



Australian Government

Australian Aged Care Quality Agency

Clayton Church Homes Park Village

RACS ID 6170

30 Shillabeer Road

ELIZABETH PARK SA 5113

Approved provider: Clayton Church Homes Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 October 2018.

We made our decision on 24 August 2015.

The audit was conducted on 20 July 2015 to 21 July 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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Clayton Church Homes Park Village 6170
Approved provider: Clayton Church Homes Inc

Introduction

This is the report of a re-accreditation audit from 20 July 2015 to 21 July 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 20 July 2015 to 21 July 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:	Cate Quist
Team member:	Alice Redden

Approved provider details

Approved provider:	Clayton Church Homes Inc
--------------------	--------------------------

Details of home

Name of home:	Clayton Church Homes Park Village
RACS ID:	6170

Total number of allocated places:	60
Number of care recipients during audit:	58
Number of care recipients receiving high care during audit:	55
Special needs catered for:	People living with dementia or related disorders

Street:	30 Shillabeer Road	State:	SA
City:	ELIZABETH PARK	Postcode:	5113
Phone number:	08 8252 6090	Facsimile:	08 8252 6095
E-mail address:	parkvillagesitemgr@claytonhomes.com.au		

Audit trail

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

Interviews

	Number		Number
Management	6	Care recipients/representatives	8
Registered and enrolled nurses	3	Hospitality staff	7
Care/lifestyle staff	9	Maintenance staff	1
Volunteers	2		

Sampled documents

	Number		Number
Care recipients' files	7	Medication charts	6
Clinical and lifestyle care plans/progress notes	6	Residential service agreements	2

Other documents reviewed

The team also reviewed:

- Clayton Connections newsletter
- Competency assessments
- Compliments, suggestions and complaints
- Compulsory reporting register
- Continuous improvement information and action plans
- Diaries and communication books
- Drugs of dependence register and licence
- Equipment maintenance
- Fire safety information and safety certificate
- Food safety plan and audit
- Human resource information
- Incident and hazard reports and data
- Lifestyle calendar and records
- Maintenance information/schedules
- Menu and dietitian reviews of the menu
- Resident handbook
- Staff handbook
- Strategic risk register
- Training calendar/attendance records/evaluations
- Various audits and surveys
- Various clinical guidelines and resources

- Various meeting minutes
- Various policies and procedures
- Vision and guiding principles
- Work health and safety information

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Fire safety equipment and evacuation maps
- Interactions between staff and care recipients
- Living environment
- Meal service
- Medication round
- Storage of medications

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation has a continuous improvement system to identify improvements and monitor performance against the Accreditation Standards. Management and staff identify improvement opportunities through review of adverse event data, audits, feedback from care recipients and staff and strategic planning activities. Corporate and site action plans record actions taken and the outcomes achieved. Feedback from staff and care recipients is sought to evaluate improvements and this is generally recorded on 'Have your Say' forms. Site based improvement outcomes are generally reviewed at site level and corporate improvements are monitored and reviewed by the Senior Planning Group. Staff interviewed said they are encouraged to participate in the continuous improvement program and are informed regarding improvement activities. Care recipients and staff interviewed are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Corporate management identified a need to standardise the corporate orientation program and information presented. An employee induction program has been developed and implemented across all sites. New staff are now provided with consistent information about the organisation's function, guiding principles, values quality and safety programs. Staff feedback shows the sessions are informative.
- To improve future planning processes, accommodate aged care reforms and to consider the best utilisation of all facilities, the organisation planned the development of a master plan. The Board reviewed strategic planning needs and developed the principles on which the plan would be based. A consultant has been appointed and the report regarding the master plan is due to be presented to the Board in July 2015.
- To improve ease of access to telephone communication for care recipients, the organisation installed a new telephone system. Care recipients provide their own handset and then have access to a phone system with no connection fee or ongoing cost. This improvement is recent and yet to be evaluated

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation maintains subscriptions to industry and Government bodies and receives legislative updates on a regular basis. This information is distributed to managers and staff through a variety of communication mechanisms and discussed at staff and management meetings. Required procedural changes are reviewed at the Senior Planning Group meeting and updated policies are communicated to all relevant areas. Regulatory compliance is monitored by the corporate management team through scheduled policy review, audits and regular consultation with relevant legal services. Results show there are processes to monitor and review legislative changes and to inform management and staff of changes in legislative and professional responsibilities. Staff interviewed gave examples of legislative responsibilities relevant to their role.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Informing care recipients and other stakeholders of re-accreditation audits
- Ensuring all required staff, volunteers and contractors have police certificates
- Complying with privacy legislation
- Monitoring professional registrations of staff and contractors

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Training needs are identified through review of key performance data, staff appraisals, current care recipients’ care needs and mandatory training requirements. Corporate recruitment and selection processes incorporate required skills and knowledge and competency is assessed for selected areas. Attendance at mandatory training is monitored. The home monitors the effectiveness of the training program through review of training evaluations, ongoing staff feedback and observation of staff practices. Results show the home provides education across the Accreditation Standards and staff attendance is monitored. Staff interviewed said they are encouraged and supported to participate in the ongoing education program. Care recipients interviewed are satisfied staff have appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- Governance workshops
- Financial management

- Documentation

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. The entry process includes explanation and provision of information regarding internal and external complaint mechanisms. This information is included in the resident handbook and the residential agreement and is displayed in the home. Senior corporate management introduce themselves to new care recipients and provide further information about complaint mechanisms and consultation opportunities. Comments and complaints are logged and monitored at site and corporate level. Results show care recipients are familiar with and use the home's complaint system and their issues are responded to in a timely manner. Staff interviewed described the process to follow when a care recipient raises a complaint. Care recipients interviewed said staff and management are responsive to suggestions or concerns they raise.

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 vision, guiding principles and commitment to quality are documented in care recipient and staff information handbooks and throughout policies and procedures. This information is displayed on noticeboards and is consistent throughout all documentation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. Corporate and site management identify staffing requirements through review of care recipient dependency levels and staff feedback. The standard roster is reviewed at corporate level against national standards. The organisation utilises staff from all sites to replace planned and unplanned leave. Corporate recruitment processes and position requirements guide staff replacement and the management of human resource activities, such as induction and orientation processes. There are credentialling processes and competency assessment for selected clinical activities and care staff have access to a registered nurse for clinical support. Monitoring processes include feedback from staff and care recipients, staff appraisals and observation of staff practices. Results show management review staff numbers and skill mix and roster changes are made in response to identified need. Staff interviewed said they have sufficient time to provide care and services

and have access to information regarding their duties. Care recipients and representatives interviewed are satisfied staff are responsive to care recipients' individual needs and preferences.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying goods and equipment required to provide a quality service for care recipients and staff. Ordering and purchasing is guided by corporate procedures and approval mechanisms and coordinated on site by area managers with delegated responsibilities. There are processes for regular servicing and maintenance of equipment and maintaining appropriate levels of stocks. Electrical items are tested and tagged according to a schedule. Monitoring processes include audits, maintenance reports and feedback from staff and care recipients. Results show appropriate levels of goods and equipment are maintained. Staff and care recipients interviewed are satisfied there are sufficient goods and equipment to provide for care recipients' individual needs.

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 generally has an effective information management system in place. The home has a paper based system for managing care recipients' information which is stored securely and accessible to relevant staff. Information on care recipients' needs is verbally communicated between staff, medical officers and allied health professionals and is generally effective. Electronic processes are used by relevant staff to access information, such as quality reports, human resource documents, continuous improvement and resources used at an organisational level. All electronic information is password protected. Archived files are stored off-site in a secure storage area located at the organisation's main administrative site. Information is distributed through meetings, handbooks, newsletters, noticeboards and memoranda. Information systems are monitored through audits, staff and care recipient feedback and surveys. Monitoring processes are generally effective in identifying issues in the information system. Staff interviewed said they have access to information relevant to their roles. Care recipients and representatives interviewed are satisfied they have sufficient access to information.

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

External services are provided in a way that meets organisational safety and quality requirements. Service agreements outline organisational expectations regarding work practices, service provision and legislative requirements and all contracts are reviewed on a

regular basis by corporate services. Preferred provider lists guide the use of contractors and there are processes to monitor contractors on-site. External service provision is monitored through feedback from staff and care recipients and results show external providers maintain standards of service that meet organisational quality goals. Staff interviewed said they are satisfied with the external services provided and they have the opportunity to provide feedback. Care recipients interviewed are satisfied with externally sourced 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 about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, care recipients' clinical and medication incidents or changes in skin integrity or behaviour are recorded and trending results are generally monitored on a scheduled basis. Care recipients and staff interviewed said they are encouraged to make suggestions for improvement in health and personal care services.

Improvement initiatives related to Standard 2 Health and personal care implemented in the last 12 months include:

- In response to a suggestion from the physiotherapist to improve pain management, the home introduced hand wax baths for selected care recipients. Specialised equipment was purchased and the physiotherapist provides hand wax baths for approximately eight care recipients on a weekly basis. Evaluation feedback from care recipients shows the treatment “Is very relaxing, reduces stiffness, helps arthritis, reduces pain and makes hands feel good”.
- The Medication Advisory Committee identified a need to improve the management of expiry date recording of non-packed medication. Discard date stickers were created and a memorandum sent to staff regarding the use of the stickers to record opening and expiry dates of eye drops, creams and other non-packed medications. This improvement is to be evaluated through the audit system.

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 further information relating to the home's regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Drug licence for S8 medications.
- Procedure for reporting unexplained care recipient absence
- Processes and appropriately qualified staff to provide for specialised nursing care needs

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

In relation to Standard 2 Health and personal care staff, management identify staff training requirements through individual appraisal results and current care recipients’ health care needs.

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

- Continence management
- Behaviour management
- Oxygen management
- Wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

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

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Nursing staff in consultation with medical officers and specialists assess specialised nursing care needs and document interventions in care plans and treatment charts. Appropriately trained care staff deliver specialised nursing care, such as diabetic, warfarin, oxygen and wound management

following the documented written directions of registered nurses and medical officers. Specialised nursing care needs are monitored through regular nursing and medical reviews, handovers, meetings and observation of staff practice. Results show care recipients' specialised nursing care needs are generally documented in accordance to their assessed needs. Staff interviewed said they are aware of documented processes for delivering, reporting and recording specialised nursing care needs. Care recipients and representatives interviewed said they are satisfied with the specialised nursing care provided to care recipients.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

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

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. Nursing staff, pharmacist and medical officers are involved in assessing care recipients' medication needs and developing a medication management plan. Care staff administer medications and manage all 'as required' and 'drugs of dependence' medication following the written direction of registered nursing staff or medical officer. Various audits conducted by pharmacy and staff effectively monitor medication stock, storage and staff practices. All medication incidents and errors are reported by staff and resolved by the site nursing staff. Results show care recipients' medication is managed safely and correctly. Staff interviewed demonstrated their practice is consistent with the policies, procedures and individual medication management plans. Care recipients and representatives interviewed are satisfied care recipients' medications are administered safely, correctly, in a timely manner and by appropriately skilled staff.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

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

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Registered nursing staff provide information on palliative care and advanced care directives during consultation with the care recipient and their representatives on entry to the home and during care reviews. Staff have access to relevant training, equipment and resources to ensure the comfort and dignity of terminally ill care recipients is maintained. Medical officers and specialists consult with the care recipient and their representatives when a care recipient requires palliative care. Monitoring occurs through audits, surveys and staff and care recipient feedback. Staff interviewed said they are aware of individual care recipient preferences in regards to palliative care through the care plans and handovers. Feedback from representatives show they are satisfied with the home’s care of 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

The home has systems to ensure care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Entry processes identify care recipients’ initial nutrition and hydration needs and preferences. Ongoing care reviews and monthly weight monitoring identify changes to care recipients’ requirements. Supplements are provided to care recipients as required. At risk care recipients and those with swallowing difficulties are referred to allied health professionals and care plans are updated to reflect any changes. Nutrition and hydration requirements for care recipients are monitored by the care review process, regular weighs and observation. Results show care recipients identified

at risk of malnutrition or dehydration are reviewed and action taken is effective. Staff interviewed described nutrition and hydration requirements as documented in specific care plans. Care recipients and representatives interviewed said care recipients are satisfied the food provided meets care recipients' nutrition and hydration requirements.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

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

2.12 Continence management

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

Team's findings

The home meets this expected outcome

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

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial assessments and

ongoing reviews identify care recipients' challenging behaviours. Behaviour management plans are developed and contain triggers and interventions for specific behaviours, such as diversional therapy and activities. Mental health services and behavioural specialists are consulted as required for advice on managing challenging behaviours. Behavioural management is monitored through care plan reviews, audits, incident analysis, feedback and observation. Results show all care recipients on 'as required' medication used for identified challenging behaviours have a current assessment and authorisation in place which is reviewed regularly. Staff interviewed described interventions as documented in care plans. Care recipients and representatives interviewed said they are satisfied with the home's approach to challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients receive care that optimises their mobility and dexterity. Initial assessments and ongoing reviews identify care recipients' capabilities and required mobility and dexterity aids. Assessments are conducted by nursing staff, physiotherapists and occupational therapists in consultation with care recipients and representatives. Specialised equipment and mobility aids are available to assist care recipients in maintaining their independence. Monitoring processes include care plan reviews, audits, surveys, incident data analysis, feedback and observation. Results show care recipients are encouraged and supported to maintain independence. Staff interviewed said they attend manual handling education and provided examples of interventions consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied care recipients are provided with assistance to maintain their mobility and independence.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' oral and dental health is maintained. Assessments occur on entry and as required to develop a comprehensive care plan. Equipment, resources and assistance are provided to maintain care recipients' oral and dental health. Care recipients have access to dental services and referrals occur in accordance to the care recipients' needs and preferences. Monitoring occurs through audits, surveys, infection data and feedback mechanisms and are effective in identifying when care recipients' needs change. Results show care recipients' oral and dental health is maintained and adequate stock and equipment is provided. Staff interviewed said they are aware of individual oral and dental care needs. Care recipients and representatives interviewed are satisfied care recipients' oral and dental health is maintained and their preferences are respected.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ sensory losses are identified and managed effectively. Care recipients’ sensory loss is assessed in relation to their vision, hearing, smell, taste and touch. Any sensory loss identified is detailed in care plans with effective strategies and aids to manage, support and improve any sensory deficit. Consultation occurs with relevant specialists as required and assistive devices are provided to support sensory loss. Activities provided promote and enhance sensory enjoyment. Monitoring occurs through care reviews, audits, staff and care recipient feedback and observation. Results show care recipients’ sensory losses are identified and effectively managed. Staff interviewed said they are aware of care recipients’ sensory deficits and strategies to manage them. Care recipients and representatives interviewed are satisfied with staff assistance to manage care recipients’ sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Care recipient lifestyle, improvement opportunities are identified through consultation with care recipients and staff and through access to lifestyle information services.

Examples of improvement initiatives related to Standard 3 Care recipient lifestyle implemented in the last 12 months include:

- The Board identified a need to improve pastoral care services across the organisation. A project/pastoral care officer was appointed in January 2015 to research the pastoral care role and provision of services. This included a consultation process to gauge care recipients’ satisfaction with chaplaincy services and to invite suggestions regarding how to improve the service. A report has been prepared and presented to the Board for review and discussion regarding the implementation of report recommendations. The position is ongoing while future planning is completed and the project will be evaluated when implementation is finalised. Feedback from care recipients shows they look forward to visits from the pastoral care officer and enjoy conversations with them.
- To improve resources for lifestyle staff and networking opportunities the organisation subscribed to a lifestyle resource information organisation. Lifestyle staff have access to a data base of educational resources, documentation examples, lifestyle activity program ideas and regular newsletters. Lifestyle staff said they use the resource and have implemented new activities and documentation processes as a result.

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 further information relating to the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Policies, procedures and register for reporting of elder abuse
- Residential service agreements
- Privacy policies to protect the use of personal information.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipients' lifestyle include:

- Zero tolerance
- Privacy and dignity
- Respecting for care recipients' rights

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients receive support in adjusting to life in the new environment and on an ongoing basis. Care recipients' emotional needs are assessed on entry and an ongoing basis in consultation with care recipients and their representatives. Daily support from staff is provided to new care recipients and progress notes are used to assist in ongoing assessment of their emotional needs. Care staff, lifestyle staff and volunteers support the emotional needs of care recipients according to their individual preferences and requirements. Monitoring occurs through surveys, lifestyle reviews, observation and feedback from staff, care recipients and representatives. Results show care recipients' emotional needs are effectively met when adjusting to life in the home and on an ongoing basis. Staff interviewed said they are aware of individual care recipients' emotional support needs and discussed strategies as documented on the care plans. Care recipients and representatives interviewed said they are satisfied staff deliver appropriate emotional support to care recipients and support them in accessing social, religious and family support in accordance to their preferences.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Ongoing assessment of individual needs is used to develop strategies to encourage and support care recipients' independence. Physiotherapists and occupational therapists are involved in assessment and planning which results in individualised exercise programs and provision of equipment to support care recipients in maintaining their independence. Monitoring occurs through care reviews, audits, risk assessments,

environmental inspections, care recipient surveys and feedback. Results show care recipients have access to equipment and are supported by staff to achieve maximum independence. Staff interviewed said they are informed through care plans, diaries and handovers when care recipients require their assistance to participate in lifestyle activities. Care recipients and representatives interviewed said the home actively assists care recipients in achieving independence and supports them to participate in the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has a system to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. The system includes assessments of individual needs and preferences, access to information on confidentiality, secure storage of personal information and staff education. Staff are informed of individual preferences in regards to privacy and dignity through care plans and progress notes. Monitoring occurs through audits, surveys, care reviews, care recipient meetings and the feedback mechanisms. Results show the home actively recognises and respects care recipients' privacy, dignity and confidentiality. Staff stated they are aware of the home's confidentiality policy and procedures and staff were observed knocking on care recipients' doors and treating them with respect. Care recipients and their representatives stated they are satisfied staff respect care recipients' privacy and dignity.

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

The home has a system to ensure care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Individual ongoing assessments and gathering life history in consultation with care recipients and their representative occurs on entry, to develop a leisure plan. A wide range of activities is offered, care recipients are provided with a copy of the weekly activity schedule that includes bingo, exercises, singing and games. Care recipient lifestyle care plans include details of individual and one-to-one activities of the care recipient's choice. Monitoring occurs through daily recording of participation and outcome of group and individual activities, meetings, weekly reviews of activities and daily verbal feedback from care recipients. Results show the leisure activities program and one-to-one activities are continually adapted to meet the preferences and interests of each care recipient. Staff interviewed said they actively assist and support care recipients in participating in a wide range of activities. Care recipients and representatives are satisfied care recipients are supported to participate in activities that are of interest to them and their preferences are respected by the staff.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home has a system to ensure all individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessments are conducted in consultation with the care recipient and their representative to develop individual care plans outlining their preferences and wishes in regards to their spiritual and cultural needs. Cultural and spiritual support and services are provided to care recipients in accordance to their documented needs. Monitoring occurs through surveys, care reviews, feedback from staff, care recipients and representatives. Results show care recipients are supported to regularly attend spiritual and cultural events within the home and within the wider community. Staff interviewed said they are aware of individual care recipient's needs and actively value and foster each individual's beliefs and backgrounds. Care recipients and representatives interviewed are satisfied the home supports care recipients in celebrating spiritual and cultural events of interest to them.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has a system to ensure each care recipient or their representative participates in decisions about the services the care recipients receive, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Consultation with the care recipient or representative occurs during all assessment processes, including reviews by medical officers and specialists and when developing a care plan. Care recipients' choices and preferences are documented on care plans. Monitoring occurs through feedback, care recipient surveys and care recipient meetings. Results show care recipients actively participate in decisions about the care and services they receive at the home. Staff interviewed said they are aware of individual choices and respect the decisions made by care recipients when meeting their care needs. Care recipients and representatives interviewed said staff consistently encourage care recipients to participate in decisions about the care delivered and their decisions are respected by staff enabling them to exercise control over their 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

Care recipients understand their rights and responsibilities and there are processes to ensure secure tenure. On entry, care recipients or their authorised representative are provided with information about their rights, security of tenure arrangements and advocacy services. Ongoing access to information is supported through information displays, meetings,

consultation and visits from local advocacy services. Management consult with care recipients and their representatives prior to room changes and this process is documented in progress notes. Care recipient and representative feedback and review of residential agreement documentation are used to monitor that procedures are effective in informing care recipients of their rights. Results show management and staff comply with organisational requirements with regard to security of tenure. Care recipients and their representatives are satisfied they have access to relevant information and are satisfied with security of tenure arrangements.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, improvement opportunities are identified through review of environmental monitoring results and care recipient feedback.

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems implemented in the last 12 months include:

- To improve care recipient input to the menu and menu choices, catering staff implemented a tasting session on a monthly basis. A meal from the proposed new menu is prepared and care recipients are invited to a tasting session. Their comments are recorded on ‘Have Your Say’ forms and considered when planning the menu. Approximately 15 care recipients regularly attend the tastings and feedback forms show they utilise the opportunity to comment on the food provided.
- To improve the visual aspect of garden areas and to provide opportunities for care recipients to utilise individual garden areas, management upgraded garden areas and planted new lawns. This improvement is to be evaluated at the next care recipients’ meeting. Care recipients interviewed said the gardens have improved and look better.

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 further information relating to the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Current Triennial Fire Safety certificate
- Documented food safety plan
- Current food safety council audit
- Mandatory training for manual handling and fire and emergency for all staff.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Fire and emergency
- Emergency management planning
- Manual handling
- Infection control
- Food safety

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The organisation is actively working to provide a safe, comfortable environment that meets care recipients' care needs. The home provides single room accommodation with en-suites and a variety of internal and external living areas which allow for adequate privacy and personal space. Care recipients' individual safety requirements are included in the care plan and include secure areas, access to a call bell, sensor alarms and measures to support care recipients who may wander. The home has a no restraint policy and utilises environmental measures to maintain care recipients' safety. Routine scheduled maintenance, hazard reports, worksite inspections and the audit system generally monitor the environment is safe for care recipients and visitors. Results show management are responsive to identified system issues and maintenance requests are attended promptly. Staff interviewed gave examples of strategies to support care recipients' safety. Care recipients and representatives are satisfied the environment is safe and secure and meets care recipients; individual preferences.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe working environment that meets regulatory requirements. Corporate and site specific staff induction and orientation processes include information regarding personal safety, hazard identification and reporting, maintaining safe work practices and reporting incidents. Staff interviewed said work health and safety is discussed at staff meetings and feedback regarding the work environment is

encouraged. The corporate Work Health and Safety Committee meet regularly and review staff incidents, hazard reports and audit results. Actions are implemented in response to identified safety issues. A strategic risk register has been developed and implemented and will be reviewed by senior management and the Board on a scheduled basis. Results of monitoring processes show management and staff are responsive to identified work health and safety risks. Staff interviewed said they are satisfied they work in a safe environment and can maintain safe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. External contractors monitor and maintain fire safety equipment, security equipment and fire safety systems. Staff are provided with emergency management training at induction and on an annual basis. Security systems include key padded doors in relevant areas, security lighting and a regular security patrol at night by an external provider. Emergency management and safety systems are monitored through internal and external audit systems and ongoing review by the management team. Results show fire safety system maintenance is current and staff are provided with regular emergency management training. Staff interviewed described their responsibility in an emergency. Care recipients said they know what to do if the fire alarm is activated.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a system to ensure there is an effective infection control program. Staff education, cleaning schedules, preventive maintenance, an infection control program and the provision of relevant resources and equipment all contribute to the system. Monitoring occurs through environmental audits, temperature recording, food safety audits and infection data analysis. Management monitors the infection control program through trending and analysis, provision of up-to-date information, equipment and recording of infections. Results show infections are identified and communicated effectively and resolved appropriately. Staff state they have access to information, equipment and training to ensure effective infection control practices. Care recipients and representatives interviewed said they are satisfied the home has an effective infection control program.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and the staff's work environment. Assessment processes identify dietary needs, personal

and cultural preferences and this information is documented and communicated to relevant staff. Meals are cooked on site by an external catering company. The rotating menu provides choice and variety and caters for specialised diets. Catering staff observe care recipients during the meal and invite comment following meal service. In addition, care recipients are encouraged to provide meal suggestions during the resident meetings and at the meal tastings. All menus are reviewed by a dietitian and recommendations are implemented. Care staff attend to personal laundry and an external service maintains flat linen. Cleaning services are provided through an external contractor. Hospitality services are monitored through internal and external audits, and feedback from care recipients. Results show hospitality services meet individual needs and preferences. Staff interviewed said care recipients' needs and preferences are regularly assessed and documentation is updated when care needs change. Staff said they are satisfied with their work environment. Care recipients and representatives interviewed are complimentary regarding the hospitality services provided.