



Australian Government

Australian Aged Care Quality Agency

Charlton Aged Care

RACS ID 3973
4 Learmonth Street
CHARLTON VIC 3525

Approved provider: East Wimmera Health Service

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 22 September 2018.

We made our decision on 04 August 2015.

The audit was conducted on 30 June 2015 to 01 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



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Audit Report

Charlton Aged Care 3973

Approved provider: East Wimmera Health Service

Introduction

This is the report of a re-accreditation audit from 30 June 2015 to 01 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 30 June 2015 to 01 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:	Rebecca Phillips
Team member:	Mary Murray

Approved provider details

Approved provider:	East Wimmera Health Service
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Details of home

Name of home:	Charlton Aged Care
RACS ID:	3973

Total number of allocated places:	15
Number of care recipients during audit:	13
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Acute care through the provision of two designated beds

Street:	4 Learmonth Street
City:	Charlton
State:	Victoria
Postcode:	3525
Phone number:	03 5477 6800
Facsimile:	03 5491 2010
E-mail address:	charlton@ewhs.org.au

Audit trail

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

Interviews

Category	Number
Management and administration	4
Nursing staff and lifestyle	6
Hospitality and maintenance services	5
Care recipients/representatives	9
Allied health	1

Sampled documents

Category	Number
Care recipients' files	6
Lifestyle care plans	3
Medication charts	7
Personnel files	3

Other documents reviewed

The team also reviewed:

- Activities calendar and participation records
- Cleaning schedule
- Clinical charts, checklists and records
- Comments and complaints data
- Communication diaries and referral folders
- Continuous improvement plan
- Controlled substance register
- Dietary information in kitchen
- Education documentation including calendar
- Fire and emergency equipment log books and manuals
- Food safety certification, audits and schedules

- Handover sheet
- Incident and infection analysis data
- Information and orientation handbooks/pack and newsletter
- Legislative updates
- Maintenance management registers and records
- Material safety data sheets
- Meeting schedule, minutes and memoranda
- Policies and procedures
- Quality system documentation, audits and incidents
- Regulatory compliance tools and associated documentation
- Roster
- Self-assessment documentation.

Observations

The team observed the following:

- Activities in progress
- Advocacy, complaints and feedback brochures on display
- Archiving area
- Charter of care recipient rights and responsibilities on display
- Equipment and supply storage areas
- Fire and emergency equipment and paths of egress
- Infection control equipment and waste disposal
- Interactions between staff and care recipients
- Living environment
- Meal and snack services in progress
- Medication administration and storage
- Noticeboards and information displays
- Personal protective equipment
- Sensory assessment kit

- Short observation during lunch service.

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

Management actively pursues continuous improvement across the Accreditation Standards. The continuous improvement system identifies opportunities through care recipient and representative feedback, staff suggestions, comments, complaints, surveys, audits and key performance indicators. The risk and quality improvement committee plans, monitors, evaluates and communicates the progress of improvements to stakeholders. Staff, care recipients and representatives are aware of avenues for input into the continuous improvement system and of recent improvements. Care recipients and representatives are satisfied with the response of management to their suggestions for improvement.

Recent continuous improvements relating to Standard 1 Management systems, staffing and organisational development include:

- One of the organisation's strategic goals is to provide an integrated health care service to the community. As a result, Charlton Aged Care is co-located with a range of primary care, allied health, general practitioner and day care programs. Care recipients can access all services without leaving the campus and receive prompt service. Management said they are extending the service to include physiotherapy assessments as part of the entry processes for new care recipients to ensure holistic care is supported.
- Management have introduced a video conferencing system to increase the level of support available to their regional site. Benefits identified for care recipients include liaison with specialist services such as gerontology and wound consultants. Staff benefits include increased peer support from colleagues at the organisation's other residential aged care facilities and the ability to link into meetings without having to travel off site.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has a system for identifying and maintaining compliance with relevant legislation, regulations, guidelines and standards. Management receive information and legislative updates from peak industry bodies, networks and via government communiques. The interpretation, application and dissemination of legislative advice is coordinated centrally. Policies, procedures and care recipient agreements reflect current legislation.

Relevant information is communicated to staff and care recipients in writing, via newsletters and using electronic mail. Management and staff said they are aware of their obligations in relation to regulatory compliance.

Recent regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- All staff and volunteers have a valid police certificate and a statutory declaration if required.
- Information on internal and external complaints mechanisms is available to care recipients and representatives.
- The organisation notified care recipients and representatives of the re-accreditation visit in the required timeframe.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards. To supplement the mandatory training program, management establish ongoing learning requirements through training needs analysis, performance development and review, feedback and observation of practice. Monitoring processes such as audits and incident report review may also prompt additional education and training. Staff have access to a range of education resources and learning modalities. These include on-line training programs and face to face education sessions conducted by both internal and external facilitators. Staff have the opportunity to attend training on offer across the organisation's other residential aged care facilities, increasing learning and development opportunities available to them. Staff are satisfied with the education opportunities available across the organisation.

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

- bullying and harassment
- equal employment opportunity for employees
- supervision and delegation.

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

The organisation has a system to ensure each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. The care recipient information pack and agreement outline the internal feedback process and avenues for external complaints. Care recipient feedback is sought on an ongoing basis and 'comments and complaints' is a standing agenda item at the 'resident and relative meeting'. Management has an 'open door' approach to receiving feedback and a suggestion box is available for written and anonymous complaints. Staff described appropriate actions for following through on comments and complaints they receive and are comfortable advocating for care recipients. Care recipients and representatives said management are approachable, consider their feedback, respond in a timely manner and take agreed actions.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation's vision, mission, values and philosophy of care is documented in information distributed and displayed throughout the home. The statements convey the home's commitment to providing quality care which is further reflected in information provided to stakeholders.

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

Human resource management is delivered at a local level with organisational support available at all times. Management demonstrates the numbers and types of staff rostered are appropriately skilled to meet care recipients' needs. There are formal processes to guide recruitment, selection and induction to ensure appropriately skilled and qualified staff. Upon commencement of employment staff participate in orientation training and undertake buddy shifts to assist with their induction. Management conduct performance review appraisals to identify additional learning opportunities to support staff to undertake their role in accordance with organisational standards and expectations. Management provide staff with position descriptions and there is access to policies and procedures, handbooks and education to further support staff in undertaking their designated role. The integration of acute care services with residential care ensures currency of clinical skills. Care recipients and their representatives are satisfied with the level of staff skill and responsiveness staff demonstrate.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation has suitable stocks of goods and equipment for the delivery of a quality service. Products and consumables are purchased from approved suppliers who commit to quality benchmarks and delivery timelines. Stores are rotated and used on a 'first in, first out' basis. Storage areas are accessible, clean and where required, secure. The home opened in November 2014 and equipment throughout the home is newly purchased and sufficient for the needs of care recipients and staff. Staff said supplies are re-ordered in a timely manner and they have been involved in the trial and testing of the new equipment. Care recipients and staff said supplies and equipment are readily available.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure all stakeholders have access to current information on the processes and activities of the home. The home provides care recipients and representatives with information at entry and keeps them updated through meetings, noticeboards, care consultations and interaction with staff and management. Staff have access to current policies and procedures and information specific to their position and are kept informed through informal and formal education opportunities, meetings, memoranda and noticeboard displays. Electronic systems, including the intranet provide a range of resources to staff and is accessible when required. There are processes to routinely collect, analyse and make available key data to all stakeholders via local and organisational publications. Electronic systems have password restricted access and paper based files are stored appropriately.

Care recipients, representatives and staff are satisfied the home keeps them informed on all aspects relating to care and services.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has a system to ensure all external service providers undertake their role in a way which meets the residential care service's needs and service quality goals. A tender process ensures providers are appropriately qualified, credentialed and resourced. Externally sourced providers include allied health practitioners, maintenance contractors and fire and emergency management specialists. Contractors are subject to ongoing review of their responsiveness to the organisation's needs and the quality of the work or service they provide. Management and care recipients are satisfied with the products and services currently supplied to the home from external providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Recent continuous improvements relating to Standard 2 Health and personal care include:

- As a result of an audit, staff identified an opportunity to improve the diabetic management of care recipients. In consultation with the general practitioner and the dietitian, a review of each care recipient's history occurred and an individualised diabetic management protocol developed. Any blood glucose recording outside of the care recipient's agreed parameter is managed by the registered nurse in line with the protocol. Management said the streamlined system has improved the information flow between staff and the general practitioner.
- To support the organisation's person centred care approach, staff have participated in additional training to ensure they can provide contemporary end of life care. Staff have linked into specialised palliative care services within the region and undertaken competencies in the delivery of subcutaneous medication. To support family members a room has been adapted to allow them to stay near their loved ones overnight. Staff said extending emotional support to the care recipient and their family at this time is a priority and they ensure that pastoral care is provided in conjunction with clinical support.

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

Management has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. For details regarding the organisation’s system, refer to expected outcome 1.2 Regulatory compliance.

Regulatory compliance relating to Standard 2 Health and personal care include:

- Registered nurses manage specialised care planning activities.
- Staff and management are aware of their responsibilities in the event of the unexplained absence of a care recipient.
- Staff safely store and administer medication in accordance with relevant guidelines, and legislation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- falls prevention
- medication management
- palliative care guidelines
- pressure injuries
- recognise/respond to clinical deterioration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure care recipients receive appropriate clinical care. Care plans describe specific needs and strategies as identified during the assessment process which occurs in consultation with the care recipient, the representative and medical practitioner, as required. Access to allied health professionals nurse practitioners provide additional support and advice if needed. Regular handover and documentation of a change in a care recipient’s health status ensures care recipients receive clinical care appropriate to their needs. There is a registered nurse on each shift and the integration of acute services with residential aged care enhances clinical care and reduces the need for external transfer. Adequate clinical equipment and supplies assist staff in undertaking their clinical care duties. Care recipients and representatives are satisfied with the clinical care staff provide to care recipients.

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

Management and staff demonstrate there is a system to ensure appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. A registered nurse, in conjunction with the medical practitioner or other health care consultants assess each care recipient’s needs and preferences on entry to the home. Based upon this information, staff develop a care plan which documents strategies and interventions to meet care recipients’ specialised nursing care needs. Specialised nursing care occurs in the area of diabetes management, catheter care and oxygen delivery. Staff communicate care recipients’ specialised care needs via diaries and handover documentation to ensure timely delivery of specialised nursing care needs. Care recipients and representatives are satisfied staff appropriately attend to care recipients’ 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

Care recipients can access a range of health specialists according to their needs and preferences. There is access to a community based physiotherapist, a podiatrist visits regularly and referral to the dietitian and speech pathologist occurs as needed. One medical practitioner provides medical services to all care recipients who visits regularly. An on call roster system ensures access to after-hours medical care if needed. Acute and community based services are located on the same site, for continuity of care with referrals occurring to external health providers, as required. Care recipients and representatives are satisfied with

the availability of other health related services stating referrals occur in response to specific request and identified need.

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

Management and staff demonstrate there is a system to ensure care recipients’ medication is managed safely and correctly. Registered nurses and medication endorsed enrolled nurses administer medication from original packaging. Medication charts record medical directives and identify all medications including dosage, administration route and frequency of administration. Medication is stored appropriately and in accordance with legislative requirements. A stock of imprest medications, including antibiotics ensure care recipients can receive prompt out-of-hours treatment if required. There are processes to monitor medication administration through audit and incident reporting systems. Additional monitoring systems include the meeting of a medication advisory team on a regular basis. Care recipients and representatives are satisfied medication management occurs as required and in a timely manner.

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

Management and staff demonstrate there are systems to ensure all care recipients are as free as possible from pain. On entry to the home, staff conduct a suite of assessments which includes identification of known pain and associated management strategies. Information obtained during the assessment process assists in the development of the corresponding care plan which then reflects interventions to reduce pain. There is access to the care recipient’s medical practitioner and community based physiotherapist to ensure pain management is optimal. Provision of exercises and pressure relieving equipment assists in reduction of pain. Care recipients and representatives are satisfied with the ways in which staff assist care recipients to appropriately manage their 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

Management and staff demonstrate there are processes to maintain the comfort and dignity of terminally ill care recipients. Staff assess the palliative care needs of care recipients on entry to the home and thereafter as required. Staff provide all care recipients and representatives an opportunity to consider the care recipients’ end of life wishes and to complete a terminal wishes form. This form provides information to staff regarding care recipients’ preferences at

the end of life, with consideration to cultural and spiritual needs and personal preferences. Liaison occurs as required with the medical practitioner and a hospital based palliative care service. Care recipients reside in single rooms with ensuites which ensures privacy during this time and there are facilities available to accommodate families, if required. Representatives said consultation occurs about care recipients' palliative care wishes and are confident all care would be provided according to specific preferences.

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

Management and relevant personnel demonstrate there is a process to provide care recipients with nourishment and hydration. The assessment of care recipients' nutritional needs occurs on entry to the home taking into consideration personal preferences, allergies, medical requirements and the level of assistance required. Nursing staff inform catering staff of care recipients' specific dietary needs on entry to the home and in response to a change in dietary needs. Staff weigh care recipients monthly with scope to increase the frequency if required. Referrals to medical practitioners, speech pathologists and dietitians occur for additional support and advice. There are a variety of textured foods available to assist with nutritional intake and the provision of specialised crockery and cutlery enhances independence. Care recipients and representatives are satisfied with the food provided and state there is enough for the care recipients to eat and drink.

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

Management and staff demonstrate there is a system to maintain care recipients' skin integrity in accordance with their general health and wellbeing. Assessment of skin integrity occurs for all care recipients on entry with appropriately qualified staff reviewing wounds with relevant charts reflecting records of care. Wound care plans document strategies required to promote healing with skin care plans recording strategies to enhance skin integrity with the aim to reduce the incidence of skin breakdown. Such strategies may include the application of moisturisers and creams and the use of pressure relieving equipment. Review of the incidence of wounds and skin tears identify trends and prompt change in staff practice if necessary, to minimise recurrence. Care recipients and representatives are satisfied with the way the home manages 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

There is a system to effectively manage care recipients’ continence needs. Processes include initial assessments and charting which records care recipients’ toileting needs and schedules. Staff develop corresponding care plans, in consultation with care recipients and representatives. Continence aids are distributed based on care recipients’ specific needs and there are adequate supplies. Strategies to ensure optimum bowel health for care recipients include an increase in fluid intake, the provision of a high fibre diet and access to exercise programs. Provision of single rooms with an ensuite provides privacy and promotes care recipients’ dignity. There is access to toileting aids to increase independence. Care recipients and representatives are satisfied care recipients receive appropriate continence care.

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 to manage the needs of care recipients with challenging behaviours, through initial and ongoing assessments and the subsequent development of corresponding care plans. Consultation with medical practitioners and mental health professionals occurs as required. Policies and procedures and education and training guide staff in the provision of behavioural management. Provision of a lifestyle program developed based on individual likes and personal preferences assists in addressing the needs of care recipients with challenging behaviours through diversional therapy. Care recipients and representatives are satisfied with the home’s approach to behavioural management and stated other care recipients do not infringe on their rights.

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

There is a system to promote care recipients’ mobility and dexterity. On entry to the home, staff review care recipients’ mobility and dexterity needs. The corresponding care plan documents identified strategies to enhance care recipients’ mobility and dexterity and includes interventions to minimise falls risk. There is access to a community based physiotherapist that care recipients can see in response to a specific need or particular request. The lifestyle program accommodates activities promoting dexterity and encouraging mobility and staff assist care recipients in completing recommended exercises, if required.

There is equipment available to aid mobility and staff undergo manual handling training annually to minimise risk of injury. Care recipients and representatives are satisfied staff support care recipients’ mobility and dexterity as needed.

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

Management and staff demonstrate there is a system to promote optimal oral and dental health for care recipients. Assessments for oral and dental needs and preferences occur on entry and development of plans of care occur around these assessed needs. Staff document in the care plan the level of assistance required, personal preferences and daily care of teeth, mouth and dentures as appropriate. There is access to community based dentists with support available to facilitate appointments, as required. Care recipients and representatives are satisfied with care recipients’ oral and dental care and the support provided by care staff.

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 to identify and effectively manage care recipients’ sensory loss. On the care recipient’s entry to the home, staff assess sensory loss with the use of a specifically formulated kit. Based on identified sensory loss, staff develop a corresponding care plan which records strategies to enhance care recipients’ senses and minimise associated impact. This occurs in consultation with the care recipient and representatives. The lifestyle program contributes to the enhancement of care recipients’ senses with the inclusion of activities that highlight the senses of touch, smell and taste. Care recipients and representatives are satisfied with the home’s approach to managing sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

There is a system to assist care recipients in achieving natural sleep patterns. On entry to the home, staff assess the care recipient’s sleeping and rest patterns. Staff develop care plans which nominate individual rising and settling times and other specific rituals or habits. This occurs in consultation with the care recipient and representative. Medical practitioner liaison occurs if pharmacological assistance is required. Individual rooms assist in promoting sleep with each care recipient having access to call bell assistance should staff support be needed. Care recipients and representatives are satisfied with the management’s approach to promoting natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management actively pursue continuous improvement activities to ensure 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.

For details regarding the organisation’s system refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvements relating to Standard 3 Care recipient lifestyle include:

- Based in a regional centre, the activity program reflects the agricultural background of many of the care recipients and is supported by the close-knit local community. In consultation with care recipients and community groups, a number of enhancements to the environment have occurred. Raised vegetable patches and flower-beds have been planted and the local community garden is moving to land adjacent to the home to support care recipients to continue to enjoy this pass time. Care recipients, many of whom have had the opportunity to move back to Charlton due to the re-development of the home, were appreciative of their ability to retain their community ties while receiving residential care.
- Care recipients requested an increase in cooking activities on the lifestyle calendar. As a result, staff and care recipients have grown tomatoes to make relish, baked Anzac biscuits and a scone-making day is on the next calendar. Care recipients said fortnightly bacon and egg breakfasts and fish and chip nights are two of their favourite events facilitated by lifestyle staff. The organisation produces a recipe book featuring ‘handed down’ recipes with all care recipients invited to contribute to new editions.

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

Management has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. For details regarding the organisation’s system, refer to expected outcome 1.2 Regulatory compliance.

Regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Processes ensure the privacy of care recipients’ personal information.
- Management provide care recipients with an agreement detailing occupancy arrangements, the services provided and their rights and responsibilities upon entering the home.
- The organisation maintains a reportable incident register and provides staff with procedures to guide staff in their reporting of elder abuse.

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 the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent and scheduled education opportunities relevant to Standard 3 Care Recipient lifestyle include:

- elder abuse
- person and family centred care
- supporting and enhancing care recipient lifestyle.

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

Each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to entering the home care recipients and representatives undertake a tour and are provided information on key aspects of living in residential care.

Staff offer support to care recipients while they become familiar with the new environment and facilitate introductions to fellow care recipients, some of whom know each other as neighbours, old school friends or acquaintances. Staff outline how to provide emotional support to care recipients in their care plans and update information as needs change. Care recipients were complimentary of the emotional support staff provide and are happy they have had the opportunity to return to Charlton.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff encourage care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Care plans identify care recipients' wishes in relation to their level of independence and aids and strategies to support them meet their goals. Staff promote the use of mobility scooters, walkers and sensory and dexterity aids to enable care recipients to retain their independence. Staff and members of community-based organisations assist interested care recipients to attend events and activities within the local community. Care recipients said staff respect their independence and provide support to them if requested.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients receive information on how the organisation protects their privacy during the entry process. Policies outline requirements to obtain consent for the use of personal information and staff receive training on their obligations in the collection and use of information. Care recipients are encouraged to personalise their room and are free to welcome guests at any time. Staff identified strategies to support privacy and dignity in care delivery and during palliative care. Care recipients and representatives are satisfied with the manner in which staff support the privacy and dignity of care recipients.

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

Management and staff encourage and support care recipients to participate in a wide range of interests and activities. During a settling in period, staff invite new care recipients to activities on offer and encourage their participation. After settling in, the lifestyle staff member meets formally with each care recipient to ascertain his or her life history, significant anniversaries and interests. Reflecting care recipient interests, a monthly activity calendar is developed and promoted throughout the home. Excursions, entertainers and pet therapy add to the diversity of activities on offer. Care recipients and representatives are satisfied with the activities on offer at the home.

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 ensure care recipients' individual interests, customs, beliefs and backgrounds are fostered and valued. After settling in, the lifestyle staff member meets formally with each care recipient to ascertain how they wish to express their cultural and spiritual needs and incorporates their wishes throughout care plans. Staff consider the effectiveness of the cultural and spiritual support provided on an ongoing basis and update care plans in response to any change in the care recipient's wishes. Days of cultural and religious significance are celebrated throughout the year and regular church services occur.

Care recipients are satisfied they have opportunities to observe their traditions, practice their faith and receive pastoral care.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Staff support care recipients and representatives to make choices about the services care recipients receive. After consultation, staff outline care recipients' decisions and choices in relation to the delivery of care and their life choices more broadly in care plans. Staff consider their effectiveness in supporting choice and decision making during care plan reviews and as the care recipient's preferences change. The appointment of an advocate or power of attorney to act in the care recipient's best interests is encouraged as circumstances warrant. Staff are

aware of and support care recipients' choices. Care recipients and representatives are satisfied staff respect their choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management discuss security of tenure, and specified care and services with each care recipient and their representative prior to entry to the home. All care recipients receive a written agreement and a copy of the 'Charter of care recipients' rights and responsibilities'. Care recipients and representatives are satisfied security of tenure and rights and responsibilities have been explained to them effectively.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- In line with promoting occupational health and safety, management introduced a health and wellbeing program for staff. Aspects included ‘stand-up’ desks to reduce the time spent sitting, drink bottles to increase water consumption and a ‘pedometer challenge.’ Staff said their involvement in the project increased their self-awareness of how incidental activities can enhance their wellbeing.
- Staff identified the building specifications within the home, which was opened in November 2014, required adjustment to ensure a pleasant living environment for care recipients. As a result, automatic doors to the gardens have been adjusted to slide open as a care recipient approaches, ensuring everyone can access the garden independently without the need to ask staff for help. Additionally, the ring tone of the overnight call bell has been reduced to provide a quiet environment and promote sleep.
- In consultation with dietitians and speech pathology services, the organisation has moved from a three-option modified meal system to a five-option system. Modified meals are used to assist care recipients with swallowing difficulties or at risk of choking to maintain their nutritional intake using food rather than nutritional supplements wherever possible. The five options mean the care recipient can eat a meal which optimises their dining choices while minimising any risk. Pictorial examples guide staff in the presentation of the meal to ensure it is appetising to care recipients and is consistent with specialist guidelines.

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

Management has a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

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

- There are procedures for recording, managing and reporting infectious diseases and outbreaks.
- There is a system to ensure ongoing compliance with fire safety regulations.
- Chemicals are stored appropriately and corresponding safety data sheets are available.
- A food safety program is in place and third party audits occur.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent and scheduled education opportunities relevant to Standard 4 Physical environment and safe systems include:

- emergency management training
- food safety
- infection control
- manual handling/no lift.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home opened in November 2014 and is purpose built to support care recipients living with dementia and to provide easy access to medical, allied health and hospital services. All rooms are single occupancy with private ensuite, spacious enough to host guests and positioned for garden or courtyard views. A central lounge area acts as a 'hub' for social interactions, activities and as a place for family and friends to visit. Close to local shops and with an on-site hairdresser care recipients said everything they need is readily available.

Supporting the organisation's 'ageing in place' philosophy, all rooms are equipped to meet the changing needs of care recipients. Management said care recipients are encouraged to personalise their rooms and touches including flowers, memorabilia and art in public areas support a 'home-like' environment.

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, meet its regulatory requirements and support the wellbeing of employees. 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, observation, incident reports, audits and workplace safety alerts. Occupational health and safety representatives said they are supported by management to undertake training and have time to represent staff.

Management and staff and are satisfied with the level of occupational health and safety within the home and the approach of the organisation in promoting their wellbeing.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to promote safety and provide a care and work environment that minimises the risk of fire, security breaches and other emergencies. Staff have been orientated to the new building and have undertaken emergency management training. All essential services are appropriately monitored and fire-fighting and electrical equipment recently inspected. A senior staff member is on call in the event of an emergency and a list of key emergency details is available to staff. Security entry and exits allow staff to

monitor access to the home and provide additional security overnight. Management, staff and care recipients are aware of actions to take in the event of an emergency and on hearing an alarm.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate there is an effective infection control program. This includes provision of mandatory training regarding hand hygiene and infection control, access to personal protective equipment and the availability of a food safety plan.

Gastroenteritis and influenza outbreak management kits and access to infection control procedures assist staff in the efficient handling of any outbreak that may occur. Access to an on-site, organisational based infection control co-ordinator further enhances the management and prevention of infections with the provision of up to date advice readily available. Review of infection related data occurs to identify trends and the need for additional staff training and education. All staff and care recipients are provided with the opportunity to participate in an influenza vaccination program. Staff demonstrated their role in minimising infection risk and stated management regularly monitors staff compliance with infection control policies and procedures.

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

Staff provide hospitality services in a way that enhances care recipients' quality of life. A dietitian approved rotating menu incorporates individual preferences and dietary requirements. Meals are cooked on-site adding flexibility to options on offer and supporting the lifestyle team in cooking activities. Laundry services ensure personal items are well cared for and a labelling process minimises lost clothing. Cleaning staff follow documented schedules and respond to unscheduled requests in a timely manner. Staff described procedures relevant to their role, complete appropriate training and are satisfied with their work environment. Care recipients and representatives were complimentary of the quality of the catering, cleaning and laundry services.