Australian Government

Australian Aged Care Quality Agency

Nareeba Moopi Moopi Pa Aged Care Hostel

RACS ID 5308
28 Dickson Way
DUNWICH QLD 4183

Approved provider: North Stradbroke Island Aboriginal & Islander Housing Co-Operative Society Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 10 October 2018.

The assessment team found the home did not meet 2.6 Other health and related services, however the Accreditation Agency decision- maker found the home meets all expected outcomes.

In considering the period of accreditation, the Accreditation Agency decision-maker considered the home's record of performance against the Accreditation Standards and additional information submitted by the approved provider.

We made our decision on 16 August 2016.

The audit was conducted on 12 July 2016 to 13 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

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Audit Report

Nareeba Moopi Moopi Pa Aged Care Hostel 5308

Approved provider: North Stradbroke Island Aboriginal & Islander Housing Co-Operative Society Ltd

Introduction

This is the report of a re-accreditation audit from 12 July 2016 to 13 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:

- 2.6 Other health and related services

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 July 2016 to 13 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:	Bridgette Lennox
Team member:	Mary Tattam

Approved provider details

Approved provider:	North Stradbroke Island Aboriginal & Islander Housing Co- Operative Society Ltd

Details of home

Name of home:	Nareeba Moopi Moopi Pa Aged Care Hostel
RACS ID:	5308

Total number of allocated places:	14
Number of care recipients during audit:	12
Number of care recipients receiving high care during audit:	9
Special needs catered for:	Indigenous care recipients

Street/PO Box:	28 Dickson Way
City/Town:	DUNWICH
State:	QLD
Postcode:	4183
Phone number:	07 3409 9340
Facsimile:	[Home Fax]
E-mail address:	nsiiho@bigpond.com

Audit trail

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

Interviews

Category	Number
Acting care manager	1
Director clinical governance – St Vincent's Care Services (SVCS)	1
Practice, research and development manager (SVCS)	1
Mission project manager (SVCS)	1
Project officer (SVCS)	1
Care recipients/representatives	8
Leisure and lifestyle coordinator (SVCS)	1
Physiotherapist	1
Staff including care and hospitality	8
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	6
Summary/quick reference care plans	4
Medication charts	10

Other documents reviewed

The team also reviewed:

- 'Resident'/relative experience survey results summary
- 'Residents' welcome booklet'
- 'Statement of choices'
- Annual education plan, education records and resource information
- Audit schedule and audits
- Basic procedure charts
- Blood glucose level monitoring charts
- Bowel and weight monitoring charts

- Cleaning schedules
- Clinical observation charts
- Daily activity/participation records
- Dietary needs and preferences forms
- Feedback improvement forms
- Fire inspection records for preventative maintenance
- Fire safety plan
- Food safety plan and associated temperature monitoring records
- Incident data
- Medication treatment charts
- Memorandum of understanding with external providers
- Minutes of meetings
- Newsletter
- Pathology reports
- Policies, procedures and flowcharts
- Preventative maintenance records and invoices
- Qualifications and police certificate records
- Quality improvement plans
- Residential care agreement
- Restraint documentation
- Safety data sheets
- Self-assessment
- Shift handover records
- Staff communication book
- Temperature log for medication refrigerator
- Wound assessment and management documentation

Observations

The team observed the following:

- Activities calendar on display and activities in progress
- Cleaning, catering and laundry processes
- Equipment and supply storage areas
- Equipment available to support infection control practices
- Interactions between staff and care recipients/representatives
- Internal and external living environment
- Meal and beverage services
- Medication storage and administration
- Small group observation
- Staff and care recipients noticeboards
- Staff work practices

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

Nareeba Moopi Moopi Pa (the home) has organisational oversight provided by the Board of Directors who have a memoranda of understanding with St Vincent's Care Services (SVCS) which supports the home to undertake accreditation activities, provides clinical governance and oversees the care and services provided at the home. SVCS management regularly consult with and report information to the Board of Directors to ensure approval processes occur for implementing continuous improvement activities. Continuous improvement activities are identified via audits conducted across the four Accreditation Standards; reporting and management of incident and/or hazards; and through feedback processes including meeting forums and complaints mechanisms. Processes to provide feedback occurs via correspondence, noticeboards and meetings. Care recipients/representatives and staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- It was identified via an audit that staff required a space to complete education and/or an area to complete clinical observation charts. This has resulted in one room in the home being allocated for their use. A whiteboard in the room displays notices for education, memoranda and other relevant information to keep staff informed of appropriate information. Management advised this provides staff with an area to study, particularly those who are currently completing modules of education in Certificate III or medication management. In addition, to provide improved access to the use of digital versatile disc (DVD) education material, equipment is also available for staff to use in this area. Staff provided positive feedback in relation to this initiative.

- Information systems have been reviewed to provide improved monitoring of the collation and analysis of complaints and quality improvements. Complaints and quality improvements are now recorded by management on an electronic register. Management advised this format enables them to monitor actions that have been undertaken and monitor actions which have occurred within set milestones and/or timeframes. This further enables improved reporting processes to inform the Board of Directors of the current status of aspects of care and services provided by the home.

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 is supported by SVCS which has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. SVCS management provides information to the Board of Directors for the management and review of policies and procedures. Staff have access to policies, procedures and information regarding updates and changes via meetings and memoranda. Compliance with legislation is monitored through audits, review of clinical documentation and observation of staff practice. Care recipients/representatives are notified of re-accreditation audits and there are systems and processes to monitor currency of police certificates.

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

There are recruitment processes to ensure that management and staff have the appropriate knowledge and skills to perform their roles. Position descriptions and duties lists have been developed to ensure staff are aware of their roles and responsibilities. Staff training is undertaken to ensure they have the skills to perform their roles effectively. Management monitor the skills and knowledge of staff through audits, observation of staff practice, attendance at mandatory education and via incident and hazard monitoring. An annual education plan has been developed; education is delivered via meetings and 'toolbox' sessions that are provided either individually or in a group forum. Educational resources such as DVD's and associated competencies are available to provide staff with a flexible learning environment and these are monitored for completion. 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. In relation to this Standard relevant education includes changes to organisational systems such as documentation and professional boundaries.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients/representatives and other interested parties are aware of how to access the complaint mechanisms within the home. The Board of Directors, SVCS management and the Care Manager provide opportunities for care recipients/representatives to voice concerns and the Care Manager maintains an open door policy. Complaints information is published in handbooks; feedback improvement forms are available and discussed as an agenda item at

meetings. Complaints are captured through individual or group meetings and management provide either verbal or written feedback to the complainant until the complaint is closed.

Changed processes or requirements to manage the complaint are communicated to relevant staff. External complaints information is displayed, published in handbooks and available for care recipients/representatives to access.

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 statement is documented and displayed in the home. Care recipients, staff and others are informed about the home's philosophy, mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis.

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

Employment processes at the home, include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified via observation of staff practice, attendance at education and through incident management processes including audit results. The home maintains a roster to ensure that there is appropriate and adequate staffing for all shifts; the roster is under ongoing review in response to the care recipients' changing care needs. Planned and unplanned leave replacements are maintained from current staffing numbers. Care recipients are satisfied that their needs are met by appropriately skilled staff in a timely manner.

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

Processes to ensure there are appropriate goods and equipment available for service delivery include staff informing management when stock is required to be ordered.

Equipment and stock for clinical care, lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or corrective maintenance

processes. Care recipients/representatives and staff are generally satisfied that adequate stocks of goods and equipment are provided by the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Systems and processes ensure that management, staff and care recipients/representatives have access to and use of accurate and appropriate information. Processes to provide information to relevant stakeholders include written and electronic correspondence, individual and/or group meetings and memoranda that are distributed and displayed. Electronic information is password protected with access restricted to appropriate personnel.

Information is stored in established areas within the home. Monitoring of the information management system occurs through internal auditing processes as well as staff and care recipient/representative feedback. Generally sufficient information is provided to staff to enable their duties to be carried out effectively. Care recipients/representatives are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

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 Board has systems to ensure external services are provided in a way that generally meets the home's service needs and quality goals. Processes ensure contract/service agreements and information provided remains current in regard to relevant licences, insurance details, registration certificates and police certificates and within the terms of their agreements. Service agreements are reviewed as required and feedback is sought to ensure consistent quality in service delivery processes. Care recipients/representatives and staff are satisfied with the quality of services provided by external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to this Standard, staff generally record adverse events and this information is analysed for trends. Care recipients/representatives and staff are satisfied that the organisation actively promotes and improves care recipients' health and personal care.

Examples of improvements related to Standard 2 include:

- Information systems have been reviewed and updated to support the completion and monitoring of clinical information. For example:

- Folders have been developed to collect information in a consolidated manner, such as a wound care folder, a restraint folder and a diabetic folder. Management and staff stated this initiative provides improved access to relevant documentation and guides staff practice.

- Flowcharts have been developed to provide information for staff to follow in the event of an incident. Management and staff stated this information provides direction and guidance.

- Information systems have been reviewed to provide improved monitoring of the reporting and analysis of incidents. Hard copy forms are now entered into an electronic data system, which enables a monthly report to be generated. Management stated this enables them to review the data and determine aspects of care and services that may contribute to the incident, such as time of day or staff practice.

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 the legislation relevant to health and personal care. In relation to this

Standard, there are established systems to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absence of care recipients.

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 ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting care recipients' physical and mental health. In relation to this Standard relevant education includes upskilling for registered and care staff, professional standards, medication management, incident management and information relating to care recipients' specific diagnoses.

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 processes to assess and identify the clinical care needs of care recipients. Care plans are developed and contain information to direct staff practices. Registered staff undertake assessment, re-assessment, care plan development, case conferences and care reviews. A medical officer regularly attends the home and their directives are generally actioned by staff. Changes in care recipients' health status are communicated to staff through shift handover processes. A variety of methods are used to monitor that care recipients receive appropriate care such as audits, care plan reviews, surveys and observation of staff practices. Staff are aware of care recipients' individual care needs. Care recipients/representatives are satisfied care recipients' care needs are known and being met by health professionals, management and staff.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients who require specialised nursing care are identified, assessed and care plans and treatment regimens developed in collaboration with care recipients and/or their family and health care team. Care plans and guidelines are in place to direct staff and are regularly reviewed by registered staff. The home is providing care for care recipients who require diabetes management, indwelling catheter care and complex wound management. Staff are aware of care recipients' individualised care needs and advised they have sufficient products

to meet complex care treatments. Care recipients/representatives advised they are satisfied care recipients' specialised nursing care needs are being met.

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 does not meet this expected outcome

The home's referral processes are not effective in ensuring care recipients are consistently referred to appropriate health specialists in accordance with care recipients' needs and preferences. Care recipients are not effectively supported to attend external appointments with other health specialists in accordance with their needs or at their request. Management are not able to demonstrate care recipients consistently have access to other health specialists.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Care recipients' medication needs are assessed on entry to the home, recorded in care planning and reviewed on an ongoing basis. Registered staff and care staff, assessed as competent, administer/assist care recipients with their medications. Medication stock is securely stored and generally in accordance with manufacturer's instructions. Processes to monitor the use of 'as required' (PRN) medication are in place and followed by staff. Safe staff practice is monitored through audits and incident reporting and skills maintained through education and annual competency assessment. Care recipients' medication regimens are regularly reviewed by their medical officer. Care recipients/representatives are satisfied care recipients receive their medication safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are supported to be as free as possible from pain through assessment and complex care planning processes. Medical officers and allied health professionals are involved in the management of care recipients' pain. Care plans reflect strategies to manage pain including non-pharmacological strategies such as exercise, heat packs and massage. Staff are aware of non-verbal cues to assist in identifying care recipients' pain or discomfort and interventions to support care recipients' comfort needs. Care recipients/representatives are satisfied with care recipients' current pain management strategies.

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

Care recipients' end of life wishes are discussed on entry to the home or as specified by care recipients and or their representatives. A 'Statement of Choices' captures care recipients' wishes and palliative care needs which are communicated to guide staff practice. As a care recipient's care needs change regular consultation with the care recipient and/or their representative occurs to ensure the care recipient's physical, spiritual, cultural and emotional needs are respected and provided for. The home has access to external palliative care support and specialised equipment if this is required. Staff are aware of end of life care interventions to ensure the comfort and dignity of 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' dietary needs, preferences and allergies are identified on entry to the home and reviewed on an ongoing basis. Care recipients' nutrition and hydration requirements, special diets and preferences are reflected on dietary needs and preference forms to guide staff. Care recipients are weighed monthly (or more frequently as required) and changes in weight are generally identified and follow up actions implemented. Staff are aware of care recipients' dietary preferences and monitor their food and fluid intake during meals. Care recipients/representatives stated care recipients are satisfied they receive adequate 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 are assessed for their skin care needs through initial and focused assessment tools and in consultation with care recipients/representatives to determine their needs and preferences. Strategies are developed based on the identified needs and documented in care plans to guide staff. Skin care needs are reviewed during hygiene routines and regular re-assessment. The home has sufficient supplies of skin care products to meet the skin and wound care needs of care recipients. Staff are aware of practices to optimise the integrity of care recipients' skin. Monitoring processes include the reporting of breaks in care recipients' skin integrity and this information is collated and analysed monthly. Care recipients/representatives are satisfied care recipients' skin care needs are met.

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 is managed effectively through assessment and care planning processes. Staff have an understanding of care recipients' continence needs such as the use of aids and toileting programs. Care recipients' continence is monitored daily and care plans are reviewed every three months or as required. Bowel management interventions may include dietary intervention and, following medical officer referral, regular and PRN medication. Changes to continence regimens are communicated to staff through the registered nurses' communication book during handovers and progress note entries. Care recipients/representatives advised they are satisfied with the assistance staff provide to meet their continence needs and preferences.

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 needs of care recipients with challenging behaviours are identified through assessment and monitoring processes. Care plans are developed which identify possible triggers for a behavioural episode and interventions to manage and/or minimise the behaviour. Mental health professionals are accessed for additional support when required. The diversional therapy program assists in the management of challenging behaviours. The individual needs of care recipients with challenging behaviours are known and implemented by staff. Care recipients/representatives advised care recipients are not disturbed by the activities of other care recipients.

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 and dexterity needs and preferences are identified and implemented through assessment, re-assessment and care planning processes. A physiotherapist regularly attends the home to review care recipients and implements interventions to optimise levels of mobility and dexterity such as walking programs and massage. Mobility equipment and assistive dietary aids are accessed when a need is identified. Falls risk assessment is undertaken for all care recipients and interventions are in place to minimise and prevent falls occurring. Care recipients/representatives are satisfied with the assistance care recipients receive from staff to meet their mobility and dexterity needs.

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 have a focused oral and dental health assessment conducted on entry and as required to determine care recipients' oral and dental health care needs. Assessment is undertaken in consultation with the care recipient/representative and this information informs care plan interventions. Care staff monitor care recipients' ability to self-manage their oral care and assist when required. Care recipients are generally reviewed by dental health professionals when this is required. Adequate stocks of equipment and products to meet care recipients' oral hygiene needs are maintained. Care recipients/representatives are satisfied with the assistance provided by staff to maintain care recipients' oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Assessment processes identify care recipients' sensory losses and management interventions are captured in care planning processes. Care interventions are developed with consideration of care recipients' hygiene and lifestyle needs and preferences. The physiotherapist undertakes assessment around touch sensation prior to the application of heat packs. Staff assist care recipients' to manage assistive devices, such as spectacles and hearing aids and are aware of care recipients' individual requirements. Care recipients/representatives are satisfied with the assistance staff provide to meet the needs of care recipients with sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has processes to assist care recipients achieve natural sleep patterns. Care recipients settling and rising times and individual needs to assist them to sleep are identified. The environment is monitored to provide adequate lighting and minimal noise levels are maintained. Staff provide assistance when care recipients have difficulty sleeping which includes the provision of refreshment and snacks, re-positioning and attending to hygiene cares. Staff are aware of the individual assistance care recipients require to support their sleep and settling routines. Care recipients/representatives indicated satisfaction with interventions to manage care recipients' sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to this Standard, meetings and surveys are used to gather suggestions and feedback is sought from care recipients and/or their representatives to evaluate lifestyle and care activities. Staff contribute to improvements to care recipient lifestyle with regular meetings and encourage and support care recipients and others to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- In response to feedback received from care recipients and/or their representatives a review of activities provided at the home has resulted in the following initiatives.

- Management liaised with the local respite centre and care recipients are now provided with the opportunity to have access to the centre three days per week. Care recipients advised they can elect which days they wish to attend, are aware of what is occurring and are provided with transport to enable their participation.

- Activities occurring in the home have been reviewed and in consultation with care recipients new activities have been implemented or recommenced. For example, bus outings have been arranged and scheduled to occur, to enable care recipients to access the wider community.

- A review of resources and information to guide staff practice has occurred. The SVCS Leisure and Lifestyle Coordinator is available two days per week, however they have developed folders with resources to guide staff practice for the delivery of activities. Staff were provided with education and maintain participation records to identify care recipients attendance to enable ongoing evaluation of the activity.

- To provide improved access to the community and promote and celebrate cultural awareness the home recently participated in National Aboriginal and Islander Day Observance Committee Week celebrations. Prior to the event the home liaised with community members and created an art project which provided all members of the community both within the home, visitors and others to participate, marking the artwork with their painted handprints. This is currently on display in the home and during the celebrations, further visitors have been provided with the opportunity to "leave their handprint" mark. SVCS management advised they have been approached by the community to have this work displayed and available in a communal space.

- A space has been provided for a care recipient, who enjoys painting to enable them to paint and display their artwork. Resources to support their interest have been obtained; risk and hazard assessments for the appropriate access to this space were conducted and actions to ensure the care recipient are visible for staff to monitor their safety. The space further enables the care recipient to work in this space uninterrupted by other care recipients. Care recipients expressed satisfaction with the support provided by the home to undertake activities of preference.

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 relevant legislation. In relation to this Standard, the home has systems to ensure reportable and non-reportable events 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 ensure staff have appropriate knowledge and skills. The home provides ongoing training and management and staff generally demonstrate knowledge and skills relevant to their roles in the maintenance of care recipients' rights. In relation to this Standard relevant education includes mental health and delivery of activities to support care recipients' needs.

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

Care recipients are supported by management and staff to adjust to their life at the home. Staff orient care recipients to the living environment, assist them to arrange their personal items in their rooms, introduce them to other care recipients and inform them of activities on the lifestyle program. Family and friends are encouraged to visit and play an active part in the care recipient's life. Staff are aware of strategies to provide assistance and emotionally support care recipients residing at the home. Care recipients/representatives are satisfied with the emotional support provided to care recipients on entering the home and on an ongoing basis.

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

Assessment and re-assessment of care recipients' needs is conducted to ensure they are assisted to achieve maximum independence on an ongoing basis. Regular mobility reviews and review of care recipients' ability to perform activities of daily living are undertaken and inform care planning. Care recipients' social, civic and cultural needs and preferences are identified and facilitated by the home. Care recipients' are supported to participate in the life of the local community and encouraged to participate in other social functions and outings. Staff are aware of interventions to support care recipients to achieve maximum independence. Care recipients/representatives are satisfied with the support care recipients receive to achieve maximum independence.

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

Care recipients' specific privacy and dignity needs are identified and the needs and preferences of each individual care recipient are communicated to staff. The home's expectations for maintaining privacy, dignity and confidentiality are reinforced during observation and supervision of staff practice. Staff are aware of individual care recipients' preferences such as closing doors when care recipients are being attended to and addressing care recipients by their preferred name. Care recipients' confidential information is stored securely. Care recipients/representatives are satisfied care recipients' privacy is respected and confidentiality and dignity maintained.

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 the home's lifestyle program. Care recipients' leisure interests and activity needs and preferences are identified on entry to the home and regularly reviewed. The home's activity program offers care recipients opportunities for bus outings, visits by community groups and attendance at community events. Personal and significant anniversaries and events are celebrated. Care recipients with sensory loss are provided with the support they require to enable their participation in activities. Care recipients have opportunity to provide feedback on activities and have input into the program through meetings and on a one to one basis. Monitoring mechanisms include

surveys, monitoring care recipient attendance at activities and evaluation of events. Care recipients/representatives are satisfied with the leisure and lifestyle program 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

Care recipients' cultural and spiritual preferences are identified through consultation with the care recipient and/or their representative. Care recipients are able to access community representatives for spiritual and cultural support. Special community days and cultural days of interest to the care recipients are celebrated. Care recipients who require communion are visited weekly to have this provided. The home is able to accommodate culturally appropriate diets should this be required. Staff have access to Information on differing cultural and spiritual beliefs and customs to support them in their practices. Care recipients/representatives are satisfied care recipients' cultural practices and spiritual beliefs are provided for and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has a consultative approach to ensure care recipients and/or their representatives are informed, and have an understanding of, the care and services offered at the home.

Information is provided to care recipients and/or their representatives (verbal and written) pre and post entry to enable them to make informed choices regarding the care and services they require. Communication processes ensure care recipients and/or their representatives have an understanding of complaints and advocacy processes. Management are aware of processes to appoint alternative decision makers for care recipients when a need has been identified. Staff are aware of interventions to enable care recipients to exercise choice and make decisions relating to activities of their daily living. Care recipients/representatives are satisfied care recipients are enabled to exercise choice and make informed decisions over care recipients' lifestyle at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home, and understand their rights and responsibilities. Care recipients and/or their representatives are provided with information

regarding care recipients' rights and responsibilities and security of tenure prior to and on entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and care recipients' rights and responsibilities. Care recipients and/or their representatives are consulted about any changes to care recipients' security of tenure, rights or responsibilities through correspondence, newsletters and discussions at meetings as the need arises. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to this Standard, information is collected through reporting mechanisms about hazards, incidents, infections, and the environment and is analysed for trends. Staff and care recipients are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- In consultation with care recipients/representatives and management an outdoor area garden has been reviewed. Care recipients are provided with resources to care for the garden environment and a high garden bed has been installed to grow suitable vegetables and herbs for use in care recipients' meals. In addition, in consultation with the community members, past care recipients' family members have requested a memorial garden be established to provide them with a place of remembrance. Care recipients and representatives were consulted regarding this initiative and advised they are "part of the Island community".

- Management have developed a preventative maintenance schedule to inform, maintenance staff and management of identified equipment requiring maintenance, frequency of maintenance required and identified contractors/staff responsible for the ongoing repair/maintenance of the equipment. In addition, management identified processes to ensure awareness of attendance to site by contractors could be improved. As a result records that are kept off site are now also available at the home to enable management to monitor the status of preventative maintenance occurring at the home.

- Management have reviewed the fire safety plan and installed rescue mats, which are situated under care recipients' mattresses in the event of an emergency. Staff have received training during a fire drill to provide them with safe practice in relation to the fire safety plan and awareness of how to use the rescue mat equipment. Management advised they have received positive feedback from staff and care recipients regarding this initiative.

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 systems to ensure compliance with legislation relevant to the physical environment and safe systems. In relation to this Standard the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

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 ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of care recipients, staff and visitors in safety and comfort. In relation to this Standard relevant education includes mandatory education for fire and emergency response, manual handling and infection control practices.

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

Monitoring of the living environment occurs through the reporting and actioning of hazards and the investigation of incidents. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Where the need for restraint has been identified, assessment and authorisation is documented. Care recipients are encouraged to personalise their rooms with furnishings, decorations and preferred equipment. Dining and lounge areas are furnished to provide a safe and comfortable environment to support care recipients' lifestyle needs. The home is secured each evening. Care recipients/representatives are satisfied that management is actively working to provide a safe and comfortable 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 is actively working to provide a safe working environment that meets regulatory requirements. Processes and procedures identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment and the home provides information to direct staff practice. Workplace health and safety information is provided during orientation and staff meetings and annual mandatory training contributes to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at meetings. Staff are aware of the safe use of chemicals and generally report maintenance issues, hazards and incidents.

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 documented policies and procedures to manage fire safety, evacuations and other emergencies. Evacuation plans are located across the site in accordance with regulatory guidelines and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. Mandatory fire safety training and education is provided for staff at orientation and annually and is monitored for attendance. Fire drills are conducted and staff have knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. Management and registered staff oversee infection control practices and monitor and review the level of infections within the home. Staff have access to hand washing facilities, anti-bacterial gel dispensers, personal protective equipment and colour-coded equipment. The home has a food safety program which is generally monitored, waste management processes and laundry and cleaning processes which minimise the risk of cross infection. Preventive measures include education for all staff and specific training relevant to staff positions and roles. Care recipients and staff are offered immunisation on an annual basis. Management, clinical and care, lifestyle and hospitality staff demonstrate an awareness of infection control practices relevant to their work area.

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

Care recipients generally expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Hospitality staff are made aware of current dietary needs of care recipients and prepare food and beverage products as directed. Hospitality staff undertake provision of meals provided at the home by ordering a variety of meats to be available and consultation occurs with care recipients regarding their preferences for menu choice for the following day. Care recipients advised alternative meal preferences are provided if requested. There are established cleaning and laundry services. Care recipients/ representatives are invited to forums to discuss issues and their satisfaction with the meals is monitored via surveys.