



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Reynella Lodge RACS ID: 6169

Approved Provider: Churches of Christ Life Care Incorporated

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

Reconsideration Decision made on	03 January 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 18 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 17 August 2015 to 17 July 2019.
Reason for decision	<p>Under section 2.69 of the <i>Quality Agency Principles 2013</i>, the decision was reconsidered under 'CEO's own initiative'.</p> <p>The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program.</p> <p>The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.</p>
This decision is effective from	17 August 2015
Accreditation expiry date	17 July 2019



Australian Government

Australian Aged Care Quality Agency

Reynella Lodge

RACS ID 6169
7 Railway Terrace
REYNELLA SA 5161

Approved provider: Churches of Christ Life Care Incorporated

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 17 August 2018.

We made our decision on 18 June 2015.

The audit was conducted on 11 May 2015 to 12 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (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: Resident lifestyle**Principle:**

Residents 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 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, 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

Reynella Lodge 6169

Approved provider: Churches of Christ Life Care Incorporated

Introduction

This is the report of a re-accreditation audit from 11 May 2015 to 12 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 May 2015 to 12 May 2015.

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

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

Assessment team

Team leader:	Jeane Hall
Team member:	Catherine Wohling

Approved provider details

Approved provider:	Churches of Christ Life Care Incorporated
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Details of home

Name of home:	Reynella Lodge
RACS ID:	6169

Total number of allocated places:	59
Number of care recipients during audit:	56
Number of care recipients receiving high care during audit:	56
Special needs catered for:	People with dementia or related disorders

Street:	7 Railway Terrace	State:	SA
City:	REYNELLA	Postcode:	5161
Phone number:	08 8392 3600	Facsimile:	08 8392 3666
E-mail address:	raelene.madden@lifecare.org.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Care recipients/representatives	9
General manager residential services	1	Residential services manager	1
Accreditation and clinical governance manager	1	Clinical and care staff	8
Manager governance and risk	1	Chaplain	1
Quality officer	1	Lifestyle staff	2
General manager people and culture	1	Hotel services staff	4
Work health and safety manager	1	Work health and safety representative	1
Manager customer enquiries	1	Maintenance staff	2
Commercial manager	1	Administration staff	1

Sampled documents

	Number		Number
Care recipients' files	8	Lifestyle files	6
Summary/quick reference care plans	6	External contracts	4
Medication charts	6		

Other documents reviewed

The team also reviewed:

- Activities calendars
- Activity attendance records
- Activity evaluation records
- Annual report
- Asset register
- Audit schedule and various audit results
- Call bell response time reports
- Care recipient special dietary requirements documentation
- Clinical procedures
- Comments and complaints data
- Continuous improvement action plan
- Corrective and preventative maintenance records
- Dangerous drugs of addiction register

- Education and staff development records
- Food safety plan and associated monitoring charts
- Hazard reports
- Incident and accident reports and analyses
- Infection control data
- Information handbooks for staff and for care recipients
- Key indicator reports and trend analyses
- Mission, vision and values statement
- Newsletters
- Organisational chart
- Orientation records
- Pest control records
- Police clearance certificate database
- Refrigerator temperature records
- Residential care service agreement
- Roster
- Schedule 4 and 8 drug licence
- Survey results
- Staff professional development records
- Strategic Plan 2011-2016
- Various letters, emails and memoranda
- Various medication guidelines
- Various meeting minutes
- Various policies and procedures

Observations

The team observed the following:

- Activities in progress
- Anti-bacterial gel dispensers in use
- Care recipients using specialised equipment
- Charter of care recipients rights and responsibilities on display
- Equipment and supply storage areas
- Evacuation maps
- Fire prevention equipment
- Information on internal and external complaints mechanisms on display
- Interactions between staff, care recipients and representatives
- Internal and external living environment
- Kitchen and luncheon delivery

- Medication round
- Noticeboards
- Notification to stakeholders of re-accreditation audit
- Personal protective equipment
- Short group observation in dining room
- Staff work areas and equipment
- Storage and administration of medications
- Suggestion boxes

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

Reynella Lodge is one of several homes in the Churches of Christ Life Care Incorporated group of aged care facilities. The home has systems and processes to monitor compliance with the Accreditation Standards and is provided with ongoing support from Life Care corporate office. Opportunities for improvement are identified by a variety of processes, including key performance indicators, audits, surveys and staff and care recipient feedback. Continuous improvement action plans are generated when opportunities for improvement are identified. Progress is monitored at a corporate level by the Accreditation and clinical governance manager and a site level by the Interdepartmental committee. Continuous improvement is a standing agenda item at all meetings, including care recipient meetings. Results across the four Accreditation standards show the home identifies improvement opportunities and that improvements are monitored and evaluated. Care recipients, representatives and staff interviewed state they are aware of the home's feedback system and how they can make suggestions for change. The home demonstrated recent results of improvements relating to management systems, staffing and organisational development including:

- The comments and complaints feedback system has been improved following care recipient feedback. Care recipients commented on the location and size of the suggestion boxes throughout the home. Management responded by purchasing an additional suggestion box that is larger than the ones in use in the home and locating the box inside the front door out of sight of reception. Care recipient feedback is that they appreciate the home's response to their comment about feedback processes.
- Communication has been improved following the home's participation in an external better practice project. Handover guidelines have been developed and daily 'team huddles' have been introduced to aid communication between staff. Staff meet mid shift and discuss any emerging issues from the day. Feedback from staff is that they feel more valued and listened to, they say communication has improved and issues identified are addressed in a more timely manner.
- A newsletter has been introduced to provide relevant information on events in the home. Feedback was received that staff are not always aware of significant events and/or changes that affect their role. A 'payslip' staff newsletter has been introduced that is distributed each fortnight with pay slips. The newsletter contains relevant information such as work health and safety updates, legislative changes and new staff appointments. Staff achievements are recognised in the newsletter and staff are invited to provide items of interest to be included. Feedback from all staffing domains is that the newsletter is valuable in keeping them informed of events and information relevant to their role.

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

Site and corporate processes are used to manage and monitor regulatory compliance. The corporate general manager residential services identifies changes to legislation that affect the operation of the home and passes information to the site residential services manager for action. Changes in legislation that are considered to be of an urgent nature are passed to staff through the memos system. Staff are required to acknowledge in writing that they have read and understood these memos. Legislation is a standing agenda item at all meetings, including care recipient meetings and legislation is a permanent item in staff and care recipient newsletters. Compliance is monitored through the audit system, review of controlled information, review of incidents and monitoring of staff knowledge and skills. Results show the home uses its systems to identify and monitor compliance with relevant legislation, regulations and guidelines. Staff interviewed said they understand and use the system. They confirm they are required to have a current satisfactory police clearance certificate prior to commencing work. Care recipients and representatives interviewed state they are kept informed of relevant changes.

The home provided examples of changes recently implemented and ongoing legislative requirements in relation to Standard one management systems, staffing and organisational development, including:

- Changes made as a result of the Living Better Living Longer reforms
- Changes made as a result to the Privacy Act.

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

Staff requests, surveys and annual performance reviews are combined with care recipient feedback and changing needs to plan the annual training program. Annual competency programs support skills maintenance and skills development. The training calendar is a living document and sessions are added throughout the year. Corporate office provides ongoing support to the home and staff have ready access to the organisation’s e-learning portal for ongoing education. A program of orientation ensures new staff are provided with relevant education prior to commencing on the floor. Staff knowledge and skills are monitored and specialised education is accessed as required. Management is aware of the benefit of up-skilling and currently there are four personal care staff being supported to undertake enrolled nurse training and two personal care staff being supported to undertake registered nurse training. Results show staff receive appropriate induction and training prior to commencing at the home and have access to a range of training opportunities. Staff interviewed state they are supported to attend training and education relevant to their role. Care recipients and representatives interviewed are satisfied staff have the required training for their roles.

Education and staff development relevant to Standard one management systems, staffing and organisational development has been provided to staff over the last 12 months. Topics include:

- Leadership
- People point
- Quality.

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 residential care service agreement and rights and responsibilities posters displayed in the home provide care recipients with information about their rights and the internal and external complaints mechanisms available to them. A variety of processes are used to identify areas of concern. These include meetings, informal discussions and formal feedback forms. The Aged Rights Advocacy Service visits the home on a regular basis and provides information for care recipients and representatives. Complaints are trended and reported each month to the corporate general manager residential services and the chief executive officer who includes the data in his monthly report to the Board. Results show the home monitors care recipient and representative feedback and responds to issues in a timely manner. Staff interviewed said they assist care recipients to use the system when required. Care recipients and representatives said they are aware of the home's complaint mechanisms and are satisfied with the response of current management to issues raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's Life Care Way mission, vision and values statements have been documented. These statements reference the Life Care Way guiding principles under which staff are expected to operate. The statements are displayed throughout the home and included in a range of documents. These include:

- Care recipient information pack and handbook
- Staff orientation pack and handbook
- Strategic Plan
- Annual report.

Staff interviewed are aware of the organisation's philosophy and their responsibility in embodying the Life Care Way guiding principles.

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 residential services manager uses a formula based on care recipient needs combined with staff, care recipient and representative feedback to determine the number of appropriately qualified and skilled staff required to provide appropriate care. Surveys, audits, benchmarking and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. Additional hours are accessed to meet changes in care recipients' short term needs. Competency assessments and performance reviews are conducted annually. Corporate and site recruitment processes identify prospective staff who are care recipient focussed and have the necessary skills and approach to provide care and services in line with the organisation's philosophy. Results show the home is responsive to care recipient needs and rosters staff who have the necessary skills and knowledge to deliver care required. Staff interviewed state they are satisfied the support provided assists them to maintain their competencies and said they have sufficient time for their duties. Care recipients and representatives state they are satisfied with staff responses to care recipients' needs and that staff have the required skills and knowledge to perform their duties.

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 systems and processes to monitor and maintain adequate supplies of goods and equipment required for care and service delivery. Ordering responsibilities are defined and goods are delivered on a regular or as needs basis. A system of stock rotation is in place to manage stock control. Preventative and breakdown maintenance systems are used to maintain equipment. Staff have access to after-hours maintenance services in the event of an emergency. Staff and care recipients have input into the purchase of goods and equipment where appropriate and have the opportunity to comment on new supplies. Planned audits are combined with staff and care recipient feedback to ensure an adequate supply of goods and equipment. Results of these processes show inventory and equipment is effectively monitored. Care recipients, representatives and staff interviewed state they are satisfied with the quality and level of stock and equipment available in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there is effective information management in place. All staff have access to electronic and paper based systems to assist them in performing their roles effectively in relation to management systems, health and personal care, lifestyle and maintenance of safety. Policies and procedures, staff meetings and job descriptions assist in

providing effective information to guide staff. Confidential information is stored appropriately and is able to be retrieved when necessary. Care recipients and representatives have access to information through meetings, noticeboards, correspondence and newsletters. Monitoring occurs through audits, surveys, review of policies and procedures and care recipient and staff meetings. Results show management actively reviews information systems to ensure effective up to date information is accessible to staff. Staff interviewed state they have access to appropriate information to assist them in their role. Care recipients and representatives interviewed are satisfied care recipients' have access to relevant information to assist them to make informed decisions about their care and lifestyle.

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

There are systems and processes to ensure external services are provided in a way that meets the needs of the home and care recipients. A preferred supplier list is combined with the Combined Charities system to maximise purchasing opportunities. External contracts are managed centrally by corporate office and monitored for quality and effectiveness at a corporate and site level. Contractors are required to sign in on arrival and report to appropriate personnel at the home for induction prior to commencing any work. Staff and care recipients provide feedback on external suppliers through the use of feedback forms and surveys. Results show external contractors and services are monitored and contractual changes made as required. Staff, care recipients and representatives interviewed state they are satisfied with 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 improvement for information on the home's continuous improvement systems and processes.

Planned audits, care recipient incident data and care recipient, representative and staff feedback are used to identify opportunities for improvement in health and personal care. Staff, care recipients and representatives interviewed are aware of the home's feedback system and how they can contribute to improvements in this Standard. Examples of improvement initiatives relating to health and personal care include:

- Specialised nursing care has been improved following staff feedback. Staff commented on the delay in receiving pathology results and hence the delay in commencing treatment where required. Management negotiated with the home's pathology provider to enable clinical staff have their own electronic password access to the external site. Staff are now able to access relevant information as soon as results are available and facilitate treatment immediately. Staff feedback is that the electronic log in is simple to use and provides ready access to information that enables timely response to care recipients' needs.
- Medication management has been improved following audit results that identified gaps in compliance with the home's processes. Staff provided feedback that the home's medication processes were convoluted and time consuming. As a result medication processes and forms have been reviewed and simplified. Guidelines have been developed to assist staff with all aspects of medication administration and booklets produced and distributed. Education and training has been provided to clinical staff in the use of the new tools. Feedback is that the new forms are simple and easy to use and the booklets developed are a useful ready reference guide. Follow up audit results show that the gaps identified have been rectified.

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 additional information relating to the home's systems and processes for monitoring regulatory compliance.

Processes are in place to monitor regulatory compliance relating to care recipients' health and personal care. Results show these processes are effective in monitoring regulatory compliance in this Standard. Staff at the home state they understand and use the system. The home provided examples of compliance with ongoing legislative requirements including:

- Registration of nurses
- Supervision of care staff
- Effective medication management.

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 additional information relating to systems and processes for education and staff development. Education and staff development in health and personal care has been provided to nursing and personal care staff over the last 12 months in a range of topics. These include:

- Continence
- Duty of Care
- Medication management
- Palliative care
- Skin care.

Staff interviewed state they have ready access to training that assists them in their role.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and review processes. An initial assessment and interim care plan are completed on entry to the home. Assessments are completed in consultation with care recipients/representatives and other health care providers. This information is used to develop care plans that are reviewed four monthly. The home has access to medical officers to assist with the assessment and review of care recipients. Care recipients’ clinical care is monitored through monthly weighs, bowel charts, observation, care reviews and clinical audits. Changes are communicated to staff through progress notes, team huddles, memoranda and electronic messages. Medical officers are informed of significant changes in care recipients’ health status and visit the home on a regular basis. Care recipients are referred to specialists as required. Results show care recipients’ needs are documented, reviewed and changes to care are implemented as required. Information provided by staff interviewed is consistent with care recipients’ care plans. Care recipients and representatives interviewed said they are satisfied with the health and personal care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Clinical care staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients’ care needs change. Individualised care plans are developed in consultation with care recipients’ medical officers and other health professionals. The home has access to external specialists to assist in meeting care recipients’ individual needs. Specialised nursing care is monitored through care plan reviews, audits and observations. Results show care recipients’ needs are documented and reviewed. A review of documentation and staff interviews confirm staff have access to education and specialised clinical guidelines. Care recipients and representatives interviewed said they are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients’ needs for specialist health referrals are identified through care reviews, consultation and observations. Physiotherapy services are provided on-site and assessments of care recipients’ needs are completed on entry to the home and on an ongoing basis. Care recipients are referred to a variety of health services, including podiatry, speech pathology, urology and dental services. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include audits, care reviews and consultation with care recipients and representatives. Results show care recipients’ needs are documented and reviewed. Staff interviewed said they are informed of changes through progress notes, team huddles, staff work books and memoranda. Care recipients and representatives interviewed said they are satisfied care recipients have access to health specialists according to their individual needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients’ medication needs are identified on entry to the home. Each care recipient has a medication chart with personal details and administration instructions. Medications are stored safely and securely. Medications are pre-packaged in sachets and blister packs and administered by enrolled and registered nurses. Monitoring processes include care reviews, incident reporting and audits. Medication issues are discussed at relevant meetings. Results show care recipients’ medications are documented and reviewed. Education records and

staff interviews confirm staff undertake annual medication competencies. Care recipients and representatives interviewed said they are satisfied with the level of consultation and management of care recipients' medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients' pain is managed to ensure they are as free as possible from pain. Care recipients' pain is managed through initial and ongoing assessment and review processes. This information is used to develop individualised care plans in consultation with medical officers and other health professionals. Pain monitoring tools are used to assess all care recipients including those with cognitive deficits. In addition to medication, the home uses interventions such as massage, exercises and repositioning to assist in managing care recipients' pain. Monitoring processes include care plan reviews, observations and audits. Results show care recipients' pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Education records and staff interviews confirm staff are provided with pain management education. Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients' pain is managed according to their individual needs and preferences.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has processes to maintain the comfort and dignity of terminally ill care recipients. Care recipients' end-of-life wishes are identified on entry to the home. This information is used to develop individualised care plans. The home has links with external palliative care services. Pastoral services are available on-site to provide emotional and spiritual support to care recipients and representatives. Monitoring processes include clinical reviews, observation and feedback from representatives. Results show care recipients' end-of-life wishes are documented and implemented as required. Relevant staff interviewed said they have attended palliative care education. Care recipients' families are supported if they wish to stay at the home. Complimentary written and verbal feedback from representatives express satisfaction with the home's approach to the care provided 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 receive adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' nutrition and hydration needs and preferences. This information is used to

develop individualised care plans. Drink supplements and fortified meals are provided to care recipients as required. Care recipients with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary. Monitoring processes include monthly weighs, audits, care plan reviews, surveys and observations. Results show care recipients with an assessed need are provided with assistive crockery and cutlery. Clinical staff interviewed said they update care recipients' nutrition and hydration care plans and communicate changes to kitchen staff. Care staff interviewed are able to provide information consistent with the care recipients' care plans. Care recipients and representative interviewed said they are satisfied care recipients' nutrition and hydration needs and preferences are met.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients are provided with care that maintains their skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. A skin assessment tool is used to assess the level of risk for each care recipient. This information is used to develop individualised care plans. Preventive strategies include moisturising creams, pressure care mattresses, limb protectors, repositioning and protective dressings. Wounds are assessed, managed and reviewed by registered staff. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show care recipients' needs are documented and reviewed. Staff interviews confirm they have attended skin integrity education. Care recipients and representatives interviewed said they are satisfied care recipients' skin integrity is maintained.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients receive care that manages their continence according to their individual needs and preferences. Initial and ongoing assessments and review processes identify and manage care recipients' continence needs. This information is used to develop individualised care plans that document continence aids, assistance required and strategies for managing continence. Monitoring processes include bowel charts, toilet schedules, care plan reviews, observations and clinical audits. Results show care recipients' needs are documented and reviewed. Staff interviewed confirm they have access to continence management education. Care recipients and representatives interviewed said they are satisfied care recipients' continence needs are managed effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews, audits and observations. Referrals are made to mental health services and behaviour management specialists as required. Results show care recipients’ behaviours are documented and reviewed. Staff interviewed are able to provide examples of strategies to assist with the management of challenging behaviours. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients’ mobility and dexterity needs. These processes include assessment by a physiotherapist and individualised exercises are documented in care recipients’ care plans. A group exercise program, including Tai Chi and balance and mobility is available to care recipients. Equipment such as low beds, mobility aids and specialised cutlery are available to assist care recipients to maintain their independence, mobility and dexterity. Monitoring processes include incident reporting, care plan reviews, clinical audits, observations and physiotherapy reviews. Results show care recipients’ mobility, dexterity and rehabilitation needs are documented and reviewed. Staff interviewed said they attend annual manual handling education. Care recipients and representatives interviewed said they are satisfied the care provided optimises care recipients’ mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ oral and dental needs. This information is used to develop individualised care plans. The home encourages care recipients to attend regular dental checks and assists with facilitating visits to a dentist of their choice. Monitoring processes include care plan reviews, audits and observations. Results show care recipients’ dental needs are documented and reviewed. Staff interviewed said they assist care recipients to maintain good oral hygiene. Care recipients and representatives interviewed said they are satisfied the care provided maintains 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

Care recipients’ sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ sensory needs for all five senses. Care recipients are assisted to use equipment such as hearing aids and prescription glasses where appropriate. The home facilitates appointments with external services as required. Monitoring processes include care plan reviews, observation and audits. Results show care recipients’ sensory needs are documented and reviewed. Staff interviewed confirm they are aware of strategies documented in care plans to assist care recipients with sensory loss. Care recipients and representatives interviewed said they are satisfied care recipients’ sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients’ sleep patterns. This information is used to develop individualised care plans that identify care recipients’ sleep preferences, including preferred settling and rising times. Environmental preferences and strategies, including lighting, repositioning and warm drinks are offered to support natural sleep patterns. Monitoring processes include care plan reviews, incident reporting, observations and audits. Results show care recipients’ sleep patterns are documented and reviewed. Staff interviewed said they refer to the care recipients’ care plans for individual sleep preferences. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve natural 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 on the home’s continuous improvement systems and processes.

Formal and informal feedback processes assist care recipients and staff to contribute to continuous improvement in care recipient lifestyle. Examples of recent improvements relating to care recipient lifestyle include:

- Emotional support has been enhanced following care recipient feedback. Care recipients requested a calm, serene area where they can undertake relaxation. A suitable area has been identified and developed into a perfumed garden. Care recipients have been consulted as to what plants they would prefer and raised garden beds have been purchased to assist care recipient participation. Feedback from care recipients is that the area is a calming place to reflect and they appreciate being involved in its development.
- Privacy and dignity has been enhanced following feedback from one care recipient. The home has a mix of private ensuite and shared bathrooms. One care recipient commented that they have been interrupted using the bathroom as it is not clear if the bathroom is in use when the door is closed. Management responded by installing a light indicating the room is engaged on the outside of the bathroom door. The engaged sign is linked to the bathroom light and automatically lights up when the inside light is switched on clearly indicating that the bathroom is in use. Care recipient and staff feedback is that the engaged sign is clearly visible. Follow up audit results show there have been no near misses since the installation of the lights.

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 additional information relating to systems and processes for monitoring regulatory compliance. There are systems and processes to monitor and maintain regulatory compliance relating to care recipient lifestyle. Staff interviewed state they understand and use the system. The home provided examples of ongoing compliance with legislative requirements including:

- Maintaining confidentiality of care recipient information
- Providing residential care service agreements to assist care recipients understand their rights and responsibilities
- Protecting care recipients’ privacy.

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 relating to systems and processes for education and staff development. Education and staff development has been provided to all staff groups in the last 12 months in the following:

- Elder abuse
- Grief and loss
- Life Care Way that includes privacy and dignity, person centred care and respect
- Phone etiquette.

Additional education and development has been provided to lifestyle staff in:

- Dementia care
- Easy Moves for Active Ageing.

Staff interviewed confirm they have access to training and education to assist them in their role.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are welcomed by staff and provided with a welcome pack to assist them to settle into the home. Initial assessments, ongoing review processes, observation and one-to-one communication identify care recipients' emotional support needs and personal preferences. This information is used to develop individualised care plans. The home evaluates the effectiveness of emotional support provided through comments and complaints processes, lifestyle and care reviews, audits and surveys. Results show assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed said they report any identified changes to senior staff. Care recipients and representatives interviewed are satisfied with the support provided by staff on an initial and 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

Care recipients are assisted to maintain independence, friendships and connections with the home and broader community. Care recipients' capabilities, preferences and wishes are

identified through initial and ongoing assessments and review processes. Individualised care plans are developed from this information. Care recipients are assisted and encouraged to maintain contact with the local community, including family, friends and social groups. Visitors and community groups are welcomed in the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, audits and surveys. Results show assessments are effective in identifying care recipients who wish to vote in elections. Staff interviewed said they encourage care recipients to maintain their independence. Care recipients and representatives interviewed are satisfied care recipients are assisted to maintain friendships and physical 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' right to privacy, dignity and confidentiality is recognised and respected. Initial assessment and ongoing review processes identify residents' wishes and preferences. This information is used to develop individualised care plans. Care recipients and representatives are informed about the home's approach to collecting and storing personal information on entry to the home. Staff are informed about care recipients' rights to privacy and dignity and sign a confidentiality agreement when commencing employment at the home. Monitoring processes include comments and complaints, surveys and audits. Results show staff practices are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are aware of strategies to maintain care recipients' privacy and dignity, including addressing care recipients by their preferred name. Care recipients and representatives interviewed are satisfied with practices used by staff to respect and recognise care recipients' right to privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in individual and group activities of interest to them. Lifestyle assessments and social history profiles identify care recipients' interests and preferred activities. This information is used to develop group activity programs and to implement strategies to assist care recipients to maintain or develop personal interests and activities. Activity program calendars are displayed on noticeboards around the home. Care recipients are informed about activities by lifestyle staff and volunteers and are provided with support to attend if they wish. The effectiveness of the activities program is monitored through lifestyle reviews, comments and complaints, attendance records, activity evaluations, meetings, audits and surveys. Results show care recipients' leisure interests are identified and supported. Staff interviewed said they assist care recipients to attend activities of interest. Care recipients and representatives interviewed are satisfied with the support provided to enable care recipients to participate in leisure interests and activities.

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 backgrounds are valued and fostered. Initial assessment and ongoing review processes identify care recipients' cultural and spiritual needs. This information is used to develop individualised care plans. Religious services are held in the home on a regular basis. Pastoral workers and chaplains provide one-to-one visits to care recipients. The home celebrates significant spiritual and cultural days, such as Anzac day, Remembrance day, St. Patrick's day and birthdays. Monitoring processes include care and lifestyle reviews, comments and complaints, audits, surveys and meetings. Results show care recipients' cultural and spiritual preferences are documented in care plans. Staff interviewed are aware of care recipients' cultural and spiritual needs that affect the provision of care and lifestyle. Care recipients and representatives interviewed are satisfied staff foster and value care recipients' individual cultural and spiritual needs and 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

Each care recipient is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Initial assessment and ongoing review processes identify care recipients' likes, dislikes and preferences. This information is used to develop care and lifestyle plans. Care recipients have opportunities to provide feedback about the provision of care and services and are encouraged to raise suggestions. Care recipients and representatives are provided with advanced care directives information to enable them document their care wishes and appoint substitute decision makers of their choice. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings, audits and surveys. Results show care recipients' have access to advocacy services and their choices are respected and encouraged. Staff interviewed said they assist care recipients to make informed choices where appropriate. Care recipients and representatives interviewed are satisfied care recipients are able to exercise choice and control over their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation's policies and procedures support care recipients' right to safe and secure tenure and staff responsibilities to protect these rights. The residential care service agreement and information handbook provide information about care recipients' rights and responsibilities, fees and charges, security of tenure and decision making forums. Results

show care recipients have security of tenure and understand their rights and responsibilities. Interviews with staff confirm they are aware of care recipients' security of tenure rights. Care recipients and representatives state they are satisfied with the information provided.

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 on the home’s continuous improvement systems and processes.

The home’s quality system, including audits, environmental inspections and incident and hazard reporting is used to identify and action opportunities for improvement in physical environment and safe systems. Outcomes are recorded, evaluated and reported. Staff, care recipients and representatives interviewed are aware of the feedback system and how they can contribute to improvements in this Standard. Examples of recent improvements relating to physical environment and safe systems include:

- Staff safety has been enhanced following audit results. It was identified that laundry staff are having difficulty loading and unloading linen trolleys. The trolleys are on wheels and staff brace the trolley to prevent movement each time laundry is loaded and unloaded. Management responded by installing brakes on each trolley preventing movement. Staff practice was re-audited with positive results. Staff are no longer bracing the trolley and are lifting in the correct manner. Staff feedback is that the trolleys are now more stable. They state the risk of back and shoulder injury has been removed with the installation of the brakes.
- Infection control has been improved following staff suggestion. Staff suggested hand hygiene dispensers be installed outside each dining room to assist care staff promote care recipients’ hand hygiene. Options were explored and anti-bacterial gel dispensers installed as a trial. Feedback is that the dispensers are conveniently located and act as a prompt for care recipients to clean their hands prior to each meal. Staff state the improvement has reduced the risk of cross infection.

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 additional information relating to systems and processes in monitoring regulatory compliance. The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems. This includes:

- Implementing work health and safety regulations
- Monitoring and maintaining fire safety systems.

Staff interviewed state they understand and use the system.

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 relating to systems and processes for education and staff development.

Mandatory training provides staff with education and staff development relevant to their roles. Training attendance is monitored and staff are required to attend mandatory training each year. Staff interviewed confirm they are required to attend mandatory training and state the training and education provided assists them in their roles. Education and staff development in physical environment and safe systems has been provided to all work groups over the last 12 months in a range of areas. These include:

- Fire and emergency procedures
- Hand-washing
- Infection control
- Manual handling.

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

Accommodation is provided in four separate houses under the same roof and secured by key pad entry. Rooms are a mix of individual and shared with either ensuite or shared bathrooms. Care recipients are encouraged to personalise their rooms with decorations as appropriate. Preventative and corrective maintenance is combined with environmental audits, surveys and ongoing reporting processes to monitor and maintain the safety and comfort of the living environment. Hazards are identified and corrective measures actioned. The home has a no smoking policy. Should care recipients wish to smoke individual risk assessments are undertaken and strategies developed. The home has a policy of minimal restraint. Assessment, consultation, monitoring and review processes support the safe application of restraint when required for care recipients. Results show the home is using its monitoring processes to identify issues in the living environment and to implement corrective action. Care recipients and representatives interviewed state they are satisfied with the safety, comfort and amenities available in the home, including care recipients' rooms and communal areas.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The corporate Work Health Safety and Injury Management Framework drives work health and safety in the organisation. The corporate general manager governance and risk monitors the home's compliance with the organisation's work health and safety policies and procedures. The home has a designated work health and safety officer and staff receive regular training in manual handling, work health and safety and hazardous substances. Information systems and feedback processes assist staff to identify hazards and report accidents and incidents. Processes, including the use of action plans, monitor the effectiveness of interventions. Results show that workplace health and safety is monitored through the home's incident and hazard reporting and audit processes. Staff interviewed state they are aware of their rights and responsibilities in relation to work health and safety and are satisfied that management is supportive and proactive in providing equipment and resources to maintain a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and procedures that minimise the risk of fire, security and other emergencies. Staff receive regular training in fire and emergency procedures and have appropriate equipment for use in the event of an emergency. The home has a disaster management plan that is reviewed annually. A mock disaster exercise is undertaken annually to monitor staff skills and knowledge. Evacuation plans and emergency procedures are strategically placed in all areas of the home. An accredited external contractor monitors and maintains the safety and function of fire alarm and fire suppression equipment. Electrical testing and tagging monitors the safety of electrical equipment. An external contractor monitors the home's alarm system and evening staff are provided with duress alarms. Results show that management and staff are working to provide a safe environment that minimises fire, security and other emergencies. Staff interviewed confirm they attend mandatory fire drills and mock evacuation drills each year. Staff and care recipients interviewed state they are aware of their responsibilities in an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program in the home. Infection data is collated, analysed, trended and interventions implemented as needed. Infection control is managed through the home's policies and guidelines, outbreak management procedures and resources are available. Staff and care recipients have access to an annual flu vaccination program. There are processes for the appropriate disposal of contaminated waste and sharps. A food safety plan guides catering staff practice and an external contractor provides a pest management program. Management monitors infection control by scheduled audits, infection

data analysis and staff competency completion. Results show an effective infection control system is in place. Staff interviewed said there is adequate personal protective equipment available and they are aware of infection control guidelines. Care recipients and representatives interviewed said they are satisfied staff maintain infection control practices when needed.

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' needs and preferences are identified on entry to the home and reviewed on a regular basis. The menu is varied to reflect the seasons and reviewed by a dietitian on a regular basis. Snacks and drinks are available at all times, including evenings. Personal laundry is laundered on site and linen is outsourced to an external provider. There are processes for addressing any lost laundry. Cleaning is provided by the home's staff and cleaning schedules guide staff in their daily cleaning routine. Care recipient satisfaction with catering, cleaning and laundry services is monitored by feedback mechanisms including comments and complaints, meetings and direct consultation. Results show issues are addressed as they arise. Staff interviewed confirm they have access to work schedules to guide them in their role. They state they are satisfied with their work environment and the equipment provided to assist them in their tasks. Care recipients and representatives interviewed said they are satisfied with catering, cleaning and laundry services provided.