



Australian Government

Australian Aged Care Quality Agency

Hillview Bunyip Aged Care Inc

RACS ID 3212
22 A'Beckett Road
BUNYIP VIC 3815

Approved provider: Hillview Bunyip Aged Care 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 29 November 2017.

We made our decision on 20 October 2014.

The audit was conducted on 09 September 2014 to 10 September 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

Hillview Bunyip Aged Care Inc 3212

Approved provider: Hillview Bunyip Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 09 September 2014 to 10 September 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:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 09 September 2014 to 10 September 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:	Stephen Koci
Team member:	Lynore Mercer

Approved provider details

Approved provider:	Hillview Bunyip Aged Care Inc
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Details of home

Name of home:	Hillview Bunyip Aged Care Inc
RACS ID:	3212

Total number of allocated places:	55
Number of care recipients during audit:	46
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	22 A'Beckett Road
City:	Bunyip
State:	Victoria
Postcode:	3815
Phone number:	03 5629 6096
Facsimile:	03 5629 5842
E-mail address:	don@hillviewbunyip.org.au

Audit trail

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

Interviews

Category	Number
Management	2
Nursing and care staff	12
Administration staff	1
Homecare staff	2
Occupational therapist	1
Care recipients/representatives	11
Catering staff	2
Lifestyle staff	2
Volunteers	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	8
Wound charts	7
Weight charts	8
Medication charts	9
Personnel files	5
Care recipient agreements	6

Other documents reviewed

The team also reviewed:

- Activity calendar
- Audits
- Care recipients' information handbook
- Care recipients' information package and surveys
- Charter of residents' rights and responsibilities

- Cleaning documentation
- Comments, suggestion and complaint forms
- Compulsory reporting register
- Continuous improvement documentation
- Dangerous drugs register
- Duty lists
- Education calendar and records
- Emergency procedures manual and resident evacuation lists
- Fire equipment service records
- Gastroenteritis outbreak management folder
- Handover form
- Infection control manual
- Infection control quality plan
- Job descriptions
- Laundry documentation
- List of nurse initiated medications
- Meeting minutes
- Memorandum
- Menu, menu reviews, food safety program, temperature records and external audits
- Mission and values statement
- Night duty tasks folder
- Pest control folder
- Police certificate register
- Policies and procedures
- Preventative and corrective maintenance documentation
- Registered nurse specimen signature
- Resident handbook

- Resident of the day calendar
- Resident privacy and consent forms
- Restraint assessment authorisation
- Rosters and staff availability sheets
- Routine bloods folder
- Self- medication assessment and authorisation
- Staff communication book
- Staff notices (newsletter)
- Staff orientation handbook
- Vaccination list resident/staff
- Volunteer handbook
- Workplace inspections.

Observations

The team observed the following:

- Activities in progress
- Archive cupboards
- Charter of residents' rights and responsibilities
- Cleaners room and trolleys
- Comments and suggestion box, comment and suggestion forms and external complaint service brochures
- Dangerous drugs safe
- Equipment and supply storage areas
- Firefighting equipment and generator
- Infection control bin and sharps containers
- Information brochures on display
- Interactions between staff and care recipients
- Kitchen, dry goods, cool store and freezers
- Laundry service in operation

- Lifting equipment
- Living environment
- Material safety datasheets
- Medication refrigerator
- Medication round in progress
- Medication trolleys
- Noticeboards
- Outbreak kit
- Oxygen storage
- Personal protective equipment
- Care recipient post box
- Security destruction bin
- Sharps containers
- Short observation
- Spills kit
- Staff room
- Storage of medications
- Vision, mission and philosophy and values on display
- Waste disposal
- Wound care 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 has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. The systems for residents and representatives include comment and suggestion forms, meetings, satisfaction surveys and informal feedback. The system for staff includes forms, direct feedback, audits and meetings. Continuous improvements are identified, documented on a continuous quality improvement plans and are monitored and evaluated via the home's quality control system. Feedback on continuous improvements is provided via direct feedback or at meetings. Residents, representatives and staff advised they are satisfied that continuous improvement occurs at the home.

Examples of continuous improvement in Standard 1 Management systems, staffing and organisational development include:

- Management introduced a short message service that management use to advise staff of vacant shifts and of upcoming education sessions. Staff report the service is “great” and is better than the old system.
- Following feedback via a suggestion form management installed an automatic call system so calls are automatically diverted to the correct department. Management report the system has improved communication and calls will divert to a voice mail service if not answered.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has a system for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. Management receives

regulatory information via a legal update service and membership of industry bodies. Any relevant regulatory compliance information is then discussed at the home's regular meetings where regulatory compliance is a standing agenda item. Residents and representatives are informed of changes to regulatory compliance through meetings or via direct contact via letters. Staff are informed via meetings, memoranda, updates to policy and procedures and via noticeboards. Regulatory compliance regarding management systems, staffing and organisational development is monitored through audits, competencies and observations.

Staff interviews confirm they are informed about regulatory compliance.

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

- The organisation has processes to monitor criminal record checks and credential checks for staff, volunteers and service providers.

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 demonstrate there are systems to ensure all staff have appropriate knowledge and skills to allow them to perform their roles effectively. Upon commencement of employment, all staff undertake an orientation training and have to complete ongoing compulsory education relevant to their role. Additional education sessions are conducted based on training needs identified from performance appraisals, training needs analysis, meetings or change in resident's needs. The director of nursing maintains attendance records and evaluations to monitor the effectiveness of the training. Staff stated they are satisfied with the level of education on offer and that internal and external training opportunities are available to further develop their skills.

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

- customer service
- assessing the standards
- risk management.

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 a comments and complaints mechanism that is accessible to residents, representatives, staff and other stakeholders. The home's mechanisms of access include

forms, meetings and an 'open door' policy to access management. Information on the home's complaint mechanisms are communicated through the resident's handbook.

Brochures about the external complaints service are available to residents and representatives. All complaints go directly to management and are recorded on a register and then sent to the manager to be actioned. Complaints are actioned in a timely manner and residents and representatives get feedback directly or at meetings. The organisation has processes for the handling of confidential complaints. Residents and representatives and staff confirm their knowledge about the home's comment and complaints processes and feel comfortable to raise any concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, mission and philosophy and values and commitment to continuous improvement. We observed the home's vision, mission and philosophy and values displayed throughout the home and documented in residents' and staff handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to residents. A formal recruitment process is followed and management monitors qualifications and credential information. New staff complete a formal orientation program that includes 'buddy shifts' to assist them in adjusting to their new roles. All roles have position descriptions to guide staff and staff sign employment contracts. Rosters confirm that adequate staffing levels occur over all shifts and a registered nurse can be contacted for assistance out of hours as required. Roster vacancies are advertised by short message service and filled from an availability list or casual bank or from agency staff. Residents, representatives and staff are satisfied with current staffing levels at the home.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has suitable goods and equipment for quality service delivery. Preferred suppliers are used for delivery of foodstuffs, cleaning materials and clinical supplies. We observed all supplies stored in clean, secure areas around the home. Management complete trial and evaluation before they purchase any new equipment. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff, residents and representatives said goods and equipment are readily available and that maintenance is completed in a timely manner.

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

Management has information management systems to provide information that includes meetings, minutes, resident handbooks, notice boards and activity calendars. The systems to inform staff include orientation, meetings and minutes, staff handbook, noticeboards, policy and procedures, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored on site in a secure archive cupboard and staff have access to a security destruction bin in the care office. Residents and staff confirm their satisfaction with access to information and with the communication mechanisms at the home.

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

There are processes to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include part of the education program, physiotherapy, dietitian, fire system testing, lift servicing, hairdressing and pest control. Contracts are handled by the chief executive officer and specify the required standards and timeframes. Observations, audits and feedback direct from stakeholders about the quality of service are sort by management. Residents and representatives confirmed that they are satisfied with the home's external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents advised they are satisfied they receive appropriate clinical care. Staff confirmed improvements have occurred in resident health and personal care.

Examples of continuous improvement in Standard 2 Health and personal care include:

- Following renovations to part of the home management installed a ceiling track system to assist staff when transferring residents. Staff report the ceiling tack system is “good” and has improved manual handling procedures.
- Following an audit management reviewed all the home's slings, management measured and weighed all care recipients and purchased new slings. All residents have a sling for their size and weight. Staff report they use the specific slings for each resident.

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

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff stated they are informed about regulatory requirements by management.

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

- The organisations has processes to monitor the current registration of nursing staff
- The team observed medications are stored and administered according to legislated processes.
- There are systems and processes in the event of an unexplained resident absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrated there are systems to ensure all clinical staff have the appropriate knowledge and skills to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Residents said staff have the appropriate skills and knowledge to care for them. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 2 Health and personal care include:

- wound management
- Parkinson’s disease
- palliative approach.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients receive appropriate clinical care, including assessments, care planning, evaluation and consultation. Care plans reflect residents’ individualised needs and goals. Evaluation of care occurs two monthly or more frequently if care needs change. There is registered nurse or enrolled nurse cover seven days a week with a registered nurse on call as required. Care staff provides basic care under the direction and supervision of the registered and enrolled nurses. Residents have a choice of a general practitioner who visits on a regular basis. Referrals to other health professionals occur as required. Residents and representatives confirmed they are extremely satisfied with the clinical care staff provide and representatives said consultation occurs on any changes to the care needs of the resident.

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

The home has processes to ensure the appropriate management of residents’ complex care needs. These include wound management, challenging behaviours, pain, palliative care, catheter care, oxygen therapy and diabetic management. The registered nurses oversee or

provide this care by assessing, managing, documenting, evaluating and reviewing the complex care needs of residents. The general practitioners and other health professionals provide advice and care directives. Specialised care instructions provide specific instructions in the management of specialised care. Staff confirmed they have the skills and are provided with ongoing education to enable them to meet specialised care requirements. Residents and representatives expressed confidence that staff are skilled in providing the specialised nursing care 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

The home has processes to refer or assist residents with complex health requirements to access appropriate specialists for treatment and advice. Residents have access to a range of health professionals including, physiotherapist, podiatrist, dietitian, geriatrician, aged persons mental health services, palliative care, speech therapist, wound, continence, optometrist and dental services. Staff makes referrals in conjunction with the resident’s general practitioner and or representative. Residents’ progress notes and care plans confirmed appropriate and timely referrals and/or follow up and that staff carry out care according to specialists’ instructions. Residents and representatives advised that if required staff assist residents to attend appointments.

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

The home has a system to ensure the safe management of residents’ medications. Medications are securely stored and checking mechanisms are in place. Registered, endorsed enrolled nurses and care staff dispense medications from single dose blister packs. Management conduct monitoring of compliance with the system through audits, documentation of incidents and independent annual medication reviews. Processes are in place to order supplies and access after-hour medications. Residents who self-medicate are assessed as competent. Medication incidents are discussed at various meetings, including the medication advisory committee. Staff undertaken annual medication competencies.

Residents stated they are satisfied with the management of their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has processes for the assessment, documentation, evaluation and management of residents’ pain. Assessments include either verbal or non-verbal assessment tools, or when a resident reports or exhibits clinical changes that may indicate they are experiencing pain. Strategies utilised in pain management include the use of massage, medication, heat packs, gentle exercise, distraction, appropriate bedding and position changes. Individualised care plans include these interventions and evaluation occurs for the effectiveness of pain relief. Residents if required are referred to pain clinics for assessment and advice. Residents stated they are satisfied with the management of their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides residents with end-of-life care that ensures their comfort and respects their dignity and cultural requirements. On entry to the home, management discuss resident’s terminal care including their end of life wishes and advanced care plans (if appropriate), or when the resident and or their representative choose to communicate these wishes. The general practitioners provide advice to staff and families. Staff are supported by the palliative care work group. Education is provided to staff on palliative care and pain management.

Spiritual, cultural and grief counselling support is available. Memorial services are held to acknowledge and celebrate the deceased resident’s life.

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 processes to ensure residents’ nutritional and hydration needs and preferences are met. Residents’ weights are monitored monthly with variances noted and appropriate action taken, such as the commencement of a food chart, more frequent weighing or referral to the dietitian. When required, additional dietary requirements are provided including altered consistency and texture of food and fluids. The catering service offer residents a choice of menu and portion size. Assistive devices or utensils provide residents with the ability to maintain their independence. Referral to a speech pathologist for assessment and advice may occur for residents with swallowing difficulties. Residents and representatives confirmed staff support residents to maintain their nutrition and hydration.

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

The home has processes to ensure care recipients’ skin integrity is consistent with their overall health. Validated assessment tools identify residents at risk of skin breakdown and care plans include interventions, preventative measures and assistive devices implemented. Strategies used to promote skin integrity include pressure relieving mattresses, cushions, continence aids, massage and the use of emollient creams and protective limb bandages.

Contemporary wound management practices are in place. Monthly monitoring of wounds and skin tears occur. Suitable equipment ensures the appropriate transfer of residents. Residents are satisfied with the home’s approach to maintaining 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

There are systems to ensure the effective management of residents’ continence needs, including assessment on entry to the home and ongoing evaluation of strategies and appropriateness of continence aids. Care plans include assessed levels of assistance required, including maintenance of skin integrity, toileting schedules, continence aids and other factors that may impact continence. Staff chart bowel movements daily and monitor urinary tract infections. We observed staff to be managing continence issues discreetly and there is minimal use of aperients. Residents are satisfied with the home’s approach to continence.

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 home has a memory support unit to manage residents’ with behaviours of concern. Residents’ with behaviours of concern are assessed on entry to the home, with management strategies put in place including support from the diversional therapy staff. The care plans contain triggers and strategies to manage behaviours. Nursing staff, in consultation with the general practitioner, can access specialist services for advice and management strategies.

There is a minimal restraint policy in place and those residents with restraint have appropriate assessments and authorisation. The home is secure with access by keypad. Residents and representatives stated satisfaction with the home’s approach to behavioural management.

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

The home has processes to encourage residents to achieve optimum levels of mobility and dexterity. Assessment by the registered nurse includes issues related to use of mobility and dexterity aids and falls risk. The physiotherapist visits monthly and develops a care plan, including exercises carried out by care staff. Fall prevention strategies include a clutter free environment, the use of sensor mats and mobility aids. The lifestyle program also incorporates exercises three times a week into their program. Staff report, monitor, analyse and take necessary action in relation to resident falls. Staff complete mandatory manual handling education. Residents stated they feel supported to maintain optimum levels of 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

The home has systems to routinely assess and maintain residents’ oral and dental needs and preferences. An oral and dental care plan includes level of assistance required and interventions to meet each resident’s individualised needs. Staff makes referrals to the general practitioner, speech pathologist and dental services as appropriate. Residents can choose and/or staff assist to access their preferred providers of dental care. The kitchen provides alternative food textures to accommodate oral, dental or swallowing difficulties.

Residents confirmed staff assist them to maintain their preferred dental care regimes

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

Staff complete a formalised sensory assessment on the residents’ entry to the home. Care plans contain information on deficits in communication, hearing, vision, speech, cognitive ability, and any swallowing difficulties. Interventions include assistance required and assistive devices used. Sensory loss strategies include the use of music, massage, large print books and tactile and sensory activities. Residents are referred to the appropriate allied health services as required. The living environment is of low stimuli, well lit, with handrails and wide corridors, accessible signage and outdoor areas, including gardens. Residents confirmed staff assist them with sensory devices and the environment provides them with stimulation.

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

The home supports care recipients to achieve natural sleep patterns. Care plans detail individual preferences and needs including preferred settling, rising times, day time naps and assistance required. Staff regularly reviews residents’ sleeping preferences, routines, preferences, rituals and patterns through assessments and observations. The care plans contain information that have an impact on sleep such as continence, behaviours or pain.

Residents are accommodated in single rooms and indicated the home is quiet at night and conducive to supporting a natural sleep pattern.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents, representatives and staff are satisfied with the home’s improvements in the area of care recipient lifestyle.

Examples of continuous improvement in Standard 3 Care recipient lifestyle include:

- Management introduced a resident exercise program that runs three times a week and is run by a staff member that has trained as a personal trainer. Residents report the exercise program helps with their mobility.
- Following observations management installed a one way vision poster on the glass of the food servery in the residents’ dining room. The poster is of a rural scene and residents report the scene is “very nice”.

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

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Residents and representatives confirm they are informed of residents’ rights and responsibilities.

Examples of responsiveness to regulatory compliance related to Standard 3 Care recipient lifestyle include:

- The organisation has policies and procedures around privacy of resident information.
- Policies and procedures are in place regarding reportable incidents such as elder abuse.
- The home has systems to demonstrate compliance related to residential agreements.

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 demonstrated there are systems to ensure all relevant staff have appropriate knowledge and skills required to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Residents reported the home to be a safe environment in which to live and said staff respect their choices and treat them with respect. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 3 Care recipient lifestyle include:

- privacy and dignity
- activity programs based on the Montessori method.

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

The home has processes to support residents’ emotional needs in adjusting to their new environment and on an ongoing basis. On entry, staff orientate residents and representatives to the home and provide them with relevant information. Care and lifestyle staff monitor and assess residents’ emotional needs regularly, including identifying possible triggers and coping strategies. Emotional support is provided to residents through one-to-one chats, individual and group activities and involvement of lifestyle staff and volunteers. Staff confirm they are familiar with and perceptive to residents’ individual emotional needs. Residents indicated staff provide them attention and are responsive to their emotional needs.

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

The home demonstrates the support provided to residents to achieve optimal independence through the provision of equipment, friendships, family connections and community links. The home's assessment and care planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction.

Residents are encouraged and actively supported to participate in, enjoy and maintain a range of individual interests in the home and the broader community. Equipment and utensils provide and encourage independence. Resident said staff assist them to be independent.

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

The home ensures residents' privacy, dignity and confidentiality is recognised and respected at all times. Privacy and consent statements are in place and privacy statements are contained in resident, staff and volunteers handbooks and information packs. Residents sign a consent statement for release of personal information and photographs. Care planning is individualised, considering each resident's unique requirement with regard to privacy and dignity. Resident accommodation is single rooms with ensuite bathrooms. Information is securely and appropriately stored. Residents and their representatives confirm residents are treated with high levels of dignity and their privacy is respected.

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

The home encourages and supports residents to participate in a range of activities and events both individually and in groups. The lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. The diversional therapist coordinator provides a diverse program five days a week supported by two staff and an active base of volunteers. The home has its own bus providing residents with regular outings and the recent addition of a Men's Shed, supported by the local community, has been a valuable asset for the male residents. Observation of activities, feedback from meetings and residents' activity records monitor satisfaction and residents are encouraged to make suggestions for future planning. Newsletter and meeting minutes are available to residents and families.

Residents confirm staff invites them to the daily activities and they are satisfied with the variety of the lifestyle program

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual customs, beliefs and cultural backgrounds are valued, fostered and supported in the home. The resident's lifestyle profile contains documentation of the resident's cultural and spiritual needs. The local ministers or pastoral care workers provide twice monthly ecumenical services and individual visits. The majority of residents currently at the home are predominately English speaking and from an Anglo-Saxon background. Staff confirm they are aware of the needs and how to access information for other cultures as required. The activities program incorporates cultural and religious days throughout the year. Residents are satisfied with how the home addresses their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home demonstrates recognition of and respect for the right of each resident and representative to control, make decisions and exercise choice over their lifestyle.

Consultative processes obtain information from residents and representatives. Monitoring processes regarding residents' needs, preferences and options involve care plan reviews, complaints, advocacy mechanisms and participation in surveys. Staff encouragement promotes residents to participate in decisions about the services provided to them and to make choices based on their individual preferences. An elected resident is the chair person for the residents committee that meets monthly. The minutes of the meetings and a monthly newsletter are distributed to all residents. At election time a mobile electoral booth is at the home enabling residents to participate in the electoral process. Residents and representatives are satisfied with their participation in making decisions and choices and other issues that affect their daily life.

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

On entry to the home residents receive a residential agreement and information pack detailing information on fees, rights and responsibilities, security of tenure, internal and external complaints procedures, and specified care and services. Management has an open door policy and there is consultation with residents and representatives prior to room transfers and changes to the provision of services. Residents and representatives are aware of residents' rights and responsibilities and are satisfied that residents' tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in the physical environment and safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff confirm that ongoing improvements occur at the home. Residents and representatives are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvement in Standard 4 Physical environment and safe systems include:

- Following feedback management revamped the living environment that included painting in light colours and improving the lighting of the environment. Staff, residents and representatives report there has been a lot of improvements to the living environment
- Management introduced regular cooked breakfasts for any resident to assist them with feeling like they are at home. Management report residents still have the option of a regular breakfast if that is what they would like. Residents report they “like” the cooked breakfasts.

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

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory Compliance. Staff confirm compliance with safe working practices within the home.

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

- Chemicals are stored in a locked cupboards within the home with relevant material safety data sheets.
- The home has an audited food safety plan and has appropriate auditing of kitchen systems
- Ongoing monitoring of the safety of fire safety systems.

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 demonstrated there are systems to ensure all staff have appropriate skills to allow them to perform their individual role effectively.

Staff stated they are satisfied with the level of education available. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming development opportunities relevant to Standard 4 Physical environment and safe systems include:

- fire/smoke management and fire extinguisher training
- manual handling
- chemical handling 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

The organisation has processes to assist in providing residents with a safe and comfortable environment consistent with their' care needs. There are single rooms and one double room with private ensuites. Residents are encouraged to personalise their rooms. Internal and external areas are available for the use of residents and their representatives. Maintenance of buildings, grounds and equipment is through regular servicing and maintenance programs by internal staff or external contractors. There are appropriate preventative and corrective maintenance programs. Residents and representatives confirmed management provides a safe, secure, clean and comfortable living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management demonstrate it is working to provide a safe working environment to meet regulatory requirements. On commencement of employment, all staff complete orientation that includes occupational health and safety. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety.

Management monitor the effectiveness of its occupational health and safety procedures through monthly workplace inspections, review of incidents and hazard alert forms.

Management and relevant stakeholders discuss and address any occupational health and safety issues at bimonthly occupational health and safety meetings. The home ensures all equipment is subject to routine and preventative maintenance. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe 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 evacuation plans, there is clear signage of emergency exits that are free from obstructions. Fire/smoke management and fire extinguishers training occurs regularly at the home. The home has an annual essential safety measures report on display. Service of firefighting equipment is by

external contractors and chemicals are stored safely and securely in locked rooms. Staff secure the home in the evenings and there is backup lighting in case of a blackout. There is an emergency procedures manual that is accessible to all staff. Staff confirmed that emergency training regularly occurs at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home provides an effective infection control program. Processes that ensure effective infection control practices include a resident and staff vaccination program, single use items for wound management, colour coded cleaning equipment, use of personal protective equipment, an audited food safety program, maintaining of refrigerator temperatures, pest control measures and appropriate cleaning and waste disposal. Monitoring of infections occurs, with monthly reports and follow-up. The home has policies and resources available in the event of an outbreak. Staff orientation includes infection control education. Staff demonstrated an awareness and knowledge of appropriate infection control practices relevant to their duties. Staff confirmed infection control education is mandatory annually.

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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff working environment. All food is prepared in a central kitchen and delivered to server's that then serve the meals directly to residents. Monitoring mechanisms in the kitchen include external and internal audits and reports and daily record sheets of temperatures. The home has a spring and summer menu that is reviewed by a dietitian. Schedules are in place to ensure that cleaning tasks are completed and the team observed the living environment and resident rooms to be clean during the visit. All personal laundry is completed onsite with all linen laundered through an offsite contractor and there are adequate linen services. All residents clothing is labelled and staff have access to a labelling machine. The home has a system to manage lost property. Staff and residents confirmed that they are satisfied with the home's catering, cleaning and laundry services.