



Australian Government

Australian Aged Care Quality Agency

Kyabram Nursing Home

RACS ID 3455
86-96 Fenaughty Street
KYABRAM VIC 3620

Approved provider: Kyabram and District Health Services

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 31 October 2018.

We made our decision on 11 September 2015.

The audit was conducted on 04 August 2015 to 05 August 2015. The assessment team's report is attached.

The assessment team recommended the home did not meet the requirements for expected outcomes 1.3 Education and staff development, 1.8 Information systems, and 2.5 Specialised nursing care needs.

We considered a submission by the home and came to a different view and have decided that the home does meet these requirements.

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Kyabram Nursing Home 3455

Approved provider: Kyabram and District Health Services

Introduction

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 41 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.3 Education and staff development
- 1.8 Information systems
- 2.5 Specialised nursing care

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 August 2015 to 05 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Rebecca Phillips
Team member:	Donald McMonigle

Approved provider details

Approved provider:	Kyabram and District Health Services
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Details of home

Name of home:	Kyabram Nursing Home
RACS ID:	3455

Total number of allocated places:	42
Number of care recipients during audit:	42
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Care recipients living with dementia (secure unit)

Street:	86-96 Fenaughty Street
City/Town:	Kyabram
State:	Victoria
Postcode:	3620
Phone number:	03 5857 0208
Facsimile:	03 5852 1868
E-mail address:	bwardle@kyhealth.org.au

Audit trail

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

Interviews

Category	Number
Corporate management	6
Aged care manager	1
Nursing and lifestyle staff	9
Care recipients / representatives	7
Hospitality and maintenance staff	6

Sampled documents

Category	Number
Care recipients' lifestyle assessments and care plans	7
Clinical files	5
Personnel files	4
Care recipient agreements	4
Medication charts	7

Other documents reviewed

The team also reviewed:

- Activities calendar
- Audits, care recipient survey and audit schedule
- Cleaning schedules
- Clinical charts and records
- Comments and complaints register
- Contractor agreements
- Controlled substance register
- Education and training records
- Feedback forms
- Fire safety equipment inspection records

- Food safety plan audit
- Handbooks
- Handover sheet
- Incident forms, data and analysis
- Infection control data and analysis
- Infection control management plan and resources
- Kitchen registration
- Lifestyle attendance and evaluation records
- Meeting minutes
- Newsletters
- Policies procedures and flow charts
- Preventative and responsive maintenance records
- Privacy statements
- Quality plan and corrective action request register
- Regulatory compliance monitoring tools and associated documentation
- Restraint documentation
- Self-assessment
- Values statement.

Observations

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities poster
- Cleaning and laundry service in progress
- Evacuation plans on display and egress routes
- Equipment and supply storage areas
- Fire safety equipment
- Infection control equipment and waste disposal mechanisms
- Interactions between staff and care recipients

- Internal and external living environment
- Meal and refreshment service
- Medication administration and storage
- Noticeboards with information displayed
- Oxygen storage and signage
- Palliative care trolley
- Security systems
- Short observation during meal service
- Staff and care recipient notice boards
- Suggestion box
- Supply and equipment areas.

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 and demonstrates recent examples of improvement activities related to management systems. Quality tools include a quality plan, corrective action request register, feedback forms, audits, surveys, staff education and training, monitoring of comments and complaints and incident reporting.

Management evaluates and obtains feedback from stakeholders in relation to services the home provides. Management oversees continuous improvement and meeting minutes confirm effective recording of the home's initiatives and monitoring of quality outcomes.

Stakeholders said they are encouraged to contribute to the home's pursuit of continuous improvement and were able to cite examples of recent improvements.

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

- Management identified the need to review the organisation's comments and complaints process. The review included consultation with a consumer group to redevelop the comments/complaints form and introduction of a computerised system for recording and monitoring stakeholder feedback. The initiative has led to a more user friendly feedback form and more effective recording and monitoring of complaints data and trends.
- Management established a product evaluation committee to assist with the purchase and evaluation of equipment in the home. The establishment of the committee has led to an effective structure and procedure for overseeing the purchase of new equipment and replacement of the former manual request system. The committee meets bi-monthly and since its inception has successfully assisted with trialling, evaluating and purchasing of new equipment in response to requests from management and staff.

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 a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management remain informed through legislative update services, government and industry bulletins, communiques and newsletters. Management amends policies and procedures in response to legislative changes and informs staff of updates through memoranda, meetings and training sessions, as required. Management utilise noticeboards in staff areas to display information relating to legislative and quality activities. The use of electronic communication also facilitates the dissemination of information promptly and effectively as needed. Staff said management keeps them informed of regulatory compliance obligations, relevant to their role.

Examples of regulatory compliance in Standard 1 Management systems, staffing and organisational development include:

- All staff and volunteers have a valid police certificate and a statutory declaration if required.
- Information on internal and external complaints mechanisms is available to care recipients and representatives.
- Notification regarding the re-accreditation audit was prominently on display throughout the home.

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 does not meet this expected outcome

Education and training records do not demonstrate management and staff have appropriate knowledge and skills to perform their roles effectively. Mandatory education sessions, deemed compulsory by the organisation and required to be completed on an annual basis, record low levels of attendance.

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 and staff inform care recipients and their representatives of the home's complaints and improvements procedures upon entry to the home. Stakeholders have access to internal and external complaints mechanisms. Information relating to complaints resolution processes is included in the care recipients' information directory, staff handbook and through the provision of brochures. Stakeholders are encouraged to make suggestions or suggest improvements through meetings or through completion of the home's feedback and improvement forms. Records demonstrate management records, monitors and evaluates complaints as part of its quality system. Care recipients and representatives said they feel comfortable approaching management in relation to issues and concerns. All stakeholders stated management responds to complaints in a timely manner.

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 statement is documented in care recipient and staff handbooks and other promotional material, included in staff orientation and is displayed throughout the home. The organisation conducts strategic planning and oversees the home's quality systems which demonstrate a commitment to quality throughout the organisation. Staff practices reflect commitment to the values promoted by the organisation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrate there are processes available to ensure appropriately qualified staff to deliver service in accordance with the Accreditation Standards. Organisational policies and procedures guide staff recruitment. Position descriptions outline the skills, qualifications and requirements relevant to each role. New staff undertake an orientation program which includes the participation in 'buddy shifts'. The availability of a casual bank assists in filling any vacant shifts, if required. Processes to monitor staff practice include performance appraisals, competency testing and staff surveys and there is electronic access to policies and procedures to guide staff in their role, if required. Management state rostering of staff is subject to regular review and in line with care recipients' needs. Care recipients and

representatives are satisfied with the skill, knowledge and timeliness of care and service delivery.

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 adequate supplies of appropriate goods and equipment to provide quality service delivery. Goods are stored safely in secure areas and equipment is subject to regular cleaning and maintenance schedules. Ordering of clinical and non-clinical supplies occurs through preferred suppliers and stock rotation and monitoring systems are in place. If required, there is access to additional resource at the adjacent hospital. Ongoing review of supplies and equipment occurs via the product evaluation committee to ensure all products adequately serve their intended purpose and comply with relevant standards. Care recipients, representatives and staff are satisfied with the quantity and quality of supplies and equipment available.

1.8 Information systems

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

Team's findings

The home does not meet this expected outcome

The home has information management systems in place. They are not being used effectively to identify issues and gaps within Standard 2 Health and personal care. Staff and stakeholders do not have access to current, accurate and consistent information to guide care and service delivery. Management do not effectively monitor or review the information systems to ensure effective information management.

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

Provision of externally sourced services occurs in a way that meets the care service's needs and quality goals. The organisation maintains details of service providers including agreements, police certificate checks where required, insurances and qualifications and these are reviewed at the expiry of each contract. External suppliers complete an induction process prior to commencement of the contract and are provided with a contractor safety handbook to their staff when working on site. Management personnel participate in a review of external contractors' services prior to renewal of contracts. Staff and care recipients expressed satisfaction with the quality of services sourced externally including allied health providers and the maintenance of fire and emergency equipment.

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

In relation to care recipients' health and personal care, staff record falls, medication incidents, skin tears and behaviours. Management collate and analyse relevant data in order to identify trends which are addressed through the provision of education and monitoring of work practices. Staff, care recipients and representatives expressed satisfaction with how the organisation promotes and improves care recipients' health and personal care. Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of recent improvements undertaken that relate to Standard 2 Health and personal care include the following:

- Clinical governance has implemented a revised framework for monitoring and reporting clinical key performance indicators. The review included the development of a tiered structure for meetings and required reporting of clinical outcomes with graphing of data and trends relevant to each meeting. The review has led to improved reporting to clinical governance as well as more effective reporting of relevant clinical data at various management levels in the home.
- To enhance the care provided to care recipients living with dementia and to minimise the episodes of challenging behaviour, clinical management contacted the dementia behaviour management advisory service. The organisation has now established close ties with the service which has led to improved management of behavioural incidents and professional support and advice for staff working in the secure unit.
- Management appointed a staff member to oversee the wound management portfolio and who has since attended training to assist them in the role. The staff member has subsequently implemented improved systems for assessing and managing wounds, provides support for nursing staff as well as education in wound management. Since the staff appointment and introduction of the program, nursing management has noted improved wound care.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- Professional registrations of nursing staff are maintained and monitored at site level.
- Staff demonstrate compliance with regulatory compliance obligations in relation to medication management, medication administration and medication storage. Appropriately qualified staff manage the medication system.
- The home has a policy and procedure to guide staff response in relation to unexplained absences of care recipients.

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

Generally, management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of care recipients’ health and personal care. Educational opportunities are identified through observation of staff practices, audits, meetings, changes to legislation and regulatory compliance, staff appraisals and verbal requests. New employees attend a suite of training sessions upon recruitment. Staff have access to educational training and professional development opportunities through internal and external educational programs advertised through email, flyers and noticeboards.

Records of attendance are maintained, sessions evaluated and feedback provided. Staff are satisfied with the provision of education and training opportunities.

Recent education and staff development opportunities relevant to Standard 2 Health and personal care include:

- behaviour management
- continence management
- dysphagia and nutrition and hydration
- wound management/aseptic technique.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients receive appropriate clinical care. During the assessment process staff capture care recipients’ clinical care needs and known interventions, identified in consultation with the care recipient and their representative. There is access to a range of allied health personnel at the adjacent hospital thereby contributing to a multidisciplinary approach in meeting care recipients’ clinical needs. A community based medical practitioner visits the home regularly and there is access to locum services after hours. There are adequate supplies of clinical equipment with additional resources available at the adjacent hospital, if required. Care recipients and representatives are satisfied with the clinical care staff provide to care recipients.

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 does not meet this expected outcome

Care recipients’ specialised nursing care needs are not being met in accordance with clinical and medical directive. Examples of specialised nursing care at the home includes catheter care, oxygen therapy, complex pain management and diabetes management. Corresponding clinical charts did not demonstrate staff were undertaking specialised nursing care duties as required.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Care recipients can access a wide range of health specialists according to their needs and preferences. Allied health services are available on site at the adjacent hospital. A range of health specialists including a dietitian, occupational therapist, physiotherapist, podiatrist and speech therapist visit the home. Additional specialists attended the home on a referral basis, as required. Care recipients and representatives are satisfied with the availability of other health related services.

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

There is a system to ensure care recipients’ medication is managed safely and correctly. Registered nurses and medication endorsed enrolled nurses administer medication from original packaging. Medication charts record medical directives and identify all medications including dosage, administration route and frequency of administration. Medication is stored appropriately and in accordance with legislative requirements. There is a system to ensure medications are disposed of appropriately and prior to their expiration date. Staff described the process to reduce medication signature omissions. Care recipients and representatives are satisfied care recipients receive their medication in a safe and timely fashion.

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 are systems to ensure all care recipients are as free as possible from pain.

Staff undertake assessments for care recipients which includes information regarding care recipients’ pain management needs. Staff develop plans of care which include strategies to reduce pain. Staff liaise with medical practitioners where analgesia is required. Pain relief patches are applied in accordance with medical directive with the site of application rotated each time to promote efficacy and reduce skin irritation. Care recipients and representatives are satisfied with the home’s approach to pain management.

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 are processes to maintain the comfort and dignity of terminally ill care recipients. Staff assess the palliative care needs of care recipients as part of the admission process and thereafter as required. Staff provide all care recipients and their representatives an opportunity to consider the care recipient’s end of life wishes and to complete an advanced care plan. This form provides information to staff regarding care recipients’ preferences at the end of life, with consideration to cultural and spiritual needs and personal preferences.

There is availability of a palliative care trolley which provides easy access to resources to enhance the comfort and dignity of care recipients. Staff described care measures they undertake when caring for terminally ill care recipients which include comfort and dignity measures.

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 is a process to provide care recipients with adequate nourishment and hydration. Staff undertake assessments for care recipients which includes information regarding care recipients’ nutrition and hydration requirements. Specifically, staff record care recipients’ personal preferences, medical requirements and the level of assistance required which in turn is provided to catering personnel. There is access to a dietitian and speech pathologist for support and advice as required. Availability of supplements and texture modified foods assist care recipients with their food and fluid intake as needed. Provision of morning tea, afternoon tea and a range of food and beverage choices facilitate adequate nourishment and hydration. Care recipients and representatives spoke positively of the food available stating there were adequate choices and enough to eat and drink.

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 maintain care recipients’ skin integrity in accordance with their general health and wellbeing. Strategies include the use of pressure relieving mattresses, increased hydration, regular positional changes and application of skin moisturisers and emollients.

Designated staff are appointed the portfolio relating to skin care and wound management and have undergone external training to enhance their skills and knowledge in this area. These staff are responsible for the ongoing monitoring and review of care recipients’ wounds and skin integrity with access available to wound care specialists as required. Documentation of records of care and photographic evidence of the wound healing process assists in the evaluation of the efficacy of the current wound care regime. Care recipients and representatives are satisfied care recipients’ skin is adequately cared for.

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 manage care recipients’ continence effectively. These include the completion of assessments and charting which records care recipients’ toileting needs and schedules. Relevant care plans record the level of assistance required and any aids needed. Staff develop strategies and interventions to promote effective continence management in consultation with the care recipient, their representative and medical practitioner if required. Such strategies include regular toileting times, increased hydration and the provision of low impact exercise. Continence aids are stored discreetly, there are adequate supplies and

training is available through the company providing the continence products. Care recipients and representatives are satisfied staff provide care recipients appropriate continence care.

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 effectively meet the needs of care recipients with challenging behaviours. During the assessment process staff identify care recipients’ behavioural management needs. In consultation with the care recipient and their representative staff develop care plans which record strategies to manage episodes of challenging behaviours. Consultation with medical practitioners and mental health professionals occurs as required. The availability of a secure unit provides a safe environment for care recipients living with dementia. Care recipients said other care recipients do not infringe on their rights. Care recipients and representatives are satisfied 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

Management and staff demonstrate there is a system to promote care recipients’ mobility and dexterity. During the assessment process staff establish care recipients’ mobility needs and develop strategies to reduce the risk of falls and increase independence. Corresponding care plans document the level of staff assistance required and any aids or equipment needed such as falls sensor mats, hip protectors, lifting machines and mobility aids. There is access to a physiotherapist and an occupational therapist for additional support and advice as required.

Staff document the incidence of falls which is then subject to management review to identify trends to minimise recurrence. Through the provision of exercise classes and strength training, nursing and lifestyle staff further enhance care recipients’ mobility and dexterity. Care recipients and representatives are satisfied staff support care recipients’ mobility and dexterity as needed.

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 care recipients’ oral and dental health is maintained. As part of the assessment process, staff consider the assistance required for daily care of teeth, mouth and dentures as appropriate. The corresponding care plan documents strategies to enhance oral and dental health and if any aids or assistance is needed. Care recipients can choose to retain their own dentist if practical or can access a mobile dental service for appointments and

treatment if preferred. There are adequate supplies and equipment to enhance oral and dental health and staff change care recipients' toothbrushes on a regular basis to maintain effective infection control procedures. Care recipients and representatives are satisfied with the level of oral and dental care staff provide.

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

There is a system to identify and effectively manage care recipients' sensory loss. As part of the assessment process, in consultation with the care recipient and their representative, staff identify known sensory loss and strategies to minimise any impact. This information is reflected on the corresponding care plan. The lifestyle program contributes to the enhancement of care recipients' senses with the inclusion of activities that highlight the senses of touch, smell and taste. There is access to resources to minimise sensory loss such as talking and large print books. Staff arrange appointments for care recipients to attend specialists such as audiologists and optometrists as required. Care recipients and representatives are satisfied with the home's approach to managing sensory loss.

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 to assist care recipients in achieving natural sleep patterns. As part of the assessment process, staff establish the care recipient's sleeping and rest patterns and develop care plans which nominate individual rising and settling times and other specific rituals or habits. Medical practitioner liaison occurs if pharmacological assistance is required.

Strategies to promote relaxation and comfort includes the provision of supper, access to additional food and drink if required and consideration to care recipients' continence and pain management needs. Care recipients and representatives are satisfied with management's approach to promoting natural sleep 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

In relation to care recipient lifestyle, meetings and annual surveys capture stakeholders’ suggestions and feedback. Staff use lifestyle and care activities as a means for recording and evaluating provision of lifestyle activities. Staff contribute to improvements through annual surveys, training and input at meetings. Care recipients said the organisation actively promotes and improves provision of lifestyle opportunities. Refer to Expected outcome 1.1 Continuous improvement for information about the organisation’s continuous improvement systems and processes.

Examples of recent improvements undertaken that relate to Standard 3 Care recipient lifestyle include the following:

- Management conducted a review of the home’s lifestyle program which has led to the appointment of a new lifestyle coordinator, an increase in hours provided by lifestyle staff and dedicated times for lifestyle staff to provide activities for care recipients located in the secure unit. Other improvements, in response to the findings of the care recipient survey conducted in June 2015, include the training of volunteers to assist with the delivery of the program including activities over the weekend.
- In response to the regulatory changes associated with the “living longer, living better” legislation, management revised the care recipient agreement and handbook as well as associated policies and procedures relating to security of tenure. Relevant staff have been informed of the changes and the organisation’s procedures and associated literature are reflective of current legislation.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems to identify and monitor regulatory compliance obligations in relation to Standard 3 Care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

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

- Care recipients receive information about their rights and responsibilities, privacy and consent issues in their information packs and residential agreements.
- The ‘Charter of care recipients’ rights and responsibilities’ is prominently on display.
- Policies and procedures are available to guide staff in the event of suspected reportable assault. A mandatory reporting register with corresponding records is maintained.

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

Generally, management and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to Expected outcome 2.3 Education and staff development for details of the service’s education and staff development system.

Recent education and staff development opportunities relevant to Standard 3 Care recipient lifestyle include:

- advance care planning and end of life pathways
- elder rights advocacy
- introduction to supportive care
- spirituality workshops.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff support care recipients in adjusting to life in the home and on an ongoing basis. Assessment of care recipients' emotional support needs and preferences occurs upon entry to the home and care plans are developed to meet their needs. Review of care recipients' emotional support needs occurs on a regular basis by nursing and lifestyle staff and care plans are updated as required. Care recipients and their representatives are provided with an information handbook to assist their orientation to the home. Care recipients are satisfied with the emotional support provided during the initial settling in period and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care and lifestyle assessment processes identify each care recipient's level of assistance in order for them to participate in specific interests and maintain their independence and retain ongoing community associations. Care recipients and representatives state management and staff assist care recipients in maintaining their independence and involvement in activities within the community. The home provides a focus for various community activities including visits from community groups and representatives. Care recipients who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. We observed staff encouraging care recipients' independence with a range of activities including during meal times.

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 organisation recognises and respects each care recipient's right to privacy, dignity and confidentiality. There is a range of public areas for care recipients requiring private areas for meeting with family and friends as well as outdoor patio areas. We observed staff knocking on care recipients' doors before entering their rooms and warm, respectful exchanges between care staff and care recipients. Care recipient files are located securely within the nurse's station and staff state they have sufficient time to attend to care recipients' needs.

Documentation demonstrates care recipients have completed consent for release of information as per legislative requirements. We observed care recipients to be well groomed.

Care recipients and representatives state staff are respectful when completing care needs for care recipients.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a variety of individual and group activities according to their preferences. Lifestyle staff ensure a variety of activities are available to meet individual care recipients' social, cultural, spiritual and emotional needs.

Care recipients are encouraged and supported to attend activities within the home and the local community. Where care recipients prefer to have individual activities, staff provide assistance as needed. Monthly activity calendars are provided to each care recipient with posters displayed throughout the home to encourage participation by the care recipients and their visitors. Staff assist care recipients to attend the activities provided and respect care recipients' preferences. Care recipients and representatives state a variety of activities of interest are available and that staff support care recipients to attend.

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

Care recipients' individual cultural and spiritual needs are identified upon entry to the home and reviewed regularly to ensure staff are aware of these needs and that they are respected on an ongoing basis. A variety of cultural days are offered to care recipients who wish to participate and celebrate these days. Lifestyle staff schedule additional celebrations as new

care recipients enter the home according to their wishes. A variety of religious groups provide church services within the home and staff assist care recipients who wish to attend. Care recipients and representatives are satisfied with the support and respect given to care recipients in regard to their cultural and spiritual needs. Staff demonstrate knowledge of care recipients' individual preferences and cultural backgrounds, and care recipients and representatives state staff respect the cultural and spiritual needs of care recipients.

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

Care recipients and their representatives are satisfied with how the organisation supports care recipients to exercise their choice and control over their daily lives and care needs. The organisation encourages all care recipients and their representatives to actively participate in making decisions about care, the services provided to them and to exercise choice based on their individual preferences. The home has processes, including care recipient meetings, surveys and a complaints process, for stakeholders to formally raise issues. Care recipients are provided with information about their rights and responsibilities enabling them to make informed choices and decisions about their care and the running of the home. We observed staff being respectful carrying out their designated duties. Care recipients and representatives are satisfied staff promote care recipient choice and decision making and respect care recipients' rights.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate care recipients have secure tenure within the home. On entry to the home, each care recipient and/or their representative receive an information package which includes details relating to care recipients' rights and responsibilities. The home offers agreements to all new care recipients which contain relevant information relating to security of tenure, fees and charges, rights and responsibilities as well as specified care and services. The home encourages each care recipient to nominate an enduring power of attorney. The home prominently displays the Charter of care recipients' rights and responsibilities. Care recipients and representatives state they are aware of care recipients' rights regarding security of tenure and that staff and management provide care and services in way that respects individual rights and responsibilities.

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

In relation to physical environment and safe systems, management records and monitors findings from workplace inspections, relevant audits and records of staff injuries. Care recipient feedback with regard to satisfaction with the living environment and delivery of hospitality services are sought through surveys and stakeholder meetings. Staff and care recipients are satisfied the organisation actively promotes and improves the safety and comfort of the living environment and staff workplace. Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

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

- Management has introduced a computerised menu system to assist with meeting care recipients’ nutritional and hydration needs. Catering staff have been trained in the use of the new system which enables changes implemented by nursing staff and allied health personnel to be recorded at point of meal delivery immediately. The new system has been well received by staff and care recipient feedback continues to record satisfaction with the meal service. A complete evaluation of the system is due later in 2015.
- Management arrange for an external audit of the organisation’s occupational health and safety committee systems and procedures. The audit and subsequent review led to the development of a multi-disciplinary committee, a review of the audit tools, a three year action plan and the development of key performance indicators to assist with reporting of associated data and trends to the board of governance and relevant committees.
- In response to the redevelopment of the organisation’s acute service and associated changes with the fire panel and evacuation plans, management reviewed the corporate emergency management plan. The occupational health and safety committee has reviewed and approved the revised plan which includes new emergency kits and flow charts to support staff in the event of an emergency and improved staff resources. All documentation, procedures and plans are reflective of the changes resulting from the refurbishment of the acute service adjacent to the home.

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

For a description of how the home identifies and promotes compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to expected outcome 1.2 Regulatory compliance.

Management has systems to identify and monitor regulatory compliance obligations in relation to Standard 4 Physical environment and safe systems. The home monitors compliance with legislation through audits, inspections, meetings, supervision of work practices and surveys.

Staff said they are informed of regulatory requirements.

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

- Staff adhere to a food safety program.
- Chemicals are stored appropriately and corresponding safety data sheets are accessible where chemicals are stored.
- Authorised personnel monitor and maintain fire and emergency equipment.

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

Generally, management and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to Expected outcome 2.3 Education and staff development for details of the service’s education and staff development systems.

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

- fire and emergency
- infection control and hand hygiene
- manual handling
- occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home's fittings and furnishings are sufficient and appropriate for care recipients' needs. A preventative and responsive maintenance system helps ensure a safe, well-maintained environment and all electrical equipment is tagged and monitored. The home's grounds are well maintained and provide attractive and secure areas for care recipients and other stakeholders. Keypad access to staff work areas and external areas helps provide a secure environment for all stakeholders. Care recipients and representatives stated the living environment is safe and comfortable and all stakeholders expressed satisfaction with the home's maintenance systems.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff practices. The occupational health and safety committee meets on a monthly basis to monitor incidents and review findings of workplace inspections. Management monitors the safety of the environment by conducting regular workplace inspections as per agreed procedures. There are preventative and reactive maintenance programs to assist in ensuring equipment remains in working order.

Material safety data sheets are available and signage is used when cleaning, following spills or when equipment is out of order. Management offers training for safe chemical handling and manual handling.

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

Procedures provide for a safe environment and the regular maintenance of systems minimise fire, security and emergency risks. Fire and emergency training is compulsory for all staff upon orientation and thereafter on an annual basis. Evacuation plans and procedure charts are located throughout the facility. An accredited external contractor monitors and maintains the safety and functioning of the fire and emergency equipment. Staff expressed satisfaction with training provided in fire and emergency procedures. Management has developed an evacuation/relocation plan in the event of a major incident. The home has keypad security at

exits and staff work areas. Stakeholders stated they feel safe and secure in the home and were able to explain actions to be taken in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate measures in place to minimise the risk and spread of infection. These include access to an influenza vaccination program, for care recipients and staff, availability of a food safety program and provision of personal protective equipment.

The home offers training in infection control and an on-site, organisational based infection control co-ordinator further enhances the management and prevention of infections with the provision of up to date advice readily available. Outbreak management kits and access to infection control procedures assist staff in the efficient handling of any outbreak that may occur. Kitchen, cleaning and laundry practices follow current infection control guidelines.

Staff demonstrated knowledge of infection control practices relevant to their duties.

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

Staff provide hospitality services in a way that enhances care recipients' quality of life. Catering staff prepare meals on site according to a four week rotating menu developed in consultation with care recipients and the dietitian. There is a process for staff to establish each care recipient's meal preferences and to maintain a current list of dietary requirements and texture modification needs. Cleaning staff follow schedules to ensure cleanliness of common areas and each care recipient's room and we observed the home to be clean during the visit. All linen and care recipients' personal clothing is laundered on site and there are processes to label clothing to minimise lost property. Care recipients and representatives are satisfied with the quality of the home's catering, cleaning and laundry services.