



Australian Government

Australian Aged Care Quality Agency

Summerhill Aged Care Facility

RACS ID 6104
1144 Greenhill Road
URAILDA SA 5142

Approved provider: Summerhill 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 29 July 2018.

We made our decision on 04 June 2015.

The audit was conducted on 28 April 2015 to 29 April 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

Summerhill Aged Care Facility 6104

Approved provider: Summerhill Inc

Introduction

This is the report of a re-accreditation audit from 28 April 2015 to 29 April 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 28 April 2015 to 29 April 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:	Barbara Fisher
Team member:	Diane Mogie

Approved provider details

Approved provider:	Summerhill Inc
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Details of home

Name of home:	Summerhill Aged Care Facility
RACS ID:	6104

Total number of allocated places:	25
Number of care recipients during audit:	24
Number of care recipients receiving high care during audit:	10
Special needs catered for:	Persons with dementia or related disorders

Street:	1144 Greenhill Road
City:	URAILDA
State:	SA
Postcode:	5142
Phone number:	08 8390 3547
Facsimile:	08 8390 3155
E-mail address:	admin@summerhill.org.au

Audit trail

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

Interviews

Category	Number
Board member	1
Management	3
Clinical, care and lifestyle staff	6
Administration officer	1
Care recipients/representatives	6
Volunteers	1
Hospitality and environmental/ safety staff	4

Sampled documents

Category	Number
Clinical assessments/care plans/progress notes	6
Lifestyle assessments/care plans/progress notes	6
Medication charts	7
Residential accommodation agreements	2

Other documents reviewed

The team also reviewed:

- Asbestos register and management plan
- Audit schedule and various audits
- Cleaning schedules
- Clinical and lifestyle reviews
- Complaints register and supporting documentation
- Compliance action plan and supporting documentation
- Consolidated log
- Continuous improvement plan and supporting documentation
- Contractor handbook
- External contractor documentation

- Fire and emergency documentation
- Handover records/communication diaries
- Hazard forms and analysis
- Hospitality documentation
- Incident management
- Infection control data and analysis
- Job descriptions and duty statements
- Lifestyle documentation
- Lifestyle monthly planner
- Newsletters
- Palliative care documentation
- Preventative and corrective maintenance records
- Resident handbook
- Risk assessments
- Rosters
- Safety data sheets
- Schedule 4 and Schedule 8 licence
- Specialised nursing care plans
- Staff appraisals
- Staff handbook
- Staff orientation documentation
- Temperature monitoring records
- Testing and tagging documentation
- Training calendar and training documentation
- Vaccination program for care recipients
- Various memoranda
- Various minutes of meetings
- Various policies and procedures

- Various surveys
- Wound management log

Observations

The team observed the following:

- Activities in progress
- Activities program displayed
- Advocacy information
- Archiving and storage of information
- Charter of Care Recipients' Rights and Responsibilities displayed
- Chemical storage
- Equipment and supply storage areas
- Fire evacuation plans and equipment
- Infection control resources
- Interactions between care recipients and staff
- Internal and external complaints information
- Kitchen
- Laundry
- Meal service
- Medication administration
- Menu
- Security systems
- Short group observation in the activities room
- Storage of medications/imprest system
- Suggestion box
- Various noticeboards with information for staff and care recipients
- Vision, mission and philosophy statements displayed
- Visitor, contractor and care recipient sign in/out books

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 home actively pursues continuous improvement using their established framework. Continuous improvements are identified through incidents, audits, feedback from resident and staff meetings, surveys and verbal communication. Improvements are registered on the home's continuous improvement plan and deficits are recorded on the compliance action plan. Care recipients, representatives and staff are encouraged to provide suggestions using the home's feedback form. The home has an auditing schedule which monitors the home's performance across the four Accreditation Standards. Continuous improvement is a standing agenda item at management, staff and resident meetings. Incident, hazard and audit results are analysed and discussed at management and staff meetings. Feedback from staff confirmed they have opportunities to raise and discuss continuous improvement and are aware of the continuous improvement process. Care recipients and representatives interviewed said they are satisfied they have the opportunity to make suggestions for improvement.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified the home was not always capturing or recording continuous improvement opportunities. Management has redeveloped the continuous improvement system to improve compliance and outcomes for care recipients. The home has introduced a continuous improvement plan and a compliance action plan on which feedback is recorded. Staff will be trained on the new process, including the completion of the feedback form and an improved understanding of compliance and continuous improvement. The changes to the continuous improvement system are currently being trialled and will be evaluated for effectiveness in June 2015.
- Following feedback from staff and care recipients that the home's current comments, complaints and suggestion form was cumbersome and difficult to complete, management has simplified the information on the “Tell us what you think” form. The redeveloped form captures compliments, comments, suggestions and complaints and outlines the process which is to be followed by management when care recipients and representatives lodge a complaint. Copies of the new form are available in the foyer of the home and copies have been placed in care recipients' rooms. Feedback from care

recipients is the form is easier to complete and they have an understanding of the home's complaints 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

The home has systems to identify, implement and monitor relevant legislation, regulations and guidelines. The home receives information and updates on changes to legislation, professional standards and guidelines through aged care peak body membership and Government Departments and this information is discussed at board, management and staff meetings. Information is circulated to supervisors who are responsible for taking appropriate action to implement any changes required for their areas. Policies and procedures are updated by management according to the home's document review schedule or 'as required'. Audit results show processes are available to monitor the home's compliance and actions implemented where deficits are identified. Staff interviewed said they are informed of any changes in legislation or professional guidelines by management.

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

- Care recipients and representatives were notified in writing of the re-accreditation audit, at resident meetings and posters displayed throughout the home
- Police certificates for staff, allied health professionals, volunteers and contractors
- Monitoring of professional registrations for clinical staff

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 systems to ensure all staff have the appropriate knowledge and skills to perform their roles. There are recruitment and selection processes based on the required qualifications and skills for each position as defined in job descriptions. Information from the home's annual staff training survey is used to develop the training calendar which is displayed on staff noticeboards. Staff undertake mandatory and non-mandatory training, including the completion of quizzes and competency questionnaires. Training attendances are monitored and the effectiveness of training courses evaluated. Staff practice is monitored through feedback from care recipients and representatives and observations. Results show the home provides relevant education across the Accreditation Standards. Staff interviewed said they have access to appropriate training and education. Care recipients and representatives interviewed said they are satisfied staff have the 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 organisational development include:

- Understanding accreditation
- Advance care directives
- Privacy legislation

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to provide care recipients, representatives and staff with access to internal and external complaints mechanisms. Information on the home's complaints process is available in the resident handbook, staff handbook and residential accommodation agreements. Copies of the home's feedback form are located in the foyer of the home and in care recipients' rooms. A confidential box is available for the lodging complaints. Complaints are recorded on the complaint's register and actioned by management. Complaints are monitored monthly and discussed at board and management meetings. Surveys monitor care recipients' satisfaction with the home's complaint management process. Results show care recipients and representatives are aware of internal and external complaints mechanisms. Staff interviewed said they are aware of how to raise a complaint. Care recipients and representatives interviewed said they are comfortable lodging complaints and providing feedback to management.

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

Summerhill Incorporated is managed by a board with the chief executive officer responsible for the day-to-day management of the home. The chief executive officer reports monthly to the board. The organisation has vision, mission and philosophy statements which inform care recipients, representatives and staff of the organisation's commitment to provide a quality aged care service. These statements are displayed in the foyer of the home and are available in the resident and staff handbooks.

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 systems to ensure they employ sufficiently skilled and qualified staff to provide care and services for care recipients. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in job descriptions and duty statements. The home has an orientation process and new staff are "buddied" with experienced staff. The home uses permanent, casual and agency staff to fill planned or unplanned absences. Staff registrations and competencies are monitored annually. Staff rosters are regularly reviewed by management in response to the changing needs of care recipients. Staff satisfaction is monitored through the home's appraisal process and feedback from staff surveys and meetings. Staff interviewed said they have adequate time to complete their roles. Care recipients and representatives interviewed said they are satisfied with the care and services provided by all staff.

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 and monitoring goods and equipment required for providing a quality service for care recipients and staff. There is a scheduled preventative maintenance program and staff report corrective maintenance requests to maintenance staff through a communication book. Responsibility for regular purchasing and maintaining of stock is delegated the staff from various areas of the home. Maintenance staff and external contractors maintain and monitor equipment. Monitoring processes include observation and feedback from care recipients and staff. Results show equipment is maintained in accordance with its scheduled programs. Staff interviewed confirmed they have adequate stocks of goods

and equipment to undertake their duties. Care recipients and representatives interviewed said care recipients are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality 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 systems to provide effective information management. All stakeholders have access to current information to assist systems in management, health and personal care, lifestyle and maintenance of safe systems. Staff have access to electronic and paper based documents and updates are provided through handovers, memoranda, communication diaries, noticeboards and policies and procedures. Care recipients and representatives are provided with access to information through noticeboards, newsletters, handbooks, calendars, flyers, meetings, brochures and posters. There are systems to ensure information is stored securely. Monitoring occurs through audits, surveys, consultation with care recipients, representatives and staff. Results show there are effective information management systems in place. Staff interviewed said they have access to information to assist them in their roles and that the information provided is up-to-date. Care recipients and representatives interviewed said they are satisfied care recipients have access to information to assist them to make informed decisions about the 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

The home has systems to ensure external contract services meet the residential care service's needs and service quality goals. External contracts are negotiated and monitored by management, including monitoring of police certificates, insurance, legislative and regulatory requirements. The home has a contractor handbook and a contractor checklist which inform contractors working on the premises of the home's expectations. The effectiveness of external services is monitored through staff and care recipient feedback and observations. Results show external contracts are documented and regularly reviewed. Care recipients, representatives and staff interviewed said they are satisfied with the external services provided.

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 process.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication, wound and behaviour incidents. Care recipients and staff interviewed said they are satisfied the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Management identified the home was not always receiving information from care recipients following appointments with medical specialists or dentists, and especially when there are changes to care recipients' medication and/or care needs. Management developed an external consultant form, which is currently on trial, and care recipients take this form with them to be completed at the time of the appointment. From the information provided, staff update care recipients' care plans to ensure information is current and care recipients are receiving the appropriate care. The improvement has been discussed with staff and the effectiveness of the improvement will be evaluated in April 2015.
- Clinical staff identified admission processes do not always capture baseline observation information, and especially information for those care recipients who may have had cardiac episodes. The home has reviewed their admission assessment documentation, and on entry and/or following return from hospital, staff undertake and record baseline cardiac observations based on testing methods used by hospitals. Staff subsequently have comparison baseline information available to them should the care recipient have a further cardiac episode. Feedback from staff is this information is useful in the assessment of care recipients. Feedback from care recipients is the home is very thorough in the care information collected by staff.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Management monitors regulatory compliance in relation to Standard 2 Health and personal care through meetings, observation of staff practice, clinical reviews and staff and care recipient feedback. Staff interviewed said they are aware of regulatory requirements relating to care recipients’ health and personal care, and the safe storage of medications.

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

- Assessment and development of care plans by qualified staff
- Medication is stored safely and securely
- Procedure for unexplained absences of care recipients

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Staff interviewed said they are satisfied with the ongoing support provided to them to develop their knowledge and skills. Care recipients and representatives interviewed said they are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

- Palliative care
- Behaviour management
- Medication management
- Improving nutrition in aged 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

The home has systems to ensure care recipients receive clinical care that is appropriate to their individual needs and preferences. Clinical and risk assessments are conducted and in relation to care recipients’ individual health, personal care needs and preferences. This information is recorded in care plans and staff are updated in handover sessions and meetings to ensure effective information management occurs in relation to clinical care.

Monitoring occurs through planned care reviews, audits, staff meetings and consultation with care recipients and representatives and medical staff. Results show clinical care is evaluated, monitored and actions are followed through and reported to medical staff. Staff interviewed said they have access to care plans, and receive up-to-date information to deliver care according to the care recipients’ individual needs and preferences. Care recipients and representatives interviewed said they are satisfied with the level of consultation and care recipients’ needs are met.

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 systems to ensure care recipients receive specialised nursing care from appropriately registered staff according to their identified needs. Care recipients who require specialised care are assessed and identified by skilled staff and specialised nursing care plans are completed. Specialised care is also captured and monitored in medication charts and staff provide care in accordance with these documented requirements. Monitoring occurs through planned care reviews audits, analysing of clinical data, handover sessions, staff meetings and consultation with medical staff, care recipients and representatives.

Results show specialised care is delivered as directed by medical staff. Staff interviewed said they have access to appropriate equipment to deliver specialised care to care recipients.

Care recipients and representatives interviewed said they are satisfied with the level of consultation and 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 when required. Care recipients are assessed and referred to various health professionals as

required. Care strategies are reviewed and updated in line with allied health and specialist recommendations and reviewed regularly to support care requirements. Care recipients are supported to access visiting allied health and specialists who attend the home and external specialists when required. Monitoring occurs through planned care reviews, consultation processes, audits, analysis of clinical data, handover sessions, staff meetings and consultation with medical staff. Results show care recipients are referred to the appropriate health specialist according to their care needs. Staff interviewed said they arrange appointments and provide assistance to care recipients who attend the specialist.

Care recipients and representatives interviewed said they are satisfied with the level of access care recipients have to other health and related services.

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

There are systems to ensure care recipients’ medications are delivered by qualified staff and managed safely and correctly. There are processes for assessing, managing and monitoring care recipients’ individual medication needs and these are documented and evaluated regularly. ‘As required’ medications are assessed for their effectiveness and staff are aware of processes for nurse initiated medications. Medications are kept in secure storage and care recipients who wish to self-medicate store their medications securely. There are processes for monitoring of pain relieving patches and this generally occurs. Monitoring occurs through audits, medical reviews, consultation through the medication advisory committee, staff meetings, follow-up of incident data, education and observation. Results show medication management is generally monitored effectively and follow-up actions are completed. Staff interviewed said they receive education in medication management and have access to sufficient supplies to meet care recipients’ medication needs. Care recipients and representatives interviewed said they are satisfied care recipients’ medication is 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

The home has systems to ensure all care recipients are as free as possible from pain. Care recipients are assessed by registered nursing staff and physiotherapist on entry and a detailed assessment is completed. A plan is developed, implemented and evaluated regularly, and updated as needs change. Allied health staff direct and oversee alternative treatments to assist and aid pain management, these include massage therapy, hot packs, exercise regimes and positional changes. Monitoring occurs through planned care reviews, consultation processes, observations, audits, handover sessions, staff meetings and consultation with medical staff. Results show care recipients who are identified with pain issues are regularly assessed and monitored to assist in the management of their pain relief. Staff interviewed said they are aware of care recipient’s individual pain management plans and alternative treatment plans to support care recipients’ pain management. Care recipients and representatives interviewed said care recipients’ pain is managed effectively.

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 care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. There are processes to assist in capturing care recipients’ end of life wishes and advanced care directives are obtained.

Palliative care wishes are documented and staff have access to this information, and emotional support is provided by all staff including identified pastoral ministers. Staff have access to equipment to provide comfort care and pain relief and representatives are assisted to feel comfortable to stay and remain with their family member. Referrals to external palliative care services are made when required. Monitoring occurs through consultation processes, clinical monitoring and feedback from medical and nursing staff. Results show staff have access to palliative care plans to direct palliative care. Staff interviewed said they are aware of palliative care services that can be provided and care recipients and representatives are satisfied with the way the home maintains care recipients’ comfort and dignity.

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 nourishment and hydration. Care recipients are assessed and a risk assessment is performed to identify any care recipients who may be at risk of malnutrition and information obtained is collated and accessed by all staff. Care recipients’ dietary needs and preferences and food textures are recorded and communicated to staff, including kitchen staff, and updated when required.

Monitoring processes include regular weights performed and observation of intake, and staff assist care recipients who require assistance and are identified with swallowing difficulties. Monitoring occurs through audits, care recipients’ weights, planned care reviews and feedback from health specialists. Results show care recipients are assessed by speech pathologists where required and this supports effective nourishment and hydration for care recipients. Staff interviewed said they are aware of individual care recipient’s nutritional and hydrations needs. Care recipients and representatives interviewed said they are satisfied with the home’s approach to meeting care recipients’ nutrition and hydration needs.

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. Assessment processes and risk assessments assist in identifying care recipients who may be at risk of skin impairment. Information provided is detailed in care plans and preventative measures and treatments are identified and implemented. Care recipients are provided with pressure relieving equipment, moisturising creams and are assisted to change their position to aid in maintaining their skin integrity. Registered nursing staff complete wound management plans and assist in performing wound management, and all wounds are monitored weekly. Reporting of the incidence of skin tears and complex wounds is analysed through monthly reports. Monitoring occurs through planned care reviews, monitoring of wound management processes, review of incident data, staff meetings and medical reviews. Results show there are effective systems to support and maintain care recipients’ skin integrity. Staff interviewed said they have access to regular stocks of wound care products and senior staff monitor and assess all care recipients’ wound management.

Care recipients and representatives interviewed said they are satisfied with the care provided to maintain care recipients’ 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 systems to ensure care recipients’ continence management is effectively managed. Care recipients’ continence management is assessed on entry and a detailed history is taken and recorded in care plans to identify individual levels of independence and assistance required. Continence management is assisted by care staff who support and monitor care recipients’ continence aid supplies and report to senior staff. Nursing staff monitor the incidence of urinary tract infections and follow through of appropriate treatment. Monitoring occurs through planned care reviews, staff meetings, consultation processes, monitoring of the incidence of urinary infections, and evaluation of ‘as required’ aperients. Results show care recipients’ continence management is effectively managed. Staff interviewed said they have access to regular supplies of continence aids to support care recipients’ continence needs. Care recipients and representatives interviewed said they are satisfied care recipients’ continence needs are met.

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 the needs of care recipients with challenging behaviours are managed effectively. Assessment processes and behaviour monitoring is conducted to identify triggers, strategies and assist in identifying an effective behaviour management plan for care recipients. Care plans detail this information to guide staff in managing challenging behaviours. Equipment is used to assist in maintaining care recipients’ safety and these include sensor mats and bracelets. The home supports a minimal restraint policy. Behaviour incidents are collated monthly to assist in identifying trends. Planned care reviews, staff meetings, handover processes and consultation with behaviour management specialists and medical officers assist in monitoring challenging behaviours. Results show care recipients’ challenging behaviours are managed effectively. Staff interviewed said they are aware of individual strategies to support care recipients’ needs. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients’ mobility and dexterity needs are assessed by the physiotherapist on entry and a manual handling care plan is developed. This provides information in relation to care recipients’ mobility and dexterity requirements, transfer plans, falls prevention strategies, exercise plans and the use of equipment and aids.

Physiotherapists regularly review care recipients who are identified as having a high risk of falls and interventions are implemented. Exercise programs are conducted and care recipients have access to mobility aids. Monitoring occurs through planned care reviews, monitoring the incidence of falls, staff meetings, observation, audits, and feedback from allied health specialists. Results show care recipients’ mobility and dexterity is effectively managed and there is a low incidence of falls. Staff interviewed said they receive training in manual handling and are aware of strategies to assist care recipients’ mobility and dexterity needs.

Care recipients and representatives interviewed said they are satisfied with the home’s approach to optimising care recipients’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ oral and dental health is maintained. Care recipients’ oral and dental health is assessed on entry to identify their individual needs and preferences. Care recipients who are identified at risk of poor oral health are referred to the appropriate health specialist. Individual requirements are documented in care plans and care recipients are actively supported to access their chosen dental service. There are processes to ensure oral equipment such as toothbrushes are regularly supplied and monitored.

Monitoring occurs through planned care reviews, medical and dental reviews, and feedback process with care recipients and representatives. Results show care recipients are supported to ensure their oral and dental health needs are maintained. Staff interviewed said they have access to appropriate equipment to assist care recipients’ oral and dental care needs. Care recipients and representatives interviewed said they are satisfied care recipients’ oral and dental health care is maintained.

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 are assessed to identify any sensory deficits in relation to their hearing, vision, touch, taste and smell. Care plans identify strategies and aids to support and improve any sensory loss identified. Activities are promoted to enhance sensory enjoyment. Staff are provided with training to monitor and assist care recipients with maintaining and fitting hearing aids, which assist their sensory function. Monitoring occurs through planned care reviews, medical and allied health reviews, care recipient and staff feedback, and observation. Results show care recipients have access to appropriate equipment to minimise their sensory loss. Staff interviewed said they are aware of strategies to support care recipients’ individual needs. Care recipients and representatives interviewed said they are satisfied care recipients’ sensory losses are identified and managed appropriately.

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 in place to assist care recipients to achieve normal sleep patterns. A sleep assessment is undertaken and this identifies care recipients’ preferences for rising and settling, individual choices and comfort needs. Care recipients are accommodated in single rooms and the internal living environment is individually temperature controlled to enhance

care recipients' comfort needs. Monitoring of care recipients' sleep disturbance occurs through planned care reviews, medication reviews, review of 'as required' medications, observations and feedback mechanisms. Results show care recipients are supported in achieving a restful sleep and staff attend to their individual needs. Staff interviewed said they are aware of strategies to support care recipients' sleep management. Care recipients and representatives interviewed said they are satisfied care recipients are able to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Care recipient lifestyle, resident meetings and survey processes are used to gather suggestions. Care recipients and representatives interviewed said they are consulted during care and lifestyle evaluations and feedback is actioned. Staff interviewed said they are aware of their role in assisting and supporting care recipients and representatives to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 3 Care recipient lifestyle include:

- Following a suggestion from staff, the home has introduced an information sheet for new staff, students and volunteers which includes a photograph of care recipients, their room number, and their preferred name. Feedback from staff and volunteers is that this information assists them to identify care recipients who may be sitting in communal areas and to address care recipients by their preferred name.
- At the request from care recipients to include rummiking as an activity, lifestyle staff have purchased a second set of rummiking tiles in a larger tile size and with brighter colours. Prior to the inclusion of the activity on the program, the home discussed the activity with care recipients at the residents meeting. Feedback from care recipients has been positive as they enjoy the activity and the tiles are easier to see and distinguish the different colours. Care recipients also meet together and play rummiking outside of the scheduled activity times.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Management monitors regulatory compliance in relation to Standard 3 Care recipient lifestyle through meetings and care recipient and representative feedback. Care recipients’ rights and responsibilities are discussed with care recipients and representatives on entry to the home. Staff feedback demonstrates their awareness of compulsory reporting requirements, including protecting care recipients’ privacy and maintaining confidentiality of care recipients’ information.

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

- Care recipients consent to release of information
- Residential care agreements
- Procedure for mandatory reporting of elder abuse

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 processes.

Staff interviewed said they are satisfied with the ongoing support provided to them to develop their knowledge and skills. Staff demonstrated they have the appropriate knowledge and skills to provide lifestyle services to care recipients. Care recipients and representatives interviewed said they are satisfied with the support provided by staff.

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

- Dementia care
- Easy moves for aged care
- Residential accommodation changes

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 support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. On arrival care recipients are given flowers, a welcome card and a tour of the home, and they are introduced to other care recipients at morning or afternoon tea. Lifestyle and care plan assessments support and identify care recipients' individual emotional needs and support networks. Care staff, lifestyle staff, volunteers and identified pastoral ministers support care recipients and assist them to maintain relationships, recognise significant days and celebrations. Family, friends and community groups are encouraged to visit care recipients. Monitoring occurs through planned lifestyle reviews, surveys, resident meetings, staff observation and verbal feedback. Results show care recipients' emotional needs are effectively managed. Staff interviewed provided examples where they have supported care recipients' individual needs. Care recipients and representatives interviewed said they are satisfied care recipients' emotional needs are met.

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 assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the home and community. Care recipients' lifestyle preferences, interests and abilities are identified during the care and lifestyle planning process and reviewed regularly. Physiotherapy assessments, reviews and mobility aids support care recipient independence. Care recipients are encouraged and supported to participate in group activities and maintain links with family, friends and community groups. The home supports and assists care recipients to attend independent outings within the local community. Monitoring occurs through planned lifestyle reviews, surveys, resident meetings, consultation with staff and observations. Results show care recipients' independence is actively encouraged and supported. Staff interviewed gave examples of care recipients who go out to attend community events. Care recipients and representatives interviewed said they are satisfied the home assists care recipients 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 systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care and lifestyle plans identify care recipient's individual privacy

and dignity requirements. Care recipients have their own room, have access to 'do not disturb' signs to use when needed and private areas to support their privacy. Staff support care recipients' privacy, dignity and confidentiality by knocking on doors before entering, being respectful of care recipient's individual needs and sign a confidentiality declaration on commencement of employment. Staff were observed knocking on care recipients' doors before entering and behaving in a respectful manner. Monitoring occurs through observation, planned lifestyle reviews, surveys, audits and care recipient feedback. Results show care recipients' privacy and dignity is maintained. Care recipients and representatives interviewed said they are satisfied care recipients' privacy, dignity and confidentiality are maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are systems to ensure care recipients are encouraged and supported to participate in a range of activities and interests appropriate to their needs and preferences. A life history is completed on entry and a lifestyle plan is formulated regarding care recipient's individual needs and preferences. Care recipients' interests, ability to participate, cultural and spiritual needs and health needs are identified and assessed as part of this process. Activities programs are developed to meet one-on-one needs and group sessions. A wide range of activity programs are included in the monthly calendar. Lifestyle staff evaluate care recipients' individual programs on a regular basis through planned lifestyle reviews, reviewing the activity program and participation, surveys and consultation with care recipients and representatives. Results show the lifestyle program is effectively managed and monitored to meet care recipients' needs. Staff were observed to be very supportive in meeting care recipients' lifestyle needs. Care recipients and representatives interviewed said they are very satisfied care recipients have access to a wide range of activities in which they can participate according to their preferences.

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 systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Through initial and ongoing assessments, care recipient's individual cultural and spiritual preferences are identified. Care recipients are assisted to maintain their individual religious beliefs and spiritual support is provided through individual visits from ministers and church services held on site. Monitoring of cultural and spiritual needs occurs through planned lifestyle reviews, surveys, residents meetings and consultation processes.

Results show the spiritual and cultural program at the home is effective in meeting care recipient's individual needs. Staff interviewed demonstrated they are aware of how to support care recipients in their individual needs and beliefs. Care recipients and representatives interviewed said they are satisfied care recipient's individual interests, religious and cultural needs are met.

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 systems to ensure each care recipient or their representative participate in decisions about the services the care recipient receives, and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipients' preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of persons nominated to provide advocacy. The home obtains feedback from care recipients via surveys, resident meetings and at planned care reviews. Advocacy agencies and external complaint mechanisms are discussed and care recipients have access to external advocacy services. Monitoring occurs through surveys, audits, feedback mechanisms and planned lifestyle and care reviews. Results show care recipients have full control of the daily life at the home. Staff interviewed said they assist care recipients to exercise choice and control over their lifestyle. Care recipients and representatives interviewed said care recipients are satisfied they have the right to exercise choice and control according to their needs.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to assist care recipients to understand their rights and responsibilities and security of tenure. Management discusses pre-admission information with prospective care recipients and if requested they can tour the home. On entry, care recipients receive a copy of the residential accommodation agreement which includes information on security of tenure, complaints mechanisms and the Charter of Care Recipients' Rights and Responsibilities. Relocation of care recipients from one room to another or to another aged care home only takes place after consultation with care recipients or their representative.

Monitoring processes include audits, comments and complaints and feedback from care recipients and representatives. Results show residential accommodation agreements are updated and reflect current legislative requirements. Staff interviewed said they are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed said they are satisfied their tenure is secure and they are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, regular internal and external audits and workplace inspections are completed to monitor the safety and comfort of the environment. Staff interviewed said they contribute to continuous improvement through suggestions and the hazard and incident reporting processes.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 4 Physical environment and safe systems include:

- Following a suggestion from the physiotherapist and to assist in reducing the incidence of falls in care recipients’ rooms, the home has changed the direction of the opening of the ensuite bathroom doors. This has increased the amount of room in the bathrooms to allow care recipients to move around freely without obstruction. Feedback from care recipients has been positive as the improvement has assisted them to gain further independence as they no longer require staff to assist them in and out of the bathroom, and feel safe to move around without fearing they may fall.
- Maintenance and nursing staff identified that visitor’s vehicles were not always observing the speed limit on the entry driveway to the home. The driveway is also used by care recipients to walk down to the garden area to sit. Following discussions with care recipients at resident meetings, the home has now placed additional speed signs at the beginning of the roadway to alert visitors to the speed limit and that the road is used by care recipients. Feedback from care recipients is they now feel safer when walking on the roadway.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Management monitors regulatory compliance in relation to Standard 4 Physical environment and safe systems through meetings and staff and care recipient feedback. Policies and procedures relating to fire safety, infection control and work, health and safety are available. Relevant information is available to staff through education sessions, meetings and communication books. Staff interviewed said they are aware of regulatory requirements relating to the physical environment and safety systems, including their responsibilities in the event of an emergency.

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

- Audited food safety plan
- Manual handling mandatory education for all staff
- Infection control processes

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 processes.

Staff interviewed said they are satisfied with the ongoing support provided to them to develop their knowledge and skills. Care recipients and representatives interviewed said they are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively. Observations confirmed the home has systems in place to provide a safe environment.

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

- Fire and emergency
- Food handling
- Infection control

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 home has systems to ensure they are actively working to provide a safe and comfortable environment that is consistent with care recipient needs. Care recipients are accommodated in single rooms with ensuites and have access to clean, well-maintained communal, dining and outdoor areas with sufficient and appropriate furniture. Care recipients are encouraged to bring in furniture to personalise their rooms. The home remains secure with key coded doors. The home has a minimal restraint approach and restraint is only used in consultation with the care recipient and/or representative, clinical staff and medical officer. Care recipients have access to call bells and response times are monitored by management. The home monitors and maintains the environment through preventative maintenance processes, audits, incident and hazard reporting and observations. Results show safe practices and falls prevention strategies are documented and reviewed. Staff interviewed said they are aware of their reporting responsibilities with regard to incidents and hazards. Care recipients and representatives interviewed said they are satisfied with the accommodation and that the home is clean, safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems to provide a safe working environment that meets regulatory requirements. Incidents and hazards are analysed monthly and reported through the Work Health and Safety meeting. Chemicals are securely stored and the home has safety data sheets available for staff reference. Staff are provided with information at orientation on strategies and responsibilities relating to work safety. Safety is monitored through observation of staff practice, work place inspections, and analysis of incident and hazard reports. Results show staff report incidents and appropriate actions taken to prevent a re- occurrence of incidents. Staff interviewed confirmed they have access to personal, protective equipment and are satisfied management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to ensure management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks.

There is a current triennial fire certificate and the home's security, fire and emergency systems are monitored by an external contractor. Orientation and mandatory annual training covers fire and emergency procedures. Care recipient security is maintained through keypad operated doors and evening lock down procedures. Maintenance staff and external contractors undertake regular testing and tagging of all equipment. Monitoring processes include fire and evacuation drills, incident and hazard reporting and observation. Results show fire safety records are current and maintenance requests are actioned promptly. Staff interviewed described their responsibilities in the event of an emergency. Care recipients and representatives interviewed said care recipients are informed of what to do in the event of an emergency and feel safe and secure.

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 systems to ensure the infection control program is effective. There are policies and procedures in place to guide staff in infection control. Staff have access to outbreak kits, sanitising gels and personal protective equipment. Staff are aware of the coloured coded system to assist in the effective cleaning of the environment and attend infection control training. A vaccination program is offered to care recipients. All infections are recorded on the infection control register including type of infections, treatment implemented and dates recorded when the infection has resolved. Monitoring occurs through monthly analysing and reporting of infections, monitoring of food temperatures, pest control processes and incident reporting. Results show there is an effective infection control program and this is effectively monitored. Staff interviewed said they have access to appropriate infection control equipment and resources. Care recipients and representatives interviewed said they are satisfied the home has an effective infection control program in place for care recipients.

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 to meet the needs of care recipients that enhances their quality of life. The home has a four-week rotating menu and all meals are prepared and cooked on-site. Care recipient's individual dietary needs and preferences are communicated to

hospitality staff and meals and snacks are served according to this information. Care recipients' personal clothing is laundered on-site. Cleaning schedules guide cleaning of care recipient rooms, staff and communal areas. Cleaning and laundry services are guided by infection control procedures. The home monitors the effectiveness of hospitality services through audits, resident meetings, feedback and observations. Results show care recipients' needs in relation to catering; cleaning and laundry are documented and reviewed. Staff interviewed said they are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients and representatives interviewed said they are satisfied with the quality of the food and with the home's cleaning and laundry services.