



Aged Care Quality and Safety Commission

Final Assessment report

Category 6

Renewal of registration audit



Sapphire Coast Community Aged Care Ltd

Residential care home	Imlay House
Residential care home ID	ARCH-05387
Audit dates	12/03/2026 – 15/04/2026
Assessment report date	26/05/2026

Acknowledgement of Country

The Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders past, present and emerging, and extend that respect to all Aboriginal and Torres Strait Islander peoples



1. Scope and approach

This audit was conducted as part of the Aged Care Quality and Safety Commission (Commission) audit methodology process. The scope of this audit was limited to the following Aged Care Quality Standards (Quality Standards):

- Quality Standard 1: The Individual
- Quality Standard 2: The Organisation
- Quality Standard 3: The Care and Services
- Quality Standard 4: The Environment
- Quality Standard 5: Clinical Care
- Quality Standard 6: Food and Nutrition
- Quality Standard 7: The Residential Community

The following information has been considered in preparing this final assessment report:

- the documents and records you submitted
- interviews with your management, governing body members and senior management, workers (employees, agency, subcontractors), and others
- observations of the residential care home environment and delivery of care and services as appropriate
- interviews with older people or their supporters
- information we have about you as an organisation or person and your residential care homes
- provider response to the preliminary assessment report received on 15/05/2026
- review of other materials as relevant.



This final assessment report is split into 2 sections:

- **executive summary:** this provides an overview of the auditee and audit, as well as findings at a Quality Standards level
- **detailed findings:** this provides the findings of the audit at an Outcome level, including evidence to support any non-conformance with the Quality Standards.

The findings in this report have been rated using the following rating scale:

Rating	Description
Conformance	The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and deliver person-centred quality care.
Minor non-conformance	The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard, but some gaps are identified. Identified gaps are not systemic and do not present high risk. In this context: • not systemic means the gap only affects a minor part of the whole system or process (relevant to the Outcome/Quality Standard) • do not present high risk means the gap does not present significant risks or immediate consequences to the health, safety and wellbeing of older people or workers.
Major non-conformance	The provider has not demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and is likely to present significant risks to older people and workers. The provider needs to carry out significant actions to conform with an Outcome/Quality Standard and/or the identified risks posed to older people is high.



**Out of scope/
not applicable**

The Quality Standard/Outcome is out of scope for the audit or not applicable to the provider due to the nature of services provided.



2. Executive summary

As part of this audit, the audit team conducted various evidence gathering activities to assess the provider's conformance with the Quality Standards. Evidence gathered included several interviews from provider and residential care home interviews.

1. Number of provider representatives interviewed: 0
2. Number of governing body representatives interviewed: 1
3. Number of senior management representatives interviewed: 6

Number of interviews conducted with the residential care home:

1. Management: 2
2. Workers: 9
3. Older people: 3
4. Supporters: 11

Experience of older person

Older persons described feeling safe, respected and genuinely known as individuals. Older persons reported being treated with dignity and kindness, free from discrimination, and supported to make informed decisions about their care and daily life , with decision making support available when needed.

Older persons confirmed that information about services, fees and agreements is provided clearly and promptly, with fee statements described as accurate, easy to understand and any concerns addressed without delay.

Older persons described a service that supports them to live life on their own terms, maintaining the relationships, activities and routines that matter to them. The dining experience was highlighted as social and enjoyable, with resident input actively shaping



menus and meals. In clinical care, residents reported that their preferences guide how their needs are managed, and that advance care and end-of-life wishes are respected with dignity.

Experience of aged care worker

Aged care workers demonstrated a clear, shared commitment to person-centred care, describing an approach that takes time to understand each older person's identity, culture and what matters most to them evidenced in day-to-day interactions observed by the Audit Team.

Workers described a culture of quality, safety and inclusion actively led by the governing body, with staff proactively engaged in planning and well supported through training, supervision and clear escalation pathways. Staff reported feeling confident raising concerns without fear of reprisal, and described a workplace culture focused on learning and open disclosure.

Across clinical care, food and nutrition and residential life, staff demonstrated strong knowledge of their responsibilities and described coordinated, multidisciplinary approaches to care, with handover, transitions and partnership with residents identified as ongoing strengths of the service.



Audit ratings

Table 1: audit rating summary

Quality Standard	Audit rating
Quality Standard 1: The Individual	Conformance
Quality Standard 2: The Organisation	Minor non-conformance
Quality Standard 3: Care and Services	Conformance
Quality Standard 4: The Environment	Conformance
Quality Standard 5: Clinical Care	Conformance
Quality Standard 6: Food and Nutrition	Conformance
Quality Standard 7: The Residential Community	Conformance

Overall, based on the evidence considered, the audit found Sapphire Coast Community Aged Care - Imlay House cannot establish, implement, monitor and continuously improve governance arrangements, systems and processes for delivering safe and quality care.

Across the Quality Standards audited, one Outcome was rated as minor non-conformance in meeting the requirements of the Outcome/Quality Standard.

Identified gaps are not systemic and do not present high risk. In this context not systemic means the gap only affects a minor part of the whole system or process (relevant to the Outcome/Quality Standard) and the gap does not present significant risks or immediate consequences to the health, safety and wellbeing of older people or workers.

This assessment report has been finalised incorporating the provider's response to the preliminary assessment report.



The provider agreed with one minor non-conformance presented in the preliminary assessment report and shared additional information and context in response.

The Assistant Director Audit's assessment of the provider's response led to the Assistant Director Audit confirming one, minor non-conformance finding in relation to Outcome 2.3: accountability, quality systems, policies and procedures. This was related to a lack of an embedded system and process to ensure care and services are delivered based on contemporaneous evidence-based practice in minimising falls risks.



3. Performance summary by Quality Standard

Quality Standard 1: The Individual

Quality Standard 1: The Individual		Conformance
Older person's expectation	I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my funded aged care services, with support when I want or need it. My identity, culture and diversity are valued and supported, and I have the right to live the life I choose. My organisation or person understands who I am and what is important to me, and this determines the way my funded aged care services are delivered.	
Outcome		Rating
1.1 Person-centred care		Conformance
1.2 Dignity, respect, and privacy		Conformance
1.3 Choice, independence, and quality of life		Conformance
1.4 Transparency and agreements		Conformance

1.1 Person-centred care:

The Approved Provider has systems and processes in place to ensure the safety, health, wellbeing and quality of life of older persons are central to all care decisions and service delivery. Care and services are developed in partnership with older persons and their supporters, drawing on individual identity, culture, background and life experience. Aged care workers demonstrated the building of professional, trusting relationships and actively support inclusion, diversity and social connection, including for Aboriginal and Torres Strait Islander peoples and those living with dementia. Older persons consistently described feeling safe, respected and genuinely known as individuals.



1.2 Dignity, respect and privacy:

The Approved Provider has systems and processes to deliver services free from discrimination, racism, abuse and neglect, upholding each older person's rights under the Statement of Rights. Older persons reported being treated with kindness and respect, with personal privacy protected and relationships and decision-makers acknowledged. Workers confirmed that care and services are delivered in a dignified, respectful and sensitive manner consistent with individual needs and preferences, as corroborated by Audit Team observations and documentation review.

1.3 Choice, independence and quality of life:

The Approved Provider has embedded systems and processes to support older persons in making informed decisions about their care, including access to timely information and advocacy services. Interviews and documentation confirmed that decision-making support is available and substitute decision-makers are engaged only as a last resort. Autonomous risk-taking is supported to optimise quality of life. Individual goals and preferences are recorded, reviewed and applied to guide care and risk mitigation, and older persons were observed participating in activities that reflect their choices, promote independence and enhance quality of life.

1.4 Transparency and agreements:

The Approved Provider has systems and processes to ensure service agreements are signed and older persons receive clear, accurate information about their services, fees and rights before care commences, with adequate time to consider options. Older persons and supporters confirmed that monthly fee statements are timely, accurate and easy to understand, and that any overcharging is promptly remedied. Documentation evidenced that changes to agreed fees are communicated prior to taking effect and that concerns are actioned in a timely manner.

Older person experience

Older persons consistently described feeling safe, respected and genuinely known as individuals. They reported being treated with dignity and kindness, free from discrimination, and supported to make informed decisions about their care and daily life, with decision-making support available when needed.



Older persons confirmed that information about services, fees and agreements is provided clearly and promptly, with fee statements described as accurate, easy to understand and any concerns addressed without delay.

Older persons described a service that supports them to live life on their own terms, maintaining the relationships, activities and routines that matter to them. The dining experience was highlighted as social and enjoyable, with resident input actively shaping menus and meals. In clinical care, older persons reported that their preferences guide how their needs are managed, and that advance care and end-of-life wishes are respected with dignity.



Quality Standard 2: The Organisation

Quality Standard 2: The Organisation		Minor non-conformance
Older person's expectation	The organisation is well run. I can contribute to improvements to funded aged care services. My provider and aged care workers listen and respond to my feedback and concerns. I receive funded aged care services from aged care workers who are knowledgeable, competent, capable and caring.	
Outcome		Rating
2.1 Partnering with individuals		Conformance
2.2 Quality, safety and inclusion culture		Conformance
2.3 Accountability, quality system and policies and procedures		Minor non-conformance
2.4 Risk management		Conformance
2.5 Incident management		Conformance
2.6 Complaints and feedback management		Conformance
2.7 Information management		Conformance
2.8 Workforce planning		Conformance
2.9 Human resource management		Conformance
2.10 Emergency and disaster management		Conformance

2.1 Partnering with individuals:

The Approved Provider engages in meaningful and active partnerships with older persons to inform organisational priorities and drive continuous improvement. Older persons described being engaged across all aspects of care, service delivery, planning and evaluation. Management and workers provided examples of these partnerships, which were confirmed through documentation review.



2.2a Quality, safety and inclusion culture to support aged care workers to deliver quality care:

The Approved Provider demonstrates an embedded culture of quality, safety, inclusion and continuous improvement at the service level. Older persons confirmed their safety, health and wellbeing is prioritised in the design and delivery of individualised care that incorporates their diversity. Workers reported feeling actively heard and supported by leadership, with leadership culture focused on safe, quality care. Documentation evidenced that strategic and business planning is communicated and proactively engages workers, including meeting legislative requirements.

2.2b Quality, safety and inclusion culture to support individuals:

The governing body leads a culture that prioritises the physical and psychological safety, health and wellbeing of older persons, as evidenced at the service level. Management and workers described how services are made accessible and appropriate for older persons with diverse backgrounds, including Aboriginal and Torres Strait Islander peoples and those living with dementia. Older persons and supporters confirmed that their diversity is supported and that they feel safe and have a sense of belonging. Documentation evidences visible leadership commitment to a culture of continuous improvement.

2.3 Accountability, quality system and policies and procedures:

Whilst the governing body is accountable for all aspects of service delivery and maintains a functioning quality system that drives continuous improvement the service was unable to demonstrate systems and processes in ensuring contemporary, evidence-based practice informs care and service delivery. Interviews with workers evidenced a lack of an internal system to monitor and ensure implementation of contemporaneous evidence based practice for falls risk minimisation strategies. The Audit Team provided feedback to management who commenced actioning the gaps identified during the audit.

2.4 Risk management:

The Approved Provider has an embedded risk management system that identifies, documents, manages and regularly reviews risks to older persons, workers and the organisation. Workers described processes for identifying and reporting risk, and management outlined



systems for monitoring and managing risks to prevent, minimise or eliminate harm. Data collection, documentation and meeting minutes evidenced active and responsive engagement with older persons and workers, informing the broader quality system.

2.5 Incident management:

The Approved Provider has an embedded incident management system for recording, investigating, responding to and learning from incidents and near misses. Management confirmed timely action and open disclosure are implemented, with reporting actively promoted and encouraged. Incident data is analysed, reported to regulators as required and used to drive quality improvement. The Audit Team observed a culture that treats incidents as learning opportunities rather than administrative obligations. However, evidence of open disclosure was not consistently documented. This was raised with management by the Audit Team.

2.6a Complaints and feedback management for aged care workers:

The Approved Provider ensures aged care workers can raise complaints and provide feedback about service delivery without fear of reprisal. A complaints and feedback management system is in place to receive, record, respond to and report on issues raised by workers, with timely resolution and outcomes informing the quality system. Workers clearly described the complaints process and expressed confidence that they would not face adverse consequences for raising concerns.

2.6b Complaints and feedback management for individuals:

The Approved Provider actively encourages older persons, supporters and others to raise complaints and provide feedback, facilitating access to advocates and language services as required. A transparent complaints management system is in place with timely resolution requirements, and complaint and feedback data is reported to the governing body and used to drive service improvement. Older persons and supporters confirmed they know how to raise concerns and feel safe doing so. However documentation demonstrated insufficient capture of open disclosure as evidential support. This was provide through feedback by the Audit Team to management.

2.7 Information management:

The Approved Provider maintains accurate, current records for each older person, with access available to workers, health practitioners and older persons and supporters. Informed consent governs the collection, use and sharing of information, confirmed by



management and workers. Older persons understood their right to access and correct their records, and the service demonstrated a secure, integrated information system that supports quality care and respects privacy. However, the provider's policy did not address how consent can be withdrawn, however, this issue had been identified by the provider and was on its continuous improvement plan for actioning.

2.8 Workforce planning:

The Approved Provider demonstrates strategic workforce planning at the service level, including meeting legislative minimum care requirements such as minimum direct care minutes and a registered nurse on-site at all times. Workforce strategies address required skills and qualifications, preference for direct employment over contracting and mitigation of workforce shortage risks. Workers reported a stable, well-managed workforce, confirmed by older persons. Documentation evidenced that planning prioritises worker psychological safety and satisfaction, with strategies actively monitored in partnership with external bodies.

2.9 Human resource management:

Aged care workers are suitably qualified, competent and supported through appropriate training, supervision and performance review. Workers described a training system responsive to feedback, incidents, risks and individual needs, with regular competency-based training in core areas including the Aged Care Code of Conduct. Records of pre-employment checks, qualifications and experience are maintained and contemporaneous. The Audit Team observed training translating into competent, rights-based care in practice, and older persons expressed confidence in the skills and competence of staff.

2.10 Emergency and disaster management:

The Approved Provider develops, tests and regularly reviews emergency and disaster management plans that address risks to the health, safety and wellbeing of older persons and workers. Plans are developed in partnership with older persons, supporters, workers and external response agencies, and workers demonstrated an understanding of their roles in an emergency. The Audit Team reviewed co-designed, current and practised emergency plans, with evidence of these evident throughout the service.



Older person experience

Older persons said they believed the service was well run and they were involved and engaged in improvements in care and services delivery and management was responsive to feedback and concerns raised. They said that staff providing care and services were well trained and competent in the care and services they provided.

Detailed findings of non-conformance

Outcome 2.3: Accountability, quality system and policies and procedures

Minor non-conformance

In response to the minor non-conformance identified by auditors in relation to falls best practice and the use of non slip socks, the provider advised falls are identified as the highest impact risk for old persons. The provider advised individualised risk reduction strategies are in place including the use of non-slip socks as a falls risk minimisation strategy. Documentation review and observation confirmed this statement. The physiotherapist was interviewed and was unable to identify an evidence base or best practice guidance which supports the use of non-slip socks. Therefore, the Approved Provider was unable to demonstrate an embedded system and process to ensure care and services are delivered based on contemporaneous evidence-based practice.

Management acknowledged the gaps and implemented actions to address the issue in response to the Audit Teams findings, including:

- an internal audit and immediate review of all older persons using non slip socks

- consultation with older persons and supporters to discuss best practice and the removal of the use of non slip socks as a falls risk minimisation strategy

- inclusion of falls risk minimisation best practice on the providers continuous improvement plan.



Provider response and Assistant Director Audit assessment:

The provider responsively took actions to address the non-conformance when identified by auditors during the onsite audit. The provider agreed with auditors' determination of minor non-conformance related to gaps identified in the delivery of evidence based best practice falls minimisation strategies, that is the use on non slip socks. Based on this, minor non conformance was found at the time of audit to which the provider undertook immediate action. The provider advised they have undertaken actions to monitor compliance in ensuring best practice falls minimisation strategies guide care and service delivery 3 monthly time intervals, through the continuous improvement plan to ensure sustainable compliance.



Quality Standard 3: The Care and Services

Quality Standard 3: Care and Services		Conformance
Older person's expectation	The funded aged care services I receive: • are safe and effective • optimise my quality of life, including through maximising independence and reablement • meet my current needs, goals and preferences • are well planned and coordinated • respect my right to take risks.	
Outcome		Rating
3.1 Assessment and planning		Conformance
3.2 Delivery of funded aged care services		Conformance
3.3 Communicating for safety and quality		Conformance
3.4 Planning and coordination of funded aged care services		Conformance

3.1 Assessment and planning:

The Approved Provider undertakes comprehensive, ongoing assessment and care planning in genuine partnership with each older person, identifying needs, goals, preferences and risks. Care and service plans are individualised, current and reviewed when circumstances change, with advance care planning supported and documentation shared appropriately across transitions. Workers described structured review processes including monthly, three-monthly and annual reviews. Older persons and supporters confirmed active engagement in care planning and that plans reflect their needs and preferences.

3.2 Delivery of funded aged care services:

Funded aged care services are delivered in a culturally safe, trauma-aware and evidence-based manner that meets individual needs and optimises quality of life, reablement and function. Workers described processes for recognising and responding to deterioration,

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with restrictive practices minimised and used only as a last resort with informed consent. Older persons confirmed continuity of worker relationships is supported and that they have a say in the workers who support them. Documentation evidenced individualised service delivery and the application of contemporary, evidence-based dementia care approaches.

3.3 Communicating for safety and quality:

Critical information about older persons is communicated effectively and in a timely manner between workers, health practitioners, supporters and others involved in care, particularly at handover and care transitions. Systems are in place for escalating concerns about health, safety or wellbeing, evidenced in documentation and worker interviews. Accurate identification of older persons is maintained and care statements are provided to those in residential care. The Audit Team observed handover practices that demonstrated effective information sharing and escalation of concerns.

3.4 Planning and coordination of funded aged care services:

Where multiple providers and practitioners are involved in an older person's care, services are planned, coordinated and documented to ensure continuity. Older persons and supporters confirmed that all parties are recognised as partners in coordination. Transitions to and from the service are managed collaboratively, clearly communicated and documented, with documentation evidencing active coordination across service boundaries including referral records.

Older person experience

Older persons said they felt the service supports them and respects their right to take risks. They described the delivery of care and services as safe and effective and how they optimise their quality of life, including through maximising independence and reablement that meets current needs, goals and preferences, and they are well planned and coordinated.



Quality Standard 4: The Environment

Quality Standard 4: The Environment		Conformance
Older person's expectation	I feel safe when receiving funded aged care services. Where I receive funded aged care services through a service environment, the environment is clean, safe and comfortable and enables me to move around freely. Equipment is safe, appropriate and well-maintained and precautions are taken to prevent the spread of infections.	
Outcome		Rating
4.1 Environment		Conformance
4.2 Infection prevention and control		Conformance

4.1b Environment – services delivered other than in the individual's home:

The service environment is clean, safe, welcoming, fit-for-purpose and accessible, including for those with disability, as observed by the Audit Team. The design promotes movement, engagement, inclusion and ease of navigation while unobtrusively reducing safety risks. Older persons and workers confirmed equipment is safe, clean and well-maintained, and observations evidenced that the physical environment supports individual wellbeing and function.

4.2 Infection prevention and control:

The Approved Provider has an embedded, comprehensive infection prevention and control (IPC) system consistent with contemporary evidence-based practice, led by a suitably qualified IPC lead. The system encompasses standard and transmission-based precautions, personal protective equipment use, hand hygiene, outbreak response and immunisation requirements for older persons, workers and visitors. Risks are communicated to all relevant parties as evidenced in documentation, and the Audit Team directly observed hand hygiene practices and informational resources throughout the service.



Older person experience

Older persons said, in receiving care and services they feel safe. They described how the environment is clean, safe and comfortable and enables them to move freely around the service. They said the equipment they use is safe, appropriate and well-maintained and precautions are taken to prevent the spread of infections through cleaning.



Quality Standard 5: Clinical Care

Quality Standard 5: Clinical Care		Conformance
Older person's expectation	I receive person-centred, evidence-based, safe, effective, and coordinated clinical care services by registered health practitioners, allied health professionals, allied health assistants and competent aged care workers that meets my changing clinical needs and is in line with my goals and preferences.	
Outcome		Rating
5.1 Clinical Governance		Conformance
5.2 Preventing and controlling infections in delivering clinical care services		Conformance
5.3 Safe and quality use of medicines		Conformance
5.4 Comprehensive care		Conformance
5.5 Safety of clinical care services		Conformance
5.6 Cognitive Impairment		Conformance
5.7 Palliative and end-of-life Care		Conformance

5.1 Clinical governance:

The Approved Provider's clinical governance systems and processes are aligned with corporate governance, actively managing and improving the safety and quality of clinical care delivered to older persons. The clinical governance framework is implemented and monitored at Board level, as evidenced in meeting minutes. Roles, responsibilities and agreements between the provider and health practitioners are clearly defined, confirmed through interviews and documentation review. The Audit Team observed workers delivering clinical care within their defined scope and workers were able to articulate their roles and scope of practice.



5.2 Preventing and controlling infections in delivering clinical care services:

The Approved Provider has an antimicrobial stewardship system consistent with contemporary evidence-based practice to reduce antimicrobial resistance. Processes are in place to minimise and manage infection risks in clinical care, including aseptic technique, management of invasive devices and minimising transmission. These clinical IPC processes operate alongside the broader IPC system under Outcome 4.2. The Audit Team observed safe clinical practices and appropriate antimicrobial oversight through documentation review.

5.3 Safe and quality use of medicines:

The Approved Provider has processes to ensure medicines are prescribed, administered, monitored and reviewed safely, with current medication information accessible to all those involved in care. Medication reviews occur at commencement, at key transitions and when clinical conditions change, confirmed by older persons who reported no concerns regarding the safe delivery of their medications. Allergies, adverse events and high-risk medicines including psychotropics are actively managed and documented. Workers demonstrated sound knowledge of safe medication practices.

5.4 Comprehensive care:

Older persons reported receiving comprehensive, multidisciplinary, evidence-based clinical care that is person-centred and aligned with their needs, goals and preferences. Workers described processes for comprehensive assessment at commencement and at regular intervals, coordinated access to health practitioners and early identification of and response to changing clinical needs. Care planning is undertaken in genuine partnership with older persons and supporters, as evidenced in documentation, and the Audit Team observed older persons actively engaged in clinical decision-making.

5.5 Safety of clinical care services:

The Approved Provider has systems to identify, monitor and manage high-impact and high-prevalence clinical risks including falls, pressure injuries, nutrition, continence, pain, oral health, mental health, sensory impairment, choking and wound management, with evidence-based processes applied across each risk area. Older persons described their primary risks and expressed confidence in the



service's management of them. Risk management is supported by training, equipment and 24-hour access to relevant interventions, with workers demonstrating clinical practices in documentation review. However, non-slip socks were identified as a falls prevention strategy inconsistent with current best practice. as outlined in Outcome 2.3. This was raised with management, who confirmed they would review and update falls risk strategies accordingly.

5.6 Cognitive impairment:

The Approved Provider has processes for identifying and responding to the complex needs of older persons experiencing delirium, dementia or other cognitive impairment, and for monitoring deterioration. Care planning is informed by collaboration with older persons and supporters, and processes are in place to identify and minimise situations that may precipitate behavioural changes and to respond to underlying clinical causes. Documentation review and observation evidenced holistic assessment of cognitive impairment, implementation of alternative strategies and compliance with legislative requirements.

5.7 Palliative and end-of-life care:

The Approved Provider has systems and processes to identify when older persons require palliative or end-of-life care and to respond proactively to their changing needs, preferences and dignity. Older persons and supporters confirmed the service is timely and responsive during this period. Pain and symptom management is available 24 hours a day, with access to specialist palliative care services. Advance care planning is actively supported with documentation reviewed, shared and acted upon. Workers confirmed that older persons are appropriately informed and supported throughout the end-of-life period and through bereavement.

Older person experience

Older persons said they receive person-centred, which is evidence-based, safe, effective, and coordinated clinical care services by registered health practitioners, allied health professionals, allied health assistants and competent aged care workers that meets my changing clinical needs and is in line with their individual goals and preferences



Quality Standard 6: Food and Nutrition

Quality Standard 6: Food and Nutrition		Conformance
Older person's expectation	I receive plenty of food and drinks that I enjoy. Food and drinks are nutritious, appetising and safe, and meet my needs and preferences. The dining experience is enjoyable, includes variety and supports a sense of belonging.	
Outcome		Rating
6.1 Partnering with individuals on food and drinks		Conformance
6.2 Assessment of nutritional needs and preferences		Conformance
6.3 Provision of food and drinks		Conformance
6.4 Dining experience		Conformance

6.1 Partnering with individuals on food and drinks:

The Approved Provider partners with older persons in designing a food and drinks service that is enjoyable, varied and responsive to feedback. A monitoring system drives continuous improvement based on older person satisfaction, nutritional intake, health outcomes and evidence-based practice. Older persons indicated the service is responsive to feedback and has demonstrated improvement over time. Management and workers confirmed older persons are actively involved in shaping the dining experience rather than consulted after decisions are made, as evidenced in documentation reviewed by the Audit Team.

6.2 Assessment of nutritional needs and preferences:

The Approved Provider regularly assesses and reassesses older persons' nutrition, hydration and dining needs and preferences as part of care planning. Assessments consider clinical factors, specific dietary needs, individual preferences for what and when to eat, and barriers to eating and drinking, as confirmed by workers and documentation. Reassessment occurs when needs change, confirmed by older persons. The Audit Team observed individualised, current assessments directly linked to care delivery.



6.3 Provision of food and drinks:

Menus are developed in partnership with older persons and reviewed by an Accredited Practising Dietitian at least annually, offering variety, choice and the capacity to meet nutritional needs. Observations evidenced that all meals and snacks, including texture-modified options, are appetising, correctly tempered, well presented and meet each older person's assessed clinical requirements, confirmed by older persons. Nutritious food and drinks are available to older persons at all times, as observed in the service kitchenettes.

6.4 Dining experience:

Sufficient workers are available at mealtimes to support older persons to eat and drink safely and at their own pace. The dining environment supports reablement, social engagement and a sense of belonging, confirmed by older persons who noted opportunities to share meals with visitors. Workers described providing a positive, dignified and social dining experience, with adequate staffing to support individual food and nutrition intake.

Older person experience

Older persons said they generally receive food and drink according to their needs and preferences which is appetising and adequate quantity. They described the dining experience is enjoyable, includes variety and supports a sense of community and belonging.



Quality Standard 7: The Residential Community

Quality Standard 7: The Residential Community		Conformance
Older person's expectation	I am supported to do the things I want and to maintain my relationships and connections with my community. I am confident in the continuity of my care and security of my accommodation.	
Outcome		Rating
7.1 Daily living		Conformance
7.2 Transitions		Conformance

7.1 Daily living:

Older persons reported feeling supported to live the life they choose within their residential care home, including participation in meaningful activities, maintenance of social connections and engagement with the broader community, as observed by the Audit Team. Processes are in place to monitor functional abilities and respond to individual changes based on needs and preferences. Older persons confirmed genuine control over their personal space, relationships and privacy, including the right to intimate relationships free from judgement. Documentation evidenced that daily life reflects individual choice rather than a standardised routine.

7.2 Transitions:

The Approved Provider ensures all transitions, planned or unplanned, are well-coordinated with continuity of care and timely sharing of information with all relevant parties. Older persons and supporters confirmed transitions are well managed, including pre-discharge hospital visits prior to return to the service. Hospital and emergency department use is monitored, with care reviewed and adjusted on return including referrals to relevant health professionals and specialist services such as specialist dementia care as required. Documentation evidenced contemporaneous transition processes and handovers that support continuity and safety for each older person.



Older person experience

In maintaining connections and relationships in their community, older persons said they are supported to do so by the service. They said they feel secure in their place in the service and the continuity of their care.