Australian Government
Australian Aged Care Quality Agency

Lakeview Nursing Home

RACS ID 4397
Barree Street
TALLANGATTA VIC 3700

Approved provider: Tallangatta Health Service

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 27 October 2018.

We made our decision on 16 September 2015.

The audit was conducted on 04 August 2015 to 05 August 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 Resident 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

Lakeview Nursing Home 4397

Approved provider: Tallangatta Health Service

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:

- 44 expected outcomes

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:	Lesley Richardson
Team member:	Margaret Giffard

Approved provider details

Approved provider:	Tallangatta Health Service

Details of home

Name of home:	Lakeview Nursing Home
RACS ID:	4397

Total number of allocated places:	15
Number of care recipients during audit:	14
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	None

Street:	Barree Street
City:	Tallangatta
State:	Victoria
Postcode:	3700
Phone number:	02 6071 5200
Facsimile:	02 6071 2795
E-mail address:	Robyn.Gillis@ths.vic.gov.au

Audit trail

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

Interviews

Category	Number
Management/administration	8
Nursing/lifestyle staff	5
Care recipients	4
Hotel services/maintenance	5

Sampled documents

Category	Number
Care recipients' care files	5
External service agreements	5
Care recipient administration files	4
Medication charts	5
Personnel files	5

Other documents reviewed

The team also reviewed:

- Activity calendars, information, whiteboards and participation records

- Audit schedule, audits, incidents, clinical data, analysis and reports

- Care recipient and staff information handbooks

- Cleaning and laundry documentation including schedules

- Dietary needs, supplement and preference documentation

- Education calendar, attendance records, training resources and evaluations

- Emergency management plan

- External service resources and suppliers

- Feedback forms, quality lifestyle documentation and continuous improvement plans

- Food safety program, audits and menu

- Infection control, outbreak management procedures and flowcharts

- Infection related documentation, care recipient and staff vaccination records

- Maintenance and essential services schedules, records and reports

- Mandatory reporting register

- Medication self-administration assessments

- Meeting minutes, electronic mail and correspondence

- Mission, vision and values statements and strategic plan

- Newsletters and information resources for staff, care recipients and families

- Police certificates, statutory declarations, professional registration, contractor databases

- Policies, procedures and flowcharts

- Position descriptions, duty lists and performance appraisals

- Recruitment, interview, orientation information and checklists

- Rosters

- Self-assessment report

- Specialist and allied health documentation.

Observations

The team observed the following:

- Activities in progress and resources including bus

- 'Charter of residents' rights and responsibilities' on display

- Cleaning, laundry service and maintenance in progress

- Emergency and firefighting equipment, transfer equipment, evacuation maps, egress routes and pathways

- Equipment and supply storage areas including signage

- Evacuation, outbreak and spill kits

- Feedback forms, brochures and locked boxes

- Interactions between staff, care recipients and volunteers

- Internal and external living environment

- Meal and refreshment service including menu displays

- Notice boards

- Palliative care resource folder

- Personal protective equipment, infection control resources and processes

- Records storage areas and archive storage

- Security processes in operation

- Short group observation in dining room

- Storage and administration of medications

- Waste processing, storage and disposal.

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

Management actively pursues continuous improvement across the Accreditation Standards and shows improvements in management systems, staffing and organisational development. The system includes feedback forms, surveys, audits, meetings and active encouragement of feedback. Staff log quality activities into a quality management system and this informs the continuous improvement plan with progress against objectives monitored and outcomes recorded. Heads of department develop annual quality plans with their teams, review and discuss these at relevant meetings. Regular review of a range of data occurs with feedback of results provided to stakeholders as appropriate. Management monitors the effectiveness of improvement strategies using a range of mechanisms such as observation, audits, data analysis, discussion at meetings and feedback. Care recipients, representatives and staff are satisfied the home actively pursues continuous improvement.

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

- Management reviewed mandatory training due to difficulty meeting some requirements. A range of staff trialled the use of an online training program and following review, management implemented this in 2014. Management reviewed the effectiveness of the implementation and established six computers for staff to access training modules more readily, reviewed mandatory modules and identified recommended modules for each role. Management said monitoring is improved and staff are satisfied with the support provided and relevance of training.

- Management identified an opportunity to improve management of rostering and payroll by accessing a regional system. Staff are able to access pay information and rosters from home and readily indicate availability. Management said planning and rostering is improved with capacity to share resources and system support regionally.

- Allied health staff identified some outdoor chairs were too low for care recipients and researched suitable options. Management purchased six chairs for use outdoors. Management said staff are satisfied the comfort and safety of care recipients when sitting outdoors is improved.

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, promote and support compliance with relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. Management remain informed through legislative update services, peak bodies and government bulletins. Management discuss regulatory requirements and changes at meetings, ensuring compliance and taking action when required. Management communicates relevant information to staff and stakeholders. Compliance with legislation is monitored through the continuous improvement system. Staff said they receive information regarding regulatory compliance relevant to their roles and demonstrate knowledge of regulatory requirements.

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

- Confidential documentation is stored securely.

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

- The organisation reviews and updates policies, procedures and documents in line with changes in legislation.

- There is a system to ensure all staff, volunteers and appropriate service providers have current police certificates, statutory declarations as applicable and appropriate credentials.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to the Accreditation Standards. Management develop a master training plan which includes mandatory training requirements from sources such as current or changing needs of care recipients, feedback from staff, performance appraisals, comments and complaints, incidents and quality activities. Delivery occurs through facilitated and practical sessions, online, self-directed and attendance at external learning venues.

Management and staff complete compulsory topics and competencies related to their role. Management encourages professional development including opportunities to act in senior roles and support to undertake further education. Management monitor and evaluate the effectiveness of the program through feedback, attendance records, competency evaluations,

observations and quality activities. Management and staff are satisfied with the education and training opportunities offered.

Education and training scheduled and attended in relation to Standard 1 Management systems, staffing and organisational development include:

- changes in legislation

- compliments and complaints

- delegation and supervision for registered nurses and enrolled nurses

- equal opportunity

- open disclosure

- understanding accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Internal and external complaints mechanisms are available to care recipients, representatives and stakeholders with language resources available as needed. Management encourage feedback in newsletters, surveys, meetings and through regular discussion with care recipients and representatives. Feedback is received directly by staff and management, via feedback forms, locked boxes and in regular discussions. Assistance to complete forms or raise issues is available. Management maintains confidentiality and operates an open door and consultative approach. Identified issues inform the continuous improvement process with feedback provided. Staff are aware of the complaints processes and encourage care recipients to raise their concerns. Care recipients and representatives said they are encouraged to provide feedback, are confident raising issues and satisfied with the responsiveness of staff and management.

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 vision, mission, values and strategic aspirations are prominently displayed throughout the facility. A commitment to quality care is consistently documented in a range of material, including care recipient and staff handbooks and the strategic and continuous improvement plan.

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 appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with the Accreditation Standards and the organisation's commitment to quality service delivery. The recruitment process includes interviews, reference and qualification checks, with continued monitoring of registration and other certification once employed.

Orientation includes training, education, supernumerary shifts and other key human resource information such as position descriptions and staff handbook. Management and key staff monitor and adjust staffing allocations based on care recipients' clinical needs and roster requirements, including short and long term leave. Rosters show adequate staffing levels and skill mix maintained at all times, with a registered nurse available on all shifts.

Management monitor staff performance through competency assessments, performance appraisals and observation of practice. Staff are satisfied staffing levels are maintained. Care recipients and representatives are satisfied with the adequacy of care and the responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has a system to ensure stocks of appropriate goods and equipment for quality care provision are available. Management and staff monitor stock levels and replace stock from existing stores and by reordering from regular organisational suppliers. Care recipient needs and preferences, staff feedback, maintenance schedules, audits and contractor reports inform decision making in relation to purchases. Risk assessment and trial of equipment is undertaken where needed and quotes obtained prior to approval. Staff receive training in the use of new and existing equipment. The home has adequate storage and equipment is accessible. Cleaning and maintenance schedules and reporting of maintenance issues ensures equipment is in good repair. Care recipients, representatives and staff said there is adequate and appropriate supply of goods and equipment to meet care recipients' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management ensures effective information management systems are in place. Management disseminates information to stakeholders through various mechanisms such as meetings,

newsletters, comments and complaints, quality activities, articles in the local newspaper, letters, telephone calls, family meetings and use of noticeboards. Information handbooks are provided to care recipients, representatives, staff and contractors. Staff have access to accurate information to provide appropriate clinical care and services via various mechanisms including electronic care plans, communication books, handover, duty lists, policies and procedures. Electronic programs have password access and management back up electronic data daily. Archiving and document destruction processes ensure privacy and confidentiality principles are applied. Management monitor the system through quality activities and stakeholder feedback. Staff are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Care recipients and representatives are satisfied with the various ways they are kept informed.

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 ensures all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Management monitors contractors' insurance cover, police certificates and qualifications and ensures services meet relevant regulations. Contractors undertake an induction program prior to commencing. Management reviews satisfaction with externally sourced services through feedback from staff, care recipients and representatives, audits, surveys and observations. A list of preferred service providers is available and staff have access to after-hours emergency assistance. Care recipients and staff are satisfied with the quality of external providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in care recipients' health and personal care. Staff document incidents and designated staff analyse a range of clinical data for trends which are reported, overseen and actioned. 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:

- Staff identified care recipients with reducing mobility had difficulty attending appointments for optometry and hearing services in the regional centre. Management negotiated a review program with an optometry service with a quarterly visiting service established thereafter. Staff subsequently established a similar visiting service with a hearing services provider. Management said care recipients are accessing these services as needed with those who wish to see their previous provider supported to do so.

- Following a review of falls data and changing care recipient needs, staff identified an opportunity to improve falls prevention equipment. Management purchased four sensor mats compatible with the call bell system and provided staff training in use and storage. Management said staff are familiar with the use of this equipment and monitoring of care recipients at risk is improved.

- Management identified an issue in relation to medication key management and improved the identification of medication storage keys. The key allocation process was streamlined with only one book for approved nursing staff to sign. Management said the security and monitoring of medication access is improved and staff report the process is easier to use.

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

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

- There is ongoing monitoring of registered nurse and allied health practitioner registrations.

- Medications are stored and managed according to legislated processes with any discrepancies investigated and reported as required.

- Management has processes to guide staff actions in the event of an unexplained care recipient absence.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management ensure staff have the knowledge and skills to effectively perform their roles in relation to care recipients' health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 2 Care recipient health and personal care include:

- continence

- diabetes

- medication - polypharmacy

- mental health-triggers, cues and referral pathway

- palliative care

- sensory loss

- sleep

- 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 has systems to ensure care recipients receive appropriate clinical care. A registered nurse oversees clinical care and is available on each shift. Staff complete initial assessments when care recipients move into the home and summary care plans provide care staff with directions for immediate health care needs. Comprehensive care plans are then developed and reviewed regularly with care recipients and representatives. Staff are informed of all care recipients' current and changing needs through care plans, clinical management plans, duty lists and handover mechanisms. Medical practitioners, allied health staff and others are notified of changes in care recipients' health status and review and recommend changes as appropriate. Staff ensure information regarding care recipients' status and needs accompanies care recipients when a transfer to hospital is required and ensure discharge information is communicated to staff when care recipients return. Staff have access to policies, procedures, resources and equipment to support their clinical practice. 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

Management has a system to ensure appropriately qualified nursing staff identify and meet care recipients' specialised nursing care needs. Care recipients with specialised care requirements have documented instructions, reportable ranges and treatment strategies available for staff in their care and management plans. Care recipients have access to health professionals where required. Management facilitate the education of staff in areas of complex care to ensure currency of knowledge. Monitoring of specialised nursing care occurs through regular reviews, audits and feedback from care recipients and representatives. Staff have sufficient time and resources available to provide specialised care. Care recipients and representatives are satisfied with the specialised care provided.

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

There is a system to ensure care recipients are referred to appropriate health specialists in accordance with care recipients' needs and preferences. Physiotherapists assess care recipients when they move into the home and as required. Care recipients have access to medical practitioners and specialists, speech pathologist, dietitian, podiatrist, occupational therapist, diabetes educator, dental services, social worker, massage therapist, wound management, palliative care, vision, hearing, continence and behaviour management services

either on a regular basis or through a referral process. Care recipients and representatives are satisfied referrals to other health and related services occur appropriate to care recipients' needs and wishes.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Management and staff demonstrate there are systems to ensure care recipients' medication is managed safely and correctly. Appropriately qualified staff administer medications according to medical practitioners' instructions. Medications are securely stored and safe medication disposal methods available. Medication charts reflect current photographs, allergies and special instructions for administration. There are processes for assessment of care recipients who self-administer medications. Staff complete annual medication competencies. Regular audits and the medication advisory committee monitor medication management. Staff review and resolve medication incidents in a timely manner. Care recipients and representatives said staff provide medications safely and on time.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Management ensure all care recipients are as free as possible from pain. Staff complete pain charts and assessments to record individual pain experiences and the strategies used to assist with pain relief. The physiotherapist assesses care recipients for heat tolerance if the use of heat packs is indicated. Care plans include information on treatments offered such as exercise and strength based activities, massage, heat application, positional changes and diversional therapy. A review of care recipients' pain management occurs regularly and if new pain is reported. Consultation with the medical practitioner and the physiotherapist occurs regularly regarding pain management and staff monitor the effectiveness of treatments. Care recipients and representatives are satisfied pain is managed effectively.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Management and staff ensure the comfort and dignity of terminally ill care recipients is maintained. Staff provide opportunities to discuss and complete advanced care directives and terminal care wishes. Consultation with the medical practitioner and an external palliative care team also occurs for recommendations and advice. Staff develop and review care plans as care recipients' health care needs alter and identify individual care requests, pain relief and comfort measures. The organisation has a dedicated palliative care suite available, which

provides privacy and comfort for care recipients and representatives during the end stage of a care recipient's life should they wish to access this. Staff use relevant equipment and resources for minimising pain and incorporate complementary therapies such as music and massage, if desired. A social worker and local clergy are available to provide emotional and spiritual comfort during the palliative phase.

2.10 Nutrition and hydration

This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

There are systems to ensure care recipients receive adequate nourishment and hydration. Staff complete an assessment to identify menu choices, personal preferences, allergies and specific requirements. This information is communicated to the kitchen on entry to the home. Care plans reflect details regarding preferences, texture modified food and fluids, assistive devices and any support from staff that is required. Staff monitor care recipients' weights and a referral occurs to the medical practitioner, speech pathologist or dietitian in the event of significant or ongoing weight loss or other changes. Care plans are reviewed regularly with changes updated and relevant staff informed. Meals, snacks and refreshments are available and offered throughout the day. Care recipients and representatives are satisfied with the meal and refreshment services provided.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Staff complete an assessment using a risk management approach to identify past and current factors affecting care recipients' skin integrity. A care plan includes details on equipment, resources and the assistance required from staff to maintain care recipients' skin integrity. Care plans are reviewed regularly and staff monitor skin integrity during all personal care interventions. Staff complete wound charts to record the management of wounds and the progress of healing.

Consultation occurs with the medical practitioner and a wound consultant, for advice and prescribed treatments, if required. Staff are aware of the process for completing incident forms and other documentation for skin trauma, pressure areas and wounds. Management monitor, analyse and evaluate monthly data with regular audits occurring. Care recipients and representatives are satisfied with the assistance received regarding skin care.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients' continence is managed effectively. Assessments identify care recipients' continence history, current status and individual toileting programs. Care plans reflect the assistance and aids required by care recipients. A nurse practitioner is available to care recipients who require further support or management of continence issues. Staff report urinary tract infections with monitoring of treatments and monthly analysis of data to identify trends. Continence is monitored through charting, care plan reviews and audits. A proactive approach to bowel management includes offering adequate fibre and promoting mobility and fluid intake. Care recipients and representatives are satisfied staff respond to continence management needs in a timely manner.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Prior history and current information, charts and a range of assessments identify care recipients' behaviours of concern. Care plans reflect information on identified triggers for care recipients' behaviours and the individualised strategies used by staff in care and lifestyle settings. Staff report behaviour related incidents as they occur and there is regular monitoring and analysis of these incidents Consultation occurs with the medical practitioner, staff and dementia specialists to obtain further advice as required. Staff demonstrate knowledge regarding their approach to caring for individual care recipients with challenging behaviours. Care recipients and representatives are satisfied with the management of behavioural issues.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Management demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. On moving into the home nursing staff and a physiotherapist assess and identify mobility, transfer needs and individual functional ability. The physiotherapist conducts further reviews regularly and as required. Care plans provide information on a range of strategies, equipment and aids used to maximise independence. Walking, exercise, heat application and massage are some of the strategies used to maintain and promote independence. Staff review and analyse falls incidents regularly. Care recipients and representatives are satisfied with the support received in order to maintain mobility.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Management and staff demonstrate care recipients' oral and dental health is maintained. Prior history, current information and an oral and dental assessment assists with identifying gum, teeth and mouth problems. Staff consult the medical practitioner and care recipients' choice of dentist or technician for any treatments necessary and appointments are attended with support from family or staff, as required. Care plans contain details on the frequency of oral care and any staff assistance required. Mouth care products are provided and replaced as needed. Care recipients and representatives said staff assist with oral care on a regular basis.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Staff use a range of assessments to identify care recipients' reduced sensory capacities. Care plans inform staff on communication strategies and for the care, application, cleaning and storage of vision and hearing aids. An optometrist and audiologist provide services with relevant information forwarded to the medical practitioner as necessary. Skin sensation and tolerance to heat is assessed prior to the use of heat packs for pain management. Sensory items are available to support care recipients with sensory loss, such as large print and talking books. The home is well lit, ensuring care recipients can move around safely. Staff review care recipients' sensory losses through specialist appointments, regular care plan reviews, reassessments and audits. Care recipients and representatives are satisfied with the assistance received in meeting sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients to achieve natural sleep patterns. Staff document prior history and complete charts and an assessment to develop interventions to support care recipients to achieve restful sleep. Care plans contain details on rising and retiring preferences, room temperature, lighting and comfort measures. In combination with sedation use, alternatives are offered to assist with sleep including hot drinks, late supper, reading, watching television and listening to music. Staff review care plans regularly to ensure current interventions are still effective. Care recipients said the environment is quiet at night and they sleep well.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement activities in relation to all aspects of care recipients' lifestyle. Care recipients and representatives are satisfied with the assistance provided for control of their lives within the residential care service and the community. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented by the home in relation to Standard 3 Care recipient lifestyle include:

- Following a review of falls data, management undertook a review of lifestyle staff hours to improve the flexibility of program delivery during staff handover and as care recipient support needs changed. Management amended lifestyle staff shift start and end times to enable support with breakfasts and increase individual program support. Management and lifestyle staff said lifestyle staff are able to support care staff more effectively and provide more care recipient centred programs.

- Following audit, management identified an opportunity to improve access to a secure area for care recipients to walk and enjoy outdoor activities. The organisation undertook fundraising and used the funds to install suitable secure fencing with a gate with keypad access. Management said staff and care recipients are satisfied with the improved access for walking or outdoor activities.

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.

- Management has processes to ensure it meets compulsory reporting requirements.

- Management ensures care recipients have security of tenure.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management ensure staff have the knowledge and skills to effectively perform their roles in relation to care recipients' health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 3 Care recipient lifestyle include:

- care recipient security of tenure

- cultural awareness

- dementia and nutrition

- elder abuse

- 'Montessori' training

- privacy and dignity.

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 ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Staff familiarise care recipients to the home, reassure representatives and get to know care recipients, their interests and preferences. Care recipients and representatives are able to personalise care recipients' rooms and are encouraged to participate in activities and to socialise. Staff assess care recipients' emotional support needs when they move in and review these following any changes in care needs or events. Staff have the skills needed to meet care recipients' emotional needs and refer care recipients when additional support is indicated. Care recipients and representatives are satisfied with the emotional support care recipients receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maximise their independence, maintain friendships and participate in life inside the organisation and the wider local community. Staff identify, assess and review care recipients' various needs while encouraging their independence. Strategies include exercise programs, the use of mobility aids, provision of equipment and activities to promote social interaction within and outside the home. The home has processes to support financial independence. Local and regular bus outings occur to assist with maintaining these relationships and for reminiscence. Staff consult with care recipients and representatives about daily routines and how to manage any identified risks to maximise independence. Care recipients and representatives are satisfied staff support independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff recognise and respect each care recipient's right to privacy, dignity and confidentiality. Assessment and review includes consideration of each care recipient's specific cultural, spiritual or personal needs to promote privacy and dignity. The home has shared rooms with ensuite bathrooms. Strategies and processes for maintaining privacy and dignity are well established. Seating areas are available indoors and outdoors for care recipients to socialise, for personal use or with visitors. Care recipient information is stored securely and staff respect confidentiality when speaking about care recipients. Staff are discreet when

managing care needs. Care recipients and representatives are satisfied management and staff respect care recipients' privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of interests and activities of interest to them. Staff identify and document preferences and interests in discussion with care recipients and representatives and continue to invite participation to support new interests. Lifestyle staff provide a wide range of activities in small and large groups or on a one to one basis and consider cognitive and physical ability.

Outings occur to the local community and weather permitting, the outdoor spaces are utilised regularly. Regular outings on the home's bus occur and a shed for men's activities is available. Visits from community groups including visits by children and entertainers occur, with volunteers supporting the program. Active seeking of feedback, observations and discussion inform staff in implementing the program. Care recipients and representatives are satisfied with the lifestyle program and the support provided to participate.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff meet care recipients' individual interests, customs and beliefs. Cultural and ethnic backgrounds are valued and fostered. Staff consider care recipients' cultural, religious, spiritual and ethnic preferences in planning care and activities. Lifestyle staff work collaboratively with staff and community groups to develop activities to meet care recipients' needs. The home prepares for and celebrates significant events including special and commemorative events. Staff support care recipients to access spiritual support in the community and in the home with regular visits occurring. Staff support care recipients during illness and at the end of life as preferred. Care recipients and representatives are satisfied with the cultural and spiritual support provided.

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

Each care recipient or relevant representative participates in decisions about services and care recipients exercise choice and control over their lifestyle without infringing on the rights of other care recipients. Assessments record choices and preferences. Staff use a range of strategies including offering choices, inviting participation and responding to requests to support choice and decision-making. Care plans, dietary likes, dislikes and lifestyle participation records document personal preferences and staff review these regularly. Care recipient and representative discussions occur and the home communicates information informally, by display, by newsletter or providing written information. Care recipients and representatives said staff respect care recipients' choices and preferences and they are encouraged to participate in decisions about care and give feedback.

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 has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. When care recipients move in management provides information about security of tenure, privacy, confidentiality, complaints mechanisms and the available care and services through the information pack and residential agreement. The 'Charter of residents' rights and responsibilities', advocacy and independent complaints mechanisms brochures are on display. Management ensures other stakeholders are aware of care recipients' rights and responsibilities through handbooks, training and policies and procedures. Management consults with care recipients and representatives when care needs may require a change of room or rarely a possible transfer. Care recipients and representatives said care recipients have secure tenure and are aware of their 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

Management actively pursues improvements to ensure care recipients live in a safe and comfortable environment. Examples of activities that inform improvements related to the environment are environmental audits and inspections, third party reports and feedback from stakeholders. Staff, care recipients and representatives are satisfied management actively improves the home's physical environment. For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

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

- To ensure effective infection control in line with current standards in relation to the laundering of care recipients' personal items, management implemented microbiology testing. Management said infection control is effective and plan to continue annual microbiological testing.

- Following an energy audit management identified the need to install a new air conditioning system. Management successfully applied for funding and installed a new heating and cooling system. Care recipients have access to temperature controls in their rooms. Management said care recipients are using their controls to manage their own comfort and the environment remains comfortable with a reduction in energy costs.

- Following audit and care recipient feedback, hotel services staff undertook a review of the menu and implemented two seasonal three-weekly rotating menus. The menus include use of fresh seasonal products and were reviewed by a dietitian as meeting care recipients' nutritional requirements. Management and staff said care recipients are satisfied with the variety offered with the new menus.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems to identify and ensure regulatory compliance obligations in relation to 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. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

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

- A current food safety program, certification by third party audits and inspections related to food safety.

- Procedures are in place for recording, managing and reporting infectious diseases and outbreaks.

- The home's systems ensure monitoring and maintenance of emergency and essential service systems.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management ensure staff have the knowledge and skills to effectively perform their roles in relation to physical environment and safe systems. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 4 Physical environment and safe systems include:

- bullying, harassment and occupational violence

- cardio-pulmonary resuscitation

- clinical waste training

- fire training including fire warden training

- food safety

- infection control including hand hygiene

- no-lift training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management actively works to ensure the living environment is safe and comfortable to meet care recipients' care needs. Private and communal living areas are clean and of a comfortable temperature. Lounge and multipurpose areas offer a range of lifestyle and seating options for flexible usage. External areas have suitable seating with views overlooking the water, shade, paving for walking and maintained gardens. A shed for men's activities is available. Ramps enable access to the adjacent organisations for socialisation or activities. Corrective and preventative maintenance systems and a cleaning program ensures equipment, fittings and fixtures are safe and functional. Staff monitor the comfort and safety of the living environment through observation, audits and care recipient or representative feedback. Care recipients and representatives are satisfied with the safety and comfort of the 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 actively work to provide a safe working environment that meets regulatory requirements. Management inform staff of occupational health and safety requirements through orientation, documented processes, meetings and a manual handling training program. Management supports staff to undertake work health and safety training and to perform related roles. Management and staff monitor occupational health and safety through mechanisms including discussion at meetings, observation, incident reports, maintenance and environmental audits. Staff are encouraged to report any issues and to make suggestions. Staff said they have equipment that promotes safe work practice, access to training, prompt maintenance support and support to manage workloads.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are working to maintain a safe environment that minimises fire, security and other emergency risks. Staff have access to documented local and regional emergency management procedures including in the event of a bush fire, and management monitors staff competence through fire drills. Fire safety systems are in place including evacuation kits, fire plans, fire detection and firefighting equipment. Contracted fire professionals regularly monitor and maintain safety equipment. Care recipients are required to have any appliances tested and tagged with the home undertaking testing and tagging of equipment and pest inspection.

The home is able to respond to other emergencies with a generator available for power outages and a lock up procedure is in place at night. Staff said they are required to undertake regular fire and emergency training and are comfortable responding to fire or another emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management has an effective infection control program. Personal protective equipment, hand washing facilities and processes for staff and care recipients who are unwell are in place to minimise the risk of infection. Review of infection rates occurs, training includes infection control and management encourages staff, care recipients and representatives to practice hand hygiene. Staff identify care recipients at risk of infection with appropriate reviews undertaken and implementation of treatment as needed. Kitchen, cleaning and laundry practices follow current infection control guidelines with regular audits. There is a food safety program and the home undertakes pest control inspections. Appropriate waste disposal processes are in place. Staff said there are adequate supplies and equipment to assist staff in minimising the risk of infection.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

Management provides environmental and hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Catering services meet care recipients' individual dietary needs and preferences, offer choice and variety with a rotating menu and adhere to a food safety program. Staff provide cleaning and laundry services and follow schedules to ensure completion of tasks. Furnishings, slings and personal clothing are laundered onsite and a laundry service washes and supplies linen regularly and as needed. Staff undertake labelling of clothing to minimise any loss. Management and staff monitor environmental service performance through discussions with care recipients and representatives, stakeholder feedback, audits and observation of practice. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services.