



Australian Government

Australian Aged Care Quality Agency

Isomer Retirement Home

RACS ID 3199
1273 Wellington Road
LYSTERFIELD VIC 3156

Approved provider: Islamic Society of Melbourne Eastern Regions 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 04 August 2018.

We made our decision on 11 June 2015.

The audit was conducted on 12 May 2015 to 13 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Isomer Retirement Home 3199

Approved provider: Islamic Society of Melbourne Eastern Regions Inc

Introduction

This is the report of a re-accreditation audit from 12 May 2015 to 13 May 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 May 2015 to 13 May 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:	Kathryn Bennett
Team member:	Lisa Coombes

Approved provider details

Approved provider:	Islamic Society of Melbourne Eastern Regions Inc
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Details of home

Name of home:	Isomer Retirement Home
RACS ID:	3199

Total number of allocated places:	50
Number of care recipients during audit:	30
Number of care recipients receiving high care during audit:	27
Special needs catered for:	N/A

Street:	1273 Wellington Road
City:	Lysterfield
State:	Victoria
Postcode:	3156
Phone number:	03 9752 9455
Facsimile:	03 9752 9055
E-mail address:	ressop1@bigpond.com

Audit trail

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

Interviews

Category	Number
Management	3
Registered/enrolled nurses	3
Care and lifestyle staff	7
Allied health staff	1
Care recipients	9
Representatives	7
Hospitality/environmental staff	3
Ancillary staff	1

Sampled documents

Category	Number
Care recipients' files and care plans	5
Personnel files	5
Medication charts	7

Other documents reviewed

The team also reviewed:

- Allied health information
- Audit documentation
- Cleaning records
- Clinical forms and charts
- Continuous improvement documentation
- Dietary documentation, menus
- External contractor information
- Fire services records
- Food safety and related documentation

- Human resource management documentation including police certificate, statutory declaration and nursing registration documentation
- Incident reports
- Infection control documentation
- Lifestyle documentation and photographs
- Maintenance program documentation
- Medication registers
- Meeting minutes
- Newsletter
- Occupational health and safety documentation
- Organisational chart and leadership statements
- Pest control records
- Policies, procedures and flowcharts
- Resident information handbook
- Risk assessments
- Roster
- Specialised nursing care documentation
- Staff education documentation
- Wound care documentation.

Observations

The team observed the following:

- Activities in progress
- Archive area and document shredder
- Cleaning in progress
- 'Charter of care recipients' rights and responsibilities' displayed
- Complaint and advocacy documentation displayed
- Equipment, supplies and storage areas
- Fire equipment, signage

- Infection control equipment and waste disposal
- Interactions between staff and care recipients
- Living environment
- Meal and snack services in progress and assistance to care recipients
- Medication administration and storage
- Noticeboards and information displays
- Personal protective equipment
- Care recipient transfer equipment
- Short group observation in dining area
- Spills kit.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across the Accreditation Standards and shows improvements in management, staffing and organisational development. Management identify opportunities for improvement from sources including corrective action forms, stakeholder feedback, audit and internal benchmarking processes and incident reports. Designated staff regularly review and action data for trends.

Management evaluate improvement outcomes through mechanisms such as stakeholder feedback, ongoing data analysis, meetings and summary reviews of continuous improvement plans. Staff said they are increasingly encouraged to become involved in continuous improvement. Care recipients, representatives and staff are satisfied with recent improvements.

Examples of recent improvement initiatives in relation to Standard 1 Management systems, staffing and organisational development include:

- Following staff feedback about workload due to increasing care recipient needs, an additional care staff shift occurs in the mornings across the week. Staff are satisfied the addition of the additional shift enables increased staff responsiveness to care recipient needs.
- Management identified an opportunity to increase staff engagement with education opportunities. Management subscribed to an interactive online education service that staff access remotely or on dedicated computers onsite. Management and staff report satisfaction with online education and staff participation in education has increased.
- At care recipient and staff suggestion, management purchased five new computers and upgraded the information technology system. Management now has access to shared electronic information and staff and care recipients may access the internet. Stakeholders are satisfied with improvements related to information systems.
- Staff shared a small number of pagers and identified an opportunity to improve communication and responsiveness to care recipient needs. Management purchased 25 new pagers and staff now have individual access to the equipment. Management and staff are satisfied the pagers promote communication and responsive care.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Mechanisms such regional aged care meetings, government advisors, government bulletins and health care networks support the identification of regulatory compliance changes. Management communicate required changes to staff through staff meetings, electronic mail, in-service education and one to one education. The monitoring of regulatory compliance occurs through audits, database reviews, management observations, analysis of key performance indicator data and competency testing. Staff are satisfied management inform them of regulatory requirements. Care recipients and representatives are satisfied with the information provided to them about the re-accreditation visit.

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

- Management has an established system for maintaining current police certificates and applicable statutory declarations for staffs and volunteers.
- Confidential documentation is stored securely.
- Management report they notified care recipients and representatives of the re-accreditation audit within the required time frame.
- Management has a continuous improvement plan that shows improvement objectives.

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

A system supports management and staff to have appropriate skills and knowledge to perform their roles effectively. Management identify education opportunities through training needs analysis and staff appraisal processes, monitoring of care recipient needs and stakeholder feedback. Staff participate in face-to-face training, electronic education and competency tests. Management specifies and follows up compulsory training and monitors education effectiveness through stakeholder feedback, observation of practice and data analysis. Staff are satisfied with education opportunities provided. Care recipients and representatives are satisfied with the knowledge and skills of staff and management.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- accreditation –roles and responsibilities
- computer training
- resolving confrontational situations
- team working.

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

Internal and external comments and complaints mechanisms are accessible to care recipients, representatives and other interested parties. The system includes feedback forms, corrective action requests, meetings for care recipients and representatives, staff meetings and an 'open door' policy of access to management. Comments and complaint processes are explained in care recipient and staff documentation. Information about external complaint and advocacy services is accessible in English and in relevant languages other than English. Management register formal comments and complaints and follow up with the initiator to ensure satisfaction with complaint resolution outcomes. Key staff monitor the effectiveness of the complaints system through stakeholder feedback, management reports and audits. Staff are satisfied they can approach management about matters affecting them. Care recipients and representatives said they are comfortable to complain if any need arises.

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 values are inherent in vision, mission and philosophy of care statements documented in information accessible to care recipients, representatives, staff and management. Leadership statements convey the importance to the organisation of providing care for older citizens of different backgrounds and cultures in a home like, safe and secure environment. Management demonstrates its commitment to quality in documentation throughout the service.

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

There are sufficient appropriately skilled and qualified staff to deliver care and services. Commencing staff complete orientation and work with experienced staff members in 'buddy' shift arrangements as appropriate. Staff receive position descriptions and information handbooks to guide them in their roles and staff participate in ongoing performance appraisals. Management and key staff monitor staffing levels and skill mix through stakeholder feedback, reviews of care recipient needs and data trend analysis. Rosters are flexible to meet care recipients' needs. Staff, care recipients and representatives are satisfied there are sufficient, appropriately skilled staff to meet care recipient need.

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 processes to ensure that stocks of appropriate goods and equipment for quality service delivery are available. Ordering of supplies occurs through preferred suppliers and designated staff are responsible for monitoring stock levels. Management identifies equipment needs through observations, audits and the assessment of care recipient needs and preferences. Equipment purchase includes the completion of risk assessments, trial periods and education for staff where applicable. Management include all equipment in the asset register including service requirements. Preventative and corrective maintenance programs ensure equipment is clean and in working order. Storage areas are accessible, well stocked, organised and secure. Care recipients, representatives and staff are satisfied with the quantity and quality of supplies and equipment used.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Information management systems assist management and staff to perform their roles and provide care and services to care recipients. Mechanisms such as information displays, electronic communication, policies and procedures and minutes of meetings convey information to stakeholders. Documentation is stored securely and accessed by appropriate personnel. Information privacy and confidentiality principles apply. Management described back up processes for electronic information. Monitoring of the information management system occurs through management oversight, database reviews and stakeholder feedback. Staff are satisfied they receive information to support their roles and responsibilities. Care recipients and representatives are satisfied with the level of information provided to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management has systems to ensure the provision of externally sourced services is consistent with the home's needs and service quality goals. Service agreements include relevant legislative requirements such as provision of current licencing, insurance and police certification along with the home's expectations of quality standards. All contractors receive orientation to the home and relevant policies. There are mechanisms for all stakeholders to provide feedback on unsatisfactory service standards and where necessary, for contracts to be reviewed. Care recipients, representatives and staff are satisfied with 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

For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation actively pursues continuous improvement in care recipients' health and personal care. Designated staff review incidents and other clinical indicators and initiate improvement actions as appropriate. Care recipients, representatives and staff are satisfied the home pursues continuous improvement.

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

- Management identified an opportunity to improve staff response to the behavioural and psychological symptoms of care recipients living with dementia. Management organised a behaviour specialist health service to provide training in behaviour management for 22 staff. Management and staff are satisfied the training assists staff to better understand dementia and meet care recipients' related needs.
- Key clinical staff identified an opportunity to improve the way clinical observations are monitored and reported. In consultation with care recipients' medical practitioners, designated staff developed a more comprehensive guide for reporting observations, observation charts and work instructions to ensure care recipients' weight gain, blood sugar levels and oxygen levels are reported. Staff are satisfied clinical information is more effectively captured, monitored and actioned.
- A registered nurse identified staff inconsistently maintained progress notes on wounds and wound management. Nursing staff now maintain progress notes related to individual wounds in a sectioned wound folder. Clinical staff are satisfied notes now support wound monitoring and management and the wound treatment information is readily available to medical practitioners, clinical staff and allied health staff.

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.

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

- Professional registrations of nursing staff are maintained and monitored.
- Staff demonstrate compliance with policy and legislative requirements in relation to medication management and medication administration. Appropriately qualified staff provide medication management.
- An appropriately qualified person carries out specific care planning activities and care tasks. For example, a registered nurse oversees care plans.
- The home has a policy and procedure to guide staff response in relation to unexplained absences of care recipients, including appropriate incident reporting and notification.

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

For details regarding the home’s education and development system, refer to expected outcome 1.3 Education and staff development.

Examples of education and training relating to Standard 2 Health and personal care include:

- cardiopulmonary resuscitation
- clinical skills for care staff
- diabetes
- fibromyalgia
- managing urinary catheters
- palliative care
- sensory loss
- wound management.

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 for ensuring care recipients receive appropriate clinical care. Staff complete assessments of each care recipient’s needs and preferences when they move into the home and formulate an individual care plan. Nursing staff review care plans regularly, initiate re-assessment of care recipients in response to changes in their health status and refer care recipients to medical and health specialists as required. Policies, procedures, flowcharts and clinical education guide staff practice.

Management monitor clinical care through audits, incident and infection analysis, care plan reviews and stakeholder consultation. Staff said they have sufficient time to provide care for care recipients. Care recipients and representatives are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There are processes to ensure that care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses assess, plan and evaluate care recipients’ specialised nursing needs in consultation with the care recipient, representative and relevant health professionals. Care plans and directives outline specialised needs and preferences and instructions to guide staff practice. Care recipients receive specialised nursing care in accordance with their care plans with appropriate referrals facilitated when required. Management provides resources and education to assist staff. Scheduled audits, care plan reviews and stakeholder feedback monitor specialised nursing care. Care recipients and representatives said care recipients receive specialised nursing care in accordance with their needs and preferences.

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 the care recipient’s needs and preferences. The assessment process enables staff to identify a care recipient’s need for referral to health specialists. Medical practitioners visit regularly and allied health professionals available at the home include a physiotherapist, podiatrist, dietitian, speech pathologist, dental professionals, optometrist, audiologist and a wound consultant. Staff access in-reach services and facilitate external specialist consultations as required. Staff update care plans to reflect altered care needs and instructions. Care recipients and representatives are satisfied with the range of health specialists available.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Management systems ensure care recipients’ medication is managed safely and correctly. Registered nurses manage the administration of care recipients’ medication according to an assessment of needs and preferences, which occurs when a care recipient moves into the home. Medication supply, administration and storage comply with relevant policies and procedures and regulatory requirements. Medication charts contain current photographs, note allergies and detail special instructions for administration. Management conduct audits to monitor staff practice and ensure appropriate follow-up of any medication incidents with education and competency testing regularly provided. The consultant pharmacist and medical practitioner undertake regular reviews of each care recipient’s medications and contribute to

the medication advisory committee. Care recipients and representatives are satisfied with how staff manage care recipients' medication needs.

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

There is a system to ensure all care recipients are as free as possible from pain. Nursing staff assess all care recipients for pain when they move into the home using verbal, nonverbal and behavioural indications of pain. Staff repeat the assessments annually and when strategies are ineffective or health status changes and update care plans accordingly. A range of non-pharmaceutical interventions provided by care staff and a physiotherapist is included in the care plan such as heat packs, massage, splinting, repositioning and diversional therapy. Staff monitor care recipients' pain, record the use and effects of interventions to relieve pain and refer to a medical practitioner or specialist pain service as required. Care recipients and representatives are satisfied with the assistance provided to manage care recipients' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There is a system to ensure the comfort and dignity of terminally ill care recipients is maintained. When care recipients move into the home management discuss end of life care with the care recipient and their representative and provide the opportunity to complete terminal wishes documentation. Assessment includes preferences regarding physical, psychological, spiritual and cultural needs and there is an opportunity to update the directives at any stage. Nursing staff are available at all times to implement care strategies and have access to special supplies and education for palliative care provision. Staff access spiritual support and external palliative care services to meet care recipients' needs as required.

Feedback indicated care recipients and representatives are satisfied with palliative care provided.

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

There are systems to ensure that care recipients receive adequate nourishment and hydration. When care recipients move into the home nursing staff assess their nutrition and hydration needs and preferences and communicate these to the catering team. Menu planning provides choices to enable care recipients to maintain their dietary customs. Staff weigh care recipients regularly and refer to a speech pathologist or dietitian if there is risk of poor nutritional status,

swallowing difficulty or weight changes. Extra snacks and fluids are available at all times. Care recipients and representatives are satisfied with the choices, quality and quantity of food and refreshments provided to care recipients.

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

There is a system to ensure care recipients’ skin integrity is consistent with their general health. Care staff assess skin care needs and preferences when care recipients enter the home and develop and regularly review skin care plans. Staff implement strategies to minimise risk to skin integrity including repositioning, pressure relieving devices and hygiene measures such as specialist soaps and lotions. Management provides education regarding wound therapy and a wound consultant reviews complex wounds. Policies and procedures guide staff practice while audits, incident analysis and feedback monitor outcomes. Care recipients and representatives are satisfied with the care provided to manage care recipients’ skin integrity.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Management demonstrates the home has a system to ensure the effective management of care recipients’ continence needs. Staff complete continence assessments when care recipients move into the home and develop continence management plans which they review regularly. Care plans include consideration of each care recipient’s established routines, needs and preferences including aids and equipment to maximise independence and wellbeing. There is a process to monitor and manage infections effectively. A consultant provides education to staff and management monitors continence support through care plan reviews and audits. Care recipients and representatives are satisfied care recipients’ continence needs are met.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

There is a system to ensure the effective management of the needs of care recipients with challenging behaviours. Staff assess care recipients’ behaviours when they move into the home following a settling in period and reassessment occurs if necessary. Care planning includes consultation with care recipients and representatives and individual triggers and effective strategies to minimise reactive behaviours. Management and staff consult with external mental health professionals as required. Policies and procedures guide staff practice to support a restraint free environment and incident analysis and audits monitor the

effectiveness of strategies. Care recipients and representatives are satisfied with the home's approach to managing the needs of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

There is a system to support all care recipients to achieve optimum levels of mobility and dexterity. Care staff and the physiotherapist undertake assessment for mobility, dexterity and rehabilitation needs when a care recipient moves into the home and at regular intervals.

Incidents are analysed with strategies implemented and care plans revised as necessary. There are exercise programs and each care recipient receives mobility and dexterity aids as required to maximise independence. Electric beds, lifting equipment and sensor alarms are utilised according to need. Staff receive training in manual handling annually with a focus on maximising care recipients' capabilities. Audits, data analysis and feedback mechanisms contribute to evaluation of the falls prevention program. Care recipients and representatives are satisfied with the care care recipients receive to maintain their mobility and dexterity.

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

There is a system to ensure the maintenance of each care recipient's oral and dental health. Care staff assess care recipients' oral and dental needs and preferences upon entry to the home and review the care plan regularly in consultation with the care recipient and their representative. Care recipients have access to a mobile dental service or may attend their own dentist if preferred. Staff refer to medical practitioners, speech pathologists and dietitians for care recipients with oral, dental and swallowing difficulties. Dentures are marked where there are shared bathrooms and toothbrushes regularly replaced. Care recipients and representatives are satisfied with the oral and dental care provided.

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

Management demonstrates there are effective systems to identify and manage care recipients' sensory loss. Care staff undertake initial and ongoing assessment of care recipient's sensory needs and preferences. Care plans detail equipment and support required and staff utilise a range of communication strategies to interact with care recipients including cue cards. Optometrists and audiologists visit care recipients as required and staff facilitate consultations with external practitioners if care recipients prefer. Large and light filled rooms and common

areas along with special lifestyle resources support care recipients with sensory loss. Care recipients and representatives are satisfied with the approach to managing care recipients' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

There is a system at the home to ensure that care recipients are able to achieve natural sleep patterns. Nursing staff identify care recipients' sleep needs and preferences during initial and ongoing assessments via observation and care recipient and representative feedback. Care plans detail individual comfort measures to promote sleep, including personal rituals and preferences for retiring, waking and naps. Staff implement strategies to minimise sleep disturbance and the risk of falls. Audits and regular care plan reviews ensure care recipients can achieve natural sleep patterns. Care recipients and representatives are satisfied with the home's approach to enhancing sleeping patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation’s continuous improvement system shows improvements in the area of care recipient lifestyle. Stakeholders are satisfied the organisation is actively improving care recipient lifestyle.

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

- Designated staff identified an opportunity to expand care recipient outings from inconsistent shopping trips to a range of experiences within the external community. In consultation with care recipients and representatives, lifestyle staff now plan regular bus outings. Recent outings include beach trips, a sand castle exhibition, a circus visit and a visit to an aquarium. Staff, care recipients and representatives are pleased with the expanded range and frequency of outings offered to care recipients.
- Staff identified an opportunity for care recipients to choose their own clothing purchases. Staff organised visits from a mobile clothing supplier who stocks a wide range of clothing for care recipients and a supplier of adaptive clothing for care recipients’ independent and assisted dressing needs. Stakeholders are satisfied the mobile stores offer care recipients increased choices and decisions in relation to clothing purchases.
- Staff identified activity participation records captured quantitative information but not qualitative information about one to one contact visits with staff. Relevant staff developed a folder of session records that show each significant one to one contact with lifestyle staff and the nature of the contact. Staff are satisfied the records guide staff in the provision of responsive, individualised one to one contact.
- At staff suggestion, management purchased a braille bingo set for the use of a care recipient with vision problems. Staff are satisfied the bingo set is now accessible to care recipients as appropriate and overcomes a barrier to participation in the group activity.

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.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- The organisation has processes in relation to care recipient agreements and security of tenure.
- Processes ensure staff maintain confidentiality and privacy of care recipient information.
- The ‘Charter of care recipients’ rights and responsibilities’ is displayed in care recipients’ rooms throughout the service and is provided in care recipient documentation.
- Policies, procedures and flowcharts are available to guide staff in the event of suspected elder abuse and reportable assaults.

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

For details regarding the home’s education and staff development systems, refer to expected outcome 1.3 Education and staff development.

Examples of recent education and training relating to Standard 3 Care recipient lifestyle include:

- caring for forgotten Australians
- grief and loss
- mandatory reporting/elder abuse.

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

Relevant staff identify care recipients' needs and preferences for emotional support when they move into the home and on a continuing basis. Management and staff provide pre-entry tours and information to prospective care recipients and representatives, welcome new care recipients and provide emotional support in the adjustment period. Staff gather information about each care recipient's emotional support needs and preferences following entry and develop and regularly evaluate plans of care. Care recipients receive individualised initial and ongoing support from staff and have access to specialised emotional support services as required. Staff monitor and evaluate the effectiveness of emotional support through audits, care plan evaluations, observation and stakeholder feedback. Care recipients and representatives are satisfied with the initial and ongoing emotional support provided to care recipients.

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

Staff support care recipients to remain as independent as possible and to maintain friendships within both the home and the wider community. When care recipients move into the home, staff assess and plan to meet their individual needs and preferences in relation to independence. Access to allied health professionals, handrails, exercise opportunities and the use of mobility and sensory aids as appropriate maximise independence. Staff welcome visitors, organise library services as appropriate and assist care recipients to participate in internal and external community life. Management and key staff monitor the system through care plan reviews, audits and stakeholder feedback. Staff gave examples of ways they promote care recipient independence. Care recipients and representatives are satisfied with the assistance and support for care recipients to be as independent as possible.

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' privacy, dignity and confidentiality rights are recognised and respected. Relevant staff assess care recipients' privacy and dignity needs and preferences and communicate these in care plan documentation. Staff practices such as knocking when entering care recipients' rooms and providing discreet personal care promote privacy, dignity and confidentiality. Management and staff use stakeholder feedback, audits,

care plan evaluations and visual observation to monitor the effectiveness of strategies to monitor privacy and dignity. Staff gave examples of ways they maintain privacy, dignity and confidentiality. Care recipients and representatives are satisfied care recipients' rights to privacy and dignity are recognised and 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

Care recipients are encouraged and supported to follow their leisure interests and to participate in activities. Staff assess care recipients' lifestyle needs and preferences, plan strategies to meet identified goals of care and regularly evaluate and report on the currency of lifestyle plans. Staff support an increasing range of individualised leisure activities that respond to care recipients' interests and abilities. Staff organise one to one contact visits and special events to meet identified needs and preferences. Staff consult care recipients in relation to leisure interests and activities, encourage participation and monitor program effectiveness through observation, audits, stakeholder feedback and meetings. Staff, care recipients and representatives are satisfied with the encouragement and support for care recipients' leisure interests and activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff foster each care recipient's individual interests, culture and customs. Initial and ongoing assessment, care planning, review and consultation processes identify and support individual cultural and spiritual preferences. Management and staff respect care recipients' various cultural, religious and spiritual beliefs and staff provide cue cards, cultural resources and menus to foster inclusion and respect. A range of religious services occurs and clergy and pastoral carers visit at the invitation of care recipients. Significant cultural days are celebrated and personal celebrations occur. Stakeholder feedback, meetings, care plan evaluations, audits and visual observation assist management and designated staff to monitor the effectiveness of cultural and spiritual support. Staff, care recipients and representatives are satisfied individual cultural and spiritual needs are valued.

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 ensure the rights of care recipients to make decisions and exercise choice and control over their care and lifestyle is recognised and respected. Management and staff regularly consult care recipients and representatives to encourage participation in the assessment and care planning process. Newsletters, the charter of care recipients' rights and responsibilities posters, consent forms and information packs alert care recipients to the opportunity to exercise choice and control. Management formally seeks to understand care recipients' choices through meetings, consultations, surveys and the comments and complaints process. Care recipients and representatives are satisfied with the level of control care recipients have over their lives.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Prior to moving into the home management provides care recipients and representatives an opportunity to tour the home and meet key personnel. The care recipient handbook and residential agreement provide information about security of tenure, privacy, confidentiality, complaints mechanisms, fees and specified care and services. Management displays information regarding care recipients' rights and responsibilities throughout the service and assists care recipients to understand these rights at meetings, in newsletters and through one to one contact. There is access to translator services if required and management ensure any room change occurs only after consultation. Care recipient agreements are signed and care recipients and representatives are satisfied with the security of care recipient tenure.

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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The home actively pursues improvements to ensure care recipients live in a safe and comfortable environment. Environmental audits and inspections, third party reports and feedback from stakeholders inform the home’s continuous improvement system. Staff, care recipients and representatives are satisfied with improvements to the physical environment.

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

- Following environmental audits and observation, management organised new carpet for common areas and selected bedrooms. Management installed new nonslip vinyl flooring in the laundry and specific shared bathrooms. Management, staff and other stakeholders are satisfied the new flooring enhances the safety and comfort of the living environment.
- To enhance functionality, efficiency and security management upgraded internal and external light bulbs to energy efficient lights and increased external lighting. Management is satisfied lighting is cost efficient, energy efficient and enhances security.
- At staff and care recipient suggestion, management replaced blinds in the activity room with curtains. Care recipients and staff are satisfied the curtains soften the space and enhance the living environment.

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 systems and processes.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

- There are established infection outbreak policies and reporting processes.
- Chemicals are stored appropriately and corresponding safety data sheets are available and current.
- There is ongoing monitoring and maintenance of fire and emergency equipment.
- Staff adhere to a current food safety program.
- The organisation promotes workplace health and safety.

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

For further details regarding the home’s education and staff development systems, refer to expected outcome 1.3 Education and staff development.

Examples of education and training relating to Standard 4 Physical environment and safe systems include:

- fire safety
- responding to emergencies
- infection control
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide care recipients with a safe and comfortable environment consistent with the care needs of those living at the home. Care recipients occupy large single rooms, which can be personalised as desired. Rooms have a kitchenette and either private or shared ensuites. Care recipients can access a variety of areas both inside and outside the home and furnishings appear appropriate and well maintained. Staff keep noise to a minimum and air conditioners control temperature in common areas, with heating in all rooms. Preventative and reactive maintenance programs, incident and hazard reporting and audits monitor the safety and comfort of the environment with repairs and replacements strategically managed. Care recipients and their representatives are satisfied the home provides care recipients with a comfortable and well maintained 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 is actively working to provide a safe working environment to meet regulatory requirements. There are regular health and safety meetings and staff have input into the system through health and safety representatives, general staff meetings and through hazard and incident reports. Management and staff perform regular workplace inspections, risk assessments and trial new equipment where appropriate. Education includes manual handling and other relevant work health and safety training during induction and at regular intervals. The home provides secure storage and material safety data sheets for oxygen and chemicals. Staff said management works actively to create a safe work environment and responds to any issues raised.

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 work actively to maintain a safe environment that minimises fire, security and emergency risks. Staff have access to documented fire and emergency procedures and attend regular fire and emergency training. Fire safety systems include fire plans, fire panel, sprinklers, smoke detectors and fire-fighting equipment. Contractors maintain fire safety equipment and there are processes to ensure the maintenance of essential services equipment. Management and designated staff maintain security systems and ensure the home is secured at night. Management and staff are prepared to respond to other emergencies such

as power failure and environmental emergencies. Staff described emergency procedures and said they regularly attend required fire training. Care recipients and representatives are satisfied the home provides a safe environment and staff would assist them in any emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program to identify and manage infection risks and outbreaks. The home has a current food safety program as well as infection control and outbreak policies and procedures. Staff attend regular infection control training while audits and competency tests monitor performance. Infection surveillance data is analysed monthly and discussed at staff and meetings with individual strategies included on care recipients' care plans. Infection control measures include a vaccination program for care recipients and staff, a pest control system, adequate supplies of personal protective equipment and the appropriate disposal of sharps and clinical waste. Staff demonstrate their knowledge regarding procedures in the event an infectious outbreak occurs. Care recipients, representatives and staff are satisfied with 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

Hospitality services enhance care recipients' quality of life and the working environment for staff. Catering services meet care recipients' individual dietary needs and preferences, offer meal options and adhere to a food safety program. Designated staff provide cleaning services and ensure completion of tasks. The home was clean during the visit. Staff launder all linen and personal clothing on site. Processes to name and return lost clothing are established. Management and staff monitor hospitality service performance through meetings with care recipients and representatives, feedback, observation and audits. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services and said the food service is generous.