



Australian Government

Australian Aged Care Quality Agency

Arcare Westwood

RACS ID 3695
2 Nicol Avenue
Burnside VIC 3023

Approved provider: Arcare Pty Ltd

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 31 May 2018.

We made our decision on 10 April 2015.

The audit was conducted on 10 March 2015 to 11 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

Arcare Westwood 3695

Approved provider: Arcare Pty Ltd

Introduction

This is the report of a re-accreditation audit from 10 March 2015 to 11 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 10 March 2015 to 11 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Gerard Barry
Team members:	Carmel Fitzgerald Lorraine Davis

Approved provider details

Approved provider:	Arcare Pty Ltd
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Details of home

Name of home:	Arcare Westwood
RACS ID:	3695

Total number of allocated places:	90
Number of care recipients during audit:	87
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Nil

Street:	2 Nicol Avenue
City:	Burnside
State:	Victoria
Postcode:	3023
Phone number:	03 8361 7000
Facsimile:	03 8361 9977
E-mail address:	manager.westwood@arcare.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	5
Clinical/carers/lifestyle staff	15
Environmental/hospitality staff	8
Care recipients/representatives	14
Allied health	2

Sampled documents

Category	Number
Care recipients' files	13
Service agreements	4
Weight charts	6
Wound charts	5
Care recipient agreements	5
Personnel files	8
Blood glucose charts	6

Other documents reviewed

The team also reviewed:

- Audits, schedules, data and trend analysis
- Care alerts and correspondence
- Care recipients' information package
- Catering, cleaning and laundry records
- Catheter management information
- Complaints folder
- Continuing professional registrations
- Dietary needs, supplement list and preference documentation
- Doctors' communication books

- Education and staff development records
- End of life wishes
- External and internal health specialist data
- Handover sheets
- Hazardous chemical register
- Incidents and clinical monitoring, including charts
- Infection surveillance documentation
- Lifestyle records and plans
- Maintenance records and registers
- Mandatory reporting register
- Meeting minutes, memorandum and newsletter
- Nurse initiated medication documentation and medication registers
- Police certificates
- Position descriptions
- Procedural flow charts
- Quality records
- Resident of the day documentation
- Restraint management documentation
- Safety data sheets
- Staff handbook
- Staff rosters
- Statutory declarations
- Wound management documentation and photos.

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities on display
- Dining rooms and meal service

- Equipment and supply storage areas
- Equipment in use
- Infection outbreak kits and personal protective equipment
- Interactions between staff and care recipients
- Internal and external living environment
- Notice boards and information displays
- Notification to stakeholders of re-accreditation audit
- Organisation's values on display
- Short observation of group activity
- Storage and administration of medications
- Storage areas for clinical and care goods
- Waste management systems.

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 and its parent organisation actively pursue continuous improvement in all aspects of care and service. The quality management system has a systemic process for continuous improvement including improvement forms, audits, risk assessments, data collection and analysis, and complaints. Management reviews data, analyses for trends and takes action based on this information. Corporate support staff perform audits and record any required actions in the home's continuous improvement plan. Management registers improvement activities, monitors progress and evaluates actions to confirm completion. Stakeholders are aware of the operational issues and improvement activities within the home through postings on noticeboards and reports in meetings.

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

- An organisational initiative has seen an electronic care planning system successfully introduced into the home's information system. Management with organisational support developed an action plan for its introduction which involved comprehensive staff education on the system. Staff say the computer system is a big improvement over the previous paper based system.
- An organisational initiative has been the introduction of a leadership program. Management identify staff who display leadership qualities. The program is one of succession planning through education and mentoring. The program has successfully developed one staff member into a senior management position within the home.
- Following changes to the organisation's quality support team, the internal audit system is under review. Apart from changes to documentation the plan is for staff within the home to conduct internal audits commencing in March 2015. Currently organisational quality support staff conduct these audits. When fully implemented the new audit system will deliver results in real time and increase staff ownership of the quality system.

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 has systems for identifying, communicating and ensuring legislative compliance. Corporate staff identify changes by receiving and reviewing information through a commercial updating service, peak body memberships and communications from Government departments and agencies. Senior management review policies and procedures in response to legislative changes. Meetings, memoranda, electronic mail and revised policies and procedures inform staff about compliance requirements. An established audit system monitors compliance with relevant legislation, regulations and guidelines.

Management and staff said they are aware of their obligations in relation to regulatory compliance.

Relevant to Standard 1 – Management systems, staffing and organisational development the home has systems so that:

- all staff, volunteers and external contractors have a valid police certificate and have completed the appropriate statutory declaration where required
- information on the internal and external complaint systems is available to residents and representatives
- the home notifies residents and representatives of the of reaccreditation visit.

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 the knowledge and skills required for effective performance relating to the Accreditation Standards. Recruitment and orientation processes include identification of necessary skills and education to ensure appropriate skills and knowledge upon commencement of employment. Management identifies educational needs through performance reviews, quality activities, feedback mechanisms and residents' care requirements. The education calendar includes online toolbox sessions, allocated mandatory training, self-directed learning packages and provides additional education for management and staff. Management maintain attendance records, evaluate sessions and notify staff of upcoming education they are required to attend including mandatory components of the program. Staff and management said they have opportunities to attend education and the organisation supports their learning and development needs.

Recent education provided relating to Standard 1 – Management systems, staffing and organisational development include:

- accreditation overview
- funding tool
- leadership and supervisor training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There is a complaints system accessible to all stakeholders, including access to an external complaints service. All residents can directly approach a staff member with their complaint; residents are also aware of how they can lodge an internal or external complaint, anonymously. Feedback forms, brochures, meetings, suggestion boxes, information handbooks and newsletters are some of the methods by which residents can access the complaints procedure. Staff are aware of their role in the complaints management process including confidentiality and anonymity where necessary. Management evaluate and monitor complaints with formal responses kept to within accepted time frames. Information from complaints forms part of the organisation's continuous improvement process. Stakeholders are satisfied they have access to the complaints process without fear of retribution.

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 its values and commitment to quality. Management displays these statements prominently in the home and repeats them in selected documentation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff to ensure care and service delivery is in accordance with the Accreditation Standards and the organisation's values. There are formal processes for selecting new employees and monitoring staff performance. All new employees attend an orientation program including performing shifts under the guidance of existing staff. Audits, competencies and management observations ensure maintenance of optimal staff practices. The home maintains records of qualifications, police certificates, and professional registrations, where required. Monitoring of staffing levels occurs to reflect changes in resident numbers and care needs. Staff confirm they have sufficient time to perform their roles and are satisfied with staffing levels across all departments. Residents and representatives are satisfied with the skills and competency 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 demonstrated availability of stock, appropriate goods and equipment to ensure quality delivery of services across all areas. Formal ordering systems ensure appropriate and sufficient availability of stock on an ongoing basis. Management ensures inspection and checking of goods and equipment upon delivery and the trial and evaluation of new equipment. Storage areas are accessible, clean and secured as required. Monitoring of equipment availability and safety occurs and maintenance programs enable staff to plan, prioritise and respond to maintenance needs in a timely manner. Staff said they have sufficient equipment and supplies and are involved in the trial and testing of new equipment for its suitability. Residents and representatives are satisfied with the quality of goods and equipment provided.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation has systems to ensure all stakeholders have access to current information on the processes and activities of the home. Scheduled procedure reviews and quality activities ensure information remains relevant, current and completed. Management provide residents and representatives with information on entry and keep them updated through meetings, newsletters, noticeboards, consultation and interactions with staff. Access to policies and procedures and additional information specific to their position and roles inform staff.

Scheduled meetings, memoranda, handover and noticeboards inform staff.

Management collects, and analyses key information to identify potential risks and improvement opportunities. Archived material is catalogued and stored securely pending destruction according to legislated requirements. Electronic systems have security access and data backup. Residents and representatives are satisfied management keep them informed.

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

There is a system to ensure external service providers deliver services in a way that meets organisational needs and service quality goals. Management appoint preferred suppliers and contracts specify the scope of work, quality expectations and outline regulatory requirements. External services at the home include allied health, fire and safety services, specialised maintenance and pharmacy. Management and staff monitor services considering stakeholder feedback and quality activities. Residents and representatives, management and staff are satisfied with the services provided by the external contractors who service the home.

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 more details on the home's overarching system.

The home maintains an audit and competency program to measure performance against the Accreditation Standards. Resident and medication incident reports assist in providing clinical and management indicators. Management encourages staff to complete improvement forms, attend meetings and to improve their skills by attending educational sessions. Staff confirm they actively participate in the continuous improvement system.

Improvement initiatives implemented by the home related to Standard 2 Health and personal care include:

- A staff initiative has seen residents at risk of being undernourished being identified through an intensive analysis of weight and body mass index ratios. Staff now offer the identified residents scented towels prior to meal service to stimulate their appetites. Staff frequently record weights to monitor progress which show positive effects since the schemes introduction.
- Several senior clinical staff from the home recently attended a conference on palliative care planning. Following this conference the pair have improved the capacity to gain information regarding residents' final wishes. Staff consider the advanced care plans along with the scheduled care plan reviews or more frequently if required. Representatives report the home managed their loved one's passing very well.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Staff are satisfied management update them about regulatory requirements. Management monitor regulatory compliance through a variety of methods including observations, audits, incident reporting, staff educational competencies and one on one feedback sessions.

Relevant to Standard 2 – Health and personal care the home has systems so that:

- appropriately qualified persons perform specific care planning activities and care tasks
- registered nurses and general practitioners maintain registration currency
- staff and management are aware of their responsibilities in the event of the unexplained absence of a resident
- staff safely store and administer medication in accordance with relevant guidelines and legislation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Management and staff demonstrate appropriate knowledge and skills to perform their roles effectively in relation to the provision of health and personal care.

Examples of recent education relating to Standard 2 Health and personal care include:

- healthy bladder and bowels
- nutrition in the aged
- skin integrity.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes to ensure care recipients receive appropriate clinical care in accord with their needs and preferences. Clinical staff assess residents’ care needs in consultation with medical practitioners, other health specialists and the resident representatives to document plans for care. Staff provide care according to plans which they review and update regularly or as needed. Clinical staff review and evaluate a range of clinical information to identify opportunities for improvement and minimise resident risk. Staff provide care according to residents’ needs in ongoing communication with residents or their representatives. Residents are satisfied with the care they receive and how staff fulfil their needs and preferences.

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

Registered nurses are available throughout the home to identify, assess, document and manage residents’ specialised nursing care needs systematically in consultation with medical practitioners and other health specialists as needed. Registered nurses review and evaluate specialised nursing care provided through daily monitoring of charts, regular review of clinical incident data and formal and informal feedback from staff and residents. Staff described processes they follow to meet residents’ specialised nursing care needs. Residents are satisfied with how staff meet their specialised nursing care needs.

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

There are systems in place to refer care recipients to appropriate health specialists where necessary in accordance with their needs and preferences. Nursing staff communicate instructions for resident care to staff at handovers in progress notes and care plan documentation. Clinical managers evaluate health specialist services for effectiveness and appropriateness through feedback from and observation of residents, staff feedback and audit results. Staff gave examples of recent external health specialist referrals. Residents are satisfied with the access they have and assistance they receive to attend external health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There is a medication management system which ensures staff deliver care recipients’ medication safely and correctly. Clinical staff order, receive, check, store and dispose of medications in accordance with regulatory requirements and professional guidelines. Staff have clear documentation to follow for correct administration, including easy identification of residents, their needs and preferences and allergies. Staff record medication incidents which clinical management review and evaluate monthly. Clinical staff discuss incidents and other opportunities for improvement at meetings with pharmacists and medical practitioners. Staff described and demonstrated how they ensure medication administration is safe and correct and according to residents’ preferences. Residents are satisfied with the way staff manage their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure all care recipients remain as free from pain as possible. Clinical and care staff in consultation with medical practitioners and other health practitioners carry out initial and ongoing assessments to develop care plans specific to residents’ needs and preferences and these are available for designated staff to follow. Clinical staff reassess residents in response to reported changes. Staff described a range of pain management interventions including medications, massage, position changes, pressure relieving equipment and simple exercise programs. The home uses information from audits, resident surveys and individual feedback to review and evaluate pain management systems and processes. Clinical staff refer to other health professionals and medical practitioners for further management as required. Residents are satisfied with the care and support they receive to manage and minimise 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 follow systems and processes to ensure the comfort and dignity of terminally ill care recipients. Management invite residents and representatives to advise the home of their end of life wishes as they prefer and continue to communicate about these wishes when the resident’s health status deteriorates. Clinical staff manage residents’ care needs in the palliative stage with medical practitioner and external palliative care service support. Care and clinical staff described the care they take to minimise pain, support nutrition and hydration and maintain residents’ comfort needs. Resident and representatives advised they are satisfied

with the home's approach to enabling residents to be cared for according to their wishes when they become terminally ill.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients receive adequate nourishment and hydration. Clinical staff develop care plans documenting residents' needs and preferences that residents provide and information gained from further assessment where staff identify risk. There are processes to communicate changes to all relevant staff. Staff refer to registered nurses and the dietitian when there are noticeable changes in eating habits and significant weight loss or gain and refer swallowing issues to visiting speech pathologists for review. The home provides equipment to maintain resident independence and staff assist residents to eat as required. There is a system for providing nutritional supplementation for residents who have had significant weight loss. Residents are satisfied with the amount and quality of food they receive and how the home provides meal services.

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

Staff follow systems and processes to ensure care recipients' skin integrity is consistent with their general health. Nursing staff identify residents at risk of skin breakdown using specific assessment tools and develop individualised interventions to prevent or manage skin breakdown. Staff use a range of measures to maintain low rates of skin breakdown including soap free washes, emollient creams, repositioning, pressure relieving and protective devices, encouragement of good nutrition and hydration and routine room assessment for safety.

Clinical staff manage wounds and refer to wound care specialists as necessary. Management observe residents and staff practices and review resident feedback and audits to monitor and evaluate skin care. Residents are happy with the ways staff assist them to maintain 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

The home has a system in place for staff to manage care recipients' continence effectively. Clinical staff consult residents or representatives and use previous continence history and assessment of current needs and preferences to develop individualised care interventions. Staff assist residents to access toilets according to documented programs and as requested

and there is ongoing monitoring of their continence care needs. The home provides aids for residents who require them and there are sufficient stores available. Staff evaluate effectiveness of continence programs using staff and resident feedback, pad and linen usage and infection surveillance. Staff are aware of residents' current needs and report changes to registered nurses for review. Residents are satisfied with the ways staff assist them to meet their continence needs promptly.

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 systems to ensure care recipients who have behaviours of concern have their needs managed effectively. When staff identify behaviours there is initial and ongoing assessment to identify history, needs and triggers and resident preferences. Staff develop care interventions to meet resident needs and minimise the incidence of those behaviours. Clinical and care staff review and evaluate care needs routinely and refer to other health specialists as required.

Management staff review audits, incident data and stakeholder feedback to evaluate behaviour management systems and processes. Staff use a range of interventions to minimise behaviours of concern for residents. Residents are satisfied with the ways staff manage behaviours of concern.

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

Physiotherapy and nursing staff manage the home's systems and processes for assessment and management of care recipients' needs and preferences to achieve optimum levels of mobility and dexterity. Physiotherapists provide mobility support and pain management programs and communicate any change in mobility status to staff as it occurs. Care documentation guides staff to maximise resident independence with mobility and dexterity. Clinical and physiotherapy staff monitor and review care needs routinely, post falls and when they identify changes. Staff use a range of strategies to maximise resident mobility and reduce risk of falls. There is sufficient equipment available for resident needs. Residents are satisfied about the care they receive to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has a system for ensuring staff maintain care recipients’ oral and dental health. Clinical staff gather information from residents or representatives; assess oral care needs and preferences and document plans for providing routine oral and dental care to residents.

Residents attend their own dentist if they are able and a local dentist attends residents on referral for examination or management of dental needs. A denture repair service is available. Staff have oral care training and are aware of residents’ needs. The home changes dental equipment regularly. Clinical staff review and evaluate oral and dental care at care plan reviews and via staff and resident feedback. Residents are satisfied with how staff assist them to maintain their oral health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Nursing staff assess all senses when care recipients move to the home and document interventions and use of aids in care plans for staff to manage losses effectively. Clinical staff refer residents to local or visiting providers when they identify a need. Staff follow processes to assist residents to use their aids according to their preferences and processes to identify aids to reduce the risk of them being lost. The home provides activities aimed at sensory stimulation. Clinical staff review and evaluate the system through care plan reviews and staff, resident and representative feedback. Staff access external specialists for review of sensory losses as required. Residents are satisfied with how the home manages sensory loss and aids.

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

Staff follow the home’s processes to assist care recipients to achieve natural sleep patterns. Clinical staff assess residents on entry to the home and when they identify ongoing sleep disturbance. They document life history, sleep habits, individual needs and preferences and settling and rising times on care plans. Staff follow individual residents’ preferences to assist them to sleep. Interventions include providing a quiet environment, repositioning, pain management, warm drinks, food, music, aromatherapy, toileting, reassurance, conversation and medication. Clinical staff review and evaluate systems and processes via care plan reviews and feedback from individual staff or residents. Residents are happy with the way staff support them to sleep naturally at the home.

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 more details on the home’s overarching system.

Management conduct continuous improvement activities in relation to care recipients’ lifestyle guided by internal audits, care plan reviews and resident satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from resident/representative meetings. Residents and representatives said the home’s management informs them of improvement activities through meetings, newsletters and informal discussions.

Improvement initiatives implemented by the home related to Standard 3 Care recipient lifestyle include:

- Lifestyle staff passed out a wish list form to residents in an effort to obtain their input into broadening the activities program. Several activities have followed for individual residents. For example staff arranged a special anniversary dinner for one couple and an afternoon tea for several residents. These events held special significance for the residents involved.
- Management and staff have worked with community groups to enhance the lifestyle program. For example a large hardware store is involved with the men’s’ shed program in the home, schools and clergy visits have enhanced the lifestyle program for residents.

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 details of the home’s compliance system.

Staff said they are well informed and satisfied about regulatory requirements communicated by management. Documentation including current policies and procedures reflect regulatory compliance requirements and guide staff practice.

Relevant to Standard 3 – Care recipient lifestyle the home has systems so that:

- residents and representatives are aware of the fee structure for residing in the home
- residents are provided with an agreement detailing services provided upon entering the home
- there are policies and procedures and a register to manage reportable incidents
- there are processes to ensure privacy of residents’ personal information.

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

For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

The organisation supports management and staff with an education program to ensure they have the required knowledge and skills in relation to residents’ lifestyle.

Examples of recent education relating to Standard 3 Care recipient lifestyle include:

- elder abuse
- providing emotional first aid
- values and relationship centred approach.

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

Organisational processes ensure staff commence to support care recipients from their initial contact with the home. Staff identify residents' emotional needs initially and on an ongoing basis through assessment of residents' emotional profile, current situation and needs.

Lifestyle activities are individualised for resident enjoyment and to support emotional needs. Residents are encouraged to decorate their rooms with personal items and staff demonstrated they have a comprehensive knowledge of individual needs and preferences. Representatives and friends are welcomed and encouraged to participate in the home's routines. A number of community groups visit residents to give them comfort and support.

Residents are satisfied with the emotional support provided by staff to promote their wellbeing.

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' independence is fostered and encouraged. Assessment of independence includes the residents' physical, cognitive, emotional, social and financial status and any subsequent impact. Staff assist residents with communication, mobility and cognitive difficulties to maintain independence according to their preferences. Representatives, friends and the wider community are welcome to assist residents in maintaining their individual interest, in participating in outings, controlling their financial matters where appropriate, and maintaining their civic responsibilities. Continued links with local organisations and community is encouraged. Residents say they receive assistance to maintain their independence and the opportunity to continue friendships and links with the local community.

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

Staff recognise and respect each care recipients' right to privacy, dignity and confidentiality. Residents' files include signed privacy consent forms for care and lifestyle activities. Large individual resident rooms provide opportunity for residents to meet privately with friends or visitors. Staff assist residents gently and respectfully when attending to activities of daily living and assisting with meal service. Staff demonstrated awareness of resident privacy and dignity issues including knocking on doors when entering resident rooms and calling residents by

their titles or preferred names. Resident information is securely and appropriately stored. Resident and representatives confirm staff provide privacy as required and treat residents with 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

Lifestyle staff ensure each care recipient's leisure and lifestyle needs and preferences are identified on entry to the home. Lifestyle plans document their choices and interventions that support interactions resulting in individualised person centred lifestyle plans. Regular reviews and updating plans to reflect changes in the individual needs of residents occurs. Staff assist residents to go on outings and maintain individual hobbies. The lifestyle program is responsive to resident input through monitoring of attendance records, meetings, informal discussions and program evaluations. Lifestyle staff indicated they have a high awareness of individual residents' lifestyle needs and preferences. Residents said staff invite them to the daily activities, and the weekly calendars inform them of the monthly program. Residents are satisfied with the variety of the lifestyle program.

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

Practices in the home foster care recipients' individual customs, beliefs and cultural backgrounds. Initial assessments and care plans document cultural and spiritual preferences. The home celebrates culturally significant days and staff support and value resident's individual spiritual and denominational needs. Residents have access to pastoral workers and spiritual advisors if requested and various denominations conduct services within the home.

Staff state they can access culturally and linguistically diverse information if required. Residents and representatives are satisfied with the support provided to residents to meet their cultural and spiritual needs.

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 promotes and supports care recipients to exercise choice and decision making regarding clinical, lifestyle and social needs. Residents have input into the services they

receive including rising and retiring times, food choices, dining preferences and the level of participation in activities. Residents and representatives are encouraged to provide feedback about the care and services provided through meetings and consultation with management. Residents are encouraged to make choices and staff assist where possible to achieve them. Residents and representatives confirm regular consultation occurs about all aspects of care and service. Residents are satisfied with the opportunities to exercise choice and control over their individual lifestyle within the home and their decisions are respected.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Residents and/or their representative receive an information pack prior to and on entry to the home. A resident agreement, provided to all residents on entry to the home, formalises occupancy arrangements and outlines the Charter of residents' rights and responsibilities. The agreement includes information for residents about conditions of tenure, fees, complaint mechanisms and termination options.

Management review and update the agreement in line with changing legislation. Residents and representatives said they feel safe and secure at 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

Refer to expected outcome 1.1 Continuous improvement for a detailed explanation of the home’s overarching system.

Management monitor the physical environment and safety systems through environmental inspections, analysis of incident and infection reports, resident and staff surveys, comments and complaints. Residents can make suggestions or express concerns through the regular resident and relative meetings or improvement forms. Actions identified for attention are included on the continuous improvement plan for further development.

Improvement initiatives implemented by the home related to Standard 4 Physical environment and safe systems include:

- The home has recently finished a refurbishment program which has included the enlargement of the foyer, opening of a new cafe which operates daily, a physiotherapist room for rehabilitation and enhancement of the living area in the upstairs wing. Residents and representatives speak highly of the changes and regularly use the cafe and associated alfresco area.
- Management has refurbished the sensitive care unit by increasing the size of the recreational lounge area and the nurses’ station. Sweeping curved walls are a feature point and lead to an attractive area for residents.

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 details of the home’s compliance processes.

Staff said they are well informed and satisfied about regulatory requirements provided by management.

Relevant to Standard 4 – Physical environment and safe systems the home has systems so that:

- management actively promotes and manages occupational health and safety
- qualified contractors regularly check and maintain fire systems and equipment
- the catering department operates to the food safety plan and there is independent third party auditing of the catering processes.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

There are systems to monitor the knowledge and skills of management and staff to enable them to perform their roles effectively in relation to physical environment and safe systems.

Examples of recent education relating to Standard 4 Physical environment and safe systems include:

- fire and emergencies
- incident reporting
- infection control
- 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 and staff are actively working to provide a safe and comfortable environment. The home provides comfortable internal and external environments with appropriate signage and security features. Residents have access to an emergency call bell system. The home has maintenance and emergency systems and procedures. There are communal lounge and dining areas as well as outdoor areas with landscaped gardens for the enjoyment of residents and their representatives. Systems maintain and control temperature, lighting and noise to comfortable levels for residents. Resident/representatives are satisfied with the safety and comfort in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The occupational health and safety program provides a safe working environment for management and staff that meets regulatory requirements. The home's program includes hazard identification, incident analysis, workplace audits and maintenance schedules ensuring the environment and equipment is safe. On-site representatives meet regularly to discuss and monitor safety related issues. Staff receive ongoing training for manual handling, fire and emergency, safe chemical management and infection control. They have access to policies and procedures to guide work practices and access to site manual handling mentors. Incidents and infection data is analysed and hazards and maintenance requests dealt with in a timely manner. Staff said they have access to appropriate equipment and aids to reduce the risk of injury.

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

There are appropriate security measures, equipment and environmental controls in the home. Emergency exits are clearly marked, well lit and large enough to facilitate the transfer of residents to an evacuation area if needed. Professional contractors regularly carry out testing and maintenance on all emergency alarms and equipment. The home has an electrical testing and tagging system, a safe smoking policy and exit doors automatically release in the event of an emergency. Staff confirmed they have annual education in fire and other emergencies.

Residents/representatives said that in the event of an emergency they would wait for instructions.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Staff have access to infection control procedures and there are cleaning and laundry programs that include infection control principles. The home follows a food safety plan. Staff record, monitor and analyse resident infections at the end of each month. Staff complete annual education regarding infection control and have access to personal protective equipment. Residents and representatives express satisfaction with staffs' practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a manner that enhances care recipients' quality of life. Catering services take into account resident preferences as well as nutritional needs and special requirements. Cleaning services consider the frequency of cleaning of resident rooms, the general living environment, staff areas and equipment. Laundry services take into account the frequency of linen services, frequency of resident laundry services and there is an effective lost laundry process. The provision of hospitality services is in accordance with health and hygiene standards, including infection control requirements for staff. Residents/representatives are satisfied with the catering, cleaning and laundry services provided at the home.