



Australian Government
Australian Aged Care Quality Agency

Audit Assessment Information

Re-accreditation audit

Name of home: Pennwood Village

RACS ID: 6146

Approved provider: Serbian Community Welfare Association of SA Inc

Scope of this document

A re-accreditation audit against the 44 expected outcomes of the Accreditation Standards was conducted from 04 April 2018 to 05 April 2018.

This report outlines the information on which we based the major findings provided at the end of the audit. It gives our findings, the reasons for our findings and supporting information. It may also include suggestions for improvement or details of deficiencies that may need to be addressed.

Next Steps

Please consider the content of this report carefully. If you wish to make a written response, the Quality Agency must receive it within 14 days. It will be considered when the decision is made about re-accreditation for the home.

Please label your response 'Response to Audit assessment information' and send it to your local Quality Agency office –

by email to : sa_nt@aacqa.gov.au

or by facsimile to: 08 8217 6099

or by post to: Australian Aged Care Quality Agency
GPO Box 620
Adelaide SA 5001

Information about the home

Total number of allocated places	60
Number of care recipients during audit	59
Number of care recipients receiving high care during audit	47
Special needs catered for	Care recipients with culturally and linguistically diverse backgrounds Care recipients with dementia or related disorders
Email address for submission of audit assessment information	anne@pennwood.org.au

Audit trail

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

Interviews

Position title	Number
Care recipients and representatives	17
Chief Executive Officer	1
Management	3
Quality officers	2
Registered and enrolled nurses	4
Allied Health	1
Care staff	4
Lifestyle staff	1
Hospitality staff	3
Maintenance officer	1

Sampled documents

Document type	Number
Care recipients' files	10
Medication charts	4

Other documents reviewed

The team also reviewed:

- Accident, incident and hazard documentation
- Action plans
- Approved supplier list
- Audit schedule and documentation
- Call bell reports
- Care evaluation schedule
- Care recipient and family information booklet
- Care recipient dietary requirements
- Care recipients' accommodation agreement
- Chemical register
- Clinical assessments, consultation and care evaluation documentation
- Clinical monitoring records
- Comments and complaints documentation
- Communication cards
- Compulsory reporting documentation
- Continuous improvement documentation
- Corrective and preventative maintenance documentation
- Dietitians nutrition report
- Education calendars and documentation
- Education documentation
- External provider contracts
- Fire log book and triennial fire safety certificate
- Food safety plan and associated documentation
- Handover sheet
- Human resource documentation
- Infection control documentation
- Licence to possess and administer prescription drugs and controlled drugs
- Lifestyle activity plans and evaluation records
- Newsletters and other publications
- Nurse initiated medication authorisation
- Organisation chart
- Pharmacy documentation
- Policies and procedures
- Referral documentation and specialist reports

- Safety data sheets
- Security of tenure information
- Various brochures
- Various meeting minutes
- Various surveys – care recipient and staff
- Volunteer documentation
- Wound care documentation

Observations

The team observed the following:

- Activities in progress
- Activities program on display
- Advocacy brochures on display
- Archive room
- Catering area and kitchenettes
- Chemical storage
- Charter of care recipients' rights and responsibilities - residential care on display
- Cleaning in progress
- Clinical equipment in use
- Closed circuit television and monitors
- Colour coded equipment
- Evacuation signs and diagrams
- Feedback mechanisms - external and internal
- Fire indicator panel
- Hand hygiene facilities
- Handover sheet
- Handrails
- Living environment – internal and external
- Meal service
- Medication storage and administration
- Menus and dietary preferences information
- Mission and values statement on display
- Music therapy
- Noticeboard poster advising of visit
- Noticeboards – general and staff
- Nurse call systems
- Nurses stations

- Outbreak resources – spill kits and personal protective equipment.
- Palliative care resources
- Secure storage of medications
- Sharps containers
- Short group observation in the homes outdoor activity area
- Wound management supplies

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 services, 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 continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

- Management identified a need to develop leadership skills in cultural and linguistically diverse (CALD) staff, supporting a staff member to undertake a 'Women in Leadership' program for CALD women. The staff member was supported by the home to undertake a Certificate IV in Women and Leadership course focussing on multicultural communities and successfully completed the course in 2017. The staff member has used the skills learnt in the course to facilitate a care recipient led fundraiser run in the home to support a Nepalese school that had perished in an earthquake. At the homes 2017 strategic planning day the staff member presented on the leadership course and the fundraising event, demonstrating the benefits to care recipients that had been experienced as a result of the home supporting the staff member with professional development. Management said this has enhanced leadership within the homes CALD staff and they are now looking to further support other staff members with ongoing professional development.
- Management identified a need to offer further continuous professional development opportunities for staff and introduced 'The Aged Care Channel' (ACC) learning modules in the home in June and July 2017. All staff now complete their mandatory training online through the ACC and can access additional learning modules each month. Introducing ACC to the home has enabled staff to access the learning modules remotely if they choose. An evaluation of this continuous improvement initiative resulted in 82 percent of respondents saying the new education program is 'very good' and the remainder saying 'good'. One staff member said they like the new education program because 'it gives an opportunity to do the training in your own time and space'.

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 a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. The organisation maintains a database used to monitor professional registrations, police certificates and competency assessment of staff. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1 Management systems, staffing and organisational development, management are aware of the regulatory responsibilities in relation to police certificates and the requirement to advise care recipients and their representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met.

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's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. The home provides support for staff to undertake further professional development through attendance at courses and conferences. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process is available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

- Delegation; the key to leverage
- Fielding a winning team
- Leadership training
- Seven secrets of business success

Additional information

- Refer to expected outcome 1.1 Continuous improvement for further information on how the home supports staff to undertake further professional development.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. The majority of respondents to a consumer experience interview said staff follow up when they raise things with them most of the time or always. Two care recipients were not aware of the feedback forms in the home and one said they decline to go to the care recipient and representative meetings where feedback can be given. One of seventeen respondents to the consumer experience interview disagreed the home is well run because they did not believe complaints were actioned. The remaining respondents agreed or strongly agreed the home is well run.

Additional information

- Two respondents to a consumer experience interview said they are unaware of how to give feedback and one also said they do not go to the care recipient and representative meetings. We discussed this with management who said there are feedback forms throughout the home and information is provided in the care recipient handbook on how to provide feedback and during the care recipient and representative meetings. Documentation viewed supported this.
- One of seventeen respondents to a consumer experience interview disagreed the place is well run as they did not believe complaints were actioned. We discussed this with management who will continue to encourage feedback on satisfaction and ensure timely responding to concerns. Documentation viewed showed the home actions all complaints received.

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 has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents. Care recipients and representatives said the home is generally run well.

Additional information

- Refer to expected outcome 1.4 Comments and complaints for further information on a care recipient who disagreed the home is run well.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. The majority of respondents to a consumer experience interview agree or strongly agree staff know what they are doing. One respondent gave a neutral response as they said there are new younger staff who improve over time.

Additional information

- One of seventeen respondents to a consumer experience interview gave a neutral response to the statement 'staff know what they are doing' as they said there are lots of younger new staff who need help in how to care for people and acknowledged these staff members do improve over time. We discussed this with management who said they have an orientation program for new staff to ensure they can meet the needs of care recipients. Staff interviewed were able to describe the orientation program and said they feel very supported by management and clinical staff when they need assistance to care for care recipients in the home.
- The Chief Executive Officer (CEO), Anne Brown, is retiring from the role in September 2018. As per the homes succession planning; Dubravkov Blazenicwill, the current site manager, will step into the CEO role. The homes current clinical nurse, Jenny Cook, will take on the site management role and a newly recruited relieving registered nurse, Biljana Tarata, will move into the clinical nurse role.

Personnel working in the home during the week Sunday to Saturday the week before the visit

The following table excludes volunteers and medical officers.

Personnel are recorded as:

Total hours of personnel

Morning shift (AM)

Personnel	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
RN	7.5	30.3	22.7	22.8	30.3	30.3	7.5
EN	13.5	6	21	13.5	25	21	13.5
Care personnel	42	47	38	53	34	37.5	42
Other professional personnel	3.25	16.25	16	7.5	7.5	7.5	4

Personnel	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Other personnel	14	66.5	66.5	66.5	66.5	66.5	14

Afternoon shift (PM)

Personnel	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
RN	8	8	8	8	8	8	8
EN	11.75	10.75	10.75	7.75	6.75	10.75	7.75
Care personnel	23.25	19	19.25	22.25	28.25	19.25	22.25
Other professional personnel	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Other personnel	6.5	6.5	6.5	6.5	6.5	6.5	6.5

Night shift (PM)

Personnel	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
RN	8	8	8	8	8	8	8
EN	0	0	0	0	0	0	0
Care personnel	8	8	8	8	8	8	8
Other professional personnel	0	0	0	0	0	0	0
Other personnel	0	0	0	0	0	0	0

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 monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff interviewed stated they are satisfied they have sufficient stocks of appropriate goods and equipment to care for care recipients and are aware of procedures to obtain additional supplies when needed.

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 all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Monitoring processes include audits, surveys, policy and procedure review processes and feedback. Results show information is disseminated to staff and care recipients through verbal systems as well as through other mechanisms such as newsletters, memoranda, meetings and informal discussion. Staff interviewed said they are satisfied they have access to current and accurate information. Care recipients and representatives interviewed said they are satisfied the information provided to them is appropriate to their needs, and supports them in their decision-making. All respondents to a consumer experience interview said staff explain things to them most of the time or always.

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 mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

Standard 2 - Health and personal care

Principle:

Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

- Management identified the home required a more efficient way of managing medications to minimise medication incidents. In collaboration with the homes contracted pharmacist a new electronic medication management module was purchased in March 2017 as an 'add on' to the homes existing electronic clinical management system. Since the new system has been implemented management said, and documentation shows, medication incidents have steadily reduced. An evaluation of the new medication management module shows 100 percent of clinical staff are satisfied with the new medication management system.
- The home was approached by a local aged care home with a proposal to utilise allied health staff, in particular occupational therapy, collaboratively across the homes with a goal to enhance the services offered to care recipients. Management consulted care recipients and representatives, and a decision made to implement the services including a weekly gym program held at the other aged care home for the homes care recipients to attend. Management said the shared service has improved the quality of life of care recipients in a cost effective way and ensured staff are assisted face to face with manual handling in the home as the shared allied health professionals check staff skills and manual handling equipment regularly. A falls prevention program is part of the new service which includes a walk to the park every Monday and care recipients are encouraged to walk in the homes gardens supported by handrails and seating throughout. The new collaborative allied health service also supports the homes philosophy to encourage care recipient mobility until they pass away. Care recipient feedback is they are very happy with the shared service and the trips to the gym at the other aged care home. Management said care recipients are 'lined up' to attend the other homes gym program.

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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2 Health and personal care, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include:

- Continence
- Fluid balance charting
- Nutrition management
- Palliative care from a CALD perspective
- Understanding dementia

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 mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, audits, reviews and feedback. Results show changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff interviewed said they have sufficient time to provide care and can describe care provision consistent with recipient's individual care plans. All respondents to a consumer experience interview said staff meet their healthcare needs most of the time or always.

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 through assessment processes on entry to the home. Care is planned and managed by registered nurses and endorsed enrolled nurses. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. Care recipients specialised care needs are monitored through audits, reviews, feedback and incident analysis. Results show where care needs exceed the knowledge and skill of staff; specialised expertise is accessed from medical specialists and external community and outpatient services. Staff interviewed said they have access to specialised equipment,

information and other resources to ensure care recipients' needs are met. Care recipients and representatives interviewed said they are satisfied with how care recipients' specialised nursing care needs are managed at the home.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Management, staff and medical officers refer care recipients to services, such as podiatry, optometry, audiology, dentists, dental technicians, wound care providers, palliative care and mental health specialists. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff liaise with the care recipient's medical officer/s and the care recipient and/or representatives, to co-ordinate health specialist appointments in a timely manner. Staff interviewed said they support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed said they are satisfied referrals are made to appropriate health specialists of their choice.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Electronic medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home has an imprest system that provides care recipients with timely access to medications. Effectiveness of the medication management system is monitored through analysis of medication incident data and the completion of audits. A medication advisory committee provides advice on the home's medication management system and a pharmacist regularly conducts medication reviews for individual care recipients. Opportunities for improvement in relation to the medication management system are identified and addressed. Staff who administer or assist with medications said they receive education in relation to this. Care recipients and representatives interviewed said they are satisfied care recipients' medications are provided as prescribed and in a timely manner.

Additional information

- Refer to expected outcome 2.1 for further information on the electronic medication management system.

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' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. Management conduct audits regularly and monitor staff education needs, to ensure the effective management of care recipients' pain. Results show staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Staff interviewed said they use strategies such as medication, massage and repositioning to assist care recipients to maintain their comfort levels. Care recipients and representatives interviewed said they are satisfied care recipients are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in their care plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Results show representatives of care recipients who recently received end of life care were appreciative of the care provided in supporting the care recipient's needs and preferences. Staff interviewed said care recipients remain in the home whenever possible, in accordance with their preferences. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

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' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. The home has processes to refer care recipients to other health specialists such as dietitians and speech pathologists, if a need is identified, and to ensure catering and other staff have information about care recipient nutrition and hydration needs. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Results show staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. Staff interviewed have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Clinical staff assess care recipient's skin integrity on entry and as required, in consultation with care recipients/representatives and develop care plans which they review regularly. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Results show progressive healing of complex wounds and referrals to wound care specialists. Staff are provided with education relating to skin care and wound management. Staff interviewed said they promote skin integrity through the use of emollient creams, pressure relieving devices and pressure area care. Care recipients and representatives interviewed said they are satisfied with the assistance provided to maintain skin integrity.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Data analysis, progress notes, care review summaries, survey results and care recipient interviews indicate continence management processes are effective. Staff interviewed demonstrated an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Care recipients and representatives interviewed said they are satisfied with the support provided to care recipients in relation to continence management.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. Management advised restraint is not used at the home. The home offers a secured environment for those care recipients who are at risk of wandering. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff were observed using various strategies to effectively manage challenging behaviours whilst supporting the dignity

of the care recipient. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

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' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. An occupational therapist completes a mobility assessment of each care recipient on their entry to the home. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility and dexterity. Results show the accident and incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. Staff interviewed said they receive training in manual handling and the use of specialist equipment. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

Additional information

- Refer to expected outcome 2.1 Continuous improvement for further information on the improvements in mobility, dexterity and rehabilitation outcomes for care recipients.

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 needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care plans document oral care including information on oral prosthetics, aids used to maintain dental care and any assistance care recipient's may require with oral and dental care. Care recipients with swallowing difficulties are referred to a speech pathologist. A mobile denture care service visits the home and provides care recipients with access to technicians. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Results show care recipients have access to equipment to meet oral hygiene needs. Staff interviewed could discuss the care of recipient oral and dental health using the strategies on the care plan. Care recipients interviewed said they are satisfied with the assistance given to them by staff to maintain their teeth, dentures and overall oral hygiene.

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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences

and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The activity program incorporates sensory stimulation such as massage, music, large print books and gardening. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Results show care recipients are referred to appropriate health professionals and provided with support to attend clinics if required. Staff interviewed said they use a range of communication strategies to interact with care recipients and assist care recipients with glasses and hearing aids as required. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Results show staff support care recipients when normal sleep patterns are not being achieved. Staff interviewed discussed strategies used to help care recipients sleep include offering food or a warm drink, massage, position change, relaxing music, pain management and appropriate continence management. Care recipients and representatives interviewed said they are satisfied support is provided to care recipients and they are assisted 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 systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

- Management identified staff were not using recently purchased smart televisions (TVs) in the home appropriately to facilitate ongoing music therapy and enhance the environment for care recipients. In response all nursing, lifestyle and care staff were trained in using the smart TVs to implement music sessions in the home. The result being staff provide music therapy via the smart TVs ensuring music is played in the various languages of care recipients living in the home. Staff report the music filtered through the new smart TVs is found to sooth and evoke the memories of care recipients. Management and staff feedback is the training has equipped staff to use the smart TVs to their capacity with care recipients experiencing the positive effects of ongoing music therapy. A formal evaluation with 17 respondents found 100 percent said there were positive outcomes for care recipients from using the smart TVs.
- The homes occupational therapist identified a need for cognitive stimulation group therapy (CST) to enhance the quality of life for care recipients with mild cognitive decline. The CST runs over a six week period and is designed to stimulate and improve the mental state and wellbeing of care recipients who participate. The CST is now incorporated into the lifestyle program in the home. Management described the benefits to one care recipient who could not talk due to a stroke, now singing during the CST sessions. Overall feedback from the facilitators of the CST is the wellbeing of care recipients involved has improved as they are much more animated, growing in confidence, during the sessions, and have made friends with other members of the group.

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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3 Care recipient lifestyle, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

- Coping with difficult people
- Elder abuse and missing persons compulsory reporting
- Speaking my language

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 needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services including a counsellor and social worker that visit the home regularly. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Results show care recipients are encouraged to personalise their living area and visitors including pets are encouraged. Staff were observed to show warmth, respect, empathy and understanding in their interactions with care recipients. The majority of respondents to a consumer experience interview agreed if they are feeling sad or worried there are staff at the home they can talk to, however, four out of seventeen respondents provided a neutral response preferring privacy or talking with family or friends.

Additional information

- In a consumer experience interview four care recipients or representatives provided a neutral response preferring to talk with family or friends. We reported this to management who said they respect care recipients decision regarding this, however, if further emotional support is required the home has a counsellor and social worker that visits the home regularly and care recipients can access these services with a referral from their medical officer.

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' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain

current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including audits, feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Results show mobility and lifestyle programs support and promote care recipient's independence. Staff interviewed explained how they prompt and encourage care recipients to do as much as they can and described strategies to maintain care recipient's independence in accordance with individual abilities. Sixteen of seventeen respondents to a consumer experience interview agreed they are encouraged to do as much as possible for themselves with one respondent giving a neutral response as they require full care.

Additional information

- In a consumer experience interview one respondent provided a neutral response as they are fully dependent on staff to provide full care and unable to do much for themselves. Clarification about the neutral response was provided to management.

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

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including audits, feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Results show staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Staff were observed to address care recipients in a courteous and polite manner. All respondents to a consumer experience interview said staff treat them with respect most of the time or always, however, one care recipient said they feel safe 'some of the time' and said the male staff in the home are arrogant and this makes them feel unsafe.

Additional information

- One respondent to a consumer experience interview, with assistance from an independent interpreter, said they only feel safe some of the time as "male staff are arrogant" and this made them feel unsafe. We discussed this with management who said they will continue to monitor staff practices to ensure all care recipients feel safe as they were unaware a care recipient in the home felt this way.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. Care recipients are provided with information about the activity program offered at the home. Whilst they are encouraged to attend, staff respect their choices if they choose not to participate. The program of activities is reviewed and evaluated to ensure it continues to

meet the needs and preferences of care recipients. Results show special events are celebrated and the activities program supports care recipients' varied needs and includes group, one-on-one and community activities. Staff were observed to encourage and support care recipient participation. Care recipients and representatives interviewed said they are satisfied with activities and confirm care recipients' are supported to participate in activities of interests to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The majority of care recipients have culturally and linguistically diverse backgrounds and care is provided by staff that are aware of care recipient's cultural and spiritual needs. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Results show care recipients are assisted to attend cultural activities conducted in the home and the community and days of significance are celebrated at the home. Staff support care recipients to attend and participate in activities of their choice. Care recipients and representatives interviewed confirmed care recipients' customs and beliefs are respected.

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 processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. Staff are provided with information about care recipient's rights and responsibilities and their practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. The home's monitoring processes include care recipient meetings, a comments and complaints mechanism, case conferences, surveys, observations and feedback forms. Results show the home assesses each care recipient's ability to make decisions and authorised representatives are identified where care recipients are not able to make decisions for themselves. Staff interviewed demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients and representatives interviewed are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. The charter of care recipients' rights and responsibilities is displayed in the home. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand 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 systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

- Inspired by 'Dementia Dynamics Training' provided by Dementia Australia, and staff learning about the importance of the living environment on care recipients living with dementia, the home commissioned murals and garden features in the outdoor areas of the home in 2017. A beach scene, Serbian icons, church scene on the chapel, stairway to heaven, Egyptian garden and Kaffana cafe was developed for care recipients to engage with. Lifestyle staff conduct activities in these areas to maximise care recipients engagement and meaningful activities in the home. Care recipient and representative feedback is positive as they 'love' the murals with many compliments coming through the homes feedback system.
- Management identified the homes staff room and administration offices in the home required refurbishment which was completed in January 2018. A new kitchen and storage area was constructed in the staff room and offices were fitted with wall to wall storage; all were painted and new floating flooring installed. An evaluation of the upgraded areas was conducted with staff with 75 percent of staff saying it was very good and 25 percent of staff said it was good. Management said the new storage facilities in the offices make it much easier to manage information in the home.

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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 4 Physical environment and safe systems, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

- Chemical handling
- Commercial cookery
- Food safety
- Manual handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives said they feel secure living in the home.

Additional information

- The home is currently constructing two new ten bed houses on a block of land adjoining the existing home. We observed barrier fencing preventing care recipients living in the home to access the building site, ensuring their safety.
- Following up from the assessment contact report dated 17 January 2018 reporting the soil on the construction site was contaminated and work had commenced on decontaminating the soil. Management interviewed said decontamination of the soil is now complete. Documentation showed this had occurred and building works is progressing.
- Care recipient and representative meeting minutes dated 6 February 2018 stated 'western fence adjacent to house five will be removed soon to accommodate the new development and this will result in temporary revisions to the fire exit of house five as well as revisions to the emergency assembly area'. We discussed this with management who said the fence will soon be removed and evacuation diagrams have temporarily been updated whilst new diagrams are being finalised. Evacuation diagrams viewed showed these had been updated.
- We observed the carpet in house five to be stained in the hallway. We discussed this with management and the maintenance officer who said they are deciding on a new floor covering for the area now, with plans of replacement in the coming months.

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

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

Additional information

- We viewed the triennial fire inspection certificate dated 26 March 2018. In response to the feedback given on an accompanying fire inspection report management said the home has arranged for new evacuation plans to be developed that include evacuation plans for the two new houses currently being built, a new striker is being fitted to the fire door in house two, and fire extinguishers are being fitted with new connectors throughout the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Outbreak management information and resources are available. Staff and management follow required guidelines for reporting and management of notifiable diseases. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes audits, observation of staff practices, analysis of clinical and infection data and evaluation of results. Results show staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Staff interviewed have an understanding of standard precautions relevant to their role and we

observed personal protective equipment and colour coded cleaning equipment being used. Care recipients and representatives interviewed said they are satisfied with the prevention and management of infections at the home.

Additional information

- The home experienced an Influenza A outbreak from 19 September 2017 to 27 September 2017 as documented in the previous assessment contact visit on 17 January 2018. Management said a review of outbreak management procedures was conducted and the home has identified an opportunity to improve tracking of staff vaccination rates.

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 identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients and representatives interviewed are satisfied the hospitality services meet their needs and make their stay more enjoyable/help them to feel at home/meals are a part of the day they look forward to. All respondents to a consumer experience interview said they like the food in the home most of the time or always.