



Australian Government

Australian Aged Care Quality Agency

70 Lowe Street

RACS ID 3476
70 Lowe Street
ARARAT VIC 3377

Approved provider: East Grampians Health Service

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 13 June 2018.

We made our decision on 24 April 2015.

The audit was conducted on 17 March 2015 to 18 March 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

70 Lowe Street 3476

Approved provider: East Grampians Health Service

Introduction

This is the report of a re-accreditation audit from 17 March 2015 to 18 March 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 17 March 2015 to 18 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Mary Murray
Team member:	Gillian Walster

Approved provider details

Approved provider:	East Grampians Health Service
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Details of home

Name of home:	70 Lowe Street
RACS ID:	3476

Total number of allocated places:	45
Number of care recipients during audit:	45
Number of care recipients receiving high care during audit:	45
Special needs catered for:	No

Street:	70 Lowe Street
City:	Ararat
State:	Victoria
Postcode:	3377
Phone number:	03 5352 9330
Facsimile:	03 5352 5676
E-mail address:	peter.armstrong@eghs.net.au

Audit trail

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

Interviews

Category	Number
Management	5
Registered nurses	5
Lifestyle staff	3
Care recipients/representatives	9
Hospitality/environmental staff	3
Support staff	5

Sampled documents

Category	Number
Care recipients' files	5
Lifestyle care plans	5
Medication charts	8
Personnel files	5

Other documents reviewed

The team also reviewed:

- Audits
- Care recipient agreement
- Care recipient survey
- Clinical charts, forms and incident reports
- Dietary documentation and nutritional supplement list
- Education documentation including yearly education planner
- Environmental support service records and audits
- Feedback forms
- Fire services records
- Food safety certifications and related documentation

- Gastroenteritis flowcharts and associated documentation
- Handover sheets
- Infection surveillance records
- Leadership statements
- Leisure and lifestyle program and associated documents
- Maintenance service schedules, requests, records and documentation
- Mandatory reporting register
- Meeting minutes and memoranda
- Newsletters
- No lift competency assessment
- Police certificate, statutory declaration and nursing registration documentation
- Policy and procedures
- Procurement system on-line
- Quality system documentation and continuous improvement register
- Recruitment policies and procedures and induction checklists
- Residents information package and handbook
- Risk assessment forms
- Self-assessment report
- Staff roster
- Summary care plans.

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Charter of residents' rights and responsibilities displayed
- Daily menu displayed in dining areas
- Equipment and supply storage areas
- Fire emergency, fire equipment, signage and evacuation equipment

- Infection outbreak information and equipment including spill kits
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment services
- Noticeboards, information displays and suggestion box
- Resident transfer equipment
- Short observation during a lifestyle activity.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across the Accreditation Standards to enhance the care experience for care recipients. Management promote the continuous improvement system on entry to the home, in resident handbooks and staff forums. Sources of opportunities for improvement include resident and representative feedback, comments, complaints and incident reports. Management record improvement activities and said they consult with residents and staff on their satisfaction with outcomes. Meeting minutes, notice boards and newsletters inform people of continuous improvement activities within the home. Residents, representatives and staff said they are aware of continuous improvement activities occurring within the home.

Examples of continuous improvement relating to Standard 1 Management systems, staffing and organisational development include:

- To aid person centred care, the organisation has integrated resident 'life stories' and clinical information into a central resident folder. Staff said integrated care planning has improved communication across the lifestyle and clinical teams and assists all staff to deliver a personalised care experience.
- Audit results identified an opportunity to improve the flow and availability of accurate information on resident care needs. As a result, the organisation initiated an 'allocated nurse' system. Each resident is 'linked' to a dedicated nurse, who acts as the first point of contact for the resident and his or her representative. Staff said the system has reduced information gaps and improved care consultation.
- To ensure access to appropriate and adequate clinical supplies the organisation has introduced an electronic stock control system. Once the relevant clinical committee has endorsed an item, procurement staff add the item to the home's available stock list. A bar coding system with inbuilt minimum and maximum stock levels is then used by staff to audit stock levels on a weekly basis. Staff said the system is efficient, easy to use and ensures stock is on hand at the point of care delivery.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to the Accreditation Standards. The organisation receives updates and relevant information from government, industry and professional associations. Relevant departments within the organisation review changes, update policies, procedures and associated documentation as required and notify stakeholders. Management utilise orientation, information handbooks, education, meetings and other communication mechanisms to flag specific regulatory compliance issues. Management monitor compliance through internal and external audit systems. Staff said they are informed of changes to regulations and legislation applicable to their roles.

Examples of regulatory compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Management notified stakeholders in advance of the re-accreditation audit through letters, meetings and notices.
- The home has a documented continuous improvement plan.
- A system for ensuring the currency of police certificates and statutory declarations as appropriate for staff, volunteers and contractors.
- Appropriate and secure information storage and destruction systems.

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

Management and staff have appropriate skills and knowledge to perform their roles effectively. Management identify the educational needs of management and staff through mechanisms including staff requests and suggestions, audits, residents' needs and changes to legislation. There is an education calendar incorporating organisational mandatory training requirements. Management adjust the calendar according to additional requirements and monitor staff using attendance records, observation and performance reviews. Management evaluate education sessions for effectiveness and staff undertake appropriate competencies to ensure maintenance of their skills. Staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Staff said they are satisfied with the education opportunities offered.

Examples of recent education and training relating to Standard 1 Management systems, staffing and organisational development include:

- aged care funding instrument training
- human resources
- orientation
- strategic direction of the organisation.

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

Management has a system to encourage comments, complaints and feedback from care recipients, representatives and other interested parties. The resident handbook outlines internal feedback mechanisms and external complaint and advocacy services. A complaints liaison officer acknowledges, escalates and monitors the resolution of complaints. Staff are aware of their role in supporting residents to raise concerns and maintaining their confidentiality. Management have an open door policy and act on verbal and informal feedback. Residents and representatives said they feel comfortable approaching management and staff with feedback and are satisfied with their responsiveness.

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 mission and value statements are documented and on display throughout the home. We observed these statements in publications the home distributes and within strategic plans.

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

Management has a system to ensure sufficient and appropriately skilled staff deliver services in accordance with the Accreditation Standards and the organisation's values. A current workforce development plan is in place, with staff periodically surveyed on workforce models. Position descriptions outline the skills, qualifications and scope of practice relevant to each role and staff participate in an orientation program and receive ongoing performance appraisals. Staff are rostered in line with residents' needs and the roster is reviewed as needs change. Staff said there are processes for the replacement of planned and unplanned staff absence. Residents are satisfied with the skills and responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has a system to ensure appropriate levels of equipment and inventory are available to staff for the provision of care, lifestyle, catering and environmental services. A procurement process ensures new equipment is fit for purpose, trialled and endorsed by potential users. Preventative and proactive maintenance occurs, ensuring equipment remains in good working order. An electronic inventory management system monitors stock levels of consumables and automatic restocking occurs. Processes are in place for accessing urgent supplies and all stock is rotated and appropriately stored. Residents, representatives and staff said there are sufficient supplies and appropriately maintained equipment.

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

Management has a system for the creation, endorsement, distribution and management of information. A meeting structure supports the effective flow of information to relevant stakeholders. A medical records team manages archiving services. Appropriate security levels to access information are evident and privacy and confidentiality of information respected. Policy and procedure reviews ensure information remains relevant and current. New residents and staff receive information packs and meetings, noticeboards and communication updates inform interested parties on current issues and events. Staff said they have access to the administrative, care and operational information required to perform their roles. Residents and representatives said they are satisfied with access to information and can make informed decisions.

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

Management has a system to ensure external suppliers and service operators deliver goods and services in accordance with care recipient needs and organisational goals. Contractual arrangements with preferred suppliers outline service expectations, monitoring processes and renewal criteria. The standard of work or services delivered is evaluated on an ongoing basis through observation, inspection and resident and staff feedback. Management and residents are satisfied with the products and services currently supplied to the home from external 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

Management has a system to actively pursue continuous improvement activities and to ensure care recipients' physical and mental health is encouraged and occurs at an optimum level. For details regarding the home's system, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in relation to Standard 2 Health and personal care include:

- To reduce the need to transfer residents to hospital, the organisation has developed an alliance with a 'hospital in the home' service. The service comes into the home to review and manage complex care needs when required, including intravenous antibiotics and wound management. Residents appreciate not leaving their usual environment to receive services. Staff said compliance with care directives has also improved because hospital staff are delivering care in the residents' home environment.
- The organisation has introduced nursing portfolios to consolidate management of particular clinical needs leading to success in limiting adverse outcomes for residents. Recently, the nutrition and hydration portfolio nurse led a review of dehydration and urinary tract infections. The dietitian allocated each resident a goal for the consumption of water, other fluids and food to optimise hydration. Staff said confusion, dehydration and urinary tract infections reduced during the project and protocols have been adopted by staff on an ongoing basis.

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

The home has systems for identifying relevant legislation, regulations, professional standards and guidelines relating to care recipients’ health and personal care. Management inform clinical staff of clinical care updates through meetings and handover. Refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to Standard 2 Health and personal care include:

- There are procedures to ensure compliance with legislation in the event of a care recipient’s unexplained absence.
- Appropriate medication storage, management and administration systems according to relevant legislation, regulatory requirements and professional standards.
- Nurses plan and supervise the delivery of specialised nursing care.

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

Management monitor the knowledge and skills of staff to effectively perform their roles in relation to care recipients’ health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 2 Health and personal care includes:

- basic life support
- falls management and prevention
- medication safety and competency
- nutrition
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate care recipients receive appropriate clinical care. When residents move into the home staff commence an assessment process and compile a care plan outlining individual needs and preferences. Appropriately qualified and experienced staff provide care and communication regarding residents’ care needs generally occurs through handover, progress notes, charting of clinical observations and documentation of clinical incidents. Medical and allied health personnel review residents as required and increased monitoring occurs when needed. Residents were complimentary of the care provided and said any episodes of ill-health or incident are responded to quickly and properly and representatives are informed appropriately.

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

There are processes to ensure the identification and appropriate management of care recipients’ specialised nursing care needs. Registered nurses assess, plan, manage, consult with residents and representatives and review the specialised nursing care needs of residents. Referral and consultation with health professionals occurs. Equipment for specialised nursing care is available and maintained. Policies, procedures, and guidelines support staff and management provide staff education in areas of specialised and complex care. Residents said they are satisfied with the specialised care received.

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

Staff refer care recipients to appropriate health care specialists for review, advice and management of their health care needs. Residents have access to a range of health professionals who visit the home regularly as well as when requested by staff to manage individual resident needs. Staff perform assessments of residents’ needs and preferences and refer and follow up with specialist providers in an appropriate and timely manner and carry out care according to specialists’ instructions. Residents and representatives said staff refer residents to specialists on request and in response to identified needs and assist them in visiting outside specialists as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are systems to safely and effectively manage care recipients’ medication. Staff administer medication using original packaging. Staff administering medications complete a medication competency tool. There are audits to monitor the system, an external pharmacist reviews residents’ medications and the medication advisory committee meets regularly to discuss issues, policies and improvements. Policies and procedures guide staff in the administration of medication. Processes ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Residents said they are satisfied with 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

There are processes to ensure care recipients are as free as possible from pain. Staff assess residents’ verbal, non-verbal and behavioural indications of pain using observation, pain monitoring, discussion and assessments and implement appropriate strategies. Strategies used to assist residents include analgesia, massage, exercise programs, repositioning and heat packs. Staff said they monitor residents’ pain including non-verbal response to pain when necessary and provide interventions as needed. Residents and representatives said staff respond appropriately whenever residents have 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

Staff provide care and maintain the comfort and dignity of care recipients who are terminally ill. When residents move into the home staff establish their end of life wishes. Staff access medical care for residents as necessary and make referrals to the regional palliative care services if required. Care includes the management of physical symptoms and psychological and spiritual wellbeing. Consultation with representatives occurs regarding the care environment and their role in the residents’ care. Staff said their approach to care is to maintain comfort and respect for the choices of residents and representatives during palliative care.

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

Processes ensure care recipients receive adequate nourishment and hydration. Staff assess residents’ nutritional requirements when they move into the home, their likes and dislikes, dietary and cultural requirements are identified, recorded, communicated to the kitchen and accommodated. Residents’ weights are monitored regularly and referrals are made to medical practitioners, dietitians and speech pathologists when required according to organisational procedures. Staff are aware of residents with specific dietary requirements including supplements, texture modified diets and thickened fluids. Aids assist residents’ independence and staff provide assistance to residents during meals when needed.

Residents and representatives said residents’ nutritional and hydration needs 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

There are processes to promote care recipients’ skin integrity consistent with their overall health. Staff assess residents’ skin integrity when they move into the home and identify risks including nutrition and hydration deficits and personal hygiene issues which may impair residents’ skin integrity. Care plans outline strategies to prevent skin breakdown. Staff assist residents with ambulation and position changes when needed, monitor skin tears and wounds, access consultants as required and maintain records of care. Staff said they monitor the condition of residents’ skin and maintain skin integrity through the application of moisturisers, the provision of pressure area care and the use of pressure relieving devices.

Residents said they are satisfied with the staff’s approach to maintaining their 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

Processes ensure care recipients’ continence needs are managed effectively. Staff assess each resident’s continence needs when they move into the home and determine the assistance and aids they may require. Information to guide staff is generally provided in care plans, reviewed and updated as residents’ needs change. Continence aids are stored discreetly and staff said sufficient supplies are maintained and they attend education on continence management. While assisting residents with continence management staff support residents to maintain their dignity and independence. Residents said their continence needs are met and aids are provided as necessary.

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

There are processes for assessing and reviewing care recipients with challenging behaviours. Staff assess residents' behaviours when they move into the home and identify medical, emotional and cognitive reasons for challenging behaviour. Care plans provide staff with strategies to manage episodes of challenging behaviour. Staff access medical practitioners and advisory services for residents who require additional review and management. Staff have access to education and resources on care and activities to reduce and manage behaviours and provide assistance to residents in a calm, respectful manner.

Residents and representatives said they are satisfied with the management of behavioural issues within the home.

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

Staff promote and optimise care recipients' mobility and dexterity. Staff assess needs related to mobility and dexterity and identify aids residents may require to enhance independence.

There are exercise programs, outings and activities to aid mobility and dexterity. Staff apply falls prevention/risk management strategies according to residents' identified needs and use mobility and transfer aids, fall sensor mats and hip protectors. When required staff provide dexterity aids such as adaptive cutlery and crockery and assist residents during meal times as needed. Staff follow organisational policies and procedures when incidents occur where residents have fallen. Appropriate transfer equipment is available and staff have manual handling training. Residents said they are satisfied staff are skilled in assisting them to achieve optimal 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

There are systems to maintain care recipients' oral and dental needs and preferences. Staff complete an oral and dental care assessment and formulate a care plan when residents move into the home. The plan includes level of assistance required and interventions to meet each resident's needs and staff supervise or assist residents with oral and denture care as needed. Staff make referrals for residents to speech pathology and dental services as appropriate. Staff assist residents to access their preferred providers of dental care when required. The kitchen

provides alternative food textures to accommodate oral, dental or swallowing difficulties. Residents said staff assist them to maintain their preferred dental care regimes.

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

There are processes to identify and manage care recipients’ sensory losses. When residents move into the home staff assess their sensory needs to identify a decline or loss. External providers attend the home and review residents and staff arrange and facilitate appointments to relevant specialists outside the home as required. The home is well lit, has adequate handrails, wide corridors, accessible signage and secure outdoor areas. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents said staff assist with their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

There are processes to assist care recipients to achieve natural sleep patterns where able. Assessment of personal preferences and routines occur when residents move into the home. Strategies in care plans include settling and waking times, bedding and environmental preferences for sleep. To help residents sleep staff ensure residents are comfortable, free from pain where possible, noise and light is at a minimum and provide warm drinks when required. Both medication and non-medication methods are used to promote sleep. Staff said they are aware of residents’ sleep patterns and their environmental and comfort preferences. Residents said the home is quiet at night and they sleep well.

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

Management has a system to actively pursue continuous improvement activities to ensure care recipients retain their personal, civic, legal and consumer rights and to assist care recipients exert control of their own lives within the home and in the wider community. For details regarding the home’s system, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in relation to Standard 3 Care recipient lifestyle include:

- Residents expressed a wish to have more input into the activity program. As a result, a specific suggestion box is now in place for residents and representatives to post their thoughts on activities to add to the calendar. Staff incorporate nominated activities into the monthly activity calendar.
- To celebrate days of significance, lifestyle staff have developed a number of cultural days, such as Valentine’s Day, St Patrick’s Day and food focused events. An informal ‘committee’ of residents and staff prepare for events, which may include making decorations, cooking cakes and promoting the event to other residents. Staff said the group approach engaged residents and created a sense of excitement and anticipation for the activity. Residents who generally prefer their own company have been successfully encouraged to attend events using the team approach.

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

The home has systems for ensuring relevant legislation, regulations and guidelines relating to care recipient lifestyle. Refer to Expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 3 Care recipient lifestyle includes:

- Management offer a residential agreement to each resident or their representative on entry to the home.
- Residents receive information on their rights and responsibilities, security of tenure and privacy and consent issues in their information package.
- There are policies and procedures in place to ensure elder abuse and compulsory reporting requirements 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

Management monitor the knowledge and skills of staff members to effectively perform their roles in relation to care recipient lifestyle. For details regarding the system refer to expected outcome 1.3 Education and staff development.

Education sessions attended relating to Standard 3 Care recipient lifestyle include:

- communication
- empathy
- preventing and managing elder abuse
- privacy and confidentiality.

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 receive initial and ongoing emotional support during their transition to living in the home. Staff assist residents to orientate to the home, facilitate introductions to fellow residents and support residents through feelings of loss or separation. In consultation with the resident or representative, staff identify strategies to support the resident emotionally and develop care plans, updating these at times of emotional distress. Visiting ministers and grief and loss counsellors provide additional emotional support as required. Residents and representatives are satisfied with the emotional support residents receive.

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

Management and staff assist care recipients to optimise their independence, maintain friendships and participate in life within the home and in the wider community. In consultation with the resident or representative, staff identify strategies to support each resident's independence and develop care plans to support identified needs. Staff support residents to attend shopping trips and to manage their finances. A community day centre program allows residents to maintain links with neighbours and friends. As resident needs and wishes change care plans are updated. Referrals to allied health practitioners occur and staff provide assistive aids to enable residents to optimise their independence. Residents and representatives are satisfied with their ability to maintain independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Resident agreements outline rights to privacy, and confidentiality. In consultation with the resident or representative staff identify each resident's wishes for privacy in respect to personal space, the delivery of care and ways staff can support their autonomy and self-respect. Residents are encouraged to personalise their rooms and are free to welcome guests at any time. Staff provided examples of upholding privacy and dignity and residents and representatives said staff respect residents' privacy and provide care to support resident dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and provide input into the development of the activity program at meetings and via a dedicated suggestion box. In consultation with the resident or representative, staff identify each resident's interests and activity goals and develop care plans outlining individual needs, updating plans as interests or goals change. Staff and volunteers deliver group and individual activities using a person centred care model. We observed staff supporting residents to engage in activities and residents enjoying activities in progress. Staff extend invitations to families for major events and encourage a community approach. Residents and representatives are happy with opportunities for residents to engage in meaningful activities and to pursue their leisure interests.

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

Management and staff value and foster each care recipient's interests, customs, beliefs and backgrounds. In consultation with the resident or their representative staff identify the resident's cultural and spiritual needs and outline these in care plans. Staff update care plans in response to any change in a resident's wishes. The activity program includes events of cultural significance as identified by residents and regular religious services occur. Residents said they can freely engage in practices associated with their cultural and spiritual beliefs.

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

Staff actively support care recipients to make informed choices about the services they receive and support any decision not to participate in or to decline care or services.

Residents are free to exercise control over all aspects of their lifestyle in line with their preferences, unless the rights of other residents are infringed. Care plans reflect resident choices in relation to delivery of care and life more broadly within the home. Staff review care plans on a regular basis and update care plans in response to any change in a resident's wishes. Residents are free to nominate an advocate or representative to act on their behalf. Residents and representatives are satisfied staff respect resident choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure care recipients have security of tenure within the home and they understand resident rights and responsibilities. All residents receive an agreement when they move into the home, which formalises occupancy arrangements. The agreement includes information for residents about conditions of tenure, fees, consultation processes and the Charter of residents' rights and responsibilities. Management review and update the agreement in-line with changing legislation. Residents and representatives said residents have secure tenure within the home and are aware of residents' 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

Management actively pursues continuous improvement to ensure care recipients’ welfare and safety and to provide a comfortable living environment. For details regarding the home’s systems, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvements relating to Standard 4 Physical environment and safe systems include:

- The organisation has introduced ‘protected meal times’ to reduce interruptions and distractions during meal services. The new service model allows residents sufficient time and support to consume their meal, optimising nutrition and hydration uptake. Visitors are requested to reschedule their visit unless they are assisting a resident with their meal. This supports residents who may feel awkward eating in front of visitors and promotes a home like environment.
- The organisation has developed a specialised maintenance management system, compatible with mobile devices. The system enables staff working throughout the home to receive updates on urgent and new maintenance requests via their mobile phone. On completion of the activity, the maintenance request is ‘checked off’ via the mobile phone allowing management to monitor the responsiveness of maintenance services to resident and staff 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

The home has systems for identifying relevant legislation, regulations and guidelines relating to the physical environment and safe systems. This was confirmed through observation of the living environment and support service areas, staff practice and document review. Refer to Expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 4 Physical environment and safe systems includes:

- Procedures for recording, managing and reporting infectious diseases and outbreaks
- Third party audits and inspections related to food safety audits and essential services
- Mandatory training that includes manual handling, infection control and fire and emergency response training.

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

Management monitor the knowledge and skills of staff to perform their roles effectively in relation to physical environment and safe systems. For details regarding the system refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 4 Physical environment and safe systems includes:

- fire and safety
- food handling
- infection control and handwashing
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable living environment for care recipients. The home is single storey and includes a number of communal and private areas, some with direct access to courtyards. Accommodation includes a mixture of single and shared rooms with ensuites. Maintenance and gardening staff ensure the internal and external living environment remains safe, inviting and well maintained. Residents are encouraged to personalise their rooms and guests are welcome outside of 'protected meal times'. Residents are satisfied with the comfort of the living environment, enjoy the outdoor areas and said their guests are made to feel welcome.

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 is actively working to provide a safe working environment and meet its regulatory requirements. At orientation and on an ongoing basis staff receive information and training to promote a safe workplace and safe work practices. Processes for identifying risks to staff safety include, incident reports and workplace safety alerts. Key performance indicators monitor aspects of occupational health and safety. Designated safety representatives and a return to work coordinator discuss occupational health and safety at scheduled meetings and representatives are actively engaged in promoting the safety of colleagues. Staff said they and are satisfied with the level of occupational health and safety within the home and

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to promote safety and provide a care and work environment that minimises the risk of fire, security breaches and other emergencies. The home is equipped with security, fire-fighting and emergency equipment and the organisation has a business continuity plan in place. Staff undertake emergency management training.

Education for residents and families occurs on bushfire and heatwave protocols. Scheduled servicing of fire and emergency management equipment occurs. Management, staff and residents are aware of actions to take in the event of an emergency and on hearing an alarm.

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

There is an effective infection control program. There is an organisational preventative system which ensures availability of personal protective equipment, hand hygiene facilities, policies and procedures, audits, orientation and education. Staff collect data on residents' infections which management use to identify any trends and strategies are discussed at relevant meetings. The kitchen has a current food safety plan and there are infection control policies and procedures related to laundry and cleaning systems. There are pest control processes, appropriate waste disposal including contaminated waste and policies, procedures and equipment related to outbreak management. Staff complete hand washing assessments and education in relation to infection control practices and demonstrated an awareness and knowledge of appropriate infection control practices relevant to their duties.

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 organisation provides catering, cleaning and laundry services to meet the needs of care recipients. Food is prepared at the organisation's central kitchen and distributed to an on-site kitchen in line with food safety protocols. A rotating menu is in place with lighter options including salads and sandwiches available to residents in place of a cooked meal if preferred. Cleaning staff follow a schedule for cleaning resident rooms and communal areas and provide daily unplanned cleaning as required to meet resident needs. The laundry service is outsourced with regular pick-up, delivery days and quality control measures in place. Management monitor its environmental support services through internal and external audits. Residents and their representatives generally expressed their satisfaction with catering services and were satisfied with cleaning and laundry services.