Australian Government

Australian Aged Care Quality Agency

Aurrum Healesville

RACS ID 3943
27 Smith Street
Healesville VIC 3777

Approved provider: Aurrum Pty Limited

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 01 June 2018.

We made our decision on 23 April 2015.

The audit was conducted on 11 March 2015 to 12 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

Audit Report

Aurrum Healesville 3943

Approved provider: Aurrum Pty Limited

Introduction

This is the report of a re-accreditation audit from 11 March 2015 to 12 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 11 March 2015 to 12 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:	Nicola Walker
Team members:	Carolyn Ashton Kerry Ewing

Approved provider details

Approved provider:	Aurrum Pty Limited

Details of home

Name of home:	Aurrum Healesville
RACS ID:	3943

Total number of allocated places:	120
Number of care recipients during audit:	97
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Residents living with dementia

Street:	27 Smith Street
City:	Healesville
State:	Victoria
Postcode:	3777
Phone number:	03 5962 6628
Facsimile:	03 5962 6601
E-mail address:	feedback@aurrum.com.au

Audit trail

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

Interviews

Category	Number
Management team	5
Registered and enrolled nurses	6
Care staff	7
Lifestyle and wellness staff	2
Care recipients/representatives	19
Administration and office staff	4
Hospitality staff	4
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' clinical files	17
Care recipients' agreements	10
Medication charts	10
Personnel files	10

Other documents reviewed

The team also reviewed:

- Activity attendance and participation records

- Audit schedule and reports

- Aurrum Healesville self-assessment

- Business contingency plan

- Care plan review documents

- Cleaning and laundry manual and schedules

- Clinical resource documents

- Communication books, memoranda, emails and letters

- Compliments, complaints and improvement registers, forms and associated documentation

- Consent and information release documentation

- Continuous improvement plan

- Contractor and supplier documentation

- Contractor handbook

- Diabetic monitoring plan and doctor's reporting parameters

- Education records and training schedule

- Equipment evaluation forms

- Essential services inspection records

- Food safety plan, temperature monitoring and associated documentation

- Handover sheets and reports

- Hazard reports

- Infection control documentation

- Job descriptions and duty lists

- Lifestyle and activity programs and specials event calendars

- Maintenance records and service reports

- Mandatory reporting guidelines and documentation

- Minutes of meetings

- Pest control services register

- Policies and procedures

- Regulatory compliance monitoring tools and records

- Residents' information packages and handbook

- Rosters, staff leave planner and staff availabilities records

- Staff handbook

- Staff injury reports.

Observations

The team observed the following:

- Activities in progress

- Archive room

- Aurrum vison and values displayed

- Blood spill management kit

- Charter of residents' rights and responsibilities displayed

- Cleaning in progress, cleaners trolley

- Clinical storage areas, supplies and equipment

- Complaints and advocacy service information in English and languages other than English

- Continence management equipment

- Cool and dry food storage

- Equipment and supply storage areas

- External egress routes

- Fire, and emergency equipment and maps displayed

- Infectious and general waste management processes

- Interactions between staff and residents

- Internal and external living environment

- Material safety data sheets

- Medication storage and administration

- Notice of Quality Agency visit displayed

- Noticeboards and information displays

- Resident mobility and pressure limiting equipment

- Secure chemical storage

- Security systems

- Short group observation in memory support unit.

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's management team actively pursues continuous improvement across the Accreditation Standards. The management team identify improvements through audits and stakeholder feedback pathways including improvement forms, compliments and complaints forms, hazard and incident analysis, meetings and direct correspondence. Staff record improvement actions and responsibilities to monitor progress and outcomes. The management team communicates improvements to stakeholders through meeting minutes, memoranda, correspondence and notices. Residents, representatives and staff said they are satisfied with opportunities to contribute to the continuous improvement program and continuous improvements are occurring at the home.

Improvement initiatives in progress and implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to staff feedback, the management team introduced an electronic training package. Staff can access a wide range of educational topics including mandatory training programs and access the training and their educational resources outside the home. The management team is satisfied the delivery of the program provides greater flexibility for staff, enables hands-on sessions to focus on practical tasks and maximises the time staff spend in provision of resident care and services. Staff are enthusiastic about the training material and delivery method.

- Following a review of staffing levels, the management team focussed on stabilisation of the staff team. New roles introduced include a care manager and dedicated maintenance and administration positions. Additional shifts were added across care and lifestyle staff. The management team implemented a focus on the organisation's values and a new model of care. Management said the use of temporary staff to fill vacancies is decreasing and management and staff are satisfied the staffing changes support them to meet the needs of residents.

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 management team has a system to identify and ensure compliance with relevant regulatory requirements, standards and guidelines. Quality managers receive updates, assess the impact and scope of changes throughout the organisation and disseminate information about relevant changes to staff at the home. Sources include legal update services and direct correspondence from government departments, industry peak bodies and professional organisations. The organisation's clinical governance committee oversees the review of policies and work practices and monitors regulatory compliance through audits and reports. The management team at the home monitors compliance through observation of staff practice, compliments and complaints, incidents and audit reports.

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

- Management has processes to monitor police certificates and credential checks for staff, volunteers and service providers.

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

- Staff manage and destroy personal information in accordance with regulatory requirements.

- Management has processes for notifying stakeholders of the re-accreditation audit.

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 knowledge and skills to perform their roles effectively. The management team achieves this through an orientation process for all new staff and the provision of ongoing support through formal and informal education. The basis for education offered is the results of a staff training needs analysis, organisational mandatory training requirements, monitoring of staff practices and changes to residents' complex needs. The organisation is providing opportunities for staff to upgrade their qualifications or specialise in an area of interest to them. The management team monitor the appropriateness of staff knowledge and skills through continuous improvement processes.

Staff, residents and representatives said management and staff generally have the appropriate knowledge and skills to provide a care for ensure quality of care to residents.

Recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- understanding Accreditation

- policies and procedures

- reporting in aged care and consumer protection.

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 system at the home to ensure each care recipient, their representatives and other interested parties can access internal and external complaints mechanisms. The management team provides information about the home's complaints process and external complaints and advocacy services in discussions with each resident or their representative when a resident moves into the home. The resident handbook and agreement contain information about comment and complaint processes and external advocacy services. The management team ensures brochures about external complaints and advocacy services are displayed within the home. The management team receives feedback from stakeholders through forms, meetings and in responses to surveys and directly from residents and representatives. Staff notify stakeholders of complaint outcomes through personal communication, meeting minutes and memoranda. Residents, representatives and staff said they are aware of the comments and complaints processes, feel comfortable to raise a concern or improvement suggestion and are reasonably satisfied with the response of staff to suggestions, concerns and requests.

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 vision, philosophy and values which reflects its commitment to provide quality, person centred care and services. The management team displays this information in the home and in a range of stakeholder publications including brochures and handbooks. The model of care described by the management team and staff accords with the vision while recruitment, education and care programs implemented at the home demonstrate consistency with the organisations values.

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

Organisational policies and procedures guide the recruitment and retainment of appropriately skilled and qualified staff in order to deliver care and service in accordance with the Standards and the home's philosophy and objectives. Recruitment processes include formal interviews, reference and credential checks. Position descriptions, duty lists, policies, procedures and process maps inform and guide staff in areas of resident care, service delivery and professional development. Regular review of the staff mix occurs and site management have authorisation to increase staff numbers or hours in accordance with residents' needs. New staff are orientated to the home and the organisation's expectations and partnered with a peer for informal mentoring and support. Annual appraisals, feedback and quality processes assist the management team identify ongoing staff training and skills requirements and to assess the effectiveness of the staffing roster. Staff said staffing is flexible and residents generally said they are satisfied with the 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

There are systems to ensure stocks of appropriate goods and equipment for quality service delivery are available. Designated staff monitor stock, equipment and supplies and reorder items as required utilising preferred supplier arrangements. Maintenance staff carry out maintenance and repairs in conjunction with contractors and staff regularly clean and inspect equipment. Staff identify equipment requirements through review of resident needs, audits and maintenance observations. There is a process for staff to evaluate new equipment prior to purchase and to receive training prior to using new equipment. Sufficient secure and clean

storage areas are available. Residents, representatives and staff said they are satisfied with the quantity and quality of supplies and equipment used at the home.

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 management team has processes to ensure stakeholders receive relevant information. They communicate relevant information to staff, residents, representatives and other stakeholders through a variety of means including meetings and minutes, handbooks, noticeboards, policies and procedures, memoranda, clinical care plans and assessments, communication folders and direct correspondence. Resident and staff files are securely stored and staff destroy documents securely via a document shredder. Dated and non- utilised files are stored on-site in a secure archive room in accordance with the record retention system. Authorised staff access clinical records via password protected electronic systems with externally located back-up servers. Residents, representatives and staff said they were generally satisfied with access to information and with the communication mechanisms at the home.

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 are systems to ensure the provision of externally sourced services is consistent with the home's needs and service quality goals. Operational staff establish, manage and review service contracts that describe the organisation's expectations of quality and confidentiality. Established processes ensure contractors abide by legislative and statutory requirements relevant to their role including provision of current licencing and police certification.

Contractors are required to complete a register when first arriving at the home and receive orientation prior to commencing work if they are not to be appropriately supervised by staff. The management team monitors contractor performance through observation and stakeholder feedback. Residents, representatives and staff said they are satisfied with the home's external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The management team actively pursues continuous improvement across all aspects of care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives in progress and implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following internal review, the management team increased the physiotherapist services from two to five days a week. Two physiotherapists visit the home and provide or contribute to an extended chronic pain management service, a functional physiotherapy service, group exercise classes, falls management and have input into care plan review. The management team said feedback from staff and residents has been positive with appreciation of the assistance to residents and staff in managing pain and mobility at the home. Ongoing evaluation is planned.

- In response to an internal review, the management team implemented a new electronic care documentation program. The management team said the electronic system supports regulatory changes and enables greater staff involvement in ongoing enhancements to charts and assessment tools, to suit the needs of residents. The use of portable devices aids staff activities such as recording sighting observations of residents. The management team is satisfied the initiative improves the practicality of accessing and utilising clinical information.

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 management team has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

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

- Processes exist to ensure medications are appropriately and securely stored.

- Registered nurses supervise the provision of clinical care according to relevant legislation and resident needs.

- There are procedures to ensure compliance with legislation in the event of a resident's unexplained absence.

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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development system.

Staff are generally satisfied with the ongoing education and support to develop their knowledge and skills in relation to health and personal care. Residents and representatives are generally satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education opportunities relevant to Standard 2 Health and personal care include:

- diabetes glucometer readings

- restraint management

- the electronic clinical and care documentation software program.

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 is a system at the home to ensure care recipients receive appropriate clinical care. Nursing staff fully assess each resident when they first move into the home using a validated assessment tool, information from relevant health professionals and as appropriate, discussions with the resident, their representatives and previous carers. Detailed care plans based on assessment findings detail clinical and personal care strategies and instructions.

Nursing staff reassess residents on a monthly basis; consult with the resident's representative as appropriate and update the care plans to reflect changing needs. The management team ensure care provided is appropriate through monitoring processes such as audits, observations, the comments and complaints process, clinical indicator data collection and analysis and the outcomes of the incident reporting process. Residents and representatives said they are generally pleased with the nursing and personal care at the home.

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 is a system at the home to ensure a registered nurse assesses all care recipients who have specialised nursing care needs and develops a plan of care. Specialised nursing care plans document monitoring requirements, specific needs, equipment, resources and instructions for care delivery. A registered nurse regularly reviews the care plans to ensure they continue to correspond with the resident's ongoing needs. Where necessary, nurses at the home can consult and engage external nursing and allied health professionals to provide specialised support. Nursing and care staff said that they felt confident to care for residents with changing needs and that management would ensure they received appropriate education and resources as required. Residents and representatives said they are generally satisfied with the way in which nursing staff manage each resident's 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 is a system at the home to ensure care recipients with special or complex needs can receive a referral to appropriate health specialists if necessary. A physiotherapist regularly visits residents at the home and other allied health or specialised nursing consultants are available when required. Care staff or a registered nurse together with the resident's doctor can contact and engage other specialists to manage specific aspects of a resident's care, as needed. Allied health personnel and the residents' doctors record relevant information and

recommendations in the progress notes and a registered nurse updates resident care plans and instructions for staff in response to these. Residents said they are confident staff would arrange appropriate referrals to relevant health specialists when 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 is a system at the home to ensure the safe and correct management of each care recipient's medication. The home contracts with a local pharmacist to provide residents' medications. A consultant pharmacist undertakes bi-annual reviews of each resident's medications and makes recommendations to the resident's doctor as required. The management team requires all staff who manage and administer medications undergo an annual medication administration competency assessment to ensure the safe and correct practices. Nurses document medication errors for reporting and analysis by management and the corporate office. Residents said they are generally satisfied with management of medication administration at the home.

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 is a system at the home to support care recipients who experience pain and discomfort and ensure care recipients are generally as free from pain as possible. All residents undergo an assessment by nursing staff and the physiotherapist when they move into the home. Nursing staff discuss pain management issues with the resident's doctor who prescribes pain management medication where necessary. Nurses also initiate the use of non-pharmacological pain management strategies such as heat packs and massage.

Residents and their representatives said they were satisfied with the way staff at the home respond to residents' pain and discomfort.

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

There is a system at the home to provide for the comfort and dignity of terminally ill care recipients. The management team aims to deliver a holistic model of palliative care that supports the resident as well as the family and close friends. Nurses have open and regular discussions with residents and with permission, their family and friends so they can contribute to the care planning process and understand care initiatives. The home has special equipment and services available to provide sensitive and appropriate palliative care. A specialist

palliative care nursing service is available for consultation if required to advise staff in the management of complex issues that may arise and to provide additional specialist support for the resident and their family. Staff said they have access to appropriate equipment and educational resources.

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

There is a system at the home to ensure care recipients receive adequate nourishment and hydration. Nursing staff complete initial and ongoing assessments outlining each resident'' nutritional and hydration needs, dietary requirements, likes and dislikes and meal preferences. This information is documented and communicated to care and catering staff to guide practice. Care plans can detail each resident's need for assistive devices, nutritional additives, staff assistance and strategies to manage any swallowing difficulties. Registered nurses monitor resident nutrition and hydration through weight management review and consult with a dietitian if required. Residents and representatives said they are satisfied by the way staff manage residents' nutrition and hydration needs.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Staff assess each resident's skin integrity and care needs when they move into the home and document care needs and risk management strategies in the care plan. Strategies to ensure care recipients' skin integrity is consistent with their general health include regular repositioning and the use of limb protectors, pressure relieving equipment and emollient creams. There is a system to collect, collate, analyse and review skin integrity data to ensure the maintenance of expected standards of care. The home experiences very low levels of pressure related injuries. Residents and representatives said they are satisfied with the way staff assist residents maintain 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

There is a system at the home to manage care recipients' continence needs. Nursing and care staff conduct an assessment and evaluation of each resident's continence support needs when they move into the home. A registered nurse oversees continence care and consults with a continence specialist if necessary. Sufficient and appropriate continence aids and toileting equipment are available and there is regular communication between care and nursing staff to ensure care plans and continence equipment remain consistent with resident

needs. Staff have training on the availability and use of continence aids, equipment and manual handling. Staff use various strategies to promote and support residents' dignity and ensure privacy. Residents and representatives said staff meet residents' continence needs.

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 is a system at the home to support care recipients whose unmet needs or clinical diagnoses may result in challenging behaviours. Nursing and lifestyle staff assess each residents' behaviour patterns and characteristics when they move into the home or when behaviour patterns change. Plans of care reflect assessment findings and provide information and instructions for care staff in relation to specific care needs, activity preferences and the strategies to meet these. The design of the environment and model of care in the memory support unit supports residents and reduces exposure to negative stimuli. There are a number of initiatives in this area to enhance staff, visitors' and residents' experiences. Nursing staff contact external specialist services for residents who require further review and management. Residents and representatives said they are confident with the way staff support residents experiencing challenging behaviours when these occur.

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

Nursing staff assess residents' needs when they move into the home and develop a plan of care aimed to optimise mobility, dexterity and rehabilitation. Nursing staff and the physiotherapist complete falls-risk assessments and plan falls prevention strategies.

Strategies and instructions for staff are set out in the care plans and these are regularly evaluated and updated. The management team collects and reviews data to monitor the number of residents who fall. The physiotherapist or assistant conduct a fall balance group exercise program to promote resident rehabilitation and manage falls risks in the home.

Mobility aids are available for residents' use if required and the physiotherapist assists residents with their use. Residents and representatives said staff and the physiotherapist are helpful in the way they support residents optimise their mobility, dexterity and rehabilitation.

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 is a system at the home to ensure care recipients are able to maintain their oral and dental health. Staff assess each resident's oral and dental health when they move into the home and detail the level of assistance residents require to manage their own oral hygiene in the care plan. The home stocks oral and dental health supplies for residents and staff assist residents to access an external dental services if required. Residents and their representatives said staff assist residents with mouth care as required and support their independence.

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 is a system at the home to identify and manage any sensory losses experienced by care recipients. Staff include strategies to manage residents' sensory limitations and maximise each resident's independence with their activities of daily living through various activities. Staff support residents to access external allied health personnel including audiologists, optometrists, dentists, dietitians and occupational therapists. Staff document, review and evaluate resident care strategies aimed to enhance their sensory experience. Residents and representatives said they are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Staff assess each care recipients preferences and usual routine in relation to sleep and develop strategies to assist care recipients achieve natural sleep patterns. Initial and extended observational assessments ensure staff obtain a good understanding of each resident's sleep patterns and identify any problems they are having. Staff document resident preferences and care strategies in the care plan and evaluate this regularly to ensure it remains current. Nursing staff use a variety of methods to promote sleep and consult with a resident's doctor if medication is required. Residents said they generally 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

The management team actively pursues continuous improvement activities in relation to all aspects of care recipients' lifestyle. Residents and representatives expressed satisfaction with the assistance provided for control of their lives within the home and the community. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives in progress and implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- To facilitate expansion of the lifestyle program, three staff attended training in specialised dementia support principles. As part of the organisation's person-centred model of care, lifestyle staff augment the formal program by facilitating unstructured and sometimes spontaneous activities for one or more residents. These include activities with meaning to particular residents and which aim to promote motor skills, cognitive function, engagement and independence. The management team is satisfied residents are more relaxed and have a higher level of contentment. Ongoing evaluation is planned.

- In response to feedback from residents and representatives, the management team expanded the lifestyle activities program. Activities are scheduled each day including late in the afternoon in the memory support unit. The management team is satisfied the expanded formal program has resulted in a reduction in behaviour management incidents. Ongoing evaluation is planned.

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 management team has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Mandatory reporting requirements are managed, including policies, procedures, an escalation flowchart, education for staff in elder abuse and register of compulsory reporting incidents.

- Residents receive information on their rights and responsibilities, privacy and consent in their information handbook and residential agreement.

- Posters of the 'Charter of residents' rights and responsibilities' are displayed in the home.

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

There is a system to ensure management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education and support to develop their knowledge and skills in relation to care recipient lifestyle. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education relating to Standard 3 Care recipient lifestyle includes:

- the 'Planetree' model of care

- 'Dementia Essentials'.

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

Relevant staff identify and meet each care recipient's needs and preferences for emotional support upon their arrival in the new environment and on a continuing basis. Staff assess each resident's emotional support needs and preferences and plan strategies to meet these. Staff evaluate the provision of emotional support through regular care plan evaluation, observations and feedback from residents and representatives. Management and staff have frequent supportive contact with individual residents when moving into the home and on an ongoing basis, especially with those at risk of being isolated or in need. Residents and representatives are satisfied with the provision of emotional support provided.

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

Staff assist care recipients are achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify, assess and plan for each resident's physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home, day trips within the broader community, empowering and supporting residents to take risks safely. The home welcomes visitors and maintains contact with local schools and community groups. Residents and representatives said staff actively promote each resident's 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 privacy, dignity and confidentiality rights are recognised and respected. Relevant staff assess each resident's privacy and dignity needs and preferences and communicate these in care plans. Staff practices such as the use of preferred names, providing personal care with sensitivity, knocking when entering residents' rooms promote privacy, dignity and confidentiality. Management and staff use feedback mechanisms, audits and visual observation to monitor the effectiveness of strategies to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents and representatives are highly satisfied residents' privacy and dignity is recognised and respected.

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 enabled to follow their leisure interests and to participate in activities. Staff assess each resident's lifestyle needs and preferences, develop individual lifestyle objectives, plan strategies to achieve personal goals and regularly evaluate the currency of the lifestyle plans. Management and staff support activity programs that respond to residents' changing interests. Staff offer group activities, foster individual pursuits and organise one-to-one contact visits, outings and special events to meet the needs and preferences of each resident. Key staff develop the program in collaboration with residents and monitor its effectiveness through stakeholder meetings, activity evaluations and satisfaction surveys. Staff, residents and representatives are satisfied with the encouragement and support for residents' leisure interests and activities.

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 foster each resident's individual interests, customs, beliefs and backgrounds. Following a resident's move into the home, staff assess their cultural and spiritual needs such as pastoral and spiritual requirements, customs and preferences and days of personal significance. Staff develop care plans to meet individual needs and wishes and regularly evaluate and update these plans. Religious representatives visit residents to address spiritual needs and provide scheduled religious services. A range of cultural and personal celebrations and activities is included in the lifestyle program, according to the preferences of residents and representatives. Meetings, feedback and visual observation assist management and designated staff to monitor the effectiveness of cultural and spiritual support. Staff are satisfied they can access cultural care resources and residents and representatives are satisfied with strategies to meet residents' 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

Management and staff respect the rights of residents to make decisions and to exercise choice. Residents receive information about their rights to exercise choice and control in information handbooks, notices and information displays and in the residential agreements. Management and staff encourage individual choice in decision making such as rising and

retiring times, clothing choices, dietary preferences, activity participation and personal care. Management and staff invite residents to participate in meetings for residents and representatives and monitor the effectiveness of the system through feedback mechanisms, observation and satisfaction surveys. Residents and representatives are satisfied with the choice and decision making opportunities.

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 management team has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Prior to moving in, prospective residents and representatives have the opportunity to meet with staff and tour the home. At this time, staff communicate residents' rights and responsibilities and discuss the residential agreement. Handbooks and an information pack provide written information and the 'Charter of residents' rights and responsibilities', advocacy and independent complaints brochures are displayed. There is a process for consultation with residents and representatives to obtain consent should a change in room be required. Residents and representatives said they are aware of residents' rights and responsibilities and are satisfied residents have secure tenure within the home.

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

The management team actively pursues continuous improvement activities in relation to all aspects of the physical environment and safe systems. Staff said ongoing improvements occur. Residents and representatives are satisfied with the safety and comfort of the living environment and the quality of the services provided. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives in progress and implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- In implementing the new model of care, the management team made a number of changes to the environment of the memory support unit. Internal exit doors were painted with scenes depicting a bookshelf and dresser, the large dining area was separated into smaller group sections, outdoor areas were landscaped and patios refreshed for residents to safely occupy whenever they choose. Exhibited portrait photography captures the character and individuality of each resident and the display facilitates connection and engagement amongst residents, staff and visitors. The management team is satisfied the improvements produce inviting and attractive areas and opportunities for socialisation, reporting a reduction in incidents of aggression and residents attempting to leave the unit. Ongoing evaluation is planned.

- In response to internal review and staff feedback, the management team highlighted the role of the health and safety committee and established more formalised support processes for the committee and its actions in the home. Initiatives include staff education in health and safety representative functions, profiling representatives and displaying their photos to aid staff recognition, increasing the frequency of committee meetings and promoting involvement from all staff departments. Staff said they were supportive of the focus placed on health and safety and the information provided to them by the management team. Ongoing evaluation is planned.

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 management team has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Staff attend mandatory training in fire and emergency procedures each year.

- Regular monitoring and maintenance of the fire and safety systems occurs.

- Material safety data sheets are available where chemicals are stored or used.

- The kitchen has a current independent food safety certificate.

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

There is a system to ensure management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to the physical environment and safe systems. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education and support to develop their knowledge and skills in relation to the physical environment and safe systems. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

- bullying and occupational violence

- chemical handling

- fire and emergency response.

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 are actively working to provide a safe and comfortable living environment for residents. Preventative and correct maintenance programs exist, auditing, incident and hazard reporting mechanisms are utilised to monitor the comfort and safety of the environment. Clinical systems support residents to take risks whilst at the same time remain safe. Residents can access a combination of private and shared spaces inside and outside the home; furnishings appear inviting and appropriate. Internal climate control occurs to ensure resident comfort. Residents are welcome to personalise their room and other areas of the home, as they so wish, to ensure they feel as comfortable as possible. Residents and representatives are satisfied with the safety and comfort of 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

Management works to provide a safe working environment that meets regulatory requirements. The system includes occupational health and safety staff representation, related policies and procedures, work health and safety resources and incident/hazard reporting processes. The occupational health and safety committee meets regularly to discuss work health and safety matters including environmental audit results, incidents and hazard reports. Manual handling training, risk assessments, maintenance programs and monitoring mechanisms support the safety of staff and other stakeholders. There are current material safety data sheets where chemicals are used and appropriate supplies of personal protective, safety and transfer equipment. Staff described incident and hazard reporting processes and are satisfied management promotes work health and safety.

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 work to maintain a safe environment that minimises fire, security and other emergency risks. Key staff have developed a business contingency plan with consideration of emergency procedures and disaster management plans. Fire safety systems include fire plans, fire panel, break glass alarms, sprinklers and smoke doors, and firefighting equipment. Contracted service professionals regularly monitor safety equipment such as fire systems and emergency lighting. Management maintains keypad security, electronic surveillance systems operates and staff secure the home at night. Management and staff are

prepared to respond to other emergencies such as electrical emergencies and threats. Staff described emergency procedures and said they attend ongoing fire training.

Residents said staff would assist them in an event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an infection control program at the home to identify and manage infections and contain infectious outbreaks if these occur. Nurses collect and analyse infection data each month and provide a report to the corporate office on a regular basis. Guidelines provide detailed directions for staff to respond promptly and effectively to outbreaks such as gastroenteritis and influenza if these occur. The home has regular pest control servicing by an external contractor. The management team regularly inspect cleanliness and maintenance of the environment and equipment. An external body audits adherence to the kitchen's food safety plan and personal protective equipment and hand hygiene facilities are readily accessible. Clinical, catering, cleaning and laundry staff incorporate infection control measures into their work practices and explained appropriate procedures in the event of an infectious outbreak.

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

There is a system to support the provision of catering, cleaning and laundry services that enhances care recipients' quality of life and the staff's working environment. Catering staff prepare meals on site, accessing residents' dietary preference and allergy information. The chef prepares a four week seasonally rotated menu in consultation with a dietitian, residents and representatives. There is a process for residents to select preferred meals from the menu. Cleaning staff follow infection control guidelines and cleaning schedules to maintain the cleanliness of communal areas and residents' rooms. Laundry staff wash bed linen, towels and residents' personal clothing on-site and label residents clothing to assist return of items. The management team monitors the provision of services through resident and representative meetings, feedback forms, audits and observations. Residents and representatives said they are generally satisfied with the hospitality services at the home.