



Australian Government

Australian Aged Care Quality Agency

Janoah Gardens

RACS ID 5759
11 Audell Street
Manly West QLD 4179

Approved provider: Bethany Christian Care

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 20 November 2019.

The assessment team found the home did not meet expected outcome 2.7 Medication management, however the Accreditation Agency decision maker found the home does meet the expected outcome.

We made our decision on 19 August 2016.

The audit was conducted on 25 July 2016 to 26 July 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Janoah Gardens 5759

Approved provider: Bethany Christian Care

Introduction

This is the report of a re-accreditation audit from 25 July 2016 to 26 July 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 2.7 Medication management

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 25 July 2016 to 26 July 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:	Julie White
Team member:	Bridgette Lennox

Approved provider details

Approved provider:	Bethany Christian Care
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Details of home

Name of home:	Janoah Gardens
RACS ID:	5759

Total number of allocated places:	36
Number of care recipients during audit:	36
Number of care recipients receiving high care during audit:	34
Special needs catered for:	No

Street/PO Box:	11 Audell Street
City/Town:	Manly West
State:	QLD
Postcode:	4179
Phone number:	07 3900 4700
Facsimile:	07 3348 7199
E-mail address:	jill.parsonson@bethanycc.org.au

Audit trail

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

Interviews

Category	Number
Care manager	1
Operations manager	1
Senior care manager (corporate)	1
Registered staff	2
Care staff (Lifestyle assistants)	4
Maintenance coordinator	1
Maintenance staff	1
Care recipients/representatives	10
Physiotherapist	1
Activities supervisor	1
Domestic services manager (contracted)	1
Domestic services staff	2
Administration staff	2

Sampled documents

Category	Number
Care recipients' files (electronic and hard copy)	5
Medication charts	5

Other documents reviewed

The team also reviewed:

- 'Key to me' lifestyle profile
- 'Reportable resident abuse' checklist
- 'Transfer from hospital' checklist
- Activities calendars, evaluations and participation records
- Advice of legislative change form and register
- Audit task list, audit analysis and surveys

- Care recipient/representative information handbook, welcome letter and agreement
- Cleaning schedules and checklists
- Clinical incident data and reports
- Clinical monitoring charts – blood glucose monitoring, visual observations, fluid balance charts and repositioning records
- Compliments and complaints folder
- Compulsory reporting register
- Dangerous drugs books
- Diabetic management plans
- Disaster management plan
- Electronic correspondence and facsimiles between pharmacy and medical officers
- Electronic medication management records
- External suppliers register and review form
- Feedback (report and proposal for improvement) forms and follow up records
- Food business licence
- Food safety plan
- Maintenance request register (electronic) and forms
- Maintenance task/essential services list (monthly) and work instructions
- Mandatory training resources and monitoring records
- Medication hard copy signing sheets – anticoagulant therapy
- Menu, nutrition data sheets and meal order form
- Minutes of meetings
- Monthly report – activities
- Newsletters
- Nurse initiated medication information
- Orientation records for care recipients
- Plan for continuous improvement and continuous quality improvement grid
- Policies, procedures and guidelines

- Progressive weight chart and allied health professional reports associated with care recipient review
- Restraint authorisation folders
- Rosters and shift replacement process
- Safety data sheets
- Self-assessment
- Service and inspection records
- Staff orientation pack, workbook and information handbook
- Staff referee, police certificate and professional registration registers
- Statement of choice
- Temperature monitoring records
- Training calendar and attendance records

Observations

The team observed the following:

- Accreditation information on display
- Care recipients/representatives, volunteers and staff participating in activities
- Charter of care recipients' rights and responsibilities on display
- Complaints information and feedback forms on display
- Fire panel
- Equipment, chemicals and supply storage areas
- Evacuation diagrams, routes of egress and assembly areas
- Firefighting and detection equipment
- Falls prevention aids in use
- Kitchen, cleaning and laundry operations
- Infection control equipment in use
- Interactions between staff and care recipients/representatives and volunteers
- Internal and external living environment
- Meal/beverage service and delivery

- Notice boards and information on display
- Secure storage of confidential care recipient information
- Short group observation
- Staff work practices
- Storage and administration of medications
- Visitor sign in/out registers
- Waste disposal processes

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

Janoah Gardens (the home) actively pursues continuous improvement. The home's continuous improvement system identifies improvement opportunities against the Accreditation Standards. The program is coordinated by the organisation's Operations Manager in conjunction with senior management. Staff and care recipients/representatives contribute to the improvement system through meetings, feedback/improvement forms, discussions with management and key staff, audits and surveys. Management reviews hazards/incidents, clinical data and risk for improvement opportunities. Improvements are entered on a database and monitored through meetings prior to being evaluated and completed. Care recipients/representatives and staff are confident suggestions are responded to in a timely manner and are satisfied the home actively pursues continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The home has developed a 'reportable resident abuse' checklist to support staff to more effectively report care recipient incidents involving alleged or suspected assaults. Management said the checklist contained 'tick box' steps for staff to follow to capture appropriate information and undertake actions before and after contacting the Care manager. Staff have been using the checklist and management reported "standardised" information has improved reporting practice.
- After management identified the home's staff three month probation process did not effectively track improvement in new staff's performance, the home has introduced probationary feedback records as part of an organisational initiative. The records contain staff self-assessments, competence/character review by supervisors and identified areas for improvement, and are completed at one and two months after commencement. Management reported the new process enables more timely feedback opportunities for new staff; staff commented the process was "helpful".

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 systems and processes to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines. The organisation holds relevant memberships and subscribes to relevant services to receive updates on current legislation, industry practice and professional guidelines. This informs the development of policies and procedures to guide staff practices. Staff are informed through orientation, meetings, emails and training. Monitoring of the home’s regulatory compliance systems occurs through audits/surveys, feedback processes, review of clinical indicators, education processes, the observation of staff practices by key personnel and the flagging of key review dates. Training mandated by regulation is scheduled and staff attendance and participation is monitored.

Particular to this Standard, the organisation has effective systems to ensure police certificates are current and care recipients/representatives are advised of scheduled re- accreditation visits.

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 ensures management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. Key personnel identify staff education needs through legislative requirements, staff and care recipient feedback, improvement mechanisms, audits, training needs analysis and performance development processes, monitoring of staff practices and incident records. A range of training delivery modes is used to ensure staff have access to a learning style that is suited to their needs, including online and in-service sessions. Staff are encouraged to participate in internal and external education. All staff complete orientation and annual mandatory training and competencies, and education records are maintained. Staff are satisfied with the support they receive from the home to identify and develop their skills to enable them to perform their roles effectively. Care recipients/representatives are satisfied with the skills and knowledge of management and staff.

Particular to this Standard, staff have been provided with education in customer service, use of equipment and forms, quality and information systems.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and representatives have access to internal and external complaints mechanisms. Care recipients and representatives are informed about internal and external avenues of complaints during the entry process, in the care recipient handbook, agreement and newsletter, and through display of relevant information and report forms. Complaints are raised on internal forms, at meetings and through surveys, email correspondence or discussions with management and staff. Issues raised are logged, investigated in a timely manner by management and addressed until resolution. Staff and care recipient feedback is discussed at meetings. Care recipients/representatives are comfortable approaching management with concerns or complaints and are satisfied with management's response.

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 mission, vision, values philosophy and organisational goals are documented in the care recipient handbook, disseminated to staff during the orientation process and in the staff handbook, and displayed in the home. Management and staff at the home are knowledgeable about the home's mission, vision and values.

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 processes to ensure there are sufficient skilled and qualified staff to deliver services in accordance with the Accreditation Standards and the home's model of care.

Management monitors care recipients' level of care needs, care recipient/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. Registered staff are onsite 24 hours a day to guide care staff in the delivery of care. The home has established relief and on-call processes. New staff are aware of the requirements of their positions through position descriptions, 'buddy' shifts, orientation, probationary processes and ongoing education sessions. Key personnel monitor staff performance to ensure education needs are identified and staff are aware of their performance requirements. Care

recipients/representatives are satisfied with staff's skill levels and responsiveness of staff to care recipients' care needs.

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 processes to generally ensure there are stocks of appropriate goods and equipment available to provide care and services. Preferred suppliers are used by the home for the provision of various goods and these are checked upon receipt to determine their suitability. Supplies of stock are rotated and monitored to ensure sufficiency for both care and service delivery. New equipment is assessed prior to purchase and training provided to staff. The home undertakes regular servicing and inspection to ensure equipment is in good working condition. Any unsafe or broken equipment is reported and maintenance action taken. Staff and care recipients/representatives are satisfied there are sufficient goods available and equipment is in good working order.

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's information management systems are effective in ensuring continuity of care and service delivery and communicating organisational requirements. The clinical care management system is designed to manage the assessment of care recipients' care and lifestyle needs, the development of care plans, and the communication of changes to ensure nursing and other staff have current and accurate information. Communication tools such as progress notes, emails and handover processes are used to record care need changes. Staff are satisfied they have access to appropriate information for the delivery of care and services. Information systems are effective for the documentation, analysis and reporting of feedback, incidents, infections and maintenance requests. Information systems that support human resource management, staff education, use of external service providers and continuous improvement are effective. There are processes to ensure the security of electronic and hardcopy information and to manage the archiving of obsolete records. Care recipients/representatives are satisfied they have access to relevant information and are kept informed.

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 processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. The home uses local suppliers where possible and negotiates contracts with preferred suppliers. Ongoing performance is monitored by key staff and feedback is provided where performance is not to the required standard.

Management, care recipients/representatives and staff are satisfied with the provision of current external services.

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 improvements for information about the home's continuous improvement systems and processes.

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- After identifying inconsistencies in clinical and medication information available to registered staff when a care recipient was discharged from hospital, the home has implemented a 'transfer from hospital' checklist to ensure appropriate review where there are changes in a care recipient's care needs. The checklist prompts staff to obtain information about significant changes, undertake relevant assessments, contact the kitchen and allied health as required, and notify key stakeholders such as the care recipient's medical officer. Review of documentation demonstrated the checklist is being used by registered staff.
- The home has introduced pictorial symbols outside care recipients' rooms as visual cues for staff to alert them to care needs and support optimal care. These include symbols to indicate infectious conditions, care recipients on cytotoxic medications, palliation and, recently, autumn leaves to signify a care recipient who is a high falls risk. Management said care and domestic services staff have been trained in the meaning of the symbols. The visual cues also alert staff to maintain care recipients' privacy and dignity.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, the home has systems to ensure staff's professional registrations remain current, appropriate professionals provide required care services and it meets its reporting responsibilities should a care recipient abscond.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

Particular to this Standard, staff have been provided with education sessions in continence management, chest pain, oral and dental care, medication management, behaviours, skin integrity and wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Clinical care needs of care recipients are assessed on an ongoing basis. On entry assessment processes identify risks associated with the care recipient’s clinical health and interventions required to support their lifestyle choices and preferences. Care plans are developed utilising the data from assessment processes and consultation occurs with the care recipient and/or their representative, health professionals and staff. Care needs are regularly evaluated, monitored and reviewed via the handover process, progress notes and clinical incidents. Changes are communicated to staff and care plans amended as required. As health status changes consultation occurs between care recipients and/or their representatives to refer to health professionals. Care staff are aware of care recipients’ individual needs and preferences. Care recipients/representatives are satisfied the care recipient receives appropriate clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Specialised nursing care needs are identified and met by appropriately qualified staff. Care plans are developed in consultation with the care recipient and/or their representative, medical officer and external specialist services. Policies and procedures are available to guide staff in the provision of specialised care and staff are provided with education in areas of complex care specific to care recipients’ needs. Care recipients with specialised care needs include those with diabetes, wound management, anticoagulant therapy, oxygen therapy and pain management. Staff report sufficient time and resources are available to provide specialised nursing care. Care recipients/representatives are satisfied with the specialised nursing care provided at the home.

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 and processes for referring care recipients to health specialists according to their initial and ongoing assessed needs and preferences. Medical officers visit the home at regular intervals. The physiotherapist assesses care recipients when they enter the home and conducts further reviews as required. External service providers review care recipients when referred by the home and as required. Services offered include podiatry, speech pathology, dietetics, optometry, auditory, dental, palliative care and external behaviour specialist services. Information and recommendations arising from specialists’ reviews are incorporated into care recipients’ notes and care plans, which is communicated to relevant staff. Care recipients/representatives are satisfied with care recipients’ access to health specialists as needed.

2.7 Medication management

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

Team’s findings

The home does not meet this expected outcome

Processes to ensure care recipients’ prescribed medications are ordered and delivered in a timely manner are not effective. Staff are not consistently aware of processes to support correct medication management practices. Monitoring of staff medication management and incident reporting practices is not consistently effective.

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 with pain are identified on entry to the home and registered staff use focus assessments to develop strategies which are implemented as required. Ongoing identification of pain occurs via assessment processes with consideration to clinical care needs of care recipients. Strategies to reduce care recipients’ pain are developed in consultation and/or referral to health professionals with management strategies updated in care recipients’ care plans. Pain strategies utilised include alternative therapies such as massage, heat therapy and repositioning. Regular and/or ‘as required’ medications are monitored and evaluated for effectiveness. Staff are aware of pain relief strategies to support individual care recipients. Care recipients/representatives are satisfied care recipients are as free from pain as possible and are satisfied with the care to minimise 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 care recipient’s terminal wishes are recorded and respected. Information such as enduring power of attorney and care recipient choices are located in care recipients’ records and available to relevant staff. Assessment processes identify the information to maintain care recipients’ physical, psychological, emotional, cultural and spiritual needs to support care recipients and family members according to their needs and preferences. Consultation occurs with medical officers, health professionals and the care recipients and/or their representatives, about palliative care strategies and wishes. Care recipients at the end of life are supported and cared for at the home whenever possible and according to the care recipient’s and representative’s wishes. Staff are aware of the care needs of care recipients requiring palliation and measures to provide comfort and dignity for terminally ill care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients’ nutrition and hydration needs including allergies, likes and dislikes are identified on entry to the home in consultation with the care recipient and/or their representative and assessment processes. Care recipients’ weights are monitored monthly and more frequently if indicated; observations taken by care staff are reviewed by registered nurses. Referrals to the medical officer and allied health professionals are conducted to identify the appropriate use of supplements and/or fortification of meals. Information is communicated to the catering staff; nutrition data sheets and care plans are updated as required. Staff are aware of the specific needs of care recipients. Care recipients/representatives are satisfied with the support provided at the home in relation to nutrition and hydration.

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 care needs and preferences are collected on entry and focussed assessments are conducted which identify risk factors. Care plans are developed and reviewed regularly which provide specific directions for maintaining and improving skin integrity. Processes to ensure skin integrity is monitored occur via incident reporting, observation of staff practice and feedback from care recipients and/or their representatives. Incidents of skin tears and/or skin breakdowns are reported, monitored and actions including reassessment, wound management and strategies to prevent/minimise skin breakdown are

communicated to staff. Referral to medical officers and other specialists occurs as required. Care recipients/representatives are satisfied with the support provided to help maintain care recipients' skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' continence needs are identified initially on entry and focussed assessments are conducted by the registered nurse with data provided by staff. Factors including medical conditions or medications that affect care recipients' continence are included in the care plan which is reviewed regularly. Staff monitor bowel patterns of care recipients who have a history of concerns, which is overseen by registered staff. The home monitors the use of continence aids, aperients and urinary tract infections. Staff are aware of the individual care recipient's needs and interventions to support their continence. Care recipients/representatives are satisfied with the support provided to care recipients to manage their continence needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Care recipients with challenging behaviours are assessed on entry to the home and as required, to identify possible triggers and effective behavioural management interventions. Assessment is repeated when behaviours escalate and/or incidents related to challenging behaviours increase. Behaviour management strategies are documented in the care plan and reviewed three monthly or as required. Care recipients' episodes of challenging behaviours are managed through care staff interventions, diversional therapy and medications, with referral to external behavioural specialists as required. Staff access internal and external dementia education and demonstrate knowledge of individual care recipients' behaviours and appropriate management interventions. Care recipients/representatives are satisfied with the way challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients' mobility needs are identified initially on entry and focussed assessments are conducted by the registered nurse. Care recipients are referred to external specialists, who provide guidelines, information and equipment to support the mobility, dexterity and rehabilitation needs of care recipients. Appropriate aids are available to support the changing needs of the care recipients. Exercise programs are established by the physiotherapist and care recipients continue the program regularly with the support of staff. Incidents are

monitored and strategies are updated in care recipients' care plans. Staff are aware of the interventions required to support the individual care recipient's care needs. Care recipients/representatives are satisfied with the support provided in relation to care recipients' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental needs are identified initially on entry and focussed assessments are conducted by the registered nurse with information provided by staff. A care plan is developed which identifies the interventions and/or strategies that are required to support the individual care recipient's needs. Care plans are reviewed regularly and adjusted as required. Staff are provided with education relating to oral and dental hygiene to support care recipients. Care recipients are supported to access external appointments for the continued treatment of their oral and dental needs. Care recipients/representatives are satisfied with the support provided to care recipients at the home to maintain their oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Care recipients' sensory needs are initially assessed on entry by a registered nurse and/or allied health professionals. Focussed assessments identify care recipients' specific sensory needs and support required in relation to hearing, vision, sensitivity to heat and cold, speech and communication. Care plans are developed to guide staff practice and reassessment occurs as required; care plans are adjusted accordingly. Care recipients are supported to access external appointments to audiologists and optical specialists, which are communicated to staff. Staff are aware of the care recipients' individual needs relating to sensory aids. Care recipients/representatives are satisfied with the support provided at the home to manage care recipients' sensory needs.

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' preferred patterns of sleep and rest are identified on entry to the home. Focus assessments conducted by the registered nurse identify the strategies to support the individual care recipient's needs. Interventions are identified including routines to assist the care recipient to settle, specific continence requirements including toileting regimes and environmental factors such as noise and lighting are considered. Strategies to assist the care

recipient to settle include warm drinks, repositioning, pain relief and prescribed medication if required. Staff are aware of the strategies to support the care recipients' sleep and rest patterns. Care recipients/representatives are satisfied with the support provided to care recipients to achieve their preferred sleep and rest patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken in relation to Standard 3 Care recipient lifestyle include:

- To provide care recipients/representatives with more information about the pastoral care services provided at the home, a brochure was developed and is available at the entrance to the home. The brochure informs care recipients/representatives of the availability of a pastoral care worker who offers opportunities for discussion on topics important to the care recipient and/or bible reading and hymns. Care recipients provided positive feedback regarding their access to a pastoral care worker.
- Following a suggestion from a member of the co-located retirement community, care recipients have had the opportunity to engage in a performance which included the re-enactment of a proposal, engagement and wedding celebration. Care recipients were included in the event, as the story of romance and proposal unfolded through songs and dance, becoming wedding guests and part of the bridal party. Care recipients provided positive feedback on this activity, saying it was “lots of fun”.
- The home has introduced the ‘Delta Dog’ program to increase community involvement. Volunteers bring suitable dogs to have scheduled visits with care recipients who have expressed a wish for a visit. In addition, scheduled activities are now arranged between other aged care facilities to provide care recipients with opportunities to compete against other teams for a game of bowls. Care recipients expressed satisfaction with the variety of activities available and stated “they enjoy the outings”.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to care recipient lifestyle.

Particular to this Standard, the home has systems to ensure reportable and non-reportable incidents are managed according to legislative requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in compulsory reporting, dementia, grief, privacy and dignity, and how to conduct activities.

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

Information identifying the care recipients’ lifestyle interests, cultural and spiritual preferences and relationships is gathered from care recipients and/or their representatives prior to and on entry to the home. The information is reviewed by Activities supervisor with the care recipient and/or their representative to assist in helping care recipients adjust to moving into the home and planning of their lifestyle preferences. Staff orient care recipients and provide information as they settle into the home. Clinical staff use assessment processes to identify when care recipients require additional emotional support and referrals and support systems are implemented as necessary. Feedback from care recipients and/or their representatives is gathered during case conferences or meetings. Care recipients/representatives are satisfied with the emotional support provided by the staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home's system for the assessment, planning and delivery of care and services identifies care recipients' previous social interests and lifestyle as well as their current interests and abilities. Care recipients' preferences are gathered via meetings and assessment processes, in respect to their care requirements and lifestyle choices. Identified community links are facilitated, as identified, to support care recipients' spiritual needs and lifestyle interests. Care recipients' independence is encouraged and maintained with the provision of aids to assist with their mobility and sensory requirements. Opportunities are provided to care recipients to engage in a range of events including bus outings, social activities and themed events. Care recipients/representatives are satisfied that staff promote and support care recipients' independence within their capacity.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has established processes and maintains a supportive environment to protect care recipients' privacy and dignity. Confidentiality and privacy information is provided and explained to care recipients and/or their representatives on entry to the home. Processes ensure consent is obtained for information or photographic images which may be shared. Care recipients' administrative and care files are stored securely with access available to authorised individuals. Care recipients' individual preferences in relation to privacy and dignity are collected and specific needs are integrated into care plans and communicated to relevant staff. Staff practices in relation to interactions with care recipients ensures that their privacy and dignity is maintained, for example knocking on doors, addressing care recipients by their preferred name and maintaining privacy when personal treatments are provided.

Care recipients/representatives are satisfied that care recipients' privacy, dignity and confidentiality is maintained and 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' social history regarding leisure interests and preferences is gathered through consultation with the care recipient and/or their representative on entry and an individualised plan is developed. Plans of care are reviewed regularly and reflect changes as needed. The

Activities supervisor develops a program of activities in discussion with care recipients and information about activities and outings are advertised via noticeboards and calendars, to notify all stakeholders of the time and location of the activity. Staff from each area have access to information which details care recipient's individual preferences and records attendance at identified activities. Social and themed events are organised and days of significance are celebrated. The activity program is evaluated and revised based on feedback through individual and group meetings. Care recipients/representatives are satisfied care recipients are encouraged and supported to attend activities of interest to them and with the range of activities available.

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

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified through the collection of information on entry to the home. Consultation occurs with care recipients and/or their representatives to capture relevant information and access to identified community, cultural and/or spiritual groups is facilitated as needed. Care recipients' specific cultural and spiritual needs are included in care plans and associated information is provided to staff to enable attendance at identified religious services and/or culturally significant events. Services are available and care recipients preferring a visit from a pastoral care worker of another denomination are arranged as required. A pastoral care worker provides care recipients with opportunities for spiritual reflection if requested and receives referral from staff as needed. Community resources to support cultural and spiritual needs are available and can be accessed for information as needed. Care recipients/representatives are satisfied with the support and assistance care recipients receive to maintain their cultural and spiritual preferences.

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

Care recipients and/or their representatives are able to exercise choice and make decisions regarding the care and services received. Information is collated via the assessment processes from entry, which identifies care recipients' lifestyle choices and preferences in regards to care procedures and services provided at the home. Consultation occurs through individual and group meetings with staff and management, health professionals and through the comments and complaints process. The Charter of Care Recipients' Rights and Responsibilities is available through handbooks, agreements and is displayed in the home. The care recipient's authorised decision maker and relevant information is held on file in the event that they may need their nominated person to make decisions on their behalf. Staff interactions with care recipients support the right of care recipients to make choices and provide them with the opportunity to make their own decisions. Care recipients/representatives

have access to information in regards to comments/complaints, advocacy and translation services if required.

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

Each care recipient and/or their representative are provided with information which includes a residential agreement and a handbook. The information provided includes the Charter of Care Recipients' Rights and Responsibilities, security of tenure, fees and charges, internal and external complaints mechanisms and the care and services provided at the home. Care recipients and/or their representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via correspondence and one-to-one contact when required. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- To enhance the care recipients’ dining experience, a new winter menu has been developed. Following feedback from care recipients at meetings and through feedback forms/surveys, the home’s new contracted catering service provider has created a menu which reflects care recipient preferences. Management said this includes fewer “spicy” dishes and less chicken. The menu has been reviewed by a dietitian and feedback continues to be sought on the content of the new menu. We received positive feedback from care recipients/representatives about meals during the audit.
- The home has improved meal options for care recipients by adding a second hot meal choice at lunch. Hot meals now incorporate a vegetarian option as well as a protein based one. While care recipients are asked on the previous day what meal they would like the following day, management said care recipients are currently choosing “a bit of each” during meal service, which the home can accommodate through its bain marie service. One care recipient said they liked “trying” the different dishes.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has effective systems to ensure compliance with legislation relevant to physical environment and safe systems.

Particular to this Standard, the home has a food safety program and processes to monitor compliance with fire and occupational health and safety requirements.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in manual handling, workplace health and safety, food and chemical safety, infection control/hand hygiene and fire and emergency safety.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs".

Team’s findings

The home meets this expected outcome

There are processes to support a safe and comfortable environment for care recipients in accordance with their care needs. Care recipients and visitors have access to a common lounge and dining area on each floor of the home, internal/external sitting areas and other private areas if required. Care recipients also share communal areas with co-located retirement community members. There are processes for the reporting of risk and safety issues, hazards and care recipient/staff incidents. Access to the home after hours requires a swipe card; care recipients/representatives are provided with a card as requested. The living environment is maintained through the completion of cleaning routines, proactive maintenance processes and the maintenance request system. There is an equipment purchase process to support the replacement of furniture and equipment as required.

Management monitors the environment through observation, completion of regular audits, incident analysis and care recipient/staff feedback. Care recipients/representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management at the home is actively working to provide a safe working environment that meets regulatory requirements. The home has documented occupational health and safety procedures to guide staff practices. Processes to identify, action and review safety issues are established and inclusive of incident reporting, risk assessments, inspections and audits.

Action is undertaken in response to identified issues and safety is discussed at meetings and with individual staff following observation of practices. Staff are provided with instruction in relation to safety on commencement of employment and on an ongoing basis. Maintenance programs are implemented for equipment and processes established to ensure the safe management of chemicals. Staff are aware of the home's safety and reporting systems and are satisfied with management's responsiveness to safety issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to minimise fire, security and emergency risks. The home has documented procedures for fire and other emergencies, including a disaster management plan. Staff are provided with instructions on the home's fire system and evacuation procedures through the orientation program and annually; evacuation exercises are conducted regularly. Care recipients' evacuation/mobility status is regularly reviewed. Fire safety equipment and detection systems are serviced by an external service provider and action taken to rectify defects and non-conformance in a timely manner. Processes to ensure the security of the home include nightly lock up, staff patrols, the use of external lighting and sign in/out registers. Staff are aware of how to respond in the event of a fire or 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 infection control program with systems to monitor rates of infection. Care recipients with infections are reviewed by their medical officer and monitored by clinical staff. Care recipients' infections are recorded and trended to enable additional measures to be implemented as indicated. To minimise the risk of infections, the home has a food safety plan, a regular cleaning program, pest control measures and a vaccination program for care recipients and staff. Infection control training is provided for all staff on orientation and annually thereafter. Staff practice is monitored and hand washing competencies are conducted. Personal protective equipment is available and hand washing facilities, hand

sanitisers, sharps containers, outbreak kits and spill kits are readily accessible. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed and food is handled in accordance with the food safety plan. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken in the event of an outbreak.

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

Hospitality services at the home are provided in a way that enhances care recipients' quality of life and staff's working environment. Care recipients' dietary needs and preferences are assessed on entry and updated as needs and preferences change, and this information is communicated to relevant staff. Meals are prepared daily in the kitchen from fresh ingredients and are served in the dining areas or care recipients' rooms. Menus are rotated four weekly, reviewed by a dietitian and alternatives made available where care recipients have special requirements or dislikes. Care recipients have input into menu planning through feedback forms, meetings, surveys and daily contact with management and staff. There is a scheduled cleaning program to guide staff to ensure regular cleaning of care recipients' rooms and the environment seven days a week. Care recipients' personal clothing is laundered on site five days a week; linen is provided to the home and laundered by an external contractor. There are processes to reduce the incidence of missing laundry and care recipients' clothing is labelled either by the care recipient/representative or the home. Staff are provided with ongoing education relating to hospitality and safety. Monitoring of the provision of hospitality services is conducted through care recipient/staff feedback, observation of staff practice by key personnel and audits/surveys. Care recipients/representatives are satisfied with the provision of hospitality services at the home.