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 05 December 2019.

We made our decision on 18 October 2016.

The audit was conducted on 06 September 2016 to 20 September 2016. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
</tr>
<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
Standard 3: Care recipient lifestyle

Principle:

Care recipients 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Met</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Met</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Met</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Met</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Met</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Met</td>
</tr>
<tr>
<td>3.10 Care recipient security of tenure and responsibilities</td>
<td>Met</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Audit Report

Karingal Nursing Home 5442

Approved provider: Queensland Health

Introduction

This is the report of a re-accreditation audit from 06-07 September and 20 September 2016 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 06-07 September and 20 September 2016.

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**

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Paula Gallagher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Robyn Daskein</td>
</tr>
</tbody>
</table>

**Approved provider details**

| Approved provider: | Queensland Health |

**Details of home**

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Karingal Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>5442</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>80</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>78</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>78</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Dementia and related conditions</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>Hospital Road</td>
</tr>
<tr>
<td>City/Town:</td>
<td>DALBY</td>
</tr>
<tr>
<td>State:</td>
<td>QLD</td>
</tr>
<tr>
<td>Postcode:</td>
<td>4405</td>
</tr>
<tr>
<td>Phone number:</td>
<td>07 4669 0557</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>07 4669 0792</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:DONKaringal@health.qld.com.au">DONKaringal@health.qld.com.au</a></td>
</tr>
</tbody>
</table>
Audit trail

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

**Interviews**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of nursing/service manager</td>
<td>1</td>
</tr>
<tr>
<td>Clinical nurse consultant</td>
<td>1</td>
</tr>
<tr>
<td>Registered staff</td>
<td>6</td>
</tr>
<tr>
<td>Care staff</td>
<td>6</td>
</tr>
<tr>
<td>Nurse manager/human resource rostering</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>8</td>
</tr>
<tr>
<td>Patient trust and ward clerks</td>
<td>2</td>
</tr>
<tr>
<td>Operational service supervisor (catering)</td>
<td>2</td>
</tr>
<tr>
<td>Cleaning staff</td>
<td>1</td>
</tr>
<tr>
<td>Manager of operational services (maintenance)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Sampled documents**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients’ files</td>
<td>10</td>
</tr>
<tr>
<td>Personnel files</td>
<td>3</td>
</tr>
<tr>
<td>Medication charts</td>
<td>9</td>
</tr>
</tbody>
</table>

**Other documents reviewed**

The team also reviewed:

- Activities calendar
- Activity records and resource folders
- Advocacy information
- Allied health folder and written correspondence
- Audit and survey tools and results
- Bait station activity reports
- Behaviour folders
- Care plan review schedules
- Care recipients’ admission checklist, information package and handbook
- Care recipients’ agreements
- Cleaning schedules
- Clinical flow charts and reports
- Communication diaries and memoranda folders
- Continence forms and resource folder
- Controlled drug registers
- Criminal history clearance certificates
- Dietary forms
- Education attendance records and matrix
- Emergency response manual
- External services contracts
- Falls prevention resources
- Food safety plan
- Handover forms
- Incident summaries and analysis
- Infection control manuals
- Infection control records and reports
- Infection control registers
- Lifestyle therapy records and reports
- Maintenance compliance schedule and activity reports
- Management reports
- Mandatory reporting register
- Medication folders and resources
- Menu (three weekly rotation)
- Minutes of meetings
• Newsletters
• Observations folders
• Outbreak management reports
• Performance development and appraisal folder
• Pharmacy folders
• Policies and procedures
• Position occupancy reports
• Quality improvement plan and improvement forms
• Registered staff’s health practitioner registrations
• Restraint authorisations
• Roster and associated documentation
• Safety data sheets
• Self-assessment tool
• Staff correspondence and memorandum
• Temperature monitoring charts (food and equipment)
• Visitor and contractor sign in/out books
• Weight forms
• Wing care folders and shower list
• Work instructions and duties lists
• Wound resources and treatment folders

**Observations**

The team observed the following:

• Activities in progress
• Charter of care recipients’ rights and responsibilities displayed
• Cleaning in progress
• Directional signage
• Emergency response pack
• Equipment and supply storage areas
• External complaints and advocacy information
• Fire and emergency equipment, evacuation diagrams lighting, exits and paths of egress and assembly areas
• Hand washing facilities and hand sanitiser
• Handover between shifts
• Interactions between care recipients/representatives and staff
• Internal and external complaints information
• Internal and external living environment
• Meal and beverage service and delivery
• Medication administration
• Noticeboards and information displayed
• Palliative care box
• Personal protective equipment in use
• Sharps and waste disposal
• Short group observation
• Sign in/out registers
• Spills and outbreak kits
• Staff practices
• Storage and administration of medications
• Suggestion box
• Whiteboards in nurses station
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

Karingal Nursing Home (the home) has a quality framework to actively pursue continuous improvement. Care recipients/representatives and stakeholders are encouraged to contribute to the home’s continuous improvement system through the completion of a ‘Have Your Say’ form, satisfaction surveys, feedback forms, meetings and through individual communication. In addition, opportunities for improvement are identified through audit results, quality indicators for benchmarking, a standard agenda item at various meetings and through the organisations incident management system. Information and feedback of quality activities occurs through various means and forums such as meetings and meeting minutes, memoranda, newsletters and notice boards. Care recipients/representatives and staff reported they able to make suggestions for improvements and management is responsive to improvement ideas and suggestions.

Examples of improvement initiatives implemented by the home related to Standard 1 Management systems, staffing and organisational development include:

- The Clinical Nurse Consultant identified the need for a tool to improve information sharing between management and staff. This resulted in the development and implementation of the ‘Karingal Konnect’ a newsletter for staff. Key personnel write an article each month on relevant topics to the home, education in relation to clinical incident data and/or care recipient health conditions. The first issue was published April 2016. Management advised a short survey will be conducted in October 2016 to gauge staff satisfaction, however verbal feedback to date has been very positive on the information contained within the newsletter.

- To ensure the home provides appropriate equipment in working order for service delivery to care recipients. A faulty alert system for wandering care recipients has been replaced with coded access to the entry/exit doors for units One and Two. The installation of the coded access points reduces the risk of absconding and wandering care recipients living with dementia, while being able to maintain independence for all care recipients. Management has received positive verbal feedback from representatives on the upgrade of system and the security it provides to wandering care recipients.
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 in conjunction with the organisation has an overarching system in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines through subscription with industry peak bodies and government websites. Legislative updates are monitored and communicated electronically. Changes are disseminated to relevant staff and stakeholders through, memorandum, focus group meetings and education sessions. Where changes to legislation directly affect the day to day lives of the care recipients this is discussed at the care recipient meeting, documented in the monthly newsletter and letters are mailed out to representatives. Compliance with legislation is monitored through the audit process, staff and care recipient feedback and observation of staff work practices.

In relation to Standard 1 Management systems, staffing and organisational development, systems ensure: all staff and volunteers and contractors with unsupervised access to care recipients have a current police certificate which is monitored for three yearly updates, registered staff have appropriate qualifications and registration and all care recipients and/or representatives and staff are advised of Re-accreditation audits.

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 an education and staff development process in place for management and staff based on identified needs, legislative and organisational requirements. The Ward Clerk in conjunction with the Aged Care Clinical Team develop the education calendar which includes mandatory and compulsory education topics, specific education sessions in response to care recipients’ health and care needs, clinical indicators, the purchase and use of new equipment. All staff undertake a local and district orientation program which includes mandatory education topics; their attendance is monitored via an electronic database with measures in place for non-attendance. Identification of educational needs occurs through audit results, staff performance appraisals, surveys, observation of staff practice and review of clinical incident data. Management and staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

In relation to Standard 1 Management systems, staffing and organisational development, education has been provided in relation to: documentation competency, and

Training in the Aged Care Funding Instrument (AFCI)
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 a comments and complaints process that captures verbal and written complaints, compliments and suggestions from care recipients, representatives, staff and other interested parties. Prior to entry all care recipients and/or their representatives are provided with the care recipient handbook which details internal and external complaints mechanism. Feedback boxes are located throughout the home alongside available feedback forms to assist in formalising their concerns. Information relating to the external complaints and advocacy processes is on display throughout the home. Complaints are logged in a register, actioned and resolved with feedback provided to the complainant as required.

Complaint feedback is tabled for review as a standard agenda item at relevant meetings. Care recipients/representatives and staff are aware of the various forums to initiate a suggestion or raise a concern.

1.5 Planning and leadership

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

**Team’s findings**

The home meets this expected outcome

The organisation’s vision, purpose and values statement are displayed in the main foyer area and documented in the care recipient and staff handbooks. Staff are initially informed of the vision, purpose and values statement through the recruitment process, on commencement of employment, orientation and work instructions.

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

Staff appointments are made in accordance with organisation wide recruitment and selection guidelines to ensure compliance with relevant industrial legislation, organisation wide policies and directives. This includes key selection criteria such as a valid criminal history check clearance, professional registrations for registered staff and qualifications sufficient to individual roles. All new employees participate in an orientation program including mandatory education topics, competencies and ‘buddy’ shifts on commencement of employment and annually thereafter. Management and senior staff
monitor new employees during the probationary period to ensure they have sufficient support and skills. Formal position descriptions for all staff designations are available to ensure staff understand their roles and responsibilities. Staff skills and performance are monitored through annual performance development plans, observation of practice and incident data analysis. Rosters are planned in advance, which includes access to registered staff 24 hours a day seven days a week.

Planned and unplanned leave is filled by permanent part-time, casual and/or organisation staff as the need arises. Staff are satisfied they have sufficient time and appropriate skills to carry out their duties effectively Care recipients/representatives are satisfied with the responsiveness of staff and adequacy of care and services.

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 processes to ensure appropriate stocks of goods and equipment are available for delivery of care and services to care recipients. The supply and maintenance of goods and equipment is managed by the Manager of Operational Services. A bar coded system ensures that adequate stocks are maintained, without excess stock being stored. A stock rotation system to ensure previous products are used first and to ensure the home can verify the safety, working order and usability of appropriate goods and equipment. Goods are checked on delivery to ensure quality, condition and that temperatures are within range where applicable. Equipment needs are determined by care recipient need, staff feedback, and monitoring the safety of the environment. Prior to the purchase of new equipment a review is undertaken to ensure the equipment intended to be purchased will meet the needs of the care recipients and the environment in which it is to be used. A preventative and corrective maintenance program is used to identify, maintain, repair, or replace broken and/or unsuitable equipment as required. Care recipients/representatives and staff are satisfied with the availability and appropriateness of the goods and equipment provided.

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 implements organisation wide processes for the identification, collection, use, storage, destruction and communication of information and data relevant to the organisation, management, staff, care recipients/representatives and other stakeholders. Electronic information management systems are secured by individual password protection, user names, role specific access authorisation and automatically backed-up on the organisation’s server. Staff reported information necessary to enable them to perform their allocated duties/jobs is available and accessible. Information regarding changes to care recipients’ care needs and general communication methods include handover, care plans, progress note entries, communication diaries and staff emails. Care
recipients/representatives are provided with information when moving into the home, via meetings, on notice boards, mail-outs, and verbal reminders from staff.

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 follows organisation wide systems and processes to ensure that all externally contracted services are provided to meet the residential care service’s needs and service quality goals. This includes the establishment of a service agreement that outlines relevant legislation, guidelines and the organisation’s quality requirements, a performance measure and review process if non-compliance is unable to be addressed. External contracts are managed on a hospital and health service wide basis and monitored at a local level by the Director of Nursing and Maintenance Officer. Processes are in place for an on-call system to address repairs to equipment after hours or over the weekend. External service contractors providing service at the home are required to sign in/out prior to commencing work at the home. Performance is regularly evaluated through observation and visual inspection of works carried out and through staff and care recipient feedback. Care recipients/representatives and staff are satisfied with the quality of services provided by external service providers.
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 system and processes.

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

- In response to a suggestion from nursing staff for the provision of a palliative care box to aid in the comfort of palliative care recipients, management consulted with staff to gain feedback and recommendations on particular items. In response to staff feedback quotes were obtained. A palliative care box was implemented to improve access to items for palliative care recipients and nursing staff, to reduce care recipient discomfort during changing of clothing and to provide comfort items for care recipients who may not have family. The content of the palliative care box includes but is not limited to the following items; a bible, outline of cultural beliefs, split back pyjamas and nighties, mouth swabs, music player, lamp and end of life information.

- To reduce the number of care recipients being transferred to acute facilities for the treatment of infections and/or illnesses requiring intravenous antibiotics, management implemented systems and processes for intravenous and antibiotics therapy to be delivered at the home. This included the education sessions for relevant clinical staff members, the approval from medical officers in relation to the new procedure and the purchase and supply of equipment. The implementation of the intravenous and antibiotics therapy gives care recipients more choice and control to receive treatment within the home instead of being transferred to acute facilities.
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 systems and processes.

In relation to Standard 2 Health and personal care, systems ensure: the reporting of unexplained absences, specified care and services are provided to care recipients and medications policy and procedure are accessible to guide registered staff in line with relevant regulatory protocols.

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 systems and processes.

In relation to Standard 2 Health and personal care, education has been provided in relation to: medication competencies, intravenous therapy and intravenous antibiotic theory, palliative care nursing, types of incontinence, basic anatomy of skin and the impact of incontinence and aging on the skin.

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 and enrolled nurses complete an initial interim care plan, followed by a suite of comprehensive assessments that informs the development of major and summary care plans. Changes to care recipients’ needs are documented in progress notes and handover sheets. Care plans are updated to reflect these changes. Changes are communicated to staff through the handover process and with care recipients/representatives and medical officers. The home monitors care recipients’ clinical care through observations, three monthly and ‘as needed’ care plan reviews, scheduled audits and surveys. Care recipients/representatives are satisfied with the health and personal care provided.
2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses complete assessments, develop care plans and evaluate effectiveness of care interventions. Allied health professionals, medical officers and external specialists are consulted from a co-located hospital that make recommendations for treatment and care interventions and these are incorporated into the care plans. Specialised nursing care is monitored through meetings, care plan reviews, observations, and analysis of audit data and results from surveys. Staff have access to education and clinical practice resources. Care recipients/representatives are satisfied with 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 according to their assessed needs and preferences. The home has access to other health and related services from a co-located hospital. Health care providers are available to visit the home on a scheduled basis or as required. Changes to care recipients’ needs are documented in progress notes, allied health reports and care plans are updated to reflect these changes. Monitoring processes include care reviews, analysis of audit data, results from surveys and consultation with care recipients and representatives. Care recipients’ needs are documented and reviewed and staff are informed of changes to care recipients’ needs through the handover process. Care recipients are satisfied they have access to health specialists according to their individual needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly by qualified nurses. Medical officers and pharmacists review care recipients’ medication. Monitoring processes include reporting of adverse events and medication incidents through committee meetings. These are effective in identifying improvement opportunities. Staff demonstrate they understand their responsibilities in providing care recipients with safe and correct medication management. Care recipients/representatives are satisfied with the home’s medication management.
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. Care recipients' pain is identified through initial and ongoing assessments. Validated assessment tools are used to develop pain management plans in consultation with medical officers. The home has a physiotherapist who provides pain management strategies and treatments. Alternative approaches for pain management include massage, repositioning and heat packs. Monitoring processes include care plan reviews, observations, consultation with care recipients and analysis of audit data. Care recipients’ pain is identified, assessed and evaluated and changes made to medication charts as appropriate. Staff are aware of non-verbal signs of pain. Care recipients/representatives are satisfied with the home’s approach to pain management.

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 appropriate palliative care that maintains their comfort and dignity during the terminal stages of life. The home uses a specific palliative care plan to guide staff and care recipients have access to pastoral care if required. Care recipients’ changing needs are closely observed and needs and preferences are communicated to staff at handover and written in a diary. The home manages the palliative care process in a sensitive manner, communicating where appropriate with care recipient’s representatives to ensure care recipients’ comfort and dignity is maintained. Staff are aware how the comfort and dignity of terminally ill care recipients is maintained. Care recipients’ representatives are satisfied with the palliative care provided.

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' dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis.

Nutrition and hydration requirements, special diets and preferences are reflected on diet lists and care plans are in place to guide staff practice. Modified utensils are provided to support care recipients’ eating and drinking ability as required. Care recipients’ dietary
requirements are reviewed every three months and as required. Care recipients’ are weighed monthly (or more frequently as required) and changes in weight are monitored to support timely changes in diet if required. The home has implemented weight management protocols and care recipients assessed as being at risk of or experiencing unplanned weight loss are offered supplements and/or modified diets. A dietitian reviews the menu to ensure nutritional value and care recipients are referred to a dietitian and/or speech pathologist as necessary. Care recipients/representatives are satisfied with the home’s approach to nutrition and hydration.

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. Initial and ongoing assessment and review processes identify and manage care recipients’ skin care needs. Holistic preventative strategies are used to maintain care recipients' skin integrity. Registered nurses are responsible for the management and evaluation of complex wounds with input from external specialists when required. Wound assessments are undertaken weekly and progress discussed during the handover process. Monitoring processes include care plan reviews, observations, incident reporting and audit trending data. Information provided by staff is consistent with documented assessments and staff have input into choosing preventative devices and appropriate wound care products. Care recipients/representatives are 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

Care recipients’ continence is managed effectively. Initial and ongoing assessment and review processes identify and manage care recipients' continence needs. Registered nurses assess and monitor changes to care recipients’ needs and preferences. Monitoring processes include review of care plans and trends in urinary tract infections. Staff provides continence management consistent with planned care. Staff have adequate stock to ensure care recipients’ continence is managed effectively and is aware of care recipients’ individual continence needs. Care recipients/representatives are satisfied that continence needs are managed effectively.
2.13 Behavioural management

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

**Team's findings**

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' responsive behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. Clinical staff refer to mental health services as required. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan reviews and audits. Staff are aware of how to manage care recipients with responsive behaviours effectively. Care recipients/representatives interviewed are satisfied with the home's approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

**Team's findings**

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients' mobility and dexterity needs. A physiotherapist develops programs for care recipients and provides additional opportunities such as falls management for enhancing mobility. Assistive devices are utilised to promote care recipients' independence where possible. Monitoring processes include falls incidence data, care plan reviews, clinical audits, observations and physiotherapy reviews. Care recipients mobilise with a range of aids and care recipients' mobility and dexterity requirements are assessed and reviewed. Staff attend manual handling education at orientation and on an ongoing basis. Care recipients/representatives are satisfied the care provided assists mobility and dexterity.

2.15 Oral and dental care

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

**Team's findings**

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ oral and dental needs. This information is used to develop care plans that are effective. Care recipients are facilitated to visit a co-located hospital dental service. Other monitoring processes include audits, observations and sample surveys. Care recipients’ dental needs are assessed, actioned and reviewed. Staff are aware of care recipients’ oral and dental hygiene needs. Care
recipients/representatives are satisfied the care provided maintains care recipients’ oral and dental health.

2.16 Sensory loss

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

**Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ sensory needs. The home uses appropriate strategies to communicate with care recipients with sensory loss. Monitoring processes include care plan reviews, observations, audits and sample surveys that are effective. Care recipients’ sensory needs are assessed, actioned and reviewed. Staff are knowledgeable as to how the home manages care recipients with sensory loss. Care recipients/representatives are satisfied with the home’s approach to managing sensory losses.

2.17 Sleep

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

**Team’s findings**

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients’ sleep patterns. Care recipients’ needs and preferences are also supported through the use of activity programs, lighting, positioning, food and drinks, and other strategies to promote natural sleep. Other monitoring processes include observations, audits and care recipient surveys. Staff refers to care recipients’ care plans for individual sleep preferences. Care recipients/representatives are satisfied care provided assists care recipients to achieve natural sleep patterns.
Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome.

Refer to Expected outcome 1.1, Continuous improvement, for information about the home’s continuous improvement system and processes.

Examples of improvements implemented by the home related to Standard 3 Care recipient lifestyle include:

- In response to a satisfaction survey identifying insufficient resources for men living with dementia, management accessed funding through a local community organisation to develop stimulating and meaningful activities for male care recipients. This included but was not limited to specific activities such as fiddle boards consisting of tactile maintenance objects, a saddle for cleaning and conditioning, the planting and development of an edible garden bed and a workshop bench area. Internal and external environments were created within the home through the purchase of more masculine objects and furniture, the development of an outback themed mural and a vehicle was sourced and mounted in the outdoor area for men to sit and reminisce in. The men’s area was officially opened on 18 September 2016 with an outdoor garden party and has received positive feedback from care recipients and their family members.

- In response to care recipient/representative dissatisfaction in relation to insufficient activities being provided to care recipients during the weekends, management and the diversional therapy staff conducted a review of the activity program and allocated hours. This resulted in dedicated assistant in nursing staff being trained and allocated the role of ‘Social Nurses’ in each unit from 9.30am to 6.00pm seven days per week on a three month trial. Their role is to assist in providing meaningful and stimulating activities in accordance with the newly revised activity program. Relatives and representatives expressed an improvement in the satisfaction with the calendar events for the weekend. Management and staff advised in response to the positive feedback the role of the ‘Social Nurse’ has been implemented into the staffing establishment.
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 systems and processes.

In relation to Standard 3 Care recipient lifestyle, systems ensure: identification, reporting and monitoring of reportable assaults, care recipients are notified of their rights and responsibilities as per The Charter of Care Recipients’ Rights and Responsibilities, care recipients are offered an accommodation agreement and care recipients have 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 about the home’s systems and processes.

In relation to Standard 3 Care recipient lifestyle, education has been provided in relation to: elder abuse/mandatory reporting, depression in the elderly and privacy and dignity.

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

Care recipients’ emotional status and needs are identified and supported. Discussions with care recipients/representatives provide the home with information related to their needs for emotional support. Staff introduce new care recipients/representatives to other members of the home’s community and encourages their socialisation and participation in activities and outings at their own pace and according to their interests. Significant dates and times of grief and loss are noted and staff are aware of these times for care recipients. Care recipients are provided with the opportunity to discuss their issues with staff and counsellors who have experience and training in grief and loss. Ministers of religion and volunteers regularly visit the home and assist staff with these areas of support. Care recipients/representatives are satisfied the support provided by the staff of the home is appropriate and meets the care recipients’ needs and preferences.
3.5 Independence

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

Team’s findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain their community friendships and continue to participate in the community within and outside the home.

Friends and families are encouraged to participate in the activities of the home. Information is shared with families and visitors through newsletters and the activities sheets on notice boards. Care recipients are supported to continue their memberships in the community by maintaining their access to local clubs and attending church services. The physiotherapist, lifestyle therapy staff and registered nurses assess the needs and preferences of care recipients and make adjustments to their plans for participation as the care recipient’s needs change. Care recipients/representatives are satisfied with the assistance provided by the home in relation to the care recipient's independence, maintaining friendships and participating in community life in accordance with their individual needs and preferences.

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

There are systems to ensure privacy and dignity is respected in accordance with care recipients’ individual needs. The assessment process identifies each care recipient’s personal, cultural and spiritual needs, including the care recipient’s preferred name. Permission is sought from care recipients for the display of photographs. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of care recipients’ information. Staff handovers and confidential information are discussed in private and care recipients' files are securely stored. Staff practices respect privacy and dignity and staff were observed to have respectful interactions with care recipients and their visitors. Care recipients/representatives are satisfied with how privacy and dignity is managed at the home.

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

Care recipients are encouraged and supported to participate in a range of interests and activities of interest to them, through assessments and discussions on entry to the home.
Care recipients are provided with the assistance required to participate in their choices of activities. Each care recipient is assessed on entry regarding their social history, interests and capabilities. A program is developed around the assessment information in consultation with the care recipient and their representatives. Social support nurses provide individual support for residents that are unable or do not wish to attend group activities. Monitoring processes include care plan reviews, observations, audits and surveys. Care recipients/representatives are satisfied care recipients are supported in activities and interests appropriate to needs and 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 individual interests, customs, beliefs, cultural and ethnic backgrounds of care recipients are valued and fostered within the home and by the staff. Specific cultural activities occur within the home’s activity program. Indigenous Liaison Officers visit care recipients of indigenous background. Care recipients/representatives are satisfied the home values and fosters care recipients’ individual interests, customs, beliefs and ethnic backgrounds.

3.9 Choice and decision-making

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

Team’s findings

The home meets this expected outcome

Each care recipient and/or their representative are included in the assessment process for care and lifestyle within the home. Assessments are conducted on entry and incorporated into care plans, to ensure staff have knowledge of the care recipient’s choices and preferences regarding cares and lifestyle. In the event that the care recipient’s ability to confirm those choices declines, their representative acts on their behalf to ensure their choices are met. Care recipients/representatives are informed of care recipient meetings and notices. Minutes are taken of these meetings and prompt action taken to rectify concerns as they arise. Care recipients/representatives are satisfied they participate in decisions about the services the care recipient receives and they are able to exercise choice in relation to the care recipient’s needs and preferences.
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

Information is provided to explain care and services for new care recipients and/or their representative prior to entry to the home. The care recipient agreement is offered to each care recipient/representative to formalise occupancy arrangements. The care recipient agreement and handbook include information about rights and responsibilities, care and services provided, fees and charges, complaints handling, security of tenure and the process for termination of the agreement. Care recipients/representatives are advised to obtain independent financial and legal advice prior to signing the agreement. The charter of care recipients’ rights and responsibilities and other relevant information is documented in the handbook and displayed throughout the home. Care recipients/representatives are satisfied with the information provided by the home regarding security of tenure and 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 system and processes.

Examples of improvements implemented by the home related to Standard 4 Physical environment and safe systems include:

- To enhance the dining experience of care recipients, management have repositioned the dining tables and chairs in unit one. This has created three smaller areas rather than one large area. Care recipients were encouraged to provide feedback on their preferred seating arrangement to enable increased socialisation during meal times. Management advised the smaller dining areas have resulted in improvements in the ambience of the dining experience, decreased noise levels and a reduction in behaviours of concern. Care recipients have voiced their satisfaction in the new layout of the dining room.

- The organisation has upgraded their maintenance management system from a paper based request and reporting system to an electronic system. The electronic system has streamlined processes to ensure more timely processing and resolution of maintenance issues. Staff were provided with education in relation to their roles and responsibilities in requesting and reporting maintenance issues. The Maintenance Officer and management reported they continue to see improvements in the timeliness of identification and actioning of maintenance requests.

**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 systems and processes.

In relation to Standard 4 Physical environment and safe systems, there are systems to ensure: a current food safety program is in place, a food safety supervisor is accessible during the operation of the kitchen, a maintenance program is in place, safety data sheets are available for chemicals used in the home, compulsory fire training is provided for staff.
and a fire safety advisor is available and staff are provided with infection control training and have access to personal protective equipment. Processes are in place to monitor work health and safety requirements with training provided to promote safe work practices.

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 systems and processes.

In relation to Standard 4 Physical environment and safe systems, education has been provided in relation to: general evacuation instructions, infection control, chemical training, manual handling and incident reporting and risk assessment.

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 and comfortable environment consistent with care recipients’ care needs. On entry care recipients are orientated and welcomed into their new environment. Care recipients are accommodated in single rooms with shared en-suite and encouraged to personalise their room by bringing in personal items and mementos of significance. All care recipients’ rooms provide access to a locked cupboard for personal possessions. The environment is fully temperature controlled (cooling in summer and heating in winter) and provides access to hand rails, internal and external private seating areas and furniture appropriate to the needs of care recipients. Directional signage assists with navigation to the different areas of the home. The environment and equipment are maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Where the need for protective assistive devices is identified, policies are available to guide staff in assessment, authorisation and review. Care recipients/representatives have input into the home’s living environment through meetings and feedback forms. Care recipients/representatives are satisfied management is working to provide a safe and comfortable environment.
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 and all staff have a role to play in actively working to provide a safe and secure working environment that meets regulatory requirements. Work health and safety policies and procedures guide management and staff in the process of identification, notification and control of hazards; reporting and investigation of staff incidents, management of chemicals and environmental audits. At orientation, staff receive education and training in relation to work health and safety requirements, infection control, manual handling and incident reporting and assessment. Chemicals are stored securely with access to safety data sheets and spill kits. Staff accidents and incidents are investigated to determine causative factors and discussed at relevant meetings to ensure effectiveness of interventions implemented.

Staff reported satisfaction with the incident, hazard and maintenance reporting systems and management’s response to safety issues.

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 in conjunction with the organisational occupational health and safety department are actively working to minimise fire, security and emergency risks. External fire professionals maintain the home’s fire systems, equipment and signage. Evacuation plans and instructions are displayed in prominent areas of the home; emergency exits are clearly marked, free from obstruction and are suitable for the mobility level of the care recipients. A fire and evacuation manual, disaster manual and regular fire drills guide management and staff in emergency situations. All staff are provided with training in fire safety, evacuation and emergency procedures during orientation and annually thereafter. Care recipients are provided with information regarding sign in/out procedures and fire safety and evacuation procedures via the care recipients’ newsletter. The home has internal lock-up procedures and security processes to ensure the safety of care recipients and staff at the home. Care recipients/representatives are satisfied with staff knowledge and ability in the event of an emergency.
4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program that consists of information to guide staff practice, availability of appropriate equipment, staff training, vaccination programs and a surveillance program to monitor the occurrence of infections. Staff have ready access to personal protective equipment and hand washing facilities and participate in infection control education on commencement of employment and annually thereafter. There is a food safety program and procedures to ensure that care, laundry and cleaning are managed effectively to minimise the risk of cross contamination. The home has an outbreak management protocol in place and staff are aware of their responsibilities in the event of an outbreak. Staff demonstrated knowledge of infection control principles and were observed using personal protective equipment as necessary. Audits are used to monitor the effectiveness of the home’s infection control program and staff practices.

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 in a way that enhances care recipients' quality of life and staffs' working environment. Catering services are provided to meet care recipients identified dietary needs and preferences through initial and ongoing assessments. Each care recipient has an individual preference card that reflects their dietary information in relation to allergies, likes, dislikes and meal size to guide staff. Meals are provided following a three-week rotating menu that has been developed in conjunction with a dietitian. Cleaning services are provided seven days per week in accordance with health and hygiene standards. Cleaning schedules ensure care recipient rooms, common areas, and service areas of the home are cleaned on a regular basis. Laundry services are conducted off site on a seven-day pick and delivery system. Care recipients/representatives have the option to launder care recipients’ personal items accessing a small laundry facility at the home and/or outside of the home. Labelling of all clothing is encouraged, with labelling services are available as required. Hospitality services are monitored via regular audits, observation of staff practice and through care recipient feedback during meetings, surveys and the complaints mechanisms. Care recipients/representatives are satisfied with the standard of the catering, cleaning and laundry services provided by the home.