Australian Government
Australian Aged Care Quality Agency

Fairview Inc

RACS ID 3070
30 Sargeant Street
WARRAGUL VIC 3820

Approved provider: Fairview Homes for the Aged Inc

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 December 2017.

We made our decision on 28 October 2014.

The audit was conducted on 07 October 2014 to 08 October 2014. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met

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Audit Report

Fairview Inc 3070

Approved provider: Fairview Homes for the Aged Inc

Introduction

This is the report of a re-accreditation audit from 07 October 2014 to 08 October 2014 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:

- All 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 07 October 2014 to 08 October 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Jenny Salmond
Team member:	Jennifer Clarke

Approved provider details

Approved provider:	Fairview Homes for the Aged Inc

Details of home

Name of home:	Fairview Inc
RACS ID:	3070

Total number of allocated places:	68
Number of care recipients during audit:	68
Number of care recipients receiving high care during audit:	52
Special needs catered for:	None

Street:	30 Sargeant Street
City:	Warragul
State:	Victoria
Postcode:	3820
Phone number:	03 5623 2752
Facsimile:	03 5623 6009
E-mail address:	ceo@fairviewvillage.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Management and quality team	8
Registered and enrolled nurses and care staff	9
Lifestyle staff	2
Care recipients/ representatives	16
Allied health	1
Catering contractors	2
Environmental services, laundry and maintenance staff	3

Sampled documents

Category	Number
Care recipients' clinical files	8
Care recipients' lifestyle related documentation	7
Care recipients' administration files	8
Medication charts	8
Personnel files	8

Other documents reviewed

The team also reviewed:

- Assets register, preventative maintenance schedule and associated documentation and corrective maintenance requests and actions

- Audit schedule, audits and surveys

- Cleaning schedules

- Clinical work instructions

- Continuous improvement form, register and related documentation

- Continuous improvement plan

- Drugs of addiction records

- Education calendar and associated participation records

- Essential safety measures certification and maintenance records

- External service agreements

- Fire and emergency manual

- Food safety plan, associated documentation and current Council and third party food safety certification

- Incident reports

- Infection surveillance and associated analysis

- Information handbooks and packs – resident, staff and contractors

- Lifestyle program, participation records and activity evaluations

- Mandatory reporting – incident report register and related resources

- Material safety data sheets

- Meeting minutes

- Memoranda

- Menu and independent dietitian menu review

- Newsletter

- Organisational vision, mission and philosophy statements and organisational structure

- Pest control program

- Police certificates and statutory declarations monitoring process

- Policies and procedures

- Position descriptions and duty lists

- Professional registration register and monitoring process

- Resident lists

- Self-assessment

- Sign in and sign out records

- Staff handbook

- Staff roster

- Staff satisfaction survey

- Wound management charts

Observations

The team observed the following:

- Activities in progress, activity planner on display, resources and photograph displays

- Archive and document storage areas

- Call bell system

- Clinical supplies

- Continuous improvement form availability and suggestion boxes

- Equipment and supply availability and storage areas

- Fire panel and related fire system equipment and evacuation diagrams

- Hand disinfection and washing availability

- Handover process

- Infectious outbreak kits

- Information notice boards

- Interactions between staff and care recipients

- Internal and external living environment

- Key pad door security and door control panels

- Lunch and refreshment services and menu displayed

- Medication administration in progress, medication trolley and storage

- Mobility and transfer equipment

- Newsletter

- Notification of re-accreditation by the Quality Agency on display

- Organisational vision, mission and philosophy statements displayed

- Oxygen signage and storage

- Pamphlets and external complaints scheme brochures on display

- Personal protective equipment

- Pets (birds, goldfish, cat and dog)

- Residents mobilising independently and using mobility aids

- Short observation in the Morton community dining room

- Staff bases and work areas

- The 'Charter of residents rights and responsibilities' displayed

- Unobstructed exits, illuminated exit signs and egress routes

- Waste management

- Wound management trolley

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively involves all stakeholders in the ongoing pursuit of continuous improvement. Established communication and information systems provide insight into improvement opportunities. These include a schedule of audits which identifies the home's level of performance across the Accreditation Standards. Informal and formal feedback, observation, a schedule of meetings and the regular analysis of key performance adds to the identification of potential process enhancements. A plan for continuous improvement captures actions and supports monitoring of progress towards satisfactory outcomes. A variety of formal and informal processes supports ongoing evaluation and management communicate outcomes to key stakeholders through established communication methods.

These include the use of information notice boards, scheduled meetings, a regular newsletter, memoranda and the availability of meeting minutes. Staff, residents and representatives said they are encouraged to provide feedback and receive advice of progress with changes occurring in the home.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- As a result of staff feedback and analysis of call bell response times, management reviewed the rostering system. This resulted in the addition of 200 care staff hours across the morning and evening shifts, each day of the week, across the fortnightly roster on a three month trial basis. Staff report this increase in staff availability is supporting the more effective delivery of residents' care. Management is pleased with the initial positive feedback from staff and the improved delivery of care to residents and shift management. A formal evaluation at the end of the two month trial period will provide management with a guide to future human resource management strategies.

- Following the recognition of the time spent by afterhours shift team leaders to fill unexpected staff vacancies, management implemented a new system. This involves the team leader notifying an on-call member of the human resource and quality team, who then undertake to find a suitable replacement. Staff feedback has been positive and team leaders have more time to support care delivery.

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's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Management remain informed of legislative changes through membership of a legislative update service and notifications from professional bodies and government. Established documentation and communication processes communicate changes to all relevant staff through the department heads. Staff are required to undertake annual mandatory training and competencies specific to their role. Monitoring of regulatory compliance occurs through management observation, internal and external auditing processes and incident analysis.

Staff stated management informs them of changes to legislation, regulatory requirements and professional guidelines. Residents and representatives are satisfied with the information provided to them at the home.

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

- Confidential documents are stored securely and destroyed according to schedule.

- Management ensured the notification, within the required time frame, of all stakeholders of the scheduled re-accreditation audit.

- Management ensures the availability of information about internal and external complaints mechanisms to residents and their representatives.

- Management follows an established process to ensure all current staff, volunteers and relevant contractors have provided a statuary declaration and comply with the requirement to have a current police certificate.

- Management monitors the currency of professional registrations.

- The maintenance of a range of policies and procedures which reflect regulatory and professional guidelines.

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 has developed an education program to ensure staff have the required knowledge and skills to perform their roles effectively. The identification of best practice, staff surveys, appraisals, audit results, changes in care recipient profiles and annual mandatory

training contribute to the education calendar. Education records indicate sessions are offered internally and externally and staff feedback of these sessions informs the program.

Management and staff participate in education seminars external to the home. A competency based program supports this process. Staff are satisfied with the training opportunities available to them. Recent education topics linked to Standard 1 Management systems, staffing and organisational development have included changes in the privacy laws for all staff, compulsory reporting and changes in aged care.

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

Management has systems to ensure each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. Information about the comments and complaints process is included in resident and staff handbooks.

Stakeholder understanding of the feedback process is reinforced through the orientation programs and pamphlets outlining external complaints services are readily available.

Established communication strategies support stakeholder feedback. These include scheduled meeting, residents' use of the continuous improvement form or discussion with their elected representatives on the home's executive, staff and management. Management reviews all feedback and ensures timely follow-up and where appropriate develops an action plan and monitors progress through the continuous improvement system. Staff encourage residents and representatives to raise their concerns and where applicable supports them through this process. Residents and representatives stated they feel comfortable approaching management and staff with feedback and are satisfied with their responsiveness.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, mission and philosophy which demonstrate their commitment to quality of care to residents and stakeholders and continuous improvement.

These regularly reviewed statements and the 'Charter of residents' rights and responsibilities' are displayed in the home and documented in a wide range of stakeholder information.

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

Sufficient, appropriately skilled and qualified staff are available to ensure services are delivered in accordance with these standards and the residential care service's philosophy and objectives. There is a documented process to guide the recruitment, selection and orientation of new staff, which considers the required skills, knowledge and qualifications required for each role. An orientation process, position descriptions, duty statements, policies procedures and work instructions inform staff of the responsibilities of their role. Staffing levels are monitored and strategies are in place to increase or decrease staffing as appropriate. Registered nurses are available to support care staff on each shift and staff vacancies are filled utilising part time staff or those from the home's casual bank.

Management monitor the skills and professional development of staff through established processes. These include observation, performance appraisals, the quality system, feedback mechanisms and the evaluation of education and training. Staff stated sufficient staff are available to provide appropriate care that meets the needs and responds to individual preferences. Residents and representatives stated they are very satisfied with the quality of care and support they receive from staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management demonstrate a system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Designated personnel regularly monitor and order supplies through preferred suppliers identified through organisational processes. New equipment is trialled with staff prior to purchase to ensure it is fit for purpose and implemented in the setting of staff training. The provision of goods and equipment is reflective of the identified needs of residents. Staff comply with cleaning schedules and corrective and preventive maintenance programs to ensure equipment remains in good repair. We observed sufficient, clean secure storage space within the home and stock rotation as applicable. Staff, residents and representatives are satisfied the home has sufficient and appropriate goods and equipment to meet residents' care and comfort needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Information management systems are in place to provide appropriate and varied methods of communication. These include care recipient, staff and contractor handbooks, notice boards, communication books, memoranda, the availability of minutes of meetings and informal discussions. Intranet and email are also available to facilitate communication. Clinical documentation and communication is managed through care planning software which is password protected and backed up daily. All staff and resident files are stored securely and confidentially and a document storage and destruction system is in place. A meeting structure and calendar is in place for consultative risk management. Residents, representatives and staff are satisfied with the communication channels and feedback mechanisms available to them.

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

Management ensure all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The organisation maintains a register of approved providers and develops service contracts with relevant suppliers which are regularly reviewed. Contractors are required to sign a register when entering and leaving the home and appropriate supervision occurs as required. Established processes ensure contractors abide by legislative requirements appropriate to their role; including the provision of evidence of current police certification. Management monitors stakeholder satisfaction with external service provision through a variety of mechanisms; including observation, stakeholder feedback, audits and satisfaction surveys. Residents, representatives and staff are satisfied with the quality of external services provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement across all aspects of health and personal care. Residents and representatives are very satisfied with the quality of care provided to residents by staff. 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 Health and personal care include the following:

- Following discussion with staff and feedback during meetings, management recognised the benefits of developing a more holistic approach to the provision of palliative care. A task force met regularly to develop an appropriate care planning process. This process included the development of a relationship with the palliative care consortium. The introduction of advanced care planning and an end of life pathway involved discussions with residents, families and staff and education to all stakeholders. Management and staff are positive these strategies have enhanced the existing strong palliative care provided by staff.

- Following negative feedback from residents about the existing process for assessing deficits in residents' touch, taste and smell, management supported the implementation of a different approach. Lifestyle staff now schedule group sensory challenges at afternoon tea times. Staff form part of each residents' team and monitor residents' response to a variety of challenges focusing on residents' sensory abilities. Staff are able to identify deficits in residents' abilities to touch, taste and smell and residents enjoy the competitive and social setting.

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

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

- Management has a documented system to guide staff management in the event of an unexplained absence of a resident

- Registered nurses and are available 24 hours per day to provide staff with clinical guidance and support.

- Registered nurses plan and supervise the delivery of specialised nursing care.

- Staff demonstrate compliance with policy and legislative requirements relating to medication management and storage.

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 has developed an education program to ensure staff have the required knowledge and skills to perform their roles effectively in relation to the provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the homes education and training system. Recent education topics linked to Standard 2 Health and personal care have included dysphasia and oral and dental health, diabetic management and use of a syringe driver.

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 has systems to ensure care recipients receive clinical care appropriate to their needs and preferences. On entry to the home an interim care plan guides care prior to the establishment of a multi-page care plan based on a comprehensive series of scheduled

assessments. These assessments occur in consultation with the residents, their representative, general practitioners and relevant allied health practitioners to ensure care delivery is appropriate. Subsequent planning, implementation and evaluation processes ensure optimal clinical outcomes. Registered nurse ensure documentation of residents' clinical care needs remains current and are responsive to changing needs and preferences. Change of shift handover and the electronic care plan message function highlights changes in residents' care needs or preferences. Management monitors care and clinical incidents to identify trends and guide improved care strategies and further staff training. Residents and their representatives complimented staff on their warmth and level of clinical care provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurse in partnership with the resident, their representative, general practitioner and a range of external health professionals identify assess and plan for residents specialised care needs and preferences. The regular update of individualised complex care plans and the daily task schedule guides staff practice. Staff reported changes in the care needs are communicated effectively. Relevant staff education and training is provided and staff are satisfied with the support received for specialised care provision. Clinical work instructions support this process. Residents and their representatives are satisfied with the delivery of specialised nursing care to residents.

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

The referral of care recipients to health specialists and services occurs according to their assessed needs and preferences. On entry to the home, staff assess all residents for their health related requirements and refer residents to relevant health specialists to meet identified needs and preferences. Residents can access visiting specialists within the home or are supported in accessing health specialists of their choice in the broader community.

Established processes support the documentation of changes in treatment recommended by the health care specialist. Residents and their representatives are satisfied with the range of health specialists available.

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 has systems to ensure the safe and correct management of care recipients' medication in accordance with regulatory requirements. Appropriately skilled and qualified staff administer medications and document the effectiveness of medication administered on an 'as required' basis. Clinical processes assist staff to identify, assess and review residents' medication allergies, needs and preferences. A general practitioner undertakes assessment and review of residents' medication requirements regularly. Processes exist for the ordering, delivery and disposal of medications. Policies, procedures and current medication resources are readily accessible and guide staff practice. Management reviews the outcome of medication incidents to identify trends and to determine if further training is required.

Residents and their representatives are satisfied with how staff manage residents' medication.

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

Established systems are in place to ensure all care recipients are as free as possible from pain. In consultation with the resident and/or their representative, clinical systems prompt staff to identify, assess and monitor residents' pain management needs on entry to the home and on an ongoing basis to achieve an optimum level of comfort. The general practitioners monitor residents' pain to ensure management is optimal. Reassessment and pain charting occurs if residents present with either increased pain levels or with pain from a new origin.

The effectiveness of residents' pain management is monitored through feedback mechanisms and clinical review processes. Education is provided to staff on the identification and management of pain. Residents said they are satisfied with the way staff manage any pain or discomfort.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill care recipients is maintained".

Team's findings

The home meets this expected outcome

Management has systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Discussion occurs with the resident or their nominated representative about the residents' end of life wishes. This information forms the foundation of the care provided in the terminal stage of the residents' life. The home arranges access to palliative care services if required and spiritual support is available for the resident and their family. General

practitioners support care and staff receive education and training in the provision of palliative care and management of specialised equipment that support resident comfort.

Representatives said staff respect and support residents' individual beliefs and comfort requirements.

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. The assessment of residents' nutritional needs occurs on entry to the home taking into consideration personal preferences, allergies, medical needs and level of assistance required. Clinical systems prompt staff to identify and assess residents' nutritional needs, preferences and the level of assistance required. Clinical systems prompt staff to monitor residents' weights monthly or more frequently if necessary. Staff also consult with the general practitioner, dietitian and speech pathologist to ensure optimal nutritional intake. Staff ensure food textures and fluid thickness meets needs and nutritional supplements and assistive devices are available to optimise nutritional intake. Hot and cold beverages are available throughout the day and a heat wave policy provides guidance to staff to ensure adequate hydration for residents during the warmer months. Residents stated staff provide food and beverages to meet their needs and assist them when necessary during meal service.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Staff work within established processes at the home to ensure care recipients' skin integrity is maintained and consistent with their general health. Assessment of residents' skin integrity occurs on entry to the home and is monitored on an ongoing basis. If wounds are present a wound management plan is commenced. Staff maintain skin integrity through the application of moisturisers, use of pressure relieving devices and the provision of food supplements.

Residents are assisted to maintain their skin, hair and nails in a healthy state and a visiting podiatrist and hairdresser are available on a regular basis. The incidence of skin tears and wounds are monitored, managed and records of care are reflected on appropriate charts. Policies, procedures and work instructions are available to guide staff in the management of wounds and specialist care is available if needed. Staff have access to sufficient pressure relieving equipment, wound management supplies and skin emollients. Residents are satisfied with the way staff manage their skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Staff follow established processes to ensure care recipients' continence needs are managed effectively. In consultation with the resident and/or their representative staff assess the residents' continence needs on entry to the home and as their needs change. Individual care plans document the level of assistance required and the specific types of continence aids needed. Staff promote optimal bowel health through the promotion of hydration, high fibre diet and exercise. Promotion of social continence, dignity and independence is a focus of the program. Continence aids are stored discretely and staff stated sufficient supplies are maintained. Residents confirmed they are satisfied with the manner in which their continence needs are met.

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. The assessment of residents' behaviour commences on entry to the home and care plans outline individual triggers and management strategies. Registered nurses review care plans on a regular basis to evaluate the effectiveness of the interventions. Behaviour management occurs in consultation with the resident's general practitioner and records show staff consult with behavioural specialists on an as need basis. An enhanced lifestyle program has been implemented to assist in the prevention and/or management of challenging behaviours.

Education on behaviour management forms an integral part of the program. Incident reporting data demonstrates the incidence of resident aggression is minimal. Residents and their representatives spoke of the warmth, care and understanding provided by staff to residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Each resident's mobility and dexterity needs are assessed upon entry to the home and this process includes a falls risk assessment. A physiotherapist identifies actions to maintain mobility and dexterity and promote independence according to residents' capabilities and monitors residents' progress on a regular basis. The program includes the assessment of aids, the use of hip protectors and the development of individualised program which includes passive, individual and group exercises. The environment of the home encourages mobility for residents and aids promote

independence and optimise dexterity when eating and drinking. Management reviews incident reports documenting resident falls. Residents and representatives confirmed residents' mobility and dexterity is maintained.

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

Staff ensure care recipients are assisted to maintain optimal oral dental health. Residents are encouraged to visit their own dentist or access visiting dental services on a regular basis.

Assessments for oral and dental needs and preferences are completed on entry to the home and individual plans are established in partnership with the resident and/or their representative. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Dental hygiene products are provided as required.

Resident and representatives are satisfied that residents' oral and dental health care is maintained.

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. Residents' sensory deficits are assessed on entry to the home and as changes in care needs are identified.

Residents are referred to and encouraged to visit appropriate professionals as the need is identified, these include but are not limited to audiologists and optometrists within and outside the home. Care staff are aware of residents' sensory losses, communication issues and care requirements. Alternative strategies to promote communication such as speaking clearly, the use of large print information and enhanced lighting are also facilitated. Residents stated they are satisfied staff support their 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

Management has systems to ensure care recipients are able to attain natural sleep patterns. Residents' preferences and requirements are identified on entry to the home and on an ongoing basis. Care plan includes rising and settling times, individual rituals and strategies to achieve natural sleep. Some of the strategies used to promote sleep include the monitoring of pain, provision of snacks, warm milk drinks and individual support. When indicated, general

practitioners prescribe medication to aid sleep. Residents said the home is quiet at night and that they are satisfied with the support provided to promote natural sleep.

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 in relation to all aspects of care recipients' lifestyle. Residents and representatives expressed satisfaction with the support provided to residents to enhance control of their lives. 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 Care recipient lifestyle include the following:

- The organisation has included aspects of the Eden alternative; principles which support the culture of improved quality of care for elders and their carers, into their philosophy of care. As a consequence, management and staff actively support residents to keep and care for their pets at the home. Residents and staff are positive about the overall benefits to the quality of each resident's life this approach has facilitated.

- As a result of feedback from lifestyle staff, management recognised the increasing frailty of residents had resulted in the need to increase the provision of lifestyle support for individual sessions. To increase the amount of time available to lifestyle staff, management allocated their duties related to the provision of morning and afternoon tea to a new staff role. Positive feedback about the value the increased provision of individual sessions has had on the quality of residents' lives has been received verbally and through correspondence.

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

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

- Management has processes to comply with mandatory reporting requirements and educate all staff in recognising and responding appropriately to situations that may require mandatory reporting.

- Management offer a residential agreement to each resident or their representative on entry to the home and demonstrate respect for security of tenure.

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

- The Charter of residents' rights and responsibilities is displayed within the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has developed an education program to ensure staff have the required knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the homes education and training system. Recent education topics linked to Standard 3 Care recipient lifestyle have included cultural diversity, lifestyle and leisure and sexuality in the elderly.

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

Management and staff support each care recipient in adjusting to life in the home and on an ongoing basis. Prior to entry to the home, information outlining the community environment and available services is provided to residents and representatives. On entry to the home, staff facilitate an orientation to the environment and introductions to staff and other residents. In consultation with each resident and their representative staff identify strategies to provide emotional support and develop care plans to support identified needs. Residents' emotional support needs are evaluated during scheduled care plan reviews and at times of grief, loss or distress. Community visitors, pastoral and additional support services are coordinated to provide further emotional support as required. Ongoing contact with friends and family members is encouraged and residents receive support to develop friendship within the home and to maintain contact or establish links with the community outside the home. We observed staff interacting with residents in a caring and supportive manner. Residents and representatives reported satisfaction with the initial and ongoing emotional support residents receive.

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 provide support to care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the wider community. Assessment and care planning processes identify strategies to optimise residents' individual level of physical, social, financial, intellectual, civic, cognitive and emotional independence. This information is reconsidered by staff during scheduled care plan evaluations and as individual needs change. Staff encourage residents' physical independence through regular exercise programs and physiotherapy sessions. Referrals to allied health practitioners occur and staff provide recommended aids to enable residents to retain independence during meals and daily activities. Residents are encouraged to maintain their individual friendships and community involvement and visitors are welcome. Residents and representatives are satisfied with the way staff encourage and support residents to achieve maximum independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. The organisation has a privacy policy featured within staff and contractor education and orientation. During the entry process residents receive information on how the organisation protects their privacy. In consultation with the resident and their representative, staff identify residents' preferences in relation to maintaining their privacy and strategies staff can use to support each resident's autonomy and dignity. This information is regularly reviewed to ensure changes in preferences are documented. Residents are encouraged to personalise their room and entertain guests privately and throughout the home. We observed staff demonstrating respect for residents' personal space and addressing them with courtesy. Staff identified a variety of practices which support the privacy and dignity of residents. Residents and representatives expressed satisfaction with the manner in which staff respect each resident's privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of interests and activities of interest to them. In consultation with the resident and their representative staff identify each resident's leisure and lifestyle interests and incorporate these into their care plan. Staff review the care plans on a regular basis and in response to changing needs, participation and feedback. Lifestyle staff incorporate activities that provide for residents' interests and abilities in the leisure and lifestyle calendar. The home's lifestyle program offers outings and a variety of group and individual activities. These include the support for residents to care for their pet, sensory and craft groups, shopping, entertainers and special events. Staff encourage family and friends to be involved and volunteers assist lifestyle staff with programs on a regular basis. Management and staff evaluate the effectiveness of the program based on feedback and through monitoring of residents' attendance and participation and regular activity evaluations. We observed residents participating in a variety of activities. Residents and representatives stated they are satisfied with the variety of activities offered and the support offered by staff to assist residents to participate.

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 interests, customs, beliefs and cultural backgrounds of care recipients. In consultation with the resident and/or their representative, staff identify each resident's cultural and spiritual needs and wishes and incorporate these into care plans. Staff review the care plans on a regular basis and in response to residents' changing preferences. Regular religious services occur in the home and residents are supported to attend church service outside the home if they prefer. Cultural events, birthdays and days of significance for residents are celebrated throughout the year. Staff have access to a cultural care kit and monitor the effectiveness of the services through feedback and regular care evaluations. Residents and representatives said they are satisfied with the opportunities available to residents to engage in activities associated with residents' cultural and spiritual beliefs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff encourage each care recipient and/or their representative to exercise choice and decision making in all aspects of the care recipient's care, lifestyle options and service delivery. Residents are free to change their mind on any aspect of care and lifestyle at any time, providing this does not infringe on the rights of others. In consultation with the resident and their representative staff identify individual care and lifestyle choices and incorporate these into care plans. Staff review the care plans on a regular basis and in response to changing residents' needs and preferences. Information on complaints and advocacy services are available and care recipients are encouraged to nominate powers of attorney where appropriate. A variety of communication processes support residents' feedback and include their access to their elected representatives who sit on the executive. Staff have access to information and education regarding residents' rights and responsibilities. Quality activities and stakeholder feedback assist management and staff in monitoring satisfaction. Staff said they support residents to make choices about all aspects of their life in the home. Residents and representatives said staff respect residents' choice is promoted and their decisions respected.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. During the entry phase, management provides relevant information through a handbook and residential agreement. The information pack also includes information on privacy, confidentiality, complaints mechanisms and specified care and services. The Charter of residents' rights and responsibilities, advocacy and independent complaints mechanisms brochures are displayed. A process of consultation with the residents and their representative occurs should a change in care requirements indicate the need to change rooms. Management inform residents and representatives of any changes to fees and other arrangements through processes including scheduled meetings, the elected residents' representatives, consultation and personal letters. Staff said they are aware of the rights of residents and are kept updated of any changes. Residents and representatives confirm their understanding of residents' rights and security of tenure within the home and ongoing information accessible within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the comfort of the living environment and the quality of the catering, cleaning and laundry services provided. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement system.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- Following feedback from environmental services staff, management recognised the benefits of facilitating an improved set up of the cleaning trolley. Following the trial of a number of different models, a new lockable trolley was introduced. Management and environmental services staff provided positive feedback on the increased functionality and safety the configuration of the new trolley provides.

- Management recognised the potential benefits of enhancing the monitoring process of the quality of nutrition and hydration, including alternative choices, provided by the contracted catering service. To enhance the service's quality system, management implemented the regular menu review by an independent dietitian. Management stated the initial dietitian review provided positive feedback and will continue on a regular basis.

- Residents provided feedback about the difficulty experienced by people with mobility issues negotiating the door near the chapel. As a result, residents voted in favour of utilising a portion of funds raised from the home's fete to install an automatic door. Since its installation in the latter half of 2013, observation and feedback has confirmed people with mobility issues have improved access through this entrance.

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

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

- An active occupational health and safety system is supported by management and staff.

- Chemicals are stored safely and current material safety data sheets are available.

- Management ensure staff attend annual mandatory fire and emergency training.

- Regular monitoring and maintenance of fire and safety systems occurs and the home has a current Annual essential safety measures report.

- The external catering service complies with a food safety program and has current third party and local council food safety certification.

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 has developed an education program to ensure staff have the required knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the homes education and training system. Recent education topics linked to Standard 4 Physical environment and safe systems have included infection control, smoking drugs and alcohol and fire and emergency training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home accommodates residents in single rooms with ensuite facilities, with facilities available to accommodate couples. Residents are encouraged to personalise their rooms and to enjoy a variety of small and larger communal areas to entertain their visitors, who are welcome at any time. Maintenance and gardening is undertaken to ensure the internal and external living environment remains safe, inviting and well maintained. Access to secure garden and courtyard areas is available throughout the home. Management monitor stakeholder satisfaction through a variety of established processes which include scheduled meetings and audits and the encouragement of feedback. Residents and representatives stated the living environment is comfortable and residents said they feel safe and comfortable in their 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 and staff demonstrate they actively work to provide a safe working environment consistent with the regulatory requirements. As part of orientation and on an ongoing basis staff receive information and training to promote a safe environment and safe work practices. Staff have access to policies and procedures, appropriate supplies, equipment and information resources to promote safe work practices. Established systems identifying risks to staff safety include monitoring by occupational health and safety representatives, incident report analysis, maintenance requests and scheduled workplace safety inspections. The occupational health and safety committee, which meets regularly, is comprised of staff from various work areas and guides actions in response to reporting mechanisms. Environmental design supports safety for all stakeholders. Staff expressed knowledge of safe work practices and said they actively participate in promoting a safe work environment.

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 display emergency and evacuation plans throughout the home, emergency exits are easily recognisable and egress routes are unobstructed. The home is equipped with smoke and thermal detection systems,

sprinklers and other fire-fighting and emergency equipment. Staff attend mandatory fire and emergency response training regularly. Management inform residents of emergency protocols and undertake regular tests of the alarm system occurs, management inform residents of emergency protocols and involves them in evacuation exercises. Scheduled servicing of fire and emergency equipment occurs and minimal flammable substances are stored securely on site. Door security is maintained after hours and contingency plans guide staff responses to a range of emergency situations. Staff said they are confident about the actions required in the event of an emergency. Residents and representative stated they are confident in the ability of staff to manage an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management has developed an effective infection control program. Extensive infection control policies and procedures and government developed resources on the containment and management of infectious outbreaks guide staff practice. Staff are informed of required practice at orientation and on an ongoing basis. Infection data is collated and trended each month and informs management of the effectiveness of the infection control program.

Infection control kits, which include signage and personal protective equipment, are available to staff. Hand washing and hand hygiene forms an integral part of the orientation and education programs. Cleaning schedules are followed throughout the home and contracts are held for pest control and the removal of sharps and infectious waste. Residents and staff vaccinations are encouraged and monitored. Residents and representatives said management and staff identify and manage infections promptly.

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 enhance care recipients' quality of life and the staff working environment. The external catering service maintains current information identifying residents' preferences and specific dietary requirements. All food is freshly prepared on site daily according to a food safety program. The rotating menu and alternative choices are developed with dietitian input and a range of drinks, snacks and fresh fruit are available. The cleaning program includes scheduled and reactive cleaning of residents' rooms and communal areas. We observed the home to be clean, tidy and fresh. The home launders residents' clothes and flat linen on site with a labelling service available to minimise lost clothing. Staff successfully minimise lost clothing with unlabelled clothing available for review. Management uses established processes to monitor the quality of catering and environmental services. These include ongoing observation, resident feedback, external audits and feedback through the continuous improvement system. Residents and representatives expressed their satisfaction with the hospitality services provided at the home.