



Australian Government

Australian Aged Care Quality Agency

Edward Street Nursing Home

RACS ID 4428
2-6 Edward Street
UPPER FERNTREE GULLY VIC 3156

Approved provider: Eastern Health

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 21 November 2018.

We made our decision on 23 September 2015.

The audit was conducted on 12 August 2015 to 13 August 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

Edward Street Nursing Home 4428

Approved provider: Eastern Health

Introduction

This is the report of a re-accreditation audit from 12 August 2015 to 13 August 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 12 August 2015 to 13 August 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:	Colette Marshall
Team member:	Carolyn Ashton

Approved provider details

Approved provider:	Eastern Health
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Details of home

Name of home:	Edward Street Nursing Home
RACS ID:	4428

Total number of allocated places:	30
Number of care recipients during audit:	28
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	No

Street:	2-6 Edward Street
City:	Upper Ferntree Gully
State:	Victoria
Postcode:	3156
Phone number:	03 9753 5064
Facsimile:	03 9753 5728
E-mail address:	fiona.quigley@easternhealth.org.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Program director	1
Director of nursing	1
Associate director quality	1
Occupational health and safety advisor	1
Facility manager/registered nurse	1
Registered/enrolled nurses	6
Housekeeping staff	5
Care recipients/representatives	12
Physiotherapy staff	3
Education staff	1
Dietetics staff	2
Lifestyle staff	2
Finance, contracts and maintenance staff	6
Human resources staff	2
Infection control staff	2

Sampled documents

Category	Number
Care recipients' files	9
Care recipient agreements	4
Medication charts	6
Personnel files	4

Other documents reviewed

The team also reviewed:

- Activity planners and documentation
- Care recipient information packages and surveys

- Clinical referral folders
- Compliments and complaints documentation
- Compulsory reporting register and documentation
- Continuous improvement registers and documents
- Contractor documentation
- Education documentation
- Emergency procedures manual
- Environmental monitoring reports
- Equipment and supplies storage
- Fire and maintenance documentation
- Food safety plan and associated documentation
- Health and safety documentation
- Human resource documentation
- Incident reports/summary data and analyses
- Infection control surveillance records
- Internal and external audit reports and action plans
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menu
- Newsletters
- Pest control records
- Policies and procedures
- Roster
- Self-assessment documentation
- Statutory declaration, police certificate and health professional registration registers
- Vision, mission, values statement.

Observations

The team observed the following:

- Accreditation poster
- Activities in progress
- Care recipients mobilising independently and using mobility aids
- Charter of residents rights and responsibilities
- Equipment, supplies and storage areas
- Evacuation packs
- Fire panel, fire detection, alarms, signage, exits, egress routes and firefighting equipment
- Infection control equipment
- Interactions between staff and care recipients
- Internal and external complaint and advocacy information
- Kitchenettes
- Laundry facilities
- Living environment
- Meal and refreshment services and assistance to care recipients
- Noticeboards, information displays and suggestion box
- Security system
- Short group observation during activity
- Sign in and out registers
- Waste systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

There is a system to support the pursuit of continuous improvement across all four Accreditation Standards. Organisational performance and governance frameworks, together with the board of directors, quality and advisory committees establish the overarching approach to continuous improvement. Organisational staff and management identify improvements through varied sources including stakeholder feedback forms, surveys, meetings, audits, data analysis and strategic initiatives. Improvement plans capture proposed actions, responsibilities and timeframes, with management and organisational staff monitoring progress, outcomes and evaluation. Stakeholders receive information on initiatives through meetings, noticeboards, memoranda and newsletters. Management uses meetings, audits and informal consultation processes to evaluate improvement outcomes.

Care recipients, representatives and staff are satisfied with opportunities to contribute to the continuous improvement program and that continuous improvements occur.

Examples of recent improvements undertaken or in progress that relate to Standard 1 include:

- Arising from staff feedback, the organisation created a support tool for new leaders. The framework aims to make management and leadership practices consistent across the organisation. Management said the framework provides practical prompts for assessment to support governance audits and improve quality of care and services.
- Following an internal audit, the organisation revised the incident management system. Staff received training in the system and management is satisfied the standard of reports for monitoring care recipient incidents has improved.
- As a result of internal review, the organisation implemented an electronic card entry system for external contractors. Access is provided only if all security, insurance and other contractual obligations have been addressed. Management is satisfied this provides a streamlined process for contractors entering the building while still assuring compliance requirements.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to receive, identify and comply with relevant legislation, regulatory requirements, professional standards and guidelines. Designated organisational committees and staff monitor and manage regulatory requirements, reviewing standards and updating policy and other publications as needed. Meetings between executive and management facilitate dissemination and assessment of regulatory compliance measures.

Management communicates compliance matters to staff through notices, memoranda and discussion at meetings. There is a process for staff to acknowledge changed processes and policies. Management conveys information to care recipients and representatives through correspondence, newsletters and meetings. Organisational staff and management observe staff practice and analyse incidents, audits and stakeholder feedback to monitor regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- Management has a continuous improvement plan integrating the Accreditation Standards.
- Management has processes to monitor police certificates and registration status for staff, volunteers and relevant external service providers.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Management has processes for notifying stakeholders of the re-accreditation audit.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards including management systems, staffing and organisational development. A yearly training needs analysis, performance appraisals, results of monitoring processes and organisation wide topics inform the development of the education program. The program includes competencies, orientation and mandatory training. There is an on line learning program covering a wide range of mandatory and other topics, face to face training, dedicated training days and competencies included in the education program. Ongoing monitoring of skills and knowledge occurs through performance review, feedback, observation and monitoring systems such as audits and incident reporting data. Attendance records are held on a database and there is a process to

follow up non-attendance at mandatory training. Staff are satisfied with the education program at the home.

Examples of education provided relevant to Standard 1 include:

- complaints procedures
- incident reporting
- regulatory compliance.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There is a system to ensure each care recipient, representative and other interested parties have access to internal and external complaints mechanisms. Management provides written information about complaints processes including external complaints and advocacy services. Management encourages feedback through newsletters, meetings, information displays and informal dialogue. Stakeholders provide feedback directly to staff, management or the organisation, using a variety of mechanisms including forms, suggestion boxes, meetings, surveys, audits or consultation. Management acknowledges formal complaints with organisational staff monitoring response times and outcomes. Feedback contributes to the continuous quality improvement system. Care recipients, representatives and staff have knowledge about the comment and complaints processes and feel comfortable to raise concerns.

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 commitment to quality is captured in mission, values and philosophy statements and in its 'Great' goals. A range of publications reflect these organisational principles, which are also displayed in the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrate there are sufficient numbers of appropriately skilled and qualified staff to provide care recipient care and services. The Eastern Health human resource department supports the home's management in a range of staff management functions.

Recruitment includes a selection process, interviews and reference checks. There is an orientation program including 'buddy' shifts. Resources to support staff include position descriptions, duty lists, policies and procedures and education. There is a system to monitor the currency of police checks, statutory declarations and professional registrations.

Processes to monitor staff performance include observation, performance appraisal and competency testing. Adjustment of staff levels occurs to meet care recipient care needs and there is replacement of staff for planned and unplanned leave. Staff said they have sufficient time to perform their roles and are satisfied with current staffing levels. Care recipients and representatives are satisfied with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to maintain adequate supplies of stock and equipment for quality service delivery. Designated purchasing and procurement staff monitor stock, supplies and equipment and replace items using an imprest system from an organisational distribution centre or through regular suppliers. Equipment purchases involve work health and safety assessment and staff education, with standard operating procedures guiding usage.

Equipment is stored safely in demarcated areas and stock rotation occurs. Cleaning and maintenance programs ensure equipment remains in good repair. Management identifies equipment needs through observations, feedback, assessment of care recipient needs and audits. Care recipients, representatives and staff are satisfied with the quantity and quality of supplies and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information management systems are in place. Management and staff have access to information that is accurate and appropriate to their roles. Care recipients and

representatives are provided with information on entry to the home, including a handbook and care recipient agreement. Ongoing information is provided through noticeboards, care consultations and meetings. Processes to keep staff informed include position descriptions, policies and procedures, education, meetings and memoranda. Staff and management said the electronic clinical documentation system and associated paper based documents provide relevant information for the provision of care. Key data is routinely collected, analysed and made available to the relevant staff. Confidentiality and security of staff and care recipient information is maintained. Computerised information is backed up regularly and archived material is stored securely prior to removal to an offsite storage facility. Staff, care recipients and representatives said they are kept informed of the home's operations.

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 ensures all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Management administers local arrangements while organisational staff manage and review ongoing service contracts. An electronic entry card system facilitates monitoring of regulatory compliance obligations, supplemented by processes at the home. Contracts convey the organisation's expectations of confidentiality and quality standards, together with conditions for review and termination. Management and organisational staff monitor performance through audits, stakeholder feedback and an evaluation form, with regular contract meetings providing avenues for communication and resolution of issues. Staff, care recipients and representatives are satisfied with current externally sourced service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across all aspects of care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 include:

- The organisation recognised an opportunity to enhance the information available in the electronic documentation system. In consultation with allied health, changes were made to the assessment tools, along with a system upgrade. Management is satisfied staff can access more comprehensive and individualised information about care recipients' personal care and lifestyle needs, particularly behavioural strategies and sensory assessments.
- Arising from an internal review, management introduced a new system whereby staff check medication signatures at the end of every shift. In addition, they implemented a tool to support self-reflection when a medication error occurs. Management is satisfied the initiatives facilitate staff involvement in resolution and prevention of medication errors.
- Following an internal review, management introduced two new processes to support monitoring of clinical outcomes. A summary sheet captures the use of 'as required' medications to support easy visualisation of prescriptions and review needs. A monthly consolidation of weight management changes assists identification of trends in weight gain or loss. Ongoing evaluation of these new initiatives is planned.

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

There are systems to identify and comply with relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Processes exist for appropriate and secure storage of medication.
- Qualified staff supervise the provision of clinical care according to relevant legislation and care recipient needs.
- There are procedures to ensure compliance with legislation in the event of a care recipient’s unexplained absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education provided relevant to Standard 2 include:

- behaviour management
- continence care
- diabetes management
- falls prevention
- medication management
- oral care
- wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. On entry to the home, an assessment and interim care plan defines care needs and interventions required. This is followed by a comprehensive assessment and care planning process. A registered nurse is responsible for the development and evaluation of clinical care and review of care plans. Consultation with the care recipient, their representative, medical practitioners and other health professionals occurs. There is a monthly care review process including consultation with care recipients and representatives. Communication of care occurs through verbal handover, care plans and treatment schedules. Clinical incidents are monitored and evaluated and relevant health professionals review clinical care outcomes. Care recipients and representatives are satisfied with how clinical care is 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised care plans outline interventions and monitoring for a range of complex care including diabetes, catheter care and wound care. Treatment guidelines and procedures are available for staff reference. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and a range of other health professionals. Other specialised external consultants visit the home including wound care, palliative care, aged mental health and psychiatric services. Care recipients and representatives are satisfied with how specialised care is undertaken.

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 their assessed needs and preferences. Medical practitioners visit care recipients regularly and on an as needs basis. Other health professionals from Eastern Health provide services on site including physiotherapy, nutrition and speech pathology. Dental, hearing, and eye care services are provided on site or care recipients attend outside appointments according to their choice and preference. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Care recipients and representatives are satisfied with the home’s process for referral to health specialists according to needs and preferences.

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

Care recipients’ medication is managed safely and correctly. Nursing staff undertake medication administration and competency training is completed annually. Medical practitioners monitor and revise care recipient medication requirements. Staff have access to medication policies and procedures and monitoring of the system occurs. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review is undertaken accordingly. Multidisciplinary medication meetings are held to monitor and evaluate the medication system. Care recipients and representatives are satisfied with how staff undertake medication administration.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The approach used to manage pain enables all care recipients to be as free as possible from pain. Care processes for pain management includes assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. A range of pain management strategies includes heat packs, massage and analgesia. Physiotherapy care and exercise programs are incorporated into pain management care plans. Medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Care recipients and representatives are satisfied with how staff manage care recipients’ 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

The comfort and dignity of terminally ill care recipients is maintained. Advanced care plans outline care recipient choices for end of life care and palliative care plans define care needs and preferences including comfort and dignity measures. Consultation with the care recipient, representative, medical practitioner and other health professionals occurs to allow effective care provision. Specialised palliative care services are consulted to assist with care planning as required. Staff provide spiritual and emotional support for care recipients and their families and religious representatives attend according to care recipient wishes.

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

Care recipients receive adequate nourishment and hydration and there are effective processes to support individual choice and preference. Assessment of nutrition and hydration needs includes dietary requirements, medical conditions and personal preferences. Care recipients at risk of nutrition and hydration problems are identified through specific assessments, weight monitoring and observation of eating patterns. A dietitian visits the home every three weeks and there are effective referral and review mechanisms in place.

Speech pathology referrals occur as required and medical practitioners monitor care recipients’ nutrition and hydration requirements. There are communication processes to advise catering staff of care recipients’ dietary plans including variations. Nutritional supplements, specialised diets and assistive devices are used to support care recipient needs. Care recipients and representatives are satisfied with the provision of nutrition and hydration and assistance given to care recipients during meal and refreshment services.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin care plans outline care recipients individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of care recipients skin during routine care and maintain skin integrity through the application of moisturisers and use pressure relieving devices. Wound care treatment is monitored and evaluated and wound care specialists are consulted as required. The incidence of skin tears is documented through the incident reporting system. Care recipients and representatives are satisfied with how staff attend to skin care.

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 are care systems to support and effectively manage care recipients’ continence requirements. Individualised care plans outline specific support and assistance required. Continence aid supplies are maintained according to care recipient needs and staff monitor supplies and staff training requirements. Optimal bowel health is promoted through appropriate dietary intake, monitoring and use of medication therapies. Care recipients and representatives are satisfied with how staff manage continence and maintain privacy and dignity when providing assistance.

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. Behaviour assessments and care plans outline individual triggers and effective intervention strategies. Evaluation of the effectiveness of behaviour care plans occurs in consultation with medical practitioners and referral to psychogeriatric services occurs as required. The lifestyle program includes activities for care recipients with dementia related illness which are personalised to enhance the wellbeing for each care recipient. Care recipients and representatives are satisfied staff manage behaviours in a caring and supportive manner.

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. Mobility and dexterity care plans outline strategies to promote safe mobility and dexterity. Physiotherapy plans identify measures to maintain and promote mobility and dexterity according to care recipient capabilities and includes falls prevention plans and daily exercise regimes. The environment of the home promotes independent mobility for care recipients using assistive equipment. Care recipients are reviewed by the physiotherapist after a fall and there is a range of falls prevention equipment in use. Falls data is collected and analysed and prevention strategies are evaluated. Care recipients and representatives are satisfied mobility and dexterity is encouraged and staff provide suitable assistance.

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 according to needs and preferences. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the care recipient. Dental appointments are arranged as required and dental products are readily available for care recipient use and changed routinely. Care recipients and representatives are satisfied with the level of oral and dental care provided by 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

Care recipients’ sensory losses are identified and managed effectively. Sensory assessments and care plans outline individual needs and support measures required. Referral to other health professionals such as speech pathologists, audiologists and optometrists occurs as required. Staff assist care recipients with use of hearing, visual and other aids and routine checks of the working condition of aids occurs on a regular basis.

Care recipients and representatives are satisfied with the attention given to care recipients’ sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are assisted to achieve natural sleep patterns. Staff assist care recipients to maintain their preferred sleep pattern when they move into the home. Sleep assessments provide staff with information to assist with promoting natural sleep and providing comforts and support based on individual choice and preferences. Staff utilise a variety of methods to promote sleep and consult with the care recipients’ medical practitioner if medication is required. Care recipients said the home is quiet at night and staff provide assistance as needed and according to their preferences.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across all aspects of care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 include:

- In reviewing care recipient needs, management purchased two electronic tablets. In consultation with physiotherapists, staff sourced a wide range of applications to support interactions. Staff use the ‘apps’ to support hand/eye co-ordination, hand and arm dexterity and positional balance. The wide range of ‘apps’ also provides fun and enjoyment and assists care recipients to explore spiritual, cultural and other interests including animals and music. Management reports positive feedback and believes continued use of the tablets will provide ongoing benefits. Further evaluation is planned.
- Arising from a review of care recipient interests, staff produced a range of ‘look books’. Covering a wide range of interests the lightweight picture books provide opportunities for reminiscence and general conversation. Care recipients and staff are pleased with the availability of these resources.
- To support care recipients during negotiation of entry requirements, the organisation introduced a single page financial agreement used in conjunction with the detailed residential agreement in the period prior to completion of asset assessment. Management is satisfied this provides clarity about financial responsibilities relating to tenure while also facilitating and shortening the entry process for care recipients.

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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- Management offer a ‘residential agreement’ to each care recipient or his or her power of attorney on moving into the home.
- Care recipients receive information on their rights and responsibilities, privacy and consent in their information package and agreement.
- The organisation has a policy relating to care recipient privacy and personal information is stored and managed securely.
- There are procedures to manage compulsory reporting of assaults that includes policies, reporting register and staff education.

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.

Examples of education provided relevant to Standard 3 include:

- elder abuse and compulsory reporting
- lifestyle education training day
- privacy and dignity.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. Staff provide an information pack to prospective care recipients, including material to illustrate care, services and the living environment. Establishment of support strategies occurs in the first weeks of arrival when staff visit one-to-one with care recipients, becoming acquainted with them and undertaking assessments. Staff review care strategies regularly and document individual needs and compassionate interventions. Access to social work and pastoral care personnel is available. An annual memorial service remembers past care recipients. Care recipients can attend religious services held at the home and volunteers from the community visit to provide friendship and support. Care recipients and representatives are satisfied with emotional support received.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients to maximise independence, maintain friendships and participate in community life within and outside the residential care service. Together with care recipients and representatives, staff assess abilities and goals for physical, cognitive, social and civic independence. Individualised care plans convey support and independence strategies, including physiotherapy, exercise programs, mobility aids, authorised decision makers and assisted daily tasks. Management monitors independence through stakeholder feedback, activity participation, meetings, audits and incident data such as falls. Staff welcome visitors and volunteers and organise group outings. Care recipients and representatives are satisfied staff assist care recipients to achieve independence and community involvement.

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 recipients' right to privacy, dignity and confidentiality is recognised and respected. Management inform care recipients about these rights when they move into the home. Assessments establish each care recipient's personal care, privacy and dignity preferences. Policy, training and consent processes guide staff practice including strategies to support privacy and dignity within shared bathrooms. Staff securely store care recipient files. Feedback, survey, audits, care plan review and observation monitor the effectiveness of privacy, dignity and confidentiality strategies. Care recipients and

representatives are satisfied staff provide care and services in a manner which maintains care recipients' privacy, dignity and confidentiality.

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 receive encouragement and support to participate in a range of interests and activities. Following consultation, staff develop an individualised plan based on social interests and preferences, encouraging achievement of physical, cognitive, emotional and social goals. A monthly program is prepared utilising staff and volunteers in the provision of activities, including games, garden walks, readings, exercises and bowling. Visitors providing music and craftwork, together with access to books, movies and games, augment the program. Staff offer care recipients individual companionship and hold culturally relevant special events. Staff monitor care recipient participation and level of engagement to assist evaluation of the lifestyle program supplemented by feedback, surveys, audits and care recipient meetings. Care recipients and their representatives are satisfied with opportunities to contribute to the activity program.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Management and staff value and foster the customs, beliefs and cultural backgrounds of care recipients. In consultation with care recipients and their representatives, staff identify spiritual and cultural interests and affiliations. Celebration of cultural diversity includes informative displays involving care recipients' country of origin, observances of culturally significant events and a monthly focus on a country or cultural practice. Community pastoral care personnel visit. Care recipients can attend non-denominational services held monthly at the home and an area for reflection containing spiritual resources is available. Care recipients and their representatives are satisfied staff value the interests of care recipients and assist them to maintain their cultural and spiritual customs.

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 has systems to support and encourage care recipients (or his or her representative) to make decisions and exercise choice and control over his or her lifestyle

without infringing on the rights of others. Prior to moving into the home staff discuss services and financial requirements with care recipients and representatives, encouraging independent counsel as required. Upon moving into the home further consultation enables staff to clarify each care recipient's preferred approach to meeting their needs and establish authorised decision makers where appropriate. Management and staff invite participation and monitor choice and decision-making through meetings, surveys, ongoing consultations and feedback. Choices include, but are not limited to, selection of medical practitioner, activity participation and menu items. Care recipients and representatives are satisfied with their opportunities to participate in decision-making about care and services provided by the home.

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

There is a system to ensure care recipients have secure tenure and understand their rights and responsibilities. Staff provide care recipients and representatives with a tour of the living environment, discussing care considerations and entry requirements. Relevant organisational staff are available to clarify financial arrangements, occupational health and safety considerations or security of tenure information. Publications and displayed resources provide rights and responsibilities, external complaints and advocacy mechanisms. There is a process for consultation with care recipients and representatives should a change in room be necessary or the home be unable to continue to provide the level of care needed. Care recipients and representatives are satisfied with the security of tenure the home offers.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across all aspects of physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 include:

- Following care recipient and representative feedback, management undertook relocation of facilities within the home. The lounge/dining area on the upper floor was moved to the end of the building, providing a view overlooking the mountain. Staff and office moves accommodated the change and in the process, created additional storage. Management is satisfied the movement of equipment into the storage area decreases corridor congestion. Care recipients and representatives are happy with the light and comfortable room and enjoy the view.
- After feedback from staff regarding potential falls risk from wet floors, management investigated and sourced new equipment including microfibre mops. Training was provided and management and staff said the new equipment improves drying time, enhancing safety for staff and care recipients.
- Arising from peer network consultation, management provided photographs of meals. Management and staff said the photos provide a quality check for staff and management is satisfied the photographs enhance independent decision-making for care recipients regarding menu choices.
- In response to staff feedback, management introduced an infection electronic surveillance log to replace the existing paper-based system. Staff said the enhanced availability of the monitoring tool increases the level of information recorded and the frequency with which it is updated, enhancing the accuracy of recording infection data. Evaluation is ongoing.

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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Regular monitoring and maintenance of fire and safety systems occurs.
- Chemicals are securely stored with current material safety data sheets.
- Independent monitoring and auditing of the kitchen’s food safety plan occurs.
- There are infection control policies and procedures and a system for reporting outbreaks.

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.

Examples of education provided relevant to Standard 4 include:

- chemical safety
- fire and emergency
- food safety
- infection control
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff support the delivery of a safe and comfortable environment consistent with care recipients' needs. There are common areas on each floor with suitable furnishings for care recipients and their visitors to gather. Furnished outdoor areas provide walkways, seating areas and opportunities to contribute to the garden. Care recipients personalise their rooms with furniture and belongings. All rooms are single, the majority with private ensuite.

The home is well lit and temperature, noise and ventilation is comfortable. Staff cleaning and maintenance programs, audits, feedback, incident and hazard reporting mechanisms monitor the environment. Staff, care recipients and representatives are satisfied with the comfort and safety of the environment and care recipients said they felt safe in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. An organisational committee, together with an on site representative, assists management to promote safety and monitor hazards. Audit programs, infection control, incident reporting, cleaning and maintenance practices contribute to the occupational health and safety system. Policies, standards and safety data sheets are available and a tag and reporting system for hazards occurs. Health and safety assessments form part of equipment purchasing and evaluation of prospective care recipient accommodation. Staff access relevant equipment and training occurs together with competency assessments. Staff are satisfied consultation and participation in occupational health and safety processes occurs.

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 provide an environment and safe systems of work that minimise fire, security and emergency risks. Management and staff consult policies and plans covering a range of emergencies including extreme weather and fire. A business continuity plan and an emergency manual outline proposed actions and arrangements for safe evacuation. Clear signage highlights emergency exits and routes and an evacuation kit contains items for support and identification of care recipients. Independent external contractors regularly inspect and service fire equipment and systems. There are sign in and

out procedures for visitors to the home and staff secure the home in the evenings. Staff attend education including drills and fire extinguisher training. Care recipients said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program in place. Eastern Health's infection control service is responsible for the program and there is an infection control liaison nurse at the home. There is an infection surveillance program and data is analysed and trended. Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are in place throughout the facility. Care recipients are assessed and monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. There is a planned pest control program. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program and current council and external audit certification. Cleaning schedules are in place and environmental audits are undertaken.

Vaccinations are offered to care recipients and staff.

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 are provided in a way that enhances care recipients' quality of life and the staff's working environment. Meals are prepared at a central kitchen off site and then heated and plated at the local hospital kitchen next door to the nursing home according to the food safety plan. Meals are delivered to the home in thermal boxes and served to care recipients in homelike dining areas in the three houses of the home. Breakfast, morning and afternoon tea is prepared in the home's three kitchenettes by housekeeping staff. Dietary information including preferences and allergies is documented through an electronic system coordinated by nursing, housekeeping staff and the dietician. A rotating four week menu offers care recipients a range of meal and beverage choices and is reviewed by the dietician. Alternative meal choices are available with snacks and drink choices provided. Linen services occur at an offsite facility, personal clothing is laundered in-house and there is a labelling service to minimise lost property. Cleaning services are completed according to set schedules and procedures. Care recipients and representatives are satisfied with hospitality services provided at the home.