



Australian Government

Australian Aged Care Quality Agency

Fairway Rise

RACS ID 8111
2 Toogood Drive
LINDISFARNE TAS 7015

Approved provider: Southern Cross Care (Tas) 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 15 December 2018.

We made our decision on 27 October 2015.

The audit was conducted on 22 September 2015 to 23 September 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

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Audit Report

Fairway Rise 8111

Approved provider: Southern Cross Care (Tas) Inc

Introduction

This is the report of a re-accreditation audit from 22 September 2015 to 23 September 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 22 September 2015 to 23 September 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:	Cassandra Van Gray
Team member:	Gayle Heckenberg

Approved provider details

Approved provider:	Southern Cross Care (Tas) Inc
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Details of home

Name of home:	Fairway Rise
RACS ID:	8111

Total number of allocated places:	91
Number of care recipients during audit:	68
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	2 Toogood Drive
City:	Lindisfarne
State:	Tasmania
Postcode:	7015
Phone number:	03 6246 7200
Facsimile:	03 6246 7300
E-mail address:	virginia.hancl@scctas.org.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical/care/lifestyle staff	7
Allied health	1
Care recipients/representatives	11
Hospitality and environment/safety staff	5

Sampled documents

Category	Number
Care recipients' lifestyle files	7
Care recipients' clinical files	7
Summary and general care plans	13
Medication charts	5
Care recipients' incident and infection report forms	9
Supplier agreements	3
Continuous improvement logs	7
Comments and complaints	5
Staff incidents	4
Personnel files	6
Residential agreements	4

Other documents reviewed

The team also reviewed:

- Activity calendars, attendance and evaluation records
- Audits, surveys and monitoring tools
- Care recipient dietary requirement and drinks lists
- Care recipient emergency evacuation records
- Care recipient handbook and surveys

- Clinical data results
- Complaints register
- Confidentiality agreements
- Continuous improvement plan
- Contractor log books
- Corporate newsletter
- Dangerous drugs register and check record form
- Emergency medication stock list
- Food safe report
- Food temperature records
- Handover sheet
- Have your say forms
- Infection control guidelines
- Mandatory reporting folder
- Material safety data sheets
- Medical directives
- Medication refrigerator temperature record form
- Meeting minutes, memorandum and emails
- Menu
- New admission orientation checklist
- Nurse initiated medication record forms
- Outbreak illness registers
- Pharmacy medication reviews
- Physiotherapy folder and information
- Police certification register and statutory declarations
- Policies and procedures
- Preferred supplier list

- Preventative and reactive maintenance records
- Resident of the day form
- Risk assessment – smoking
- Sight checking record forms
- Specialist and allied health referrals and reports
- Staff vaccination records
- Statement of wishes and advanced care directives
- Training records and evaluations
- Wanderer identification form.

Observations

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities
- Cleaning in progress
- Cleaning trolleys and chemical storage
- Equipment and supply storage areas
- Fire and emergency equipment
- Fire panel
- Forms 46 and 13 building certification
- Interactions between staff and care recipients
- Internal and external complaints brochures
- Internal and external living environment
- Laundry
- Main and servery kitchens
- Meal and refreshment services
- Medication round in progress
- Menu on display

- Notice boards and notices
- Personal protective equipment in use
- Secure nurse stations
- Short observation in the dining room
- Spill kits and clinical waste bin
- Storage of medications
- Waste management.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across the Accreditation Standards. A range of quality processes gather information from a number of sources including informal interaction with care recipients, representatives and staff, feedback forms, meetings and surveys. Information from these sources is considered and generally actioned. Stakeholders are informed of the continuous improvement system and receive updates on quality activities and improvements through meetings, newsletters and information posted around the home. Care recipients, representatives and staff stated they are aware of quality improvement processes and are satisfied ongoing improvement occurs within the home.

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

- Management identified the opportunity to introduce a new permanent, fixed clinical and care staff roster. The roster will include the allocation of staff to specific wings. The aim of the roster is to provide consistent working hours for staff and continuity of care recipient care. The roster is expected to be effective in October 2015. Management stated staff meetings and consultation has occurred with good feedback.
- As a result of staff feedback regarding the need for enhanced information, management have introduced new handover meeting practices. In doing so management reviewed best practice models and trialled different methods. Management stated they continue to alter methods in line with staff feedback, which to date has been positive.

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 home engages and subscribes to a range of regulatory compliance related services and peak industry bodies. The home’s corporate personnel routinely distribute information gained from reviewing related web sites and services. Regulatory compliance is a standing agenda item at some meetings with relevant documentation updated as required. The home maintains a regulatory compliance folder which includes up to date information. There are systems to ensure all employees and applicable contractors have current police certificates and statutory declarations. Staff notification of changes occurs via notices and meetings.

Care recipient and representative notification of changes occurs through meetings, notices and mail.

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

The parent organisation provides an overarching educational program. This program supports management and staff to acquire appropriate knowledge and skills to perform their roles effectively. In addition to annual mandatory ‘essentials’ training and other specific topics identified the home also incorporates relevant education in response to changes in care recipients’ needs, staff input, and variations in legislation. Management provide access to onsite training, external consultants, workshops and self-directed learning and maintain records of staff attendance and evaluations on sessions for effectiveness. As a registered training organisation and through an annual selection process staff have further opportunities to attend seminars and conferences for career progression. Staff stated their education experience has assisted in improving their skills. Care recipients and representatives stated they are satisfied staff have the knowledge and skills relevant to their roles.

Education conducted relating to Standard 1 Management systems, staffing and organisational development includes:

- aged care funding instrument
- electronic documentation system
- macerator equipment use
- understanding Accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has comments and complaints systems that are accessible to all stakeholders. Feedback is encouraged through the completion of paper based forms, surveys and attendance at meetings. Stakeholders receive information regarding internal and external comments and complaints processes on entry and through the resident agreement and, handbook. The home maintains a complaints register which is monitored by management. Management generally respond to complainants, and maintain confidentiality of individual complaints. Care recipients, representatives and staff stated they are aware of the internal and external complaint processes and are generally satisfied management address complaints appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's mission, vision and values statements are on display within the home. There is a documented commitment to quality across all services. Stakeholders have access to information through newsletters, handbooks and residential agreements.

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 demonstrates the numbers and qualifications of staff are appropriate to ensure the care, lifestyle and services are in accordance with these standards and the home's vision and values. Staffing levels are managed in relation to changes in bed occupancy rates and changing needs of care recipients. Staff receive position descriptions and information to guide them in their roles. Recruitment processes include interviews and reference checks with induction and 'buddy' shifts provided. Management demonstrated strategies to manage staff absences and improve retention and recruitment of staff. Stakeholder feedback indicated general satisfaction with staff skills and responsiveness.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to ensure appropriate goods and equipment are available for the delivery of quality care and services. Management and designated staff organise the purchase and replacement of inventory and equipment through the home's parent organisation, budget allocations, authorised purchase orders and established ordering processes. Management and staff identify inventory and equipment needs through frequent visual checks, audits, care recipient needs and preferences, and feedback received at meetings. New equipment is trialled and evaluated on site. Staff education is provided, as required. Goods are stored safely in secure areas and staff check expiry dates and rotate stock. Preventative and reactive maintenance programs are established. Care recipients, representatives and staff stated they are satisfied with the availability of appropriate goods 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

The organisation and management support stakeholders to ensure they receive sufficient information for enabling effective role performance, quality care delivery and the provision of safe services. An electronic care documentation system generally provides information regarding care recipients' health, care and wellbeing. Integrated communication systems assist with contact between care recipients and staff. Information distribution occurs to stakeholders through meetings and minutes, handover, newsletters and memorandum.

Electronic information systems have routine back up off site. Secure storage allows for maintaining of confidential information. Care recipients, representatives and staff stated they are generally satisfied with information and feedback received on a regular basis.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home engages a number of external services across a range of clinical and non-clinical areas. The home's corporate personnel and senior management monitor contractor performance on a routine basis and provide feedback regarding the quality of goods and services. A list of preferred providers is available and senior staff can access internal and external support and assistance outside business hours. Care recipients, representatives and staff stated they are satisfied with the type and range of external services provided by 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

Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Management demonstrate ongoing improvements in care recipients' physical and mental health.

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

- Management identified the opportunity to introduce large print and audio books, as well as television captions to support care recipients' with impaired sight. Management stated care recipients are happy with the new resources.
- As a result of a corporate initiative the home has appointed a registered nurse to the palliative care portfolio. The aim of the role is to provide on the job support to staff as well as facilitate the development of care recipient advanced care directives. Management stated the role has provided all stakeholders with a better understanding of palliative care.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing staff perform care and medication management activities within their scope of practice. The home has systems to record and manage instances of unexplained care recipient 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

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education and staff development systems.

There are systems to monitor the knowledge and skills of management and staff to ensure they have appropriate knowledge and skills to perform their roles effectively in the area of health and personal care.

Education conducted relating to Standard 2 Health and personal care includes:

- continence program systems
- pressure area care
- skin integrity
- syringe driver – registered nurse competency package.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients receive appropriate clinical care. An initial summary care plan generally provides staff with information on care recipients’ immediate health care needs. Staff complete charts and assessments using an electronic documentation system and generate care plans based on the information gathered. These details generally inform staff of their approach to providing care within required timeframes. Care evaluations occur and include consultation with care recipients and representatives. Staff communicate with medical practitioners, specialists and allied health professionals regularly. Nursing staff have access to policies, procedures, resources and equipment to support their clinical practice. Care recipients stated they are satisfied with the clinical care provided by the home.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Consultation occurs with medical practitioners regarding medical directives, referrals to specialists and for recommended treatments. Care plans generally reflect current information and advice. Visiting specialists include a speech pathologist, wound care practitioner, dietitian and continence advisor. A palliative care team and a podiatrist also attend the home. Nursing staff have access to specialised equipment and resources and attend relevant training. Care recipients stated they are satisfied with the support provided by the home to access specialist services when required.

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 needs and preferences. The home provides access to a visiting physiotherapist and occupational therapist, dementia advisory services and mental health specialists. An audiologist and optometrist offer services to care recipients when necessary. Staff communicate recommended treatments to medical practitioners and representatives and care plans reflect relevant details. Care recipients stated they are satisfied with the access and services provided by health specialists.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are systems to ensure care recipients’ medication is managed safely and correctly. Pharmacy provides a medication package system and nursing staff administer medications according to medical practitioner instructions. All care recipients’ medications have secure storage in a centrally locked area of the home. Policies, guidelines and resources support nursing staff in their practice alongside annual competencies. Medication charts reflect current photographs, allergies and special instructions for administration. Staff report medication incidents as they occur and management analyse and resolve incidents in a timely manner. Regular audits and the organisational medical advisory committee discuss and monitor medication management matters. Care recipients stated they receive their medications in a safe and timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Management ensure all care recipients are as free as possible from pain. Nursing staff generally complete pain flow charts and an assessment to record individual pain experiences and the interventions that assist with pain relief. An onsite physiotherapist and occupational therapist conduct further assessments and provide additional directives and support with identifying pain relief measures. A wellness centre offers care recipients an opportunity to receive treatments within a relaxed and serene environment. Care plans include information on treatments and exercise and routine evaluation of care recipients’ pain management occurs as new pain is reported and if medical practitioners alter or cease medications.

Consultation takes place with medical practitioners regularly regarding pain relief measures and the effectiveness of treatments. Care recipients stated they are satisfied their pain is managed effectively to maintain their comfort.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Management and staff ensure the comfort and dignity of terminally ill care recipients is maintained. Staff generally gather information from care recipients and representatives regarding their individual preferences and requests for end of life care. As care recipients enter the palliative phase an assessment and care plan consider pain relief and comfort measures and include relevant cultural and spiritual aspects of care. Consultation with the medical practitioner and an external palliative care team occurs for further advice. Local clergy and a pastoral carer provide ongoing support to care recipients and family members during the palliative phase. Staff access and implement equipment and resources for minimising pain and for providing a comforting environment during the palliative phase.

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

The home has systems to ensure care recipients receive adequate nourishment and hydration. Staff complete an assessment to identify menu choices, personal preferences, allergies and specific requirements. Additional information regarding choices of preferred location for meals and any assistance required is also noted. Meals, refreshments and supplements are available and offered throughout the day. A risk management approach and monthly weights ensure regular monitoring of unplanned weight loss or gain. A dietician provides further advice when

required. Nursing staff regularly forward any alterations to care recipients' dietary needs to the kitchen. Care recipients stated they are satisfied with the meals and refreshments offered by the home.

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. An assessment and risk management approach identifies past history information and current factors affecting care recipients' skin integrity. A care plan provides staff with details on equipment, resources and assistance required when applying comfort measures. Nursing staff complete wound management flow charts to record the progress and a consistent approach to wound care and photographs assist with monitoring and tracking of wound healing and progression.

Consultation occurs with the medical practitioner, a wound consultant and local wound clinic for further advice and support. A podiatrist provides foot care on a regular basis and staff access equipment and resources to prevent and manage skin breakdown and to provide routine nail care. Staff report incidents as they occur for skin trauma, pressure areas and wounds with information analysed and discussed at the quality and risk committee meeting. Care recipients stated they are satisfied with the assistance they receive regarding their 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

Management demonstrates there are systems to ensure care recipients' continence is managed effectively. Staff record information on charts and assessments to identify individual toileting programs, assistance required and allocation of continence aids. Care plans reflect equipment, devices and resources used for additional care needs. The incident reporting system allows staff to record infection information with results discussed and analysed at the quality and risk committee meeting. A preventative approach to bowel management includes offering fresh fruit and promoting a high fibre diet. Staff record bowel management information on a daily basis. Care recipients stated they are satisfied their continence management needs are met on a routine basis.

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

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Individuals diagnosed with cognitive impairment and responsive behaviours live within the general population of the home. The home has capacity to secure particular areas to ensure a safe and secure living environment if required. Prior history information, charts and a range of assessments identify behaviours of concern. Care plans contain details on the identified causes of care recipients’ behaviours and individualised strategies for staff to follow. Staff report behaviour related incidents as they occur with results analysed and discussed at the quality and risk committee meeting. Consultation occurs with the medical practitioner, dementia advisory services and mental health specialists to obtain further advice when necessary. Care recipients stated staff care for individuals with challenging behaviours in a kind and gentle 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

Management demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. Nursing staff and a physiotherapist and occupational therapist assess and identify care recipients’ mobility, transfer needs and functional ability. Further reviews occur as required and falls prevention is promoted using a risk management approach. Care plans provide information to physiotherapy assistants on a range of strategies, equipment and aids to use for maximising independence and ability. Walking, exercise, heat application and massage provide a consistent approach to maintaining and promoting independent mobility. Staff report falls as they occur and all incidents are forwarded to management for further review with results analysed and discussed at the quality and risk committee meeting. Care recipients stated they are satisfied with the support received in order to maintain their mobility.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Management and staff demonstrate care recipients’ oral and dental health is maintained. Prior history information and an assessment assists with identifying gum, teeth and mouth problems. Care plans contain details on the frequency of oral care and any staff assistance required. Consultation occurs with the medical practitioner for necessary treatments. Family members are encouraged to assist care recipients to attend local dentists for appointments and staff provide support when this option is unavailable. Replacement of mouth care products

occurs on a routine basis. Care recipients stated staff assist with maintaining their oral and dental care needs regularly.

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. A range of assessments identify concerns with communication, speech, vision, hearing, taste, touch and smell. Care plans inform staff on communication strategies and for the care, application, cleaning and storage of vision and hearing aids. An optometrist and audiologist provide services to the home. A variety of sensory items are available including large print calendars, talking books, large television screens and large numbered telephones. Care recipients stated they are satisfied with the support they receive in meeting 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 and staff assist care recipients to achieve natural sleep patterns. Staff gather prior history information and complete charts and an assessment to identify factors that may impact on care recipients’ not achieving restful sleep. Care plans contain details on rising and retiring preferences, room temperature, lighting, preferred clothing and comfort measures. Staff encourage alternative options to assist with sleep including warm drinks, snacks and massage. Care recipients stated they slept well and felt safe and secure.

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

Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Management demonstrate ongoing improvements in care recipient lifestyle.

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

- Management identified the opportunity to appoint a pastoral carer to create linkages with clergy and funeral directors. Whilst the initially appointed pastoral carer resigned, the home has appointed a replacement. Working six hours a day, four days a week, existing linkages are expected to be maintained and enhanced.
- Staff identified the opportunity to create name plates, on the doors of care recipients’ rooms. Care recipients were consulted and those willing to participate have personalised their own notices including their preferred name and images of interest. New care recipients will be approached, within one month of entry, to do the same. Management stated there has been good feedback regarding this initiative.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Care recipients and representatives receive information regarding privacy and confidentiality on entry to the home. The care recipient handbook and agreement includes information regarding rights and responsibilities. The home has systems to record and manage instances of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home's education and staff development systems.

There are systems to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle.

Education conducted relating to Standard 3 Care recipient lifestyle includes:

- elder abuse
- management of leisure and lifestyle programs
- mandatory reporting – staff responsibilities
- pain management – physiotherapist massage.

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 are provided with support in adjusting to life after entering the home and on an ongoing basis. Assessment information obtained on entry to the home assists staff in understanding the care recipient's history and needs for emotional support. Friendships within and outside the home are encouraged and fostered. Staff support care recipient's needs for additional emotional support during times of grief and loss. Management monitors the support provided to care recipients through audits, meetings and stakeholder feedback. Care recipients and representatives stated staff are very caring and supportive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are supported to maximise their independence and participate in the life of the community both within and outside the home. Care recipients needs and preferences are assessed on entry to the home. Care recipients have access to a range of equipment and staff

support and encourage the use of these items. The home engages with the local community and visitors are welcomed and encouraged. Feedback, audits and surveys are used to monitor compliance. Staff demonstrated knowledge regarding methods and strategies they use to promote care recipient independence. Care recipients stated they are satisfied with the assistance and support received to enable their 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 care recipients' rights to privacy, dignity and confidentiality is recognised and respected. Information gathered through assessment processes identifies care recipients special needs and preferences. Care recipient information is stored securely and the home environment offers a number of areas that may be used by care recipients and their representatives for privacy. Staff practices such as knocking on doors, addressing care recipients by their preferred name, ensuring privacy when attending to care ensure care recipient privacy and dignity is respected. Care recipients and representatives stated staff approach care recipients with dignity and respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle staff facilitate group and special events, outings and one to one activities. As care recipients' enter the home staff gather past and present information regarding lifestyle needs and preferences with details generally documented on care plans. The lifestyle program is developed taking into consideration care recipients' interests and feedback from activities conducted. Care recipients and representatives expressed satisfaction with the program provided and the opportunity to participate in outings.

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

The organisation is committed to ensure care recipients' interests, customs, beliefs and cultural backgrounds are valued and supported. As part of the entry process, staff establish care recipients' cultural and spiritual needs and information is documented in individual care plans. Care recipients generally have access to religious services. The home has a number of care recipients from culturally diverse backgrounds. The effectiveness of cultural and spiritual

support is monitored through feedback, meetings and surveys. Care recipients and representatives stated they are satisfied with the way the home supports individuals' customs and 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 promote and support care recipients to exercise choice and decision making over their lifestyle while not infringing on the rights of others. On entry, care recipients provide their likes and dislikes and their preferences for care routines. Staff practices provide care recipients with choices including preferred name, rising and retiring times, clothing selection, participation in activities and meal choices. Care recipients and representatives are encouraged to participate in decisions about the service through the use of feedback forms, evaluation of activities and meetings. The home also monitors its performance through the use of audits and surveys. Care recipients and representatives stated staff respect their right to decision making and were generally aware of how they could contribute to decisions about their care.

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

Management demonstrated they provide care recipients and representatives with current security of tenure details prior to and on entry to the home. The residential agreement and information handbook includes written details on care recipients' rights and responsibilities and internal and external complaints processes. Consultation regarding relocation internally or externally occurs in accordance with the residential agreement and includes discussion with relevant stakeholders. Care recipients stated they felt secure in their living arrangements.

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

Refer to expected outcome 1.1 Continuous improvements for a description of the home’s continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Management demonstrate ongoing improvements in Physical environment and safe systems.

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

- Management identified an opportunity to enhance breakfast service to care recipients. Catering staff now deliver trays to those who are able to support themselves and care staff provide assistance to care recipients in need of support. Management stated care recipients are happy with the new efficient breakfast service.
- As a result of care recipient feedback regarding insufficient towels on the weekends, the home has increased its stock by 100%. Management reported ongoing satisfaction from care recipients.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has achieved compliance with the appropriate building, fire, emergency and food safety certification legislation.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home's education and staff development systems.

There are systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems.

Education conducted relating to Standard 4 Physical environment and safe systems includes:

- fire practice evacuation
- fire warden
- food safety awareness
- 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 is actively working to provide a safe and comfortable environment consistent with care recipients' needs. Accommodation consists of single rooms with ensuites which are spacious and provide care recipients with comfort and privacy. There are ample communal dining and social areas. The home is well furnished and equipment and chemicals are stored safely. The home is secure, clean with comfortable noise levels, temperature and ventilation. Maintenance of buildings, grounds and equipment occurs through internal and external servicing and maintenance processes. Management systems ensure the home is well maintained through the cleaning and maintenance program and regular auditing of the home's environment. Care recipients and representatives stated they are happy with the level of comfort and security provided.

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 demonstrated they actively work to provide a safe working environment that meets regulatory requirements. There are documented policies and procedures in relation to safe work practice. Equipment and hazardous material is stored safely and there are processes to ensure electrical equipment is tested and tagged. Information regarding safety is available to staff through induction, regular staff training and competency assessment, staff handbooks, meetings and notice boards. Appropriate equipment is provided and maintained, and staff incidents are investigated and monitored. Staff demonstrated an understanding of systems that ensure a safe working environment and were satisfied with the level of training and support they receive.

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 systems to minimise fire, security and other emergencies. Procedures and plans for management of fire and other emergencies are clearly documented and communicated throughout the home. All staff attend mandatory training and have access to information in an emergency. External service providers maintain emergency equipment. Emergency exits are clearly marked and free from obstruction. Essential services schedules and maintenance items are acted upon, as required. Care recipient lists are generally updated daily and placed in packs to assist with evacuation. Management monitor safe systems through regular maintenance, audits and inspections. Care recipients stated they are satisfied with the level of safety and security offered.

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

The home implements an effective infection control program utilising infection control guidelines to guide practice in preventing and managing incidents of infection. Staff generally report incidents of infections and collection of infection data occurs with analysis of results discussed at the quality and risk committee meeting. The food safety program, cleaning schedules and laundry practices align with infection control guidelines. Staff training takes place on induction and as required. The home is prepared in the event of an outbreak and has additional supplies of personal protective equipment available. There are appropriate waste management and pest control programs. A vaccination program is available for care recipients

and participation is encouraged for staff. Care recipients stated they observe staff washing their hands regularly and are satisfied with their infection control practices.

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

Care recipient catering requirements are prepared fresh daily on-site, seven days a week. The home operates a five week rotational menu which is changed twice a year to reflect seasonal requirements and has been reviewed by a nutrition service. Documentation held in the kitchen and servery kitchenette reflects care recipients' likes and dislikes, allergies and dietary needs and preferences. Meal satisfaction occurs through audits, surveys and food related events. The home provides cleaning services seven days a week. Staff perform their duties in line with documented schedules. Care recipient clothing is laundered internally seven days a week, whilst linen is laundered externally. There are provisions for the labelling of care recipient personal items. Care recipients' and representatives stated they are satisfied with the services provided by the home.