



Australian Government

Australian Aged Care Quality Agency

Lynden Aged Care

RACS ID 3102
49 Lynden Street
CAMBERWELL VIC 3124

Approved provider: Lynden Aged Care Association Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 March 2018.

We made our decision on 16 January 2015.

The audit was conducted on 15 December 2014 to 16 December 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Lynden Aged Care 3102

Approved provider: Lynden Aged Care Association Inc

Introduction

This is the report of a re-accreditation audit from 15 December 2014 to 16 December 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 15 December 2014 to 16 December 2014.

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:	Marian (Sandra) Lacey
Team member:	Joanne Wheelahan

Approved provider details

Approved provider:	Lynden Aged Care Association Inc
---------------------------	----------------------------------

Details of home

Name of home:	Lynden Aged Care
RACS ID:	3102

Total number of allocated places:	81
Number of care recipients during audit:	73
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	49 Lynden Street
City:	Camberwell
State:	Victoria
Postcode:	3124
Phone number:	03 9809 7000
Facsimile:	03 9809 7025
E-mail address:	info@lyndenagedcare.org.au

Audit trail

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

Interviews

Category	Number
Management	3
Registered nurses	4
Care staff	3
Residents/representatives	10
Catering, cleaning and laundry staff	4
Allied staff	3

Sampled documents

Category	Number
Care recipients' files	9
Summary/quick reference care plans	21
Medication charts	12
Personnel files	3

Other documents reviewed

The team also reviewed:

- activities' calendars
- anticoagulant management system
- asset register
- audits, results and schedule
- behaviour charts
- blood glucose monitoring charts
- resident information packages, handbook and surveys
- catering temperature and cleaning records
- catering third party audits
- cleaning and laundry schedules and documentation

- complex health care plans
- consolidated register
- continence charting
- continuous improvement plan and comments and complaints folder
- controlled substance registers
- dietary information
- education records, attendance sheets, evaluations
- electronic care planning system
- emergency procedures manual
- essential services documentation and reports
- fire inspection records
- food safety plan and third party audit
- generic and industry approved risk assessments
- incident reports, analyses
- infection control data
- infection records, trending analyses
- lifestyle documentation including assessments, evaluations and participation records
- material safety data sheets
- meeting minutes
- nurse initiated medication listings
- occupational health and safety report
- orientation records for staff and contractors
- pest control register
- physiotherapy assessments and care plans
- policies and procedures
- position descriptions, duty lists
- preventative maintenance schedule and preventative and corrective maintenance documentation

- recruitment policies and procedures
- register of police certificates and statutory declarations
- residents' information package and surveys
- self-assessment documentation
- sleep charting
- staff handbook
- weight charts.

Observations

The team observed the following:

- accreditation assessment signage in english and a language other than english
- action for improvement forms with box
- activities in progress
- archive room and register
- charter of 'residents' rights and responsibilities' displayed
- cleaning and laundry in progress
- confidential paper waste bin
- equipment and supply storage areas
- external complaints information in English and languages other than English
- firefighting equipment, fire panel, alarms, resident list, site maps and evacuation pack
- interactions between staff and care recipients
- laundry in progress
- living environment, external and internal
- lunch service
- medication round (partial)
- menu displayed
- mobility aids
- noticeboards
- outbreak equipment

- resident and contractor sign in/out books
- short observation, dementia specific dining room
- staff room
- storage of medications
- the 'charter of residents' rights and responsibilities' displayed
- waste management systems.

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 monitors performance against the Accreditation Standards. Management identify areas for improvement through various mechanisms such as feedback from stakeholders, incidents, audits and infection data. Residents, representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings, completing forms, electronic mail and through the home's open door policy. Management introduce changes in a structured manner and regularly monitor action plans to ensure appropriate follow-up and evaluation. There are processes such as internal and external audits, which include satisfaction surveys of residents, representatives and staff to review performance.

Management provide feedback to stakeholders as appropriate verbally through meetings or consultations as well as through documentation such as letters or electronic mail.

Examples of improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- In August 2013, management made the decision to move to an electronic rostering and time management system for more efficient management of staff annual and sick leave and to ensure staff replacement. In September 2013 the sign-on kiosk was installed in the staff room followed by intensive training of those who would be responsible for managing the system. The sign-on kiosk requires staff to allow a vein scan of a finger. Staff were provided training and a manual and electronic system ran concurrently until May 2014 when the new electronic system is run alone. Roster reminders are now emailed and texted to staff each fortnight and staff can access the online system from home. Management spend less time doing rosters and replacing leave requests. Processing of pay is quicker and more efficient. Staff feel empowered to apply/bid for available shifts and to request leave. Staff said they are happy with the new rostering system.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The facility has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. The organisation subscribes to various legislative services and industry bodies to acquire up-to-date information. Management notify staff, residents and representatives of any relevant regulatory changes through meetings and newsletters. The organisation’s management develop or modify policies and procedures and education processes to ensure alignment with any changes.

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

- Management notified stakeholders in advance regarding this re-accreditation audit.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- There is a system to ensure compliance with police certificate and statutory declaration requirements for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

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 the appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards including management systems, staffing and organisational development. Training requirements are established through a needs analysis, resident care needs, performance appraisal, staff feedback, observation of practice and evaluation of monitoring processes such as audits and incident reports. An education planner is developed and displayed in relevant areas for staff information. The program includes competencies, orientation and compulsory training. There is a system in place to record and monitor staff attendance at education and compulsory training sessions. Staff said they are encouraged and supported to attend education.

Recent training and development opportunities relevant to Standard 1 include:

- leadership course
- continuous improvement
- staff development meetings.

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 ensures the internal and external complaints mechanisms are accessible to all stakeholders. The system includes action for improvement forms, stakeholder meetings, information handbooks, electronic mail, posters and brochures. A locked box to lodge forms ensures confidentiality if desired. Management also encourage stakeholders to verbalise complaints to them through the home's open door policy. There is a process to log any comments and complaints into the continuous improvement system as required. There are interpreter services available for residents from non-English speaking backgrounds. Management conduct regular resident, representative and staff surveys through the home's auditing system. Management investigate any suggestions promptly and provide feedback to stakeholders as appropriate through meetings, electronic mail, letters or consultations.

Residents, representatives and staff said they are aware of how to make a complaint and are satisfied to do so if required.

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 home has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service. This information is documented in staff handbooks, resident handbooks and displayed.

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 sufficient numbers of appropriately skilled and qualified staff to provide resident care and services. Interviews for new positions and reference checks are completed and management provide a comprehensive orientation for new staff.

Resources to support staff include position descriptions, duty lists, policies and procedures, handbooks and education. Processes are in place to monitor staff performance and include observation and performance appraisal. Staff said they have sufficient time to perform their roles and are satisfied with current staffing levels. Residents and representatives are satisfied with the care and services provided by 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

There are systems to ensure there are adequate stocks of goods and appropriate equipment for quality service delivery. Management have preferred supplier agreements in place. There is a process to test and tag electrical equipment for safety. Stock and equipment storage areas are clean, sufficiently stocked and secured. Staff said appropriate quality and quantity of equipment and stocks are available to meet the needs of residents. Staff are provided with equipment training by qualified staff. Corrective and preventive processes ensure the maintenance and cleanliness of equipment. Residents and their representatives said they are satisfied with the quantity and quality of supplies and equipment used by the home.

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 have effective information management systems ensuring maintenance of confidentiality, privacy and security at all times. Stakeholders have access to current information, activities and events of the home as appropriate through such means as meetings, noticeboard displays and handbooks. Residents and representatives receive enough information to assist them to make decisions about care and lifestyle management. Management and staff receive accurate information to help them perform their roles through the electronic care planning system, handovers, education, policies and procedures.

Confidential material is stored securely and information retrievable in a timely manner. There is a process to regularly back up the computer system externally with logons and passwords for staff. Residents, representatives and staff said they are satisfied with communication and information systems in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system to provide externally sourced services to meet the residential care service's needs and service quality goals. Management select, monitor and evaluate each external supplier to ensure the provision of quality service. There is a process to ensure contractors possess current police certificates with associated documentation as necessary. External contractors have service agreements, which undergo regular review as required with the process including stakeholder feedback. Residents, their representatives and staff said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- In February 2014, management employed an in-house physiotherapist to increase the frequency of the service to residents. The physiotherapist now conducts manual handling training and is part of the occupational, health and safety committee and helps coordinate the purchase of appropriate equipment. The increase in hours resulted in more exercise programs for residents. Residents and representatives said residents receive more attention from the physiotherapist.
- In conjunction with an external palliative care service, the home agreed to participate in a project to support quality care of residents living with dementia and to improve the capacity of staff to identify end of life and quality of life issues. Management agreed in July 2014 and a palliative care nurse visited the facility to review the home's processes, worked with staff on the floor and small group education sessions provided. In October 2014, management received a report from the external palliative care service on the results. The recommendations incorporated into the home's processes when implementing a palliative approach toolkit. Staff said the education sessions were informative. Staff updated the end of life wishes form to include specific wishes and many resident files have now been up dated accordingly.
- Following feedback from staff, management discussed with the continence product provider who provided a new product to trial. The trialed pads were commenced in June of 2013 and since August 2014 are now in use. Residents reported satisfaction with the changed aids.
- Through a suggestion from a general practitioner, the home has available a psychogeriatrician for staff and general practitioners to refer residents with challenging behaviours. There are a number of residents under the care of a psychogeriatrician and staff have noticed an improvement in behaviour symptoms.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance in relation to Standard 2 include:

- Qualified nurses oversee specific care planning and specialised nursing care.
- There are procedures to ensure compliance with legislation in the event of an unexplained resident absence.
- Management demonstrates the home follows legislation in relation to medication management.

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 and staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- catheter care
- continence management
- CPR training
- medication 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 demonstrate care recipients receive the care appropriate to their needs and preferences. Staff assess all residents when they first enter the home for their care needs.

Development of care plans is on the assessed needs of the resident and strategies developed to ensure staff meet the needs of residents on a daily basis. Staff have easy access to care plans and they keep residents medical officers informed of changes to care recipients' care needs. Qualified staff evaluate care recipients' care. Residents and representatives said they are satisfied with the care provided by staff.

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 demonstrate there are appropriately skilled staff to meet care recipients' specialised nursing care requirements. Staff assess all residents for any specialised nursing needs upon entry to the home and as required thereafter. There is development of interim care plans until the initial assessment time elapses and a full care plan is completed.

Consultation with care recipients, representatives and health professionals inform the development of care plans. Nursing staff have appropriate qualifications relative to the tasks they perform. Care plans describe specific needs, including any specialised equipment and medical officer instructions. Residents and representatives said residents receive clinical care according to care recipients' needs and preferences.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

Referrals are arranged for appropriate health specialists in accordance with assessed needs and preferences. Management demonstrate staff promptly refer residents to specialists as needed and as preferred. There are assessments of residents for their health and related services when first entering the home and at regular stages thereafter. There are mechanisms for urgent referrals and provisions to reduce waiting times for services. The home provides information about health professionals for residents and representatives to make informed choices. Residents and representatives said staff arrange for referrals to appropriate specialists as needed and as preferred.

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 demonstrate staff manage care recipients' medication safely and correctly. Staff comply with the medication management system. Management demonstrate the medication management system is safe, according to relevant legislation, regulatory requirements,

professional standards and guidelines. Staff who administer medications to residents are qualified nurses or competent care workers. The storage of medication includes a level of security appropriate to the medication and circumstances, including refrigeration and documenting dates of opening. Residents who choose to self-administer medications have appropriate assessments and authorities for their ongoing ability to self-administer. Residents and representatives said they are satisfied medication management is safe and correct.

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 demonstrate its pain management approach ensures all care recipients are as free as possible from pain. When residents first enter the home, staff assess for pain, through a variety of industry-approved methods. Medications administered for pain are evaluated. Qualified staff develop pain management programs, reflecting residents’ needs and preferences regarding pain. Policies reflect the requirement for regular assessments for pain, determining and documenting type, source, intensity, frequency, pattern and other factors, for effective development of a pain management program. Residents and representatives said they are satisfied with the pain management system.

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 confirmed staff practices maintain the comfort and dignity of terminally ill care recipients. Staff ensures assessment for palliative care forms part of an ongoing documented assessment process of care recipient’s health status. This includes consultation with stakeholders, medical officers and other health professionals regarding palliative care needs and preferences. Documentation confirmed staff record and respect residents’ terminal wishes. Palliative care plans reflect a multidisciplinary approach, including the provision of emotional and spiritual support to residents and representatives and any specialised equipment and supplies as required. Residents and representatives said the home’s practices maintain terminally ill care recipients’ comfort and dignity and staff said they have received training in providing palliative care.

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

Management demonstrate care recipients receive adequate nutrition and hydration. Staff assess all residents on entry for their nutrition and hydration needs and thereafter on a regular basis. Development of care plans is in consultation with residents and representatives using a

systematic approach, involving appropriate professionals as required. Staff ensure documentation of food allergies, regular monitoring of body weight and food and fluid intake to ensure residents receive appropriate levels of nutrition and hydration. Increased monitoring of identified residents at risk of poor nutrition occurs and may result in the provision of texture-modified diets or thickened fluids, as ordered by appropriate allied health professionals. Residents and representatives confirmed they are satisfied with the home's approach to meeting residents' nutrition, hydration and associated support needs.

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

Management, staff and documentation confirmed its practices maintain care recipients' skin integrity consistent with their general health. Staff identify residents at risk of impairment to skin when first entering the home and during the development of care plans. Care plans reflect specific directions for maintaining and improving skin integrity with processes to ensure appropriate available equipment as required. Staff make referrals to relevant professionals as needed, including wound management plans if required. Qualified staff evaluates care plan interventions ensuring skin care delivery is meeting the care recipients' skin care needs. Residents and representatives said they are satisfied with the care provided in relation to care recipients' skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Continence management practices are effective in meeting care recipients' needs. Staff assess all residents for their continence needs when first entering the home and create an interim care plan. Information gathering contains detailed histories including symptoms, possible triggers and conditions affecting continence, and medication use in care plan development. Staff put in place strategies for maintaining or restoring residents' continence where possible. There is consultation with residents and representatives regarding continence needs and preferences. Residents and representatives said they were satisfied with the methods used in meeting residents' individual continence needs.

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's approach to behavioural management care planning is effective in meeting care recipients' needs. Staff assess all residents for challenging behaviours and instigate referrals to specialist services to gain a diagnosis and/or appropriate treatment. Staff develop

care plans in consultation with residents and representatives and any health professional as required. Staff are educated on appropriate methods for managing residents with challenging behaviours, including strategies to reduce behaviours. Staff practices are consistent with the planned behavioural management strategies. Residents and representatives said they are satisfied with the home's approach to managing the causes prompting challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate plans of care optimise care recipients' level of mobility and dexterity. Qualified staff assess all residents for their mobility, dexterity and rehabilitation requirements when first entering the home. Qualified staff have completed falls risk assessments, assess assistive devices and have developed a falls prevention program. Staff make available mobility aids for residents to use only after appropriate assessment of the equipment. Care plans are regularly evaluated and updated. There are rehabilitation strategies as appropriate to each resident's needs, including referral to specialists as required. Residents and representatives said they are satisfied with the home's approach to optimising residents' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Management demonstrate the maintenance of care recipients' oral and dental health. Staff assess all residents for their oral and dental care when first entering the home. Staff identify eating or swallowing difficulties or poor oral health, and make appropriate health professional referrals as required. Care plans include details about daily oral care, dental appointments, increased or decreased salivary flow and strategies for maintaining the oral hygiene of residents living with dementia, including regular replacement of toothbrushes. Residents and representatives confirmed they are satisfied with the approach to managing residents oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Management demonstrate its approach to care recipients' sensory losses is effective in identifying and managing care recipients' needs. When residents first enter the home, staff assess residents' vision, hearing, smell, taste and touch. Care plan development includes consultation with residents and representatives. Care delivered is consistent with plans to manage effectively residents' sensory loss. Qualified staff evaluate care plans on a regular

basis and care plans detail assistive devices required. Residents and representatives said they are satisfied with the approach to managing residents' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Management and staff practices demonstrate effective strategies that enable care recipients to achieve natural sleep patterns. Staff assess all residents on entry to the home for their sleep requirements. Development of care plans includes consultation with residents and representatives. The assessment process includes identification of sleep patterns and habits, including living environment issues and the impact on natural sleep. There is identification of appropriate sleep aids, in consultation with medical officers, resulting in implementation of effective interventions. Management consider environmental factors to ensure residents can achieve natural sleep patterns. Residents and representatives said residents are able to achieve a good nights' sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 3 Care recipient lifestyle include:

- Lifestyle staff sources a large selection of relaxation compact discs and digital videos to facilitate in relaxing residents who are experiencing anxiety. In addition, lifestyle sourced a qualified massage therapist who was prepared to volunteer at the facility and in March, commenced weekly visits to offer massage services to residents unable to afford or access paid massage. Residents enjoy massage, finding it therapeutic and said they enjoyed the pampering.
- Staff feedback provided management the opportunity to source a computer for resident’s use. A computer is now in a lounge area for resident access. Residents observed using the computer.
- From a representative suggestion, management reformatted the Sign Out register so when residents go out, the name of the accompanying person and their contact phone number is recorded in case the resident needs to be contacted and the family member is informed of the whereabouts of their family member. Staff said it is now easy to identify whom the resident has gone out with and contact them if necessary.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- The home has procedures concerning elder abuse and compulsory reporting and management maintain a register.
- There are privacy and dignity policies and practices.
- Management give residents and their representatives’ information on resident rights and responsibilities, the services provided by the home, security of tenure and the complaints process on entry to the home.

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 and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- cultural diversity workshop
- elder advocacy rights.

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

On entry to the home, staff take the resident on an orientation tour and residents are encouraged to bring items to personalise their rooms. Activities staff complete each resident’s profile and observe residents for changes in their personal situations to ensure meeting of

emotional needs. Pastoral care staff are available to provide ongoing emotional support. Staff provide information regarding events and activities occurring in the home.

Residents and their representatives stated they are satisfied with the way staff support residents and make them feel welcome 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

Management and staff actively assist care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the wider community. The processes in place include consultation with residents and representatives and incorporation of strategies into care and lifestyle plans that support physical, social, cultural, financial and intellectual independence. Lifestyle staff develop group activity programs to maintain each resident's mobility and dexterity. Mobility aids, sensory support and staff assistance provide further support for residents' independence. Lifestyle staff support residents to maintain links with the community through outings and community visitors attending the home. Private areas are available for residents use to maintain family and friendship relationships.

Residents said they are supported to maintain their independence where possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on rights and responsibilities is included in orientation information for residents. Staff knock and wait for a response prior to entering residents' rooms and address residents by their preferred names. Residents' files are only accessible to authorised staff. Staff show warmth and respect during their interactions with residents. Residents and their representatives confirm staff provide care to residents in a respectful and appropriate manner.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and to provide input into the development of the home's lifestyle program. In consultation with the resident and their representative staff identify leisure and activity interests and develop

individualised plans. Staff review the lifestyle plans on a regular basis and in response to the changing needs of residents. The lifestyle program offers a range of group and individual activities reflecting residents' social, emotional, physical, cognitive, sensory and cultural needs. Special celebrations, bus outings and a volunteer program add to the diversity of activities. Residents and their representatives are satisfied with the range of activities offered by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of the care recipients. Staff identify the cultural and spiritual needs of residents through consultation with residents and their families. Religious practitioners visit residents and provide services based on the preferences of the residents. The home celebrates cultural and religious events and days of significance throughout the year. Residents and their representatives confirmed residents have opportunities to engage in activities associated with their cultural and spiritual beliefs and are satisfied with the 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

The home supports care recipients and their representatives to exercise choice and control over their lifestyle. On entry to the home staff support care recipients to identify their care and lifestyle preferences. Staff document in care plans and regularly review resident's choices regarding care and support. Residents are encouraged to express their wishes through residents' and representatives' meetings, individual consultation, surveys and feedback processes. Information about complaints and advocacy services are available to residents and representatives. Information on resident's rights and responsibilities is contained in the resident handbook and agreements. Staff confirm they support care recipients to make choices and decisions about their daily routine and care options.

Residents are satisfied they are able to exercise choice in their care and lifestyle activities.

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

The home has processes to ensure care recipients have secure tenure within the home, and residents and their representatives understand their rights and responsibilities. Management provide information about security of tenure and residents' rights and responsibilities; additional information is included in the residential care agreement and information packs.

Any change of rooms occurs only after consultation with the resident and their representative. Residents and their representatives are satisfied with the security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Examples of improvement initiatives implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- In May 2014, after the installation of a new kitchen, and in order to comply with food safety regulations, to ensure food cools quickly, management purchased and installed a blast chiller. Catering staff are now able to cool large volumes of food quickly and efficiently, which is a time saving for staff. Catering staff say it is a great improvement.
- In May 2014, management installed an electronic monitoring system for all refrigerators throughout the facility. Monitoring and recording of temperatures occurs electronically. An electronic email goes to an appropriate person if the temperatures fall outside a recommended range. A technician installed the temperature probes and since September 2014, there has been no evidence that readings have been outside the recommended range.
- Through resident feedback, staff identified current bedding for some residents was too heavy and uncomfortable. In June 2014, residents trialled new lightweight waterproof doonas but these proved to be unsuccessful as residents complained they were not warm enough and did not like the noise they made. Instead, lightweight comforters were purchased for the nursing home.
- Through feedback from residents and staff, who said casseroles and meat is too tough and staff noticed a lot of food wastage. Management sourced an alternative meat supplier in May 2014. Staff noticed less wastage and residents said the meat is tender and enjoyable. There have been a significant reduction in food complaints.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance in relation to Standard 4 include:

- Management has processes to provide a safe working environment to meet regulatory requirements
- There is a system to demonstrate compliance with fire safety regulations.
- The home has infection control guidelines.
- Management ensure independent auditing of catering in compliance with food safety regulations and there is a food safety plan.
- Chemical storage and material safety data sheets.

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 and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- chemical training
- fire and emergency
- food safety
- infection control
- 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 has a system in place to provide a safe and comfortable environment consistent with care recipients' needs. There are processes to ensure comfortable internal temperatures and ventilation. Residents have safe access to clean, comfortable and well- maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. Management and relevant staff monitor the safety of the home including preventative and routine building and equipment maintenance. Management monitor comfort and safety through regular audits and inspections. Staff assist resident's safety and comfort through measures such as ensuring access to call bells and mobility aids. Residents and their representatives said residents feel safe and comfortable.

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. There is a facility occupational health and safety system and onsite representatives. Meetings are held regularly, environmental audits are undertaken and incident data results are collated. Staff are aware of their occupational health and safety responsibilities through orientation, ongoing education and access to relevant policies and safety procedures. The incident reporting system and maintenance program enables appropriate monitoring of risks and potential hazards. Staff said they are consulted and kept informed about occupational health and safety and are satisfied with the safety of the working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management has a system to provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professional contractors carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular education for staff in fire, security and other emergencies. The evacuation maps and resident lists are current. Exit doors are free from obstruction. There is an effective process to manage electrical appliances. Staff said they have received fire and other emergency training and know what to do in such an event.

Residents and their representatives said residents feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program to identify and contain infectious outbreaks. Organisational policies and procedures are available for staff and collation, analysis and trending of residents' infections occurs. Guidelines direct the management of outbreaks such as gastroenteritis, influenza and pandemics. Outbreak kits, sharps containers, personal protective clothing and hand hygiene facilities are available. Management promote annual influenza vaccinations for residents. Clinical, catering, cleaning and laundry procedures incorporate infection control guidelines as required. Staff said they receive infection control training and identified measures to minimise infection relevant to their work area.

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

The home provides hospitality services in a way to enhance care recipients' quality of life and the working environment. Meals are prepared on site with resident's food preferences, diet modification and allergies taken into account. Laundry staff wash residents' personal laundry, sundry items and linen on site. There are provisions for labelling of residents' clothes to assist in the prevention of lost items. Staff clean residents' rooms daily and refer to schedules, which cover all areas of the home. Management monitor catering, cleaning and laundry services through internal and external audits with regular education provided for staff such as chemical training and infection control. Residents, their representatives and staff said they are satisfied with the home's hospitality services.