appropriate supplies of stock and equipment are available to deliver services in meeting needs of care recipients. Systems and processes are implemented to ensure the stock level monitoring, planning, purchasing, storage, use and evaluation of supplies and equipment meet the home's standards and care recipients' needs. Monitoring and ordering of stock and equipment is designated to staff in relevant service areas. Results show new supplies and equipment are trialled for quality and safety and staff feedback is recorded prior to procurement. Staff reported they have adequate equipment and supplies to undertake their duties and equipment maintenance needs are attended to in a timely manner when required. Care recipients and representatives interviewed reported satisfaction with the supplies and equipment used in 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 information management systems in place to provide staff and management with sufficient and reliable information required to meet the needs of stakeholders. Care recipient documentation provides staff with information they require when providing and evaluating care and lifestyle services. Hard copies of policies, procedures and work

instructions are available to all staff and guide them in completing their roles. Computer access is restricted through passwords and backup processes are in place to protect information. Processes, including memoranda, newsletters, diaries and direct consultation are used to communicate with all stakeholders. Current and archived care recipient and staff information is stored and destroyed according to legislative requirements. Regular audits, surveys, management meetings and feedback are used to evaluate information management systems. Results show information is shared with relevant parties and follows legislative requirements. Staff interviewed said they are satisfied with the information they receive to assist them in providing appropriate care and support to care recipients. Care recipients and representatives interviewed said they are satisfied with the information provided to them and information provided is clear.

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 has a system to ensure externally sourced services are provided in a way that meets the home's needs and quality standards. Management of external contractors is governed by corporate processes, examples of external services used include hairdressing, allied health, plumbing, electrical, fire safety and pest control. Contractors are selected according to the needs of the home and service agreements are entered into with contractors and suppliers. Representatives of external service providers are required to have current licences, insurances, professional registrations and to comply with relevant regulatory requirements. Results show there are processes in place to monitor and evaluate external service providers' performance and their compliance with the service agreement, any non-conformance reported is followed up. Care recipients and staff interviewed expressed satisfaction with the quality of external services provided in 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

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff members report and record care recipient incidents. This information is collated, analysed and discussed in quality meetings. Clinical audits are conducted as scheduled by nursing staff to monitor and review staff practices and care quality. Care recipients and staff are satisfied the home actively promotes and improves care recipients care quality.

Examples of current or recent improvements in relation to Standard 2 – Health and personal care include.

- Management introduced an early intervention healthy ageing program with an objective to identify and manage care recipient's with a decline in mobility and functioning. A healthy ageing coordinator is assigned to oversee this program and a multidisciplinary team meet fortnightly where the identified care recipients are monitored. Management of the care recipients on the program have time defined goals directed in accordance with evidence based clinical pathways. Care recipient survey results indicated a 98 percent positive satisfaction rating and 79 percent of care recipients' surveyed are having regular exercise sessions ranging from three to seven times a week.
- A care recipient survey conducted in 2015 showed that 17 care recipients are dissatisfied with the disruption caused by care staff replenishing continence aids during their sleep at night. In response to this feedback, management has reviewed the care staff routines and rescheduled this task to combine with the afternoon laundry garment return rounds. A follow up care recipient survey showed individuals who were previously affected by the sleep disruption are very satisfied with the change implemented.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information related to the home’s systems and processes for regulatory compliance.

In relation to Standard 2 Health and personal care and regulatory compliance examples include:

- Schedule 4 and schedule 8 medication licences on display are current
- Systemic processes in place to manage care recipient unexplained absence
- Monitoring processes in place to ensure professional registration of relevant staff members are current.

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 related to the home’s processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 2 Health and personal care include:

- Caring for people with dementia
- Care of hearing aids
- Dysphagia and choking risk
- Continence management
- CPR update for nursing staff
- Drug calculation.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. Entry processes include comprehensive assessments conducted by clinical staff in consultation with care recipient, representatives and medical officers to develop an interim care plan. Ongoing assessments and daily reviews by clinical staff are used to develop detailed individualised clinical care plans. Individual clinical care monitoring occurs through regular reviews and as required care reviews when change occurs. System monitoring occurs through clinical audits, surveys, incident analysis, meetings and monitoring of staff practice. Results show monitoring identifies care recipient issues and trends, which lead to appropriate reviews and changes in documented care plans. Staff interviewed said they are aware of care recipients’ clinical care needs and have access to appropriate training and resources at the home. Care recipients interviewed said staff deliver appropriate clinical care in accordance to care recipient needs and preferences.

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

The home has systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Qualified nursing staff conduct assessments and deliver care in consultation with relevant health specialist for care recipients with specialised nursing care needs. Detailed individual management plans for specialised care such as catheters, stomas, diabetics, warfarin, wound and pain are documented. Specialised nursing care is reviewed regularly by the clinical team and nursing staff through evaluations, communication and meetings where issues are identified and appropriate follow up is actioned. Monitoring occurs through audits, surveys, incident analysis, meetings and monitoring of staff practice. Results show specialised nursing care is conducted by appropriately qualified nursing staff and identified issues are managed in consultation with relevant health specialists. Staff interviewed said they had access to appropriate training and resources to deliver care recipients specialised nursing care. Care recipients interviewed said their specialised care needs are effectively met and they have access to health specialists when required.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance to their needs and preferences. Care recipient’s needs for referral are identified

through assessments, reviews and observations. Appropriate referrals occur in a timely manner to other health professionals in consultation with the care recipient or representative. Care recipients have access to visiting medical officers, physiotherapists, podiatrists, dentist, dietitian, speech pathologists and mental health services. Monitoring occurs through audits, surveys and communication processes with allied health and specialists. Results show care recipients are referred to health specialists in accordance with their needs and preferences. Staff interviewed said they are aware of the referral process and care recipients' referral appointments are communicated through progress notes, diaries and handovers. Care recipients interviewed said they are referred to appropriate health specialists and are supported by the home to attend appointments.

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 home has systems to ensure care recipients' medication is managed safely and correctly. Clinical staff, pharmacist and medical officers are involved in assessing care recipients' medication needs and developing a medication management plan. Appropriately skilled staff administer medications and manage all 'as required' and 'drugs of dependence' medication. Various audits conducted by pharmacy and clinical staff are generally effective in monitoring medication stock, storage and staff practices. All medication incidents and errors are reported and resolved by clinical staff. Results show care recipients' medication is managed safely and correctly and monitoring by Medication Advisory Committee is effective in identifying trends. Staff interviewed demonstrated staff practice is consistent with the policies, procedures and individual medication management plans. Care recipients interviewed are satisfied their medications are administered safely, correctly, in a timely manner and by appropriately skilled staff.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. Entry processes and assessments are used to identify care recipients pain and develop a pain management care plan. Ongoing assessments and reviews are conducted by nursing staff in consultation with medical officers, physiotherapists and occupational therapists for care recipients identified with complex pain. Changes in care recipients identified pain are generally recorded on the care plan. Alternate therapies including massage, exercise programs and heat application are used in conjunction with medication to effectively manage care recipients pain. Monitoring occurs through regular reviews, assessments, audits, surveys and observation. Monitoring processes are effective in identifying and managing care recipients' pain. Results show care recipients are as free as possible from pain. Staff interviewed said they are aware of how to identify, assess and record care recipients pain and the appropriate strategies to relieve pain when it occurs. Care recipients interviewed said staff respond appropriately and in a timely manner to manage their 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

The home has systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Clinical staff provide information on palliative care and advanced care directives during consultation with the care recipient and their representatives on entry to the home and during care reviews. Staff have access to relevant training, equipment and resources to ensure the comfort and dignity of terminally ill care recipients is maintained. Medical officers and specialists consult with the care recipient and their representatives when a care recipient requires palliative care. Monitoring occurs through audits, case studies and staff and care recipient feedback. Results show assessments and consultation to gather care recipient end of life wishes is generally effective. Staff interviewed said they are aware of individual care recipient preferences in regards to palliative care through the care plans and handovers.

Documented palliative care case studies and feedback from representatives show the home’s care of terminally ill care recipients is effective in meeting care recipient’s 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

The home has systems to ensure care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Entry processes identify care recipients’ initial nutrition and hydration needs and preferences. Ongoing care reviews and monthly weight monitoring identify changes to care recipients’ requirements. Supplements and fortified drinks are provided to care recipients as required. At risk care recipients and those with swallowing difficulties are referred to allied health professionals and care plans are updated to reflect any changes. Menus provide choices and alternatives are provided to care recipients with specialised dietary requirements or preferences. Nutrition and hydration requirements for care recipients are monitored by the care review process, regular weighs and observation. Results show care recipients identified at risk of malnutrition or dehydration are reviewed by clinical staff and referrals to specialists are actioned. Staff interviewed described nutrition and hydration requirements as documented in specific care plans. Care recipients interviewed said they are satisfied with the food and their nutrition and hydration requirements are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. A comprehensive assessment is conducted on entry to the home to identify care recipients skin care needs and those at risk of skin integrity breakdown. Detailed skin care management plans are developed and include preventive strategies such as creams, pressure relieving equipment, repositioning schedules, continence and hygiene management. Wound management plans are completed and reviewed by registered nursing staff and nursing staff complete wound care and preventive treatments daily. Monitoring occurs through care review processes, audits, weekly wound reviews and infection and incident data analysis. Results show monitoring is effective in identifying trends and care recipients at risk and appropriate changes are implemented as a result. Staff interviewed said they have training, resources and equipment to manage care recipients’ skin care as documented in the care plans. Care recipients interviewed said their skin care needs are attended to daily by staff and they are satisfied with the care they receive.

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 systems to ensure care recipients receive care that manages their continence according to their individual needs and preferences. Initial continence requirements and preferences are identified in the entry processes and ongoing care reviews conducted by clinical staff and a continence nurse are used to identify changes to continence needs. Staff are provided with education relating to continence and changes to continence care are communicated through handovers and clinical documentation. Monitoring processes include care plan reviews, bowel charts, assisted continence schedules, care evaluations and observation. Results show care recipients’ continence needs are documented and reviewed including specialised continence needs. Staff interviewed described actions specific to care recipients’ individual continence requirements. Care recipients interviewed said their continence needs are being met and equipment is provided to encourage independence and dignity.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial assessments and ongoing reviews identify care recipients’ challenging behaviours. Behaviour management

plans are developed and contain triggers and interventions for specific behaviours, such as diversional therapy and activities. Management support a minimal restraint approach and use alternative interventions where possible. Mental health services and behavioural specialists are consulted as required for advice on managing challenging behaviours. Behavioural management is monitored through care plan reviews, audits, incident analysis, feedback and observation. Results show behaviours are assessed and effectively managed. Staff interviewed described interventions as documented in care plans. Care recipients 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

The home has systems to ensure 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 involve consultation with allied health professionals, clinical staff, gym coordinator and care recipients. An individual restorative program to support care recipients in maintaining and improving their strength and mobility is developed. Monitoring processes include care plan reviews, early intervention multidisciplinary meetings, audits, surveys, incident data analysis, feedback and observation. Results show care recipients are encouraged and supported to maintain independence and improve mobility. The home has falls prevention processes which are effective in reducing care recipient falls. Staff interviewed said they attend manual handling education and provided examples of interventions consistent with documented care plans. Care recipients interviewed said the homes processes are effective in enabling them to maintain their mobility and independence.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' oral and dental health is maintained. Assessments occur on entry and as required to develop a comprehensive care plan. Equipment, resources and assistance is provided to maintain care recipients oral and dental health. Care recipients are supported to access dental services both within and outside the home and referrals occur in accordance to the care recipients needs and preferences.

Monitoring occurs through audits, surveys, infection data and feedback mechanisms and are effective in identifying when care recipients needs change. Results show that care recipients' oral and dental health is maintained and adequate stock and equipment is provided. Staff interviewed said they are aware of individual oral and dental care needs and have been provided with training and resources to optimise the management of care recipient needs. Care recipients interviewed are satisfied their oral and dental health is maintained and their preferences are respected.

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

The home has systems to ensure care recipients’ sensory losses are identified and managed effectively. Clinical staff conduct a sensory assessment, on entry and when required, using a sensory kit and an assessment tool. A care management plan is developed to manage individual sensory loss, all senses are assessed and strategies are based on care recipients’ preferences. Monitoring occurs through audits, evaluations, incident data, surveys and feedback. Results show staff appropriately use the strategies on the care plan to effectively manage individual sensory losses. Staff interviewed said they are aware of individual care recipients’ needs and preferences in regards to managing sensory loss. Care recipients interviewed said staff support them in managing their sensory losses effectively in accordance to their preferences.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure care recipients achieve natural sleep patterns, where possible. An initial sleep assessment is completed on entry and regularly reviewed. Care recipients and representatives are consulted for preferences in environment and strategies to promote natural sleep patterns. This information is used to develop individualised care plans. Additional strategies, such as warm drinks, massages and medication are used to assist care recipients to achieve sleep. Monitoring processes include care plan reviews, audits, surveys, feedback and observation. Results show care recipients’ sleep patterns and preferences are documented. Staff interviewed confirmed they access care plans for information on sleep preferences. Care recipients interviewed said they are able to achieve natural sleep patterns and staff respect their preference of rising and settling times.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

In relation to Standard 3 – Care recipient lifestyle, the home receives feedback and improvement suggestions through staff and care recipient meetings, surveys and focus groups. Care recipients and staff said they are encouraged and supported to provide feedback and suggestions.

Examples of current or recent improvements in relation to Standard 3 – care recipient lifestyle include:

- Management identified the big screen television set on the upper level communal room was not meeting care recipients’ needs in activities involving watching television, movies and games. A new large cinema screen with surround sound function was installed in a multifunction hall on the ground level in December 2015. The new movie watching facility is more spacious and is able to accommodate more people during activities. Care recipients interviewed said they enjoyed watching movies on the new cinema screen.
- A ‘Free To Be’ sexuality awareness training program was developed within the organisation and was implemented organisation-wide in February 2015 to promote staff members’ knowledge in the subject matter. A total of 13 sessions were conducted in 2015 to cover more than 200 staff members across all service areas of the home. The program will continue to form part of the home’s yearly mandatory training. Evaluation showed an increased respect, inclusiveness and understanding of care recipients and staff in regards to this subject. Staff interviewed stated they have benefited from the program and their awareness of care recipients and co-workers’ individual sexuality preference has improved.

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 related to the home’s systems and processes for regulatory compliance.

In relation to Standard 3 Care recipients’ lifestyle regulatory compliance examples include:

- Processes are in place to prevent and manage elder abuse
- A reportable assault incident log is maintained
- Care recipients rights regarding security of tenure are upheld
- Care recipients have received their agreements in line with legislated financial changes from 1 July 2014.

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 related to the home’s processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 3 Care recipients’ lifestyle include:

- Healthy ageing
- ‘Free to be’ LGBTI awareness
- Customer service.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients are supported in adjusting to life in the new environment and on an ongoing basis. The home has a structured approach for identifying,

assessing, monitoring and communicating each care recipient's emotional support needs and preferences. Care recipients and their representatives are supported and welcomed to the home by various staff and care recipients and are provided with welcome books and information on the home. The health aging team and volunteers provide support to care recipients to settle into their new environment and support is provided on an ongoing basis through companionship and one-on-one visits. Staff and volunteers provide additional emotional support when required. Monitoring processes include care and lifestyle review processes, surveys, observation and feedback. Results show care recipients' emotional support needs are identified and managed effectively through a multidisciplinary approach supported by structured consultation on admission and an ongoing basis. Staff interviewed described emotional support strategies to assist care recipients to settle into their new environment. Care recipients interviewed said the staff provide them with emotional support on a daily basis and always have time to listen to them.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment and review processes assist the home to identify each care recipient's lifestyle preferences, interests and abilities. Care and healthy ageing plans include strategies to support and encourage independence including physical, emotional, cultural and social aspects. Care recipients' civic preferences are captured and supported. Family members and staff assist care recipients to attend appointments outside of the home and maintain links with family, friends and the community. The home monitors the effectiveness of the services through care and lifestyle review processes, surveys, audits, observation and feedback. Results show each care recipient's preferences for maintaining an independent lifestyle are captured, documented and supported. Staff interviewed described strategies to support care recipients' independence consistent with documented plans of care. Care recipients interviewed said they are assisted by the home to maintain their independence in accordance with their needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Assessment processes assist to identify each care recipient's privacy and dignity needs and preferences. Care plans outline a range of interventions, including preferred names and preferences for activities of daily living and lifestyle. The home maintains processes to protect care recipients' privacy and confidentiality including consent to collect and disclose information and staff sign confidentiality agreements on commencement of employment. Care recipients are accommodated in single rooms with

ensuite and have access to private lounge and outdoor areas to meet with family and friends. Monitoring processes include care and lifestyle regular evaluations, surveys, observation and feedback. Results show staff practice is consistent with the home's documented processes for maintaining care recipients' privacy and dignity. Staff interviewed described practices to support care recipients' privacy, dignity and confidentiality. Care recipients interviewed said staff respect and maintain their privacy, dignity and confidentiality.

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 activities of interest to them. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipients' lifestyle needs and preferences. Lifestyle wellbeing care plans outline leisure interests and activities including, social history, support networks and preferred lifestyle activities. A weekly activity program including regular and special activities and events is distributed to all care recipients. Care recipients are encouraged and assisted to participate in activities of their choice. Lifestyle staff coordinate a large variety of activities, the activities are conducted with assistance from volunteers and care recipients. The ongoing suitability of activities is monitored through care evaluations, audits, surveys, resident meetings, observation and feedback. Monitoring of the effectiveness of new activities generally occurs through verbal feedback and discussion. Results show care recipients participate in a range of activities of interest to them including art, music, gym, walking groups, knitting, cards and shopping. Staff interviewed said they have access to information relating to each care recipients' leisure and lifestyle interests and assist care recipients to attend activities of interest to them. Care recipients interviewed said while participating in activities they continue to learn, engage and keep active which enhances their experience of living at the home.

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

The home has processes to ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home gathers and records information on admission on care recipients individual cultural and spiritual needs. Care plans outline spiritual beliefs and practices and cultural backgrounds. Care recipients are supported to attend cultural and spiritual activities of importance to them within the home.

Catholic and non-denominational spiritual services are held regularly at the home. Significant cultural days are celebrated including, Christmas day, Australia day and Easter. Monitoring processes include lifestyle review processes, audits, surveys, observation and feedback.

Results show care recipients' individual cultural and spiritual needs are generally assessed and documented. Staff interviewed described cultural and spiritual support strategies for

individual care recipients. Care recipients interviewed said they are satisfied their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has processes to ensure the rights of each care recipient and/or representative to make decisions and exercise choice and control over the care recipient's lifestyle are recognised and respected. Entry and assessment processes identify each care recipient's preferred needs, authorised representative, general practitioner and contacts. Care plans describe preferred preferences for activities of daily living, meals and drinks, sleep and lifestyle. Information about care recipient rights and responsibilities is included in the care recipient agreement and displayed throughout the home. Care recipients and representatives are encouraged to raise concerns through resident meetings, surveys, feedback forms or directly with management. Monitoring processes include audits, surveys and feedback.

Results show care recipients and representatives are encouraged to make decisions and choices about care recipients' care and lifestyle. Staff interviewed described their responsibilities in supporting care recipients to exercise choice and make decisions about the care and services care recipients receive. Care recipients interviewed said they are supported by the home to exercise choice and make decisions about the care and services they receive.

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 home and they understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and care recipient rights is discussed with care recipients and their representatives by the admission manager prior to care recipient entry to the home. All care recipients have a resident agreement and are provided with an information package outlining care and services, their rights and the consumer feedback mechanism available internally and externally. The Charter of Care Recipients' Rights and Responsibilities is on display in the foyer of the home. Ongoing communication with care recipients and their representatives is encouraged through the management's open door policy, scheduled meetings and written correspondence. Care recipients interviewed expressed satisfaction with the security of tenure and stated they are always consulted before a room change or a facility change within the organisation occurs.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home monitors incidents, hazards, infections and internal and external living environments through audits, workplace health and safety quality assurance activities in identifying opportunities for improvement.

Improvements implemented in relation to Standard 4 Physical environment and safe systems include:

- In response to staff feedback regarding inefficiency during shift handover due to work keys being forgotten or not handed over, management introduced the use of a key safe in February 2016. Enrolled nurses now handover their keys safely and conveniently through using the key-coded deposit safe in conjunction with a signing system. Evaluation shows security has improved through safe storage of keys required for accessing stock and equipment. Staff interviewed said the key safe has made the key handover process easier and handovers are no longer disrupted.
- An office ergonomics program was developed by a group of 4th year student physiotherapists from a local university in 2016. The program comprises a set of evidence based reference cards and education materials that provide staff members with information related to correct sitting postures and safe practices in the use of desktop computers at the office. The workplace trainer rolled out the program to all staff members whose work involves the use of computers. Staff feedback collected from a survey to evaluate the occupational health and safety improvement initiative showed staff have benefited from the program.

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 related to the home’s systems and processes for regulatory compliance.

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Food safety program is maintained
- Food safety audit conducted by the Council meets requirements
- Fire safety systems are maintained per legislation
- A current triennial fire safety certificate dated April 2016 is in place.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes. Results show that the home has 100 percent of their staff attending mandatory training or completing the training using a workbook system.

Examples of education and training provided over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Fire warden training
- Infection control
- Food safety
- Manual handling
- Chemical training
- Workplace ergonomics.

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

The home has processes to ensure management work actively to provide a safe, secure and comfortable living environment that is consistent with care recipients' care needs. The buildings and grounds are maintained according to the preventative and reactive maintenance program. Care recipients are accommodated in a two storey building, internal and external communal areas are accessible and furnished to encourage safety, independence and comfort. Care recipients' rooms are individually temperature controlled and are able to be personalised to suit individual safety and comfort needs. The safety and comfort of the living environment is monitored through environmental inspections, audits, feedback and incident and hazard reports. Results show the living environment is peaceful, clean, well furnished, well lit, free of clutter and malodour. Staff interviewed were aware of processes for reporting environmental hazards and requests for maintenance. Care recipients interviewed said they are provided with a comfortable and safe living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a process to ensure the management team actively works to provide a work safe environment that meets regulatory requirements. The organisation promotes staff health and well being through implementation of a range of work health and safety programs supported by risk management planning and policies to guide safe work practices.

Processes are in place to record, analyse and review resident and staff accidents, incidents and hazards. The work health and safety committee meets regularly to monitor, discuss, plan and actively implement measures to address workplace safety matters. Results show training materials are customised to the roles and functions of staff members. Interviews and document reviews showed staff are enabled to highlight risks and hazards through an online hazard and incident reporting system and they are aware of safe work practices.

Observations showed staff working safely and they agreed that they are well supported to safely undertake their duties.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to ensure management and staff actively work to provide an environment and safe systems that minimise fire, security and emergency risks. Processes include automatic locking system, regular security checks, video surveillance system, key-coded entrance access and providing training and information for staff. Monitoring processes include regular checking of detectors, fire panels, fire fighting equipment, fire doors by an external fire safety service provider and emergency and fire evacuation drills. The home has a smoke free living environment policy and the organisation has a documented emergency manual that addresses management of various emergencies. Results show there is an evacuation pack equipped with necessary tools and supplies for staff in charge to use in the event of emergency. Staff interviewed stated they are familiar with the home's emergency evacuation procedures and they confirmed attending of fire safety training. Care recipients interviewed said they are aware of what they care expected to do in the event of a fire alert.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes to ensure an effective infection control program to meet Australian Government infection control guidelines is in place. The Infection Control Officer is responsible for monitoring infection control practices within the home. There are documented procedures for the management of pandemic influenza and gastroenteritis and outbreak kits are available. An influenza vaccination program is provided for both care recipients and staff. A food safety program guides catering practices and temperatures of food and equipment are conducted in-line with this program. Cleaning services are conducted in-line with infection control procedures and are guided by daily schedules. The home monitors the effectiveness of the infection control program through internal and external audits, maintaining a care recipient infection register, observations and feedback. Results show the incidence of infections is monitored, collated and analysed on a monthly basis. Staff interviewed said they have access to infection control guidelines. Care recipients interviewed said the home managed their clinical infections appropriately.

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 has systems and processes to ensure hospitality services are provided in a way that enhances care recipients' quality of life. Care recipients' food preferences, allergies and specialised dietary requirements are communicated to catering services who maintain care

recipient dietary requirement lists. Dietitians review the seasonal four weekly rotational menus, which provide a choice and variety of meals which are cooked and chilled in an off- site central kitchen. An onsite laundry manages care recipients' personal garments and small items at the home seven days a week while linen services are outsourced. There are processes to minimise loss of care recipients' personal items and to ensure stock of linen is adequate. Cleaning staff undertake cleaning duties in accordance with a colour coded cleaning procedure and documented schedules. Management monitor the quality of hospitality services through feedback mechanisms, audits, surveys, focus group activities and resident council meetings. Care recipients interviewed stated they are satisfied the home's hospitality services meet care recipients' needs and preferences.