



Australian Government

Australian Aged Care Quality Agency

Clayton Residential Aged Care Service (N/H)

RACS ID 6188

156 Main North Road

PROSPECT SA 5082

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 11 October 2018.

We made our decision on 12 August 2015.

The audit was conducted on 07 July 2015 to 08 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



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Audit Report

Clayton Residential Aged Care Service (N/H) 6188

Approved provider: Clayton Church Homes Inc

Introduction

This is the report of a re-accreditation audit from 07 July 2015 to 08 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 07 July 2015 to 08 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:	Judy Aiello
Team member:	Judith Silkens

Approved provider details

Approved provider:	Clayton Church Homes Inc
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Details of home

Name of home:	Clayton Residential Aged Care Service (N/H)
RACS ID:	6188

Total number of allocated places:	61
Number of care recipients during audit:	56
Number of care recipients receiving high care during audit:	56
Special needs catered for:	People living with dementia or related disorders

Street:	156 Main North Road	State:	SA
City:	PROSPECT	Postcode:	5082
Phone number:	08 8269 5500	Facsimile:	08 8269 5100
E-mail address:	prospectsitemgr@claytonhomes.com.au		

Audit trail

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

Interviews

	Number		Number
Management	5	Care recipients/representatives	10
Clinical and care staff	6	Catering, hospitality and lifestyle management and staff	5
Administration and maintenance staff	3		

Sampled documents

	Number		Number
Care recipients' care and lifestyle plans and relevant progress notes	10	Medication charts	6

Other documents reviewed

The team also reviewed:

- Activities calendars
- Activities evaluations
- Audit schedule and reports
- Care recipients' handbook
- Care recipients' information package
- Care recipients' surveys
- Clinical handover sheets
- Comment and complaint records
- Communication books and diaries
- Consent forms
- Continuous improvement documentation
- Dietary advice forms
- External contract status record
- Fire system maintenance records
- Food safety audit report
- Incident documentation
- Infection control data and reporting
- Job descriptions and duty statements
- Key performance indicator reports
- Menu
- Minutes of various meetings
- Newsletters

- Police clearance records
- Policies, procedures and flow charts
- Preventive and corrective maintenance records
- Resident agreement
- Resident and staff newsletters
- Safety data sheets
- Staff handbook
- Staff registration records
- Survey results
- Training calendar
- Training records
- Triennial fire safety certificate
- Validated assessment tools
- Various memoranda
- Volunteer orientation information

Observations

The team observed the following:

- Activities in progress
- Allied health services on site
- Care recipient and staff noticeboards
- Cleaning in progress
- Document archive
- Equipment and supply storage areas
- Evacuation plans
- Fire control equipment
- Infection control resources
- Interactions between staff and care recipients
- Kitchen facilities
- Laundry facilities
- Living environment
- Personal protective equipment
- Short observation of four care recipients during meal service
- Storage of and management 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

Clayton Residential Aged Care Service is under the corporate management of Clayton Church Homes Inc. (CCH). The home actively pursues continuous improvement applying a corporate framework, which includes inputs from care recipient and staff feedback processes, audits, key performance indicators and strategic planning processes. Identified improvements are recorded on site specific or corporate action plans and actions and outcomes monitored through the home's management meeting structure. Care recipients and staff are advised of the home's continuous improvement processes and initiatives through meetings, newsletters and notice boards and are encouraged to participate. Care recipients and staff are satisfied with the home's is responsive to their suggestions and ideas.

In relation to Standard 1 Management systems, staffing and organisational development the home has implemented the following improvements:

- As a component of revised and improved staff recruitment and selection processes, and to improve new staff understanding of corporate processes and the organisation's culture and expectations, a new corporate induction program has been implemented. The program is conducted by the chief executive officer, manager residential facilities and the manager quality assurance. The program is conducted every two months to ensure access to all commencing staff. Documented staff feedback and staff interviews indicate that this program, and the opportunity to meet senior management, is appreciated by staff. Further actions in progress include providing additional benefits for staff to attract and retain appropriate staff, consistent with the corporate vision and guiding principles.
- The Board has embarked on a strategic planning exercise to develop a master plan for CCH. Planning meetings were held in August 2014, February 2015 and April 2015. An external organisation has been engaged to advise on the forward planning which will include review and development plans for each of the CCH facilities. A strategic plan will be developed from this process.

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

There are process to ensure compliance with relevant legislation, regulations and guidelines. Required legislation is advised through the home’s peak body and professional memberships. The chief executive officer informs the Board and senior planning group of legislative changes and required actions are recorded on the corporate action plan. Changes to policies, procedures and documentation are made accordingly and staff and care recipients are advised through meetings, memoranda, newsletters or personal written communication. Audit processes monitor the home’s regulatory compliance processes and results show the home implements relevant legislation, regulations and guidelines across the Accreditation standards.

In relation to Standard 1 Management systems, staffing and organisational development, examples of regulatory compliance includes:

- Processes to advise care recipients and other stakeholders of forthcoming Re-accreditation audits within required time frames
- Monitoring and ensuring police clearances for all relevant staff, volunteers and contractors
- Monitoring and ensuring relevant staff have required professional registration.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

There are processes to generally ensure staff have the relevant skills and knowledge to perform their roles. Staff are selected according to documented required skills, experience and knowledge, with ongoing performance and training requirements assessed during performance appraisals and competency assessments. An annual training calendar which incorporates mandatory topics, is developed relevant to staff requests, legislative requirements, industry trends and care recipient needs. Staff have access to a range of current information to guide their practice and are supported to attend external training and to upgrade their qualifications. Training sessions are evaluated and on-line records of training are monitored to ensure mandatory sessions are attended. Results generally show that staff have attended required training and have the relevant skills and knowledge to perform their roles.

Examples of training provided relevant to Standard 1 Management systems, staffing and organisational development include:

- Aged Care Funding Instrument
- Finance and budgets
- Emergency management planning
- Board governance

- Leadership development

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

There is access for care recipients and other stakeholders to internal and external complaint processes. Entry processes provide information on feedback and complaint mechanisms through the resident handbook, information pack and agreement. Further information is displayed in the home, included at resident meetings, in regular newsletters and processes advocated by staff. 'Have your say' forms are used by the home to document all feedback, which is logged and addressed according to procedures, including written responses from the chief executive officer for complex complaints. A suggestion box is available for confidential feedback. Process effectiveness is monitored by the management team against key performance indicators, through audits, and resident surveys. Identified opportunities for improvement are documented on the action plan. Results indicate feedback processes are effectively handled. Care recipients are satisfied with their access to complaint processes and the responsiveness of management to their feedback.

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

CCH Inc. has documented their vision and guiding principles, which include the organisation's commitment to providing a quality service. This information is provided during staff induction, displayed in the home, included in handbooks and incorporated into organisational policies.

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

There is generally appropriately skilled staff, sufficient to ensure care and services are provided according to the home's guiding principles. Staff are recruited according to recently revised recruitment and selection procedures and relevant to position descriptions. Staff are provided with both corporate and site specific induction and supported in their roles through a buddy system, regular probationary and ongoing reviews and duty statements. There are orientation processes for agency staff. Staffing levels are guided by national benchmarks and modified according care recipient needs. There is twenty four hour registered nurse supervision. Planned and unplanned vacancies are filled with casual staff, shared resources from related sites or short term contracts. Staffing levels are monitored through staff and care recipient feedback, incident reporting, call bell response times, and review of care recipients'

care needs. Results show there is sufficient, qualified staff to provide for care and services. Care recipients are satisfied with staff responsiveness and the standard of care provided.

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

There are appropriate supplies and equipment for the provision of care and services. Supplies are purchased, stored and monitored according to policies and procedures and delegated levels of financial authority. There are planned and ad hoc equipment replacement programs relevant to changing care recipient need, depreciation and maintenance history. There are processes for trialling and risk assessing new equipment and safe operating procedures are accessible to staff. There are preventive maintenance, calibration and cleaning programs for plant and equipment and a responsive corrective maintenance program. Inventory and equipment requirements and processes are monitored through audit processes, incident, hazard and accident reporting, strategic planning processes and staff and care recipient feedback. Results and care recipient feedback shows there are sufficient supplies and equipment for care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems in place to ensure all stakeholders have access to information regarding the activities and processes of the home. On entry to the home care recipients and representatives receive information regarding the care and services provided. Noticeboards, newsletters, memoranda, meeting minutes, staff handbooks and electronic communication systems are used to disseminate ongoing information to staff, care recipients and representatives. Policies, procedures and guidelines are available to guide staff practice. The organisation subscribes to industry bodies that provide links to a wide range of information and resources. The home monitors the effectiveness of its information management system through audits, observation and feedback. Information is stored appropriately for its purpose and in accordance with relevant legislative requirements. Results show that confidential material is accessible when required, stored securely and disposed of appropriately. Care recipients, representatives and staff are satisfied the home keeps them informed on all aspects relating to care and services.

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

Externally sourced services are generally being provided to meet the service needs and quality goals. External contracts are managed by the newly appointed corporate property services manager and the chief executive officer, generally according to organisational

policies and procedures. Services are selected from approved provider lists or linked with nationally negotiated corporate contracts through the Uniting Church. Contractors attending the home are required to sign in and where relevant, are supervised by the home's maintenance officer. Police clearances are recorded for all external service providers. While there is currently no formal process for contractor evaluation or review there are examples of contracts being changed as a result of management and staff feedback. There are audits to monitor processes. Care recipient feedback is sought through surveys and established feedback systems. Results show that while a number of contracts have expired, external service standards are satisfactory and care recipients 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 related to the home's continuous improvements systems and processes.

In relation to Standard 2 Health and personal care there are processes to monitor clinical care which include incident reporting, staff and care recipient feedback, audits and care review processes. These assist the home to identify opportunities to improve clinical care. Care recipients and staff are satisfied the home is receptive to their improvement suggestions.

Improvements implemented by the home in relation to Standard 2 Health and personal care in the last 12 months include:

- To improve staff access to best practice information and as a basis for revising clinical procedures, the home has recently subscribed to Joanna Briggs Institute and obtained the best practice manual. The site manager's group is conducting a gap analysis of their existing procedures as a basis for implementing revised and updated procedures. This project is still in progress
- To provide more consistent hydration, and safe management of care recipients requiring thickened fluids the home trialled an alternative thickening agent. The home was using a powder based thickener which staff found difficult to dissolve effectively and which changed consistency on standing. A liquid based thickener was effectively trialled and implemented with staff indicating the thickened fluids were more palatable for care recipients, the consistency was maintained and there were no lumps. The home's training calendar includes ongoing training sessions in swallowing deficits and their management.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information relating to the home's regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care examples for regulatory compliance include:

- S8 medications stored securely and required records maintained according to legislative requirements.

- Staffing and supervision processes to ensure compliance with the provision qualified staff for specialised care needs.
- Procedures and related documentation for the management of potentially absconding care recipients

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of training provided relevant to Standard 2 Health and personal care include:

- Medication management
- Nutrition and hydration
- Continence management
- Palliative care and pain management
- Skin care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. Registered nurses develop individual care plans guided by an initial assessment checklist, which is followed by comprehensive multidisciplinary assessments. Changes to care recipients’ needs are documented in communication books and progress notes and care plans are updated to reflect the changes. Changes are communicated to staff through the handover process. Care recipients, representatives, medical officers and other stakeholders are consulted and informed regarding relevant changes in care recipients’ health status. The home monitors care recipients’ clinical care through regular weighs, observations, care plan reviews, scheduled audits and feedback. Results show the home’s assessment tools to be effective in identifying care recipients’ clinical needs. Clinical and care staff provided information which was consistent with care recipients’ care plans. Care recipients and representatives said they are satisfied with the appropriateness of clinical care received.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses complete assessments and develop care plans in

consultation with allied health professionals, medical officers and external specialists. Recommendations for care interventions and treatment are incorporated into care plans. Qualified nurses provide specialised care such as wound management, catheter care and diabetes management. Specialised nursing care is monitored through care plan reviews, observations, audits and feedback. Results show that specialised nursing care needs are identified, documented and met. Staff said they have access to education, guidelines and clinical practice resources to assist them in meeting specialised nursing care needs. Care recipients and representatives said they are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their needs and preferences. External health care providers such as physiotherapists, dentists, optometrists and podiatrists visit the home on a regular basis or as required. Extended care paramedics are used to enable care recipients to receive specialised care procedures within the home. The home monitors the services provided by other health and related service providers through care reviews, audits, feedback and observation. Results show that care recipients needs and preferences are documented and referrals to health and related services are made accordingly. Staff gave examples of the variety of health professionals who attend the home to provide services to care recipients. Care recipients and representatives said they are satisfied they have suitable access to health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that care recipients’ medication is managed safely and correctly. Nursing staff administer medications and have access to relevant information and clinical support to guide their practice. Medication charts provide detailed administration instructions and alerts and include information which accurately identifies the care recipient. There are procedures for nurse initiated, self-administered and ‘as required’ medications. Medical officers and pharmacists review care recipients’ medication and medication charts on a regular basis. Medications are stored in a safe manner in line with legislative requirements. Medication management is monitored through internal and external audit processes, reporting of adverse events, observation and feedback, and is overseen by the Medical Advisory Committee. Results show monitoring systems are effective in identifying issues related to medication management. Staff are able to demonstrate their understanding of their responsibilities in providing care recipients with medication in a safe and correct manner. Care recipients are satisfied their medications are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Initial and ongoing assessments are conducted to identify care recipients pain. Assessment tools are used to develop pain management plans in consultation with care recipients, representatives, medical officers and allied health professionals. The home utilises physiotherapy services to assist with pain management strategies and treatments. Alternative therapies including, massage, repositioning and heat packs are utilised where appropriate. The home monitors pain management systems through care plan reviews, observation, feedback and audits. Results show that care recipients’ pain is identified, evaluated, reported to medical officers and changes made to care plans and medications as appropriate. Staff described pain management strategies for individual care recipients including the use of tools to assess pain in care recipients living with dementia. Care recipient’s said that the home managed their 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

Care recipients receive palliative care to maintain their comfort and dignity during the final stages of life. Care recipients changing needs are closely monitored and managed by clinical staff with needs and preferences of care recipients and representatives communicated to all staff. Pastoral care services are available to support care recipients and their families if required. Staff maintain communication with care recipient’s representatives in a sensitive manner to ensure that the care recipient’s comfort and dignity is maintained. The home monitors its palliative care services through feedback and observation. Staff gave examples of how the comfort and dignity of terminally ill care recipients is maintained. Representative’s compliments received by the home demonstrate their satisfaction with the palliative care provided to care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Care recipients’ nutritional and hydration needs are identified through initial and ongoing risk-based assessment and review processes and recorded in care plans and on dietary advice forms. Registered nurses plan and review nutrition and hydration needs in consultation with care recipients, representatives, medical officers, dietitians and speech pathologists. Cultural and personal preferences are ascertained, recorded and included in dietary planning. Supplemented and modified food and drinks are provided according to prescribed requirements. The home monitors nourishment and hydration needs through weight monitoring, care review, care recipient meetings, survey results, audits and feedback. Results show that care recipients’ needs are documented and regularly reviewed. Staff were able to describe individual care recipient’s dietary needs and

preferences. Care recipients and representatives were satisfied their nutritional and hydration needs were met.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin care needs are identified on entry to the home and reviewed on an ongoing basis. Preventative strategies such as the use of moisturising creams and pressure relieving clothing and equipment are identified and implemented to maintain care recipients’ skin integrity. Registered nurses are responsible for the evaluation and management of complex wounds. Appropriate resources are available to staff involved in skin care to guide them in the performance of their duties. Monitoring processes include care plan reviews, observations, incident reporting and audits. Results show care recipients’ skin integrity is assessed regularly and managed to ensure skin integrity is maintained consistent with their general health. Staff described preventative devices and appropriate wound care products utilised within the home. Care recipients and representatives were satisfied with the care provided in relation to skin integrity.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

The home has a continence management program that is effective in managing care recipients’ continence needs. A continence assessment is conducted on entry to the home with reviews conducted regularly and changes recorded in care plans. Continence assessments are conducted by trained staff and identify the hygiene needs, preferences and aids required to maintain care recipient’s maximum level of independence, comfort and dignity. There are strategies to maintain skin integrity, manage and monitor urinary infections and maintain adequate fluid intake. The home monitors continence management through care plan reviews, audits, analysis of infection data and feedback from clinical and care staff, care recipients and representatives. Results show care recipients’ continence needs are identified and strategies to manage individual needs are reviewed on a regular basis. Staff described continence management strategies consistent with procedures. Care recipients and representatives were satisfied with how continence needs were managed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Registered nurses assess, plan and evaluate behaviour management needs in consultation with the care recipient, representatives and medical officers. Specialist behaviour management services are consulted as required and behaviour management details and strategies are recorded in behaviour management and care plans. The home has a minimal

restraint policy and encourages the use of alternative behaviour management strategies. Behaviour management is monitored through review and analysis of incidents, audits, observation and regular care reviews. Results show staff have received training in behaviour management strategies and care recipients are referred to external services where a need is identified. Staff are able to provide examples of appropriate behaviour management strategies for individual care recipients with challenging behaviours. Care recipients and representatives said staff are responsive to care recipient's with challenging behaviours needs.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients receive care that provides them with optimum levels of mobility and dexterity. Initial and ongoing assessment processes are used to identify and manage care recipients' mobility and dexterity needs, falls risk and requirement for supportive aids. Physiotherapists and occupational therapists develop preventative and rehabilitative programs for care recipients. Assistive devices are used to promote care recipients' independence and group and individual exercise programs support the maintenance of mobility. Monitoring processes include incident report analysis, audits, care reviews, observation and physiotherapy reviews. Results show examples of care recipients' mobility and dexterity being optimised through programs provided, with evidence of improvements observed by the team. Staff described how they support individual care recipients to maintain or improve their mobility or dexterity. Care recipients and representatives said they have access to suitable equipment to assist them to maintain their mobility.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained in accordance with their individual needs and preferences. Care recipients' oral and dental health is assessed on entry to the home and reviewed on a regular basis to identify and manage oral and dental needs. Care plans are developed which document the daily oral and dental hygiene requirements of each care recipient. The home has a regular toothbrush replacement program and provides oral hygiene products for care recipients with dentures. Dental services are organised to come to the home for care recipients who are unable to attend their own dentist. Oral and dental care is monitored through daily observation, regular care review and audits. Results show care recipient's oral and dental health is assessed regularly and maintained. Staff said they ensure residents receive adequate fluids and described appropriate oral care. Care recipients and representatives said that staff provided satisfactory oral and dental care in accordance with their needs.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Care recipients’ sensory losses are assessed on entry to the home utilising a sensory assessment tool. Ongoing observation and assessments including those performed by optometrists, audiologists and occupational therapists are conducted to review sensory loss. Management strategies, aids required and changes to care recipient’s sensory support needs are entered in care plans. Monitoring processes include care plan reviews, audits and feedback. Results show care recipients’ sensory losses are assessed and documented. Staff gave examples of how care recipients with visual sensory loss are assisted to maintain their independence. Care recipients said that staff assist them to manage their required aids and are satisfied the home supports their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home supports care recipients to achieve natural sleep patterns. Initial and ongoing assessment and review processes identify care recipient’s preferred and natural sleep patterns. Strategies such as physical activity programs, lighting, positioning, white noise generation, supper and warm drinks are utilised to promote natural sleep. Care recipient’s receiving sedation are monitored for health and behavioural changes. Monitoring processes include observation, audits and feedback from staff and care recipients. Results show that care recipients preferences for the promotion of natural sleep are assessed and where possible facilitated. Staff provided examples of strategies to promote natural sleep for individual care recipients. Care recipients and representatives said that they were assisted by staff to maintain natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Session evaluations, lifestyle reviews, care recipients’ meetings and feedback processes are used by the home to identify improvement initiatives in relation to Standard 3 Care recipients’ lifestyle. Care recipients are satisfied that the lifestyle program includes their suggestions and the home is responsive to their feedback.

In relation to Standard 3 Care recipient lifestyle the home has implemented the following improvements:

- To improve pastoral care services and emotional support processes for care recipients, a pastoral care appointment has been made on a trial basis for six months. An internal referral form has been introduced to inform the pastoral care staff member of care recipients’ requests for attendance. The role also acts as a coordinator arranging pastoral services from a range of denominations relevant to care recipients’ needs, and also attends care recipient meetings. Regular meetings have been held with the chief executive officer and manager residential facilities to keep them informed of progress and response to the role and service. A report and recommendations has been provided to the Board on the outcomes. The Board decision on a permanent appointment is pending.
- To enhance the range of activities available to care recipients the home has arranged membership of ‘Golden Carers’. Lifestyle staff have purchased activity resources and implemented new activities for care recipient enjoyment. The membership also enables networking with other lifestyle staff and receipt of a regular newsletter promoting ideas for a varied lifestyle program. Care recipient interviews indicate they have access to a range of activities to meet their needs.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information relating to the home’s regulatory compliance systems and processes.

In relation to Standard 3 Care recipient lifestyle examples of regulatory compliance include:

- Procedures and documentation relevant mandatory reporting legislative requirements
- Privacy policy and related procedures

- Processes and advice to support care recipients' security of tenure.

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 related to the home's education and staff development systems and processes.

In relation to Standard 3 Care recipient lifestyle training provided includes:

- Elder abuse
- Dementia care and intimacy in dementia
- Respect for care recipients' rights and responsibilities
- Security of tenure

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 processes to ensure care recipients are supported in adjusting to life in the new environment and on an ongoing basis. On entry to the home lifestyle staff identify and document each care recipient's emotional support needs and preferences in care plans. Care recipients are oriented to their new environment and introduced to key staff and other residents. Support is provided on an ongoing basis through one-to-one visits. Care recipients have access to general practitioners, allied health specialists and pastoral care services where additional emotional support is required. Monitoring processes include care and lifestyle reviews, surveys, observation and feedback. Results show care recipients' emotional support needs are identified and managed. Staff interviewed described emotional support strategies to assist care recipients to settle into their new environment. Care recipients interviewed said they are satisfied with the emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in activities within the community and the home. On entry to the home initial assessments include a care recipient profile containing independence requirements that is incorporated in the care plan. Lifestyle staff consult with clinical and care staff, care recipients and representatives to review the care recipient's preferences and independence needs on a regular basis. Independence and community involvement is encouraged through

regular activities, outings and volunteer visits. Family members assist care recipients to attend activities outside the home and there are lounge areas within the home where care recipients can enjoy a coffee with family and other visitors. Appropriate aids and modifications are available to support mobility and independence within the home and community. Care recipients' independence requirements are monitored through feedback, audits and activity evaluation. Staff practices encourage and help maintain each care recipient's individual level of independence. Care recipients said they are assisted and encouraged to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Assessment processes identify each care recipient's privacy and dignity needs and preferences. Care plans outline a range of interventions, including preferred names, preferences for activities of daily living and lifestyle. The home maintains processes to protect care recipients' privacy and confidentiality including consent to collect and disclose information. Care recipients have lockable cupboards to protect personal items and have access to lounge and outdoor areas to meet with family and friends. Monitoring processes include care and lifestyle review processes observation and feedback. Observation of staff practice was consistent with those that support care recipients' privacy and dignity. Staff interviewed described practices to support care recipients' privacy, dignity and confidentiality. Care recipients interviewed said staff respect and maintain their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The home assesses, monitors and reviews each care recipient's lifestyle needs and preferences. Care plans outline leisure interests and activities including, social history, support networks and preferred lifestyle activities. A monthly activity calendar provides a varied program of regular and special activities and events. Care recipients are encouraged and assisted to participate in activities of their choice. Volunteers and pastoral care workers are available for further support and companionship. The ongoing suitability of activities is monitored through lifestyle reviews, audits, surveys, resident meetings, observation and feedback. Results show care recipients are encouraged to make suggestions and provide feedback in relation to the activity program. Staff interviewed said they have access to information relating to each care recipient's leisure and lifestyle interests and assist care recipients to attend activities of interest to them. Care recipients interviewed said they are satisfied with the activities provided and are supported to participate in activities of interest to them.

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 processes to ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Each care recipient's cultural and spiritual needs and preferences are recorded in care plans on entry to the home. Care recipients are supported to attend cultural and spiritual activities of importance to them within the home. Multi-denominational church services are held in at the home on a scheduled basis. Pastoral services provided by the organisation incorporate individual visits for care recipients. Significant cultural days are celebrated including, Christmas day, Australia day and Remembrance Day. Monitoring processes include lifestyle review processes, audits, surveys, observation and feedback. Results show care recipients' individual cultural and spiritual needs are documented and supported. Staff interviewed described cultural and spiritual support strategies for individual care recipients consistent with documented plans of care. Care recipients interviewed said they are satisfied their cultural and spiritual needs and preferences are respected and supported.

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 rights of each care recipient and/or representative to make decisions and exercise choice and control over the care recipient's lifestyle are recognised and respected. Entry and assessment processes identify each care recipient's preferred needs, authorised representative, general practitioner and contacts. Care plans describe preferred preferences for activities of daily living, meals and drinks, sleep and lifestyle. Information about care recipient rights and responsibilities is included in the care recipient agreement and displayed throughout the home. Care recipients and representatives are encouraged to raise concerns through resident meetings, feedback forms or directly with management. Monitoring processes include audits and feedback. Results show care recipients and representatives are encouraged to make decisions and choices about care recipients' care and lifestyle. Staff interviewed described their responsibilities in supporting care recipients to exercise choice and make decisions about the care and services care recipients receive. Care recipients interviewed said they are supported by the home to exercise choice and make decisions about the care and services they receive.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure and understand their rights and responsibilities. An admissions officer guides pre-entry and entry processes and the provision of information

related to security of tenure. Security of tenure and the Charter of care recipients' rights and responsibilities are described in the resident handbook and agreement. The agreement is reviewed for legislative compliance by external legal services. The Charter is displayed in the home and staff receive training in respecting care recipients' rights. Alternative sources of advice about financial arrangements are provided. Changes to accommodation are arranged in negotiation with the care recipient and their representatives guided by procedures and related documentation. Security of tenure processes are monitored through audits, legal advice, and care recipient feedback. Results show processes uphold care recipients' security of tenure rights. Care recipients said they felt secure in their tenure.

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 improvements systems and processes. Internal and external audits, incident, accident and hazard reports and staff and care recipient feedback assist the home to identify improvements in relation to Standard 4 Physical environment and safe systems. Care recipients and staff said they are encouraged to provide feedback and ideas to improve the living and working environment.

In relation to Standard 4 Physical environment and safe systems improvements implemented in the last 12 months include:

- To improve staff safety, the home has implemented key pad operated gates to enable staff direct access to the home from the staff car park. Previously staff were required to walk on the main road from the car park to enter the home. Additional lighting has also been installed in the care park. Staff feedback shows staff feel much safer, particularly after hours.
- To improve the appearance and ambience of the external gardens the home has recently landscaped the gardens. Care recipients and their representatives have increased their use of the gardens reporting they are more inviting. Care recipients and their families have been observed having afternoon tea in the garden.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information relating to the home’s regulatory compliance systems and processes.

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Fire systems monitored and maintained and current triennial fire safety certification
- Audited food safety program
- Application of infection control guidelines

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 related to the home's education and staff development systems and processes.

In relation to Standard 4 Physical environment and safe systems training conducted by the home includes:

- Infection control
- Chemical training
- Fire and emergency response training
- Manual handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe, comfortable living environment relevant to care recipients' needs. Accommodation is provided in a mix of private and shared rooms with ensuite bathrooms. Internal atriums and courtyard gardens are interspersed throughout the facility which also provides lounge and dining areas and private spaces. There is a mix of individual and whole building temperature control. The home has a minimal restraint policy and related procedures and there are secure exits. A monitored call bell system is accessible to care recipients. The living environment is maintained and monitored through preventive and corrective maintenance services, regular audited cleaning programs, incident and hazard reporting and environmental audits. Care recipients' feedback is sought through surveys, 'have your say' forms and through resident meetings. Results show there is a well maintained internal and external living environment and that care recipients are happy with their surroundings.

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 actively works to provide a safe working environment. A work health and safety committee regularly monitors work health and safety requirements and the incidence of accidents, actions to address hazards and staff incidents. Staff are advised of the organisation's work health and safety policy and procedures during induction, there is assessed manual handling training and access to safe operating procedures. The safety of the work environment is monitored through staff feedback, trends in incidents and accidents and preventive maintenance programs. Work site inspections are conducted annually. Staff

interviewed are aware of their work health and safety responsibilities and are satisfied the home supports a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management is working to provide an environment to minimise the risk of fire, security and other emergencies. There are emergency procedures and evacuation plans accessible to staff who receive instruction on fire procedures and emergency response training. The home maintains a current care recipient transfer list and advises care recipients and visitors of action to take in the event of a fire alarm. Fire systems and equipment are checked and maintained regularly by contracted services. Care recipients who choose to smoke are risk assessed and provided with protective devices. There is a designated external area for staff who choose to smoke. There is an after-hours lock up procedure. Closed circuit television cameras and security patrols monitor the home's security. CCH Inc. has a risk management and major emergency event plan. Care recipients said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program to meet Australian Government infection control guidelines. The site coordinator is responsible for monitoring infection control practices within the home. There are documented procedures for the management of pandemic influenza and gastroenteritis and protective equipment is available as required. An influenza vaccination program is provided for care recipients. A food safety program guides catering practices and temperatures of food and equipment are conducted in-line with this program. Cleaning services are conducted in-line with infection control procedures and are guided by daily schedules. The home monitors the effectiveness of the infection control program through internal and external audits, environmental swabbing, observations and feedback. Results show the incidence of infections is monitored, collated and analysed on a monthly basis. Staff interviewed said they have access to infection control guidelines.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided to enhance care recipients' quality of life and the working environment for staff. Care recipients assessed preferences for hospitality services are communicated to catering and hospitality staff. Meals are prepared and plated by contracted catering staff according to care recipients daily choices and dietary requirements and are served by care and clinical staff in the dining rooms. Between meal snacks and drinks are provided throughout the day in addition to special occasion catering for various lifestyle activities and care recipient celebrations. There is a regular cleaning service according to

monitored cleaning schedules and personal laundry services. Hospitality staff are aware of infection control procedures. Audits, care recipient and staff feedback, care reviews and meetings are used to monitor care recipient and staff satisfaction with hospitality services. Care recipients are complimentary about hospitality services and staff interviewed said hospitality services are effective.