Australian Government
Australian Aged Care Quality Agency

Caladenia Nursing Home

RACS ID 4431
Rutledge Street
KILMORE VIC 3764

Approved provider: The Kilmore & District Hospital

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 02 October 2018.

We made our decision on 04 August 2015.

The audit was conducted on 07 July 2015 to 08 July 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

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

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 Care recipient security of tenure and responsibilities	Met

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.

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

Australian Government

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Audit Report

Caladenia Nursing Home 4431

Approved provider: The Kilmore & District Hospital

Introduction

This is the report of a re-accreditation audit from 07 July 2015 to 08 July 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 07 July 2015 to 08 July 2015.

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

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

Assessment team

Team leader:	Lisa Coombes
Team member:	Helen Fitzpatrick

Approved provider details

Approved provider:	The Kilmore & District Hospital

Details of home

Name of home:	Caladenia Nursing Home
RACS ID:	4431

Total number of allocated places:	30
Number of care recipients during audit:	22
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Not applicable

Street:	Rutledge Street
City:	Kilmore
State:	Victoria
Postcode:	3764
Phone number:	03 5734 2122
Facsimile:	03 5782 2019
E-mail address:	edwardam@humehealth.org.au

Audit trail

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

Interviews

Category	Number
Senior management	9
Director of Nursing	1
Unit Manager	1
Registered/Enrolled Nurses	5
Lifestyle Staff, Volunteers	3
Care recipients/representatives	6
Hospitality Staff	3
Maintenance Staff	2
Visiting Consultants	3

Sampled documents

Category	Number
Care recipients' files	4
Lifestyle plans	4
Care recipients' agreements	3
Personnel files	3

Other documents reviewed

The team also reviewed:

- Allied health information

- Audit documentation and quality reports

- Care recipient and staff information handbooks

- Cleaning lists, schedules and records

- Clinical documents and charts

- Compulsory reporting register

- Continuous improvement plans and related documentation

- Dietary documentation, menus

- External contractor information

- Fire services records

- Food safety certification and related documentation

- Human resource management documentation

- Incident reports

- Infection control documentation

- Leadership statements

- Lifestyle documentation

- Maintenance program documentation

- Medication documentation

- Meeting minutes

- Newsletters

- Occupational health and safety documentation

- Pest control records

- Police certificate, statutory declaration and nursing registration documentation

- Policies and procedures

- Risk assessments

- Roster

- Satisfaction survey documentation

- Specialised nursing care documentation

- Staff education documentation

- Wound care documentation.

Observations

The team observed the following:

- Activities culturally specific entertainment in progress

- Archive area and secure disposal bins

- Cleaning in progress

- Charter of care recipients' rights and responsibilities displayed

- Complaint and advocacy documentation displayed

- Equipment, supplies and storage areas, waste storage

- Fire equipment, signage and evacuation kit

- Infection control equipment and kits and waste disposal systems

- Interactions between staff, care recipients and representatives

- Living environment

- Meal and refreshment services in progress and assistance to care recipients

- Medication administration and storage

- Noticeboards and information displays

- Personal protective equipment

- Short group observation.

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 organisation actively pursues continuous improvement across the Accreditation Standards and shows improvements in management, staffing and organisational development. Management identify opportunities for improvement from sources including adverse events reporting, planning and leadership, stakeholder feedback and observations, suggestion forms, audits, reviews and satisfaction surveys. Designated staff regularly analyse a range of quality and operational indicators for trends that are reported and actioned through the quality management framework. Management monitor and evaluate improvement processes and outcomes through stakeholder feedback and engagement processes, ongoing data analysis, meetings and review of annual quality improvement plans and actions. Care recipients, representatives and staff are satisfied the organisation seeks the views of stakeholders and is actively improving.

Examples of recent improvement initiatives in relation to Standard 1 Management systems, staffing and organisational development include:

- Additional medication trolleys have been purchased to allow more timely administration of medications to care recipients. Evaluation of the project shows greatly reduced medication administration times which ensures better practice guidelines are met.

- The Department of Human Services recognised occupancy of many homes was declining and provided project funding to stimulate marketability studies. Staff attended a number of workshops and undertook comparisons with local competition. A display room and other more home like fixtures have been set up to reduce the clinical feeling of the home. Feedback from care recipients, representatives, staff and potential care recipients has been very positive and encouraging.

- Leisure and lifestyle staff identified representatives were not always aware of the day to day activities happening in the home. A number of initiatives were introduced to support better communication and opportunities for families to participate in the activity programs. These initiatives include the introduction of a monthly letter to families, copies of the monthly program made available at the front desk, a large whiteboard advertising the month's programs and the introduction of a daily activity board that includes any changes to the set programs. Evaluation shows an increase in family involvement in the activity programs.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Mechanisms such as subscription to a legislative update service, peak body memberships and government updates support the identification of regulatory compliance changes. A designated member of the management team summarises and distributes required regulatory compliance changes through emails, memoranda, in-service education, electronic alerts, newsletters and meetings. The monitoring of regulatory compliance occurs through audits, database reviews, management observations, analysis of key performance indicator data and competency testing. Staff are satisfied management inform them of regulatory requirements. Care recipients and representatives confirmed they are advised about and are satisfied with the information provided to them about the re-accreditation visit.

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

- Management has an established system for maintaining current police certificates and applicable statutory declarations for staff, applicable contractors and volunteers.

- Confidential documentation is stored securely.

- Management notified care recipients and representatives of the re-accreditation audit within the required time frame.

- Management has a continuous improvement plan that shows improvement objectives.

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 annual education program includes 'awareness weeks' for mandatory sessions and is flexible to allow the addition of optional topics across the Accreditation Standards. Management develop the program in response to requests from staff, changing care recipient needs, analysis of incidents, performance appraisals and stakeholder feedback. Education includes face-to-face training, online sessions, interactive television programs, external training opportunities and competency testing. Staff evaluate training sessions and management maintain attendance records to ensure attendance at mandatory training. Staff are satisfied with the education opportunities available to them.

Education sessions related to Standard 1 Management systems, staffing and organisational development include:

- 'prompt' policy and procedure training

- 'roster on' human resource training

- aged care reforms

- emotional intelligence

- residential fees and charges

- resolving confrontational situations.

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

Stakeholders including care recipients, their representatives and other relevant people have access to internal and external complaints mechanisms. Management and staff inform care recipients and representatives of internal and external complaint and advocacy mechanisms upon entry. Stakeholders have access to information through posters and brochures on display, newsletters, meetings, handbooks and the intranet. Stakeholders are encouraged to make suggestions or complaints through feedback forms, meetings, surveys, telephone or in person. Management said they have an open door policy. Management record, audit and evaluate comments and complaints as part of their quality system. Care recipients, representatives and staff said they are aware of the internal and external complaint mechanisms and are satisfied management addresses complaints appropriately.

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, mission and philosophy, which reflects its commitment to provide quality care and service. Management displays the information in the home and in a range of stakeholder publications including booklets and handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are sufficient, appropriately skilled and qualified staff to deliver care and services. Recruitment and selection processes ensure compliance with relevant legislation and organisational policies. Staffing is determined according to care recipient need and monitored through stakeholder feedback and data analysis. Commencing staff complete formal orientation that includes 'buddy shifts' with experienced staff members for mentoring and support. Resources to guide staff include position descriptions, duty lists, policies and procedures and handbooks. Management monitor staff performance during the probation period and thereafter through observations of practice, role specific competencies, feedback and an annual performance appraisal. There are processes to replace staff for planned and unplanned leave. Staff are satisfied with staffing levels and care recipients and representatives are satisfied there are sufficient, appropriately skilled staff to meet care recipient needs.

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 ensures stocks of appropriate goods and equipment are available to support quality service delivery. Key personnel have processes to ensure equipment and supplies are fit for the purpose intended and meet the needs of care recipients. Management maintains computerised inventory lists and conducts regular audits to maintain appropriate stock levels and ensure equipment is safe. Management said the organisation conducts risk assessments, evaluations and trials of new equipment to ensure goods and equipment are suitable for use in the home prior to purchase. Where necessary, approved suppliers provide training in the use of new equipment to relevant staff. Electrical equipment is tested and tagged. The home reviews all equipment by completing regular audits and has effective preventative and responsive maintenance programs. Care recipients, representatives and staff said there are appropriate goods and equipment to meet their needs.

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 for the management and distribution of information. A meeting structure supports the effective flow of information to relevant stakeholders. Security levels to access information are dependent on role, and privacy and confidentiality of information respected. Policy and procedure reviews ensure information remains relevant and current.

New care recipients and staff receive information packs and meetings, noticeboards and newsletters inform interested parties on current issues and events. Staff said they have access to information to support them deliver services and stay informed through clinical handover and the memoranda system. Care recipients, representatives, and other stakeholders are satisfied with the organisations information systems.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The organisation has processes to ensure externally sourced services meet service needs and quality objectives. External services include relevant allied health, hairdressing, fire and emergency services, pharmacy and pathology services. Management source contractors, suppliers and services to ensure they meet quality expectations and have appropriate qualifications, registrations, probity checks and insurances. Service agreements apply and management monitor and regularly review the quality of service provision through established feedback and reporting processes, satisfaction surveys and visual observation.

Management, staff, care recipients and representatives said they are satisfied with external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in care recipients' health and personal care. Staff document incidents and designated staff analyse a range of clinical data for trends that are reported as performance measures and actioned. Care recipients, representatives and staff are satisfied the home pursues continuous improvement.

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

- An audit of dietitian services identified a lack of consistency in nutritional assessments and follow up of recommendations. A new dietitian was appointed resulting in greater consistency of assessment and review of care recipients. Evaluation audits shows recommendations are being acted upon more consistently resulting in improved care recipient care.

- Management identified the need to implement a palliative care approach across the organisation. Palliative care services and related documentation were reviewed and staff received training in the palliative care approach. Management said this has ensured a consistent approach to palliative care across the organisation. Doctors confirmed they are very satisfied with palliative care offered throughout the organisation.

- A review of the organisations ability to address sensory loss was conducted. The outcome from the review established that vision, hearing and dental assessments and treatments are now available in-house for those care recipient who choose to participate and the 'sensory-me' program monitors for changes in care recipients sense of taste, smell and touch ensuring care recipients' sensory support needs are met.

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

For a description of how the organisation identifies and ensures regulatory compliance about health and personal care, refer to expected outcome 1.2 Regulatory compliance.

Staff are satisfied management inform them about regulatory requirements. Management monitor regulatory compliance through a variety of methods including visual observations, audits, analysis of incident reports and staff educational competencies.

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

- Professional registrations of nursing staff are maintained and monitored.

- Staff demonstrate compliance with policy and legislative requirements in relation to medication management.

- Appropriately qualified staff and allied health professionals perform specialised care and care planning activities.

- Staff and management are aware of their responsibilities in relation to the unexplained absence of a care recipient.

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 access to education to ensure they have appropriate knowledge and skills to meet care recipients' health and personal care needs. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Educational opportunities related to Standard 2 Health and personal care include:

- basic life support

- bathing and grooming a person confined to bed

- 'decision assist' palliative care training

- medication administration

- Parkinson's disease – a person centered approach

- wound management.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Management demonstrates there are systems for ensuring care recipients receive appropriate clinical care. Staff complete assessments of each care recipient's needs and preferences when they move into the home and formulate an individual care plan. Nursing staff manage clinical needs using an electronic system incorporating online assessments, charts, progress notes and care plans. Nursing staff review care plans regularly, initiate re- assessment in response to changes in health status and refer care recipients to medical and health specialists as required. Policies, procedures, clinical pathways and education guide staff practice. Regular care plan reviews, audits, clinical data analysis, and stakeholder feedback monitor clinical care. Care recipients and representatives are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Assessment occurs on entry to the home and as care needs change. Management plans and directives outline specialised needs, preferences and instructions to guide staff practice. Care staff consult contracted and external health services as necessary. Management provide appropriate specialised nursing equipment and educational resources and monitor specialised nursing through care plan reviews, audits and stakeholder feedback. Care recipients and representatives are satisfied with the specialised care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences. Care recipients have access to a range of allied health services at the home including physiotherapy, podiatry, dietitian, speech pathology, wound management and palliative care. Vision, hearing and dental services visit the home and care staff facilitate specialist mental health consultations as necessary. Staff update care plans to reflect altered care needs and instructions. Care recipients and representatives are satisfied with the way the home arranges referrals to relevant 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 are systems to support safe and correct medication management for care recipients. Nursing staff administer medications according to assessed needs and preferences.

Medications are supplied, administered and stored in accordance with relevant policies and regulatory requirements. There are processes to enable care recipients to self-administer medication if competent to do so. Management provides education, protocols and resources to guide staff practice. Continuous improvement measures include audits, review of any medication incident, involvement of a consultant pharmacist in reviews of each care recipient's medications and regular medication advisory committee meetings. Care recipients and representatives are satisfied with medication management.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

All care recipients are as free as possible from pain. Pain assessments conducted on admission and repeated if health status changes include verbal, nonverbal and behavioural indicators of pain. Management provides a multidisciplinary approach to pain management and care planning includes the administration of non-pharmaceutical interventions where applicable. Strategies provided by care staff and the physiotherapist include gentle massage, the application of heat and the use of specialist pain relieving devices. Care recipients and representatives are satisfied with the assistance provided to manage 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

There is a system to ensure that the comfort and dignity of terminally ill care recipients is maintained. On entry to the home qualified staff discuss end of life wishes with the care recipient and their representative and provide the opportunity to complete an advanced care directive. Individual palliative care plans are developed and adjusted as needs and preferences change. Care staff refer to the regional palliative care team as required and specialised equipment is available. Education and clinical pathways guide staff practice.

Management and staff are satisfied they have access to appropriate resources and equipment to care for care recipients during this time.

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 to ensure that care recipients receive adequate nourishment and hydration. Nursing staff assess each care recipient's nutrition and hydration status as well as food preferences, cultural needs and special requirements when they move into the home and communicate these to the catering team. Staff weigh care recipients regularly and monitor any weight changes on an ongoing basis. Special diets, modified texture meals, thickened fluids and supplements are available and staff refer to the speech pathologist or dietitian for review of any swallowing difficulties or weight changes. Extra snacks and fluids are available at all times. Care recipients and representatives are satisfied with the meals and drinks provided.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Initial and ongoing skin assessments identify care recipients' skin care needs and staff use this information to develop care plans to minimise and manage identified risks. Staff regularly monitor skin integrity recording all incidents and refer to policies and flow charts to guide contemporary practice. Care planning includes the provision of pressure care and pressure-relieving devices, encouraging movement and the use of cleansing and protective creams. Wound champions oversee wound management and refer to specialist consultants as necessary. Care recipients and representatives are satisfied with the care provided to manage care recipients' skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients receive continence care appropriate to their needs. Nursing staff assess each care recipient for their continence needs and preferences on moving into the home and on a regular basis. Ongoing monitoring and the use of established protocols ensure maximum independence and wellness. Allocated staff are responsible for ordering and maintaining the supply of continence aids appropriate to individual needs. Management monitors continence support through analysis of infection data, audits and feedback from care recipients and staff. Care recipients and representatives are satisfied with the management of care recipients' of 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

The needs of care recipients with challenging behaviours are managed effectively. Consultation with the care recipient, their representatives and the medical practitioner assists care staff to assess care recipients' behavioural needs. Care planning includes the identification of individual triggers and effective interventions to minimise responsive behaviours. Strategies include modifying the environment, the use of music and other diversional therapies, individual interaction and referral to external consultants where required. Policies and flow charts guide staff practice to support a restraint free environment and care plan reviews and data analysis monitor the effectiveness of strategies. Care recipients and representatives are satisfied with the home's approach to managing the needs of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Nursing staff and the physiotherapist assess each care recipient's mobility, dexterity and rehabilitation needs when they move into the home and develop a care plan detailing equipment and support required which is re-evaluated regularly and after a fall or change in health status. Specialised equipment includes height adjustable beds, transfer equipment, assistive devices and mobility aids. Management promotes falls prevention through education and the use of protocols and monitors the effectiveness of the program using the incident reporting process. Care recipients and representatives are satisfied with the support care recipients 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

Care recipients' oral and dental health is maintained. An assessment of oral and dental needs occurs on entry to the home and care plans detail individual preferences and the level of assistance required. Staff review the care plan regularly and facilitate dental consultation as required. A visiting dental service is available and care staff facilitate external appointments as necessary. Care recipients and representatives are satisfied with the oral and dental care provided. There is a process to monitor and replace oral equipment such as toothbrushes. Care recipients and representatives are satisfied with assistance provided to maintain oral and dental health.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care and assessment processes ensure the effective identification and management of care recipients' sensory loss. Care plans detail individual strategies including the care of assistive devices. Staff refer to health professionals such as the medical practitioner, optometrists and audiologists as required. There is adequate lighting, night lighting and clear signage throughout the home. Lifestyle staff provide resources to support care recipients with sensory loss. Care plan reviews, environmental audits and stakeholder feedback monitor effectiveness of care. Care recipients and representatives are satisfied with the support provided to assist care recipients with sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Nursing staff identify care recipients' sleep needs, preferences through initial and ongoing assessments, observation and care recipient feedback. Care planning includes environmental and care considerations such as care recipients' rituals, customs, needs and preferences regarding settling, rising, nap times, bedding and positioning requirements. Care staff offer alternative strategies such as the use of heat packs, warm drinks and snacks to promote sleep. Care recipients and representatives are satisfied with the home's approach to enhancing sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

For a description of the continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

The organisation's continuous improvement system shows improvements in the area of care recipient lifestyle. Care recipients, representatives and staff are satisfied the organisation is actively improving care recipient lifestyle.

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

- Life history books have been introduced for care recipients with a diagnosis of dementia. Evaluations show this has improved quality of life for care recipients through raising staff awareness and understanding of the care recipients individual life experiences and individual dreams and wishes.

- Management have developed the 'orchid café' to provide an area for care recipients to entertain their family and friends. Evaluation shows the café is well used and staff said it looks good and supports a pleasurable experience for care recipients, families and visitors.

- In response to a request staff have developed an area into the 'red bar' where care recipients now come for afternoon drinks and chats. The area includes a bar, jukebox, and other memorabilia that generates discussions. Staff said the bar has become a centre of activity most afternoons.

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

For a description of how the organisation identifies and ensures regulatory compliance about care recipient lifestyle, refer to expected outcome 1.2 Regulatory compliance.

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.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- There is a mandatory reporting register and processes have been established to manage and report the mandatory reporting of assault.

- Management displays the 'Charter of care recipient rights and responsibilities'.

- Management and staff follow procedures in relation to privacy principles and confidentiality of care recipient information.

- The organisation offers residential care agreements that outline obligations, rights, responsibilities and fees to care recipients or their representatives.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have access to education to ensure they have appropriate knowledge and skills related to care recipients' lifestyle. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Educational opportunities related to Standard 3 Care recipient lifestyle include:

- dignity in care

- elder abuse

- person centered care.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Care recipients and representatives are supported to adjust to the new environment when the care recipient moves into the home and on an ongoing basis. Pre-entry meetings occur with the care recipient and where applicable, their representatives. These meetings are intended to introduce them to the home and to gather information that will assist staff to settle the care recipient on the day of entry. On entry to the home, further assessments and a social profile capture the care recipient's emotional status and needs. In addition a 'linkage nurse' is assigned to provide individual support to the care recipient. Care recipient's emotional needs are also monitored through daily observation and reporting by care and lifestyle staff. Evaluations and review of care plans occur regularly or as needed. Referrals to mental health services and social workers are available if required. Care recipients and representatives said staff are always compassionate and sensitive to their individual emotional support needs and this support is provided in an appropriate manner.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are supported to maximise their personal level of independence. Assessment and care planning processes identify, assess and plan for maintaining Care recipients' individual level of physical, social, cognitive and emotional independence. Care plans include strategies to maximise independence. Staff support care recipients to maintain friendships within the home and visitors are encouraged and welcome. We observed care recipients using mobility aids and moving independently around the home. Staff across all care, lifestyle and hospitality services demonstrated commitment to ensuring care recipients reach their optimum level of independence in all aspects of their life in the home. Care recipients and their representatives said they are satisfied staff support and respect care recipients' 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 demonstrate a commitment to ensuring care recipients' right to privacy, confidentiality and dignity is respected. Care recipients and representatives sign consent forms in relation to sharing clinical and personal information and for the use of photographs. Access to care files and other confidential information is restricted to authorised staff, and computers

are password protected. Staff gave examples of ways they support care recipients' privacy and dignity. Care recipients and their representatives said staff are always polite and respectful of their privacy and dignity needs.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities. The leisure and lifestyle programs support care recipients to participate in a range of interests and activities according to their choice and abilities and include cognitive, social, emotional, cultural, spiritual and physical aspects. Leisure and lifestyle staff complete an assessment that includes a social and life history, important events and current and past leisure interests when the care recipient moves into the home. This information is used to develop a leisure and lifestyle plan that is updated in response to care recipients' changing preferences and needs. Activity calendars are on display on notice boards and there is a wide range of activities including music, games, outings, exercise, art and craft therapy and individual one to one activities. Volunteers are involved throughout the programs. Evaluation of the program occurs through observation, attendance records, meetings and verbal feedback. Care recipients and representatives expressed a high level of satisfaction with the activities offered and said they are assisted to participate according to their choice.

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

Care recipients are encouraged and supported to practice and express their spiritual and cultural beliefs and customs. Care and lifestyle assessment processes identify care recipients' cultural and spiritual backgrounds and practices of significance to them. Weekly interdenominational church services are provided and a small chapel is available for personal use. Staff demonstrated an understanding of care recipients' cultural and spiritual needs and how they provide support as required. Lifestyle staff organise celebrations for significant cultural and personal days with relevant activities and meals. Resources are accessible to meet the needs of care recipients from culturally diverse backgrounds and some staff are bi-lingual. Management monitors and evaluates the effectiveness of these processes through surveys, feedback and observation. Care recipients and representatives are satisfied with the way cultural and spiritual interests and beliefs are met and said staff are always sensitive to care recipient's 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 demonstrate they are committed to recognising and respecting care recipients' choices and their decisions. The residential agreement and 'resident handbook' include information about care recipients' rights and management explains these at pre-entry meetings and again on entry to the home. Consultation about care recipients' individual preferences takes place on entry to the home and are reviewed regularly. An authorised representative is identified to provide decision making support to care recipients presenting with reduced decision-making capacity. There are systems to support care recipients to provide feedback either as a group or on an individual basis. Staff endeavour to empower and support care recipients to make their own decisions and choices when and where appropriate. Care recipients and representatives said they have input into the care and services offered, including personal care, meals and level of participation in activities.

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 residential care service and there are processes to ensure they understand their rights and responsibilities. The home communicates information about security of tenure, care recipients' rights and responsibilities, financial obligations, specified care and services and independent complaint mechanisms through the 'resident handbook' and residential agreement. A process of consultation and agreement precedes a change in care recipient's room. Care recipients and their representatives are satisfied their tenure is secure.

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

For a description of the continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

The organisation actively pursues improvements to ensure care recipients live in a safe and comfortable environment. Environmental audits and inspections, third party reports and feedback from stakeholders inform the home's continuous improvement system. Staff, care recipients and representatives are satisfied the organisation seeks to improve the home's physical environment.

Examples of recent improvement initiatives in relation to Standard 4 Physical environment and safe systems include:

- In response to findings from the Royal Commission into bushfires in Victoria, two new diesel backup generators have been purchased and installed. These support continued power supply for up to eight hours and have an automatic on/off capacity, enhancing emergency preparedness.

- A complete upgrade of the water supply to the fire management systems has occurred as part of an organisational fire systems redevelopment. Engineering said this will ensure a consistent water supply during all emergency situations.

- New outdoor furniture, planters, and screens have been purchased in response to staff identifying the outdoor spaces were uninviting and underutilised. Staff said this area is now more inviting and stage two of the redevelopment will include a sensory garden.

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

For a description of how the organisation identifies and ensures regulatory compliance with regards to physical environment and safe systems, refer to expected outcome 1.2 Regulatory compliance.

Management has a system in place to identify and promote regulatory compliance in relation to the physical environment and safe systems. Monitoring occurs through regular internal and

external audits and inspections, visual observation, the review of staff training records and external service reports. Staff are satisfied management inform them of regulatory changes in relation to the physical environment and safe systems.

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

- There is a food safety program and the catering service has current third party food safety certifications.

- Management ensures the regular maintenance of fire equipment.

- Management has a work health and safety system and actively promotes occupational health and safety.

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

A system supports management and staff to have the knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. For a description of the system, please refer to expected outcome 1.3 Education and staff development.

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

- "back off" occupational violence program

- bullying and harassment

- fire and emergency training

- hand hygiene

- manual handling

- infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care, safety and comfort needs. Accommodation is shared rooms and bathrooms, and there is a variety of well-lit, appropriately furnished communal areas including

a lounge and dining room. Heating and cooling systems ensure a comfortable temperature throughout the home. There is access to the walkways through the gardens and views across the town. Designated staff conduct regular environmental audits, action audit outcomes and seek feedback from care recipients and representatives through surveys, feedback forms and 'resident meetings'. Staff, care recipients and representatives said the environment is safe, secure and comfortable for care recipients.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets its regulatory requirements. At orientation and on an ongoing basis staff receive information and training to promote a safe workplace and safe work practices. Processes for identifying risks to staff safety include, incident reports, audits and workplace safety alerts. Designated safety representatives discuss occupational health and safety at meetings and are active in promoting the safety of colleagues. Chemicals and oxygen are stored appropriately and safety data sheets are available. There were adequate supplies of personal protective equipment and maintained bio hazard kits. Maintenance technicians maintain electrical equipment through a testing and tagging process. Staff are aware of their occupational health and safety responsibilities and are satisfied with their safety at work.

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. Staff have access to documented fire and emergency management procedures and management maintains emergency response and recovery plans. Fire safety systems include fire panels, break glass alarms, a public address system, sprinklers, combination heat detectors in specific areas, smoke doors and firefighting equipment.

Contracted service professionals regularly monitor safety equipment such as fire systems and emergency lighting. Management maintains keypad security, various surveillance systems and staff secure the home at night. Management and staff are prepared to respond to other emergencies such as severe storms. Staff described emergency procedures and care recipients and representatives said staff would assist them in any 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 effective program to identify and manage infection risks. Infection surveillance data is analysed by the infection control coordinator. Staff attend infection control training and annual competency testing includes hand hygiene and infection control. Staff have access to an outbreak kit, spill kit and personal protective equipment. Management facilitate a vaccination program for care recipients and staff and systems are in place to ensure the appropriate disposal of sharps and clinical waste. The home has a food safety program and pest management measures. Care recipients and representatives are satisfied with infection control strategies.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services enhance care recipients' quality of life and the staff's working environment. Four-week rotating seasonal menus are developed in consultation with care recipients and the dietitian. Breakfast is prepared in the kitchenette while lunch and the evening meals are prepared in the hospital kitchen and transported in insulated trolleys. Choices are available for each meal and catering staff cater for dietary requirements and special events. Cleaning services follow schedules to ensure completion of tasks and we observed the home to be clean during the visit. Onsite laundry services ensure personal items are well cared for and a labelling process minimises lost clothing. Management and designated staff monitor hospitality and environmental service performance through internal and external audits, meetings, feedback and observation. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services.