



Australian Government

Australian Aged Care Quality Agency

Marina Residential Aged Care Service

RACS ID 3545
385 Blackshaws Road
ALTONA NORTH VIC 3025

Approved provider: Jimroy Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 25 October 2016.

We made our decision on 08 September 2014.

The audit was conducted on 05 August 2014 to 06 August 2014. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we decided that the home does now meet expected outcomes 1.6 Human resource management, 1.8 Information systems and 4.8 Catering, cleaning and laundry services.

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

Marina Residential Aged Care Service 3545

Approved provider: Jimroy Pty Ltd

Introduction

This is the report of a re-accreditation audit from 05 August 2014 to 06 August 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:

- 41 expected outcomes

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

- 1.6 Human resource management
- 1.8 Information systems

- 4.8 Catering, cleaning and laundry

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 August 2014 to 06 August 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	David Barnett
Team members:	Jennifer Thomas Jill Packham Leah Kane

Approved provider details

Approved provider:	Jimroy Pty Ltd
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Details of home

Name of home:	Marina Residential Aged Care Service
RACS ID:	3545

Total number of allocated places:	190
Number of care recipients during audit:	186
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Secure areas for residents with dementia

Street:	385 Blackshaws Road
City:	Altona North
State:	Victoria
Postcode:	3025
Phone number:	03 9318 9944
Facsimile:	03 9318 9977
E-mail address:	jane.elliott@tlcagedcare.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	5
Nursing/care/lifestyle staff	20
Allied health professionals	5
Care recipients	19
Representatives	16
Hospitality/environmental staff	9

Sampled documents

Category	Number
Care recipients' files	25
Summary/quick reference care plans	25
Medication charts	50
Residents' financial files	8
Personnel files	10
Weight reports	50

Other documents reviewed

The team also reviewed:

- Activities calendars and attendance records
- Allied health referrals
- Audit schedule, audits and results
- Better practice register
- Blood glucose level monitoring folders
- Care recipients' information pack and handbook
- Care recipients' satisfaction survey
- Chemical register and material safety data sheets
- Clinical assessments and documentation

- Complex health care record folder
- Cultural and religious contact list
- Cultural care kit
- Daily care review schedule and documentation folders
- Doctor's communication books
- Education and competencies records
- Electronic and paper based care recipient documentation
- Fire, security and other emergencies documents
- Handover sheet
- Incident reports, trends and analysis
- Infection reports, summaries and trend analysis
- Information flyer from laundry contractor
- Kitchen, cleaning and laundry management documents
- Leisure and lifestyle continuous improvement folder
- Mandatory reporting register
- Meeting minutes and meeting schedule
- Nursing registrations
- Pain assessments and charting
- Plan for continuous improvement
- Police certificates and statutory declarations
- Policies and procedures
- Position descriptions and duty lists
- Reactive and preventative maintenance documents
- Restraint assessments, authorisations and review records
- Rosters
- Staff orientation package and handbook.

Observations

The team observed the following:

- Activities in progress
- Allied health attending to care recipients
- Call bell system in operation
- Care recipients interacting
- Care recipients mobilising with aids
- Chapel
- Cleaning in progress
- Equipment and supply storage areas and stock levels
- External complaints and advocacy information
- Fire, security and emergency equipment and signage
- Hairdresser in attendance
- Infectious outbreak kits
- Interactions between staff and care recipients
- Internal feedback forms and suggestion box
- Kitchen, cleaning and laundry processes
- Living environment
- Meal service
- Medication administration, storage and trolleys
- Mobility aids and transfer equipment
- Noticeboards and information displays
- Nursing stations
- Oxygen use, storage and signs in use
- Palliative care box
- Re-accreditation notice displayed
- Short observation in secure dining area
- Spill kits

- Staff education resources
- Staff room
- Suggestion box
- Utility rooms
- Waste management practices
- Wound care trolleys.

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 home has an organisational continuous improvement system driven by multi-purpose 'better practice' forms. Improvement opportunities are identified through the quality system that includes regular meetings, audits, comment/complaint processes, incident reports, maintenance, management and organisational processes. Stakeholders are encouraged to contribute to continuous improvement through 'better practice' form usage. Logs and documentation confirm timely actioning of improvement opportunities with appropriate feedback, follow-up, completion and review. Tracking and monitoring of the improvement system is completed. Continuous improvement is an agenda item for the home's meeting and reporting processes.

Improvements identified and completed in this Standard include:

- A staff member identified the home's orientation package did not contain a competency for the portable phone system. This was added to the orientation for new staff to assist them in their new work place. The initiative is working effectively benefitting communication in the home.
- A staff complaint identified there were insufficient large gloves available to meet staffing needs. Management changed the order to accommodate larger sizes. The new ordering regime is working effectively with glove sizes to meet staff needs.
- The home identified the suggestion box for 'better practice' forms was not able to be locked to assist with confidentiality of comments and complaints. A lock is now in place providing improved confidentiality and security.

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 home and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. The organisation receives regulatory compliance information and changes from update services including industry and government bodies. Information and changes are actioned and disseminated through the organisation’s and the home’s information systems and processes. Regulatory compliance is an agenda item for meetings and staff have access to and are informed of relevant updates and changes. Audits and staff training monitor and maintain compliance and regular policy reviews and updates occur. The home demonstrates they inform residents and representatives of re-accreditation audits and systems ensure all relevant persons have and maintain current police certificates and required statutory declarations.

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 knowledge and skills required for effective performance relating to the Accreditation Standards. An annual calendar schedules mandatory and other relevant topics and is reactive to the current care recipients’ needs and suggestions from staff. The home records attendances at education sessions and has an evaluation system to ensure effectiveness. Staff undertake appropriate competencies to maintain and monitor their practices. The home provides suitable training facilities on site and staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Staff stated they were satisfied with the education opportunities offered to them at the home.

Examples of education undertaken over the last 12 months in relation to Standard 1 include:

- Accreditation
- Customer service
- New online human resources program.

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

Care recipients and their representatives are informed of the complaints processes, encouraged to contribute and have access to internal and external complaints mechanisms. The home facilitates comments/complaints through providing relevant information, forms, forums and a suggestion box for stakeholders. The home's better practice register documents timely and appropriate response, action and referral with follow-up. Management and the organisation monitor the comments/complaints processes. Staff, care recipients and representatives say they are generally satisfied with the home's comments/complaints 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

Information displays and documentation including resident and staff handbooks consistently document the home's and the organisation's vision, values, philosophies and objectives.

These statements confirm the home's commitment to quality care.

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 does not meet this expected outcome

The home does not maintain adequate staffing levels to meet the care needs of care recipients. Care recipients and representatives are not satisfied with the responsiveness of staff to adequately care for care recipients. Management do not have an effective system to replace unplanned staff leave to ensure staffing levels are maintained at all times. Care recipients and representatives were generally satisfied with the skills of care 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

The home has suitable goods and equipment and monitors stock to ensure sufficient stock levels appropriate for the delivery of services. The home has departmental ordering processes. Organisational systems assist with purchase management and approved preferred suppliers/repairers. The home has sufficient and appropriate storage and maintenance documentation indicates equipment is generally maintained and repaired. The home checks stock on delivery for suitability and provides training for new equipment. We observed and staff confirmed sufficient supplies of stock and equipment to meet care recipients' needs. Care recipients confirm adequate supplies and equipment are available.

1.8 Information systems

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

Team's findings

The home does not meet this expected outcome

The home does not have effective information management systems. All stakeholders do not have access to appropriate and current information on the processes and general activities and events of the home. Staff do not have access to accurate and appropriate information to help them perform their roles. Care recipients and representatives do not have access to information appropriate to their needs to assist them make decisions about care recipients' care and lifestyle needs and preferences.

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

The organisation manages the home's external services. Systems and processes generally ensure these services meet the home's needs and quality goals. These include organisational contract reviews and contractor performance monitoring through the home's audits, stakeholder feedback and management reports and meetings. The organisation ensures the maintenance of regulatory requirements. The home has contractor sign-in and identification processes. Stakeholders interviewed state dissatisfaction with the home's recently engaged laundry contractor and general satisfaction with the home's other external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Improvements identified and completed in resident health and personal care include:

- A family complaint identified a care recipient's fingernails were not being cut and filed regularly. This was added to the home's care recipient of the day process for care staff to attend to. Care recipients nails are now properly attended to on a regular basis with satisfaction reported by care recipients and representatives.
- A staff observation and suggestion noted that 'as required' medications did not have expiry dates on the pre-packaged medication system. Dates are now included on the packaging helping to ensure safe and proper medication management continues to be maintained.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management requirements and systems in place for the required reporting of unexplained absences of residents.

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 demonstrates staff have appropriate knowledge and skills to provide effective health and personal care to care recipients. Staff selection and recruitment practices ensure employment of appropriately qualified and skilled staff. Ongoing education opportunities maintain their skills and reflect the current care recipients’ needs. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes. Staff said they are satisfied with clinical education offered.

Examples of education undertaken over the last 12 months in relation to Standard 2 include:

- Diabetic management
- Falls prevention
- 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

Under the supervision and assistance of registered and enrolled nurses, personal care workers provide care recipients with clinical care in accordance with their assessed needs and preferences. Registered nurses develop, implement, review and evaluate care plans regularly. Staff are able to demonstrate their knowledge of care recipient care needs and preferences. Family care consultation was evident in the progress notes. Care recipients stated they are consulted regarding their care needs and said they are satisfied with the 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

Registered and enrolled nurses provide and supervise the provision of specialised care required by care recipients. Complex care plans are in place and contain information for staff to assist them to deliver current specialised care to care recipients. Staff have access to external specialist services as care needs dictate. Care recipients with specialised care needs requiring monitoring have documented reportable ranges recorded and treatment strategies available for staff. Care recipients stated they are satisfied with the specialised care they receive.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients have access to specialists and other health services as their needs or preferences indicate. Staff discuss with the doctor care recipients’ referrals to appropriate services as required. External health practitioners who visit the home regularly include a dietitian, podiatrist and a physiotherapist. Care recipients and representatives stated they are consulted before an appointment is made and are assisted to attend the specialist of their choice.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home’s systems ensure care recipients’ medication is managed safely and correctly. Nursing staff complete medication assessments when a care recipient enters the home with details, including allergies and sensitivities, entered into their care plan. Registered and enrolled nurses and some medication competent personal care workers administer care recipient’s medication from a blister pack system. The home records unpacked medications and treatments on separate registered nurse only signing charts. Daily audits of medication charts occur. Care recipients stated their medication is managed to their satisfaction in a timely and safe manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure all care recipients are as free as possible from pain. Nursing staff identify and record care recipients’ pain during initial assessments. Care plans are developed accordingly with alternate strategies for pain relief documented. Pain charting and care plans are reassessed when new pain is identified or when pain control strategies are ineffective. Files reviewed show there is evaluation by registered nurses and outcomes of interventions are recorded. Staff stated they document pain relief outcomes in the progress notes. We observed alternate pain relief interventions in use at the home. Care recipients stated that the pain management measures used by the staff assist them to be as pain free as possible.

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

Palliative care offered at the home provides for individual care recipients requests and wishes for their end of life care. Care recipients and representatives are consulted regarding their preferences and this information can be reviewed or changed at any time. Staff liaise with the care recipient’s doctor to ensure adequate pain relief is available. Care recipients requiring palliative care have a palliative care plan formulated and implemented. Staff attend education sessions on palliative care and have access to an external palliative service for additional assistance and support. Staff stated this assists them to plan and provide care for care recipients requiring ongoing palliative care. Staff said they are committed to supporting families and to providing optimal palliative care to care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home monitors care recipients to ensure they receive adequate nourishment and hydration. When unexplained weight changes occur, strategies include referrals to allied health professionals and the implementation of dietary supplements. Care recipients’ weights are monitored and a dietitian assesses care recipients as required. We observed staff offering care recipients meals and fluids at lunchtime and encouraging care recipients with their meals. Staff sit with care recipients who require full assistance to eat and drink. Care recipients are encouraged to join together in the dining room for their meals where staff can observe their dietary intake. Care recipients and representatives said they are satisfied with the food served at the home.

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

Practices at the home promote and maintain care recipients’ skin integrity and the management of wounds. On entering the home care recipients are assessed for existing or potential skin integrity risks. Registered and enrolled nurses guide staff practices and manage wound care and an external wound consultants attend as required. Skin integrity is monitored during activities of daily living with changes reported to the registered nurse and documented. Care recipients and representatives stated they are satisfied care recipients’ skin care needs are attended to appropriately by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ have continence assessments undertaken and management plans implemented. These plans record the level of assistance and the continence aids required by care recipients to maintain their optimal level of continence. Individual toileting times are recorded on care recipients care plans. Continence management plans are reviewed and evaluated by registered nurses and changes made to continence aids as assessed. Audits are undertaken and the results become part of the home’s continuous improvement processes. Staff attend continence education and are shown the correct methods for applying continence aids. Care recipients and representative feedback was generally positive regarding continence management.

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

Care recipients’ behaviours are assessed and charted and this information assists staff to develop and implement effective behaviour management plans. Documentation and assessments include observations of verbal, physical and wandering behaviours over designated periods. Triggers are identified and behaviour management strategies are individualised and evaluated routinely and as behaviours change. Staff stated they attend training on dementia and challenging behaviours and described a range of interventions used to manage care recipients’ behaviours. Care recipients and representatives stated they are satisfied with how staff approach and manage care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients’ mobility and dexterity needs. Care recipients are assessed on entry to the home by a physiotherapist. Equipment including electric beds, mobility aids, hip protectors, sensor mats and height adjust able chairs are available to assist care recipients to maintain their independence, mobility and dexterity. Monitoring processes include falls incident reports, care plan reviews, clinical audits, observations and physiotherapy reviews. Care recipients and representatives interviewed said they are satisfied care recipients are provided with care that optimises care recipients’ 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

Care recipients’ oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ oral and dental needs and develop individualised care plans.

Basic oral assessments occur on entry and where appropriate, the home facilitates access to external services. Monitoring processes include care plan reviews, observations and reporting processes and review by visiting dental services. Staff interviewed said they have access to oral and dental hygiene education. Care recipients and representatives interviewed said they are satisfied care recipients are provided with care that maintains their oral and dental health.

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 according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ sensory needs for all five senses. Care plans include strategies to assist care recipients with sensory losses. The home assists care recipients to use equipment such as hearing aids, spectacles and reading magnifiers where appropriate. The home facilitates appointments with optometrists and audiologists as required. Staff interviewed said they are aware of strategies to assist care recipients with sensory loss. Care recipients and representatives interviewed said they are satisfied care recipients’ sensory losses are identified and managed effectively.

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

Nursing and care staff assess care recipients for their individual needs and preferences relating to sleep. Care plan strategies assist care recipients to maintain or achieve natural sleep patterns. Staff encourage care recipients to participate in activities during the day, which assists in the promotion of sleep. Staff said they provide hot beverages overnight and maintain individual care recipient settling routines. When required, nursing and medical officers assess care recipients to determine appropriate use and effectiveness of medications and other strategies for sleep promotion. Care recipients said the home was quiet at night and they were generally able to 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

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

Improvements identified and completed in resident lifestyle include:

- A resident complained that a telephone was too loud causing the resident distress, confusion and discomfort. The home reviewed the telephones adjacent to the care recipient’s room and were able to turn down the ring volume without infringing on others’ rights. No more issues have arisen and the initiative has been successful.
- Care recipients stated they were not able to hear other attendees at the care recipient support group meeting due to sitting in rows. Management moved the meeting to the home’s chapel with attendees now sitting in a circle enabling better hearing and communication. The initiative is also more inclusive for all attendees and is proving highly beneficial and effective.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home demonstrates compliance in relation to resident lifestyle with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities and the maintenance of a register and reporting requirements for elder abuse/mandatory reporting.

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 provides education and development opportunities to staff to ensure they have the skills and knowledge to perform their duties in relation to care recipients' lifestyle outcomes. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Examples of education undertaken over the last 12 months in relation to Standard 3 include:

- Privacy and dignity
- Elder abuse
- Alzheimer's Australia information session.

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

Care recipients receive support in adjusting to life in the home on entry and on an ongoing basis. Prospective care recipients and their families are encouraged to visit the home prior to entry. Care recipients' rooms contain their personal belongings and mementos and families are supported to visit at any time. The lifestyle program includes activities to promote reminiscence and individual support from lifestyle staff. Staff monitor the effectiveness of emotional support provided through the lifestyle and care review processes and from care recipient and representative feedback. Staff interviewed demonstrated knowledge of individual care recipient's needs and preferences and gave examples of how they provide emotional support for care recipients. Care recipients and representatives interviewed were complimentary regarding the care and support provided by staff.

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 encouraged and supported to achieve and maintain optimal independence in their physical activities and social lives. This includes encouragement to maintain existing friendships, establish new ones and participate in social and recreation activities within and outside the home. Staff collect information regarding care recipients' support and assistance

needs and preferences and review the information regularly. Staff facilitate and encourage independence by assisting with set up, providing prompts and monitoring task completion. Exercise programs focused on maintaining mobility and independence are well attended. Care recipients exercise daily choices regarding hygiene routines, meals, clothing and participation in the activity program. Visitors are welcome in the home and families and friends are encouraged to take care recipients on outings including the home's bus. Care recipients and representatives confirmed care recipients are encouraged and supported to maintain independence in their lifestyle.

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 ensure staff preserve each care recipient's privacy, dignity and confidentiality. We observed staff interacting with care recipients in a respectful manner. Staff assess care recipients for their preferences for privacy, dignity and confidentiality in consultation with the care recipient and/or representative. We observed the home and care recipients' rooms to have adequate personal space with provision of appropriate quiet spaces suitable for receiving guests. There is provision of secure storage of care recipients' confidential information and strategies for supporting personal care to protect care recipient privacy and modesty. Staff practices are consistent with the home's philosophy of care. Care recipients and representatives say staff recognise care recipients' privacy, dignity and confidentiality.

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 and their representatives generally confirmed care recipients are encouraged and supported to participate in a range of interests and activities of interest to them. Care recipients' past social, preferences and personal history is collected when they first enter the home, which is used to develop leisure and lifestyle care plans. Review of care plans is undertaken regularly and clinical changes incorporated into leisure and lifestyle care plans as required. The home monitors care recipient attendance at activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management has processes, systems and external relations for valuing and fostering each individual care recipient's interests, customs, beliefs and cultural and ethnic backgrounds. When care recipients first enter the home, staff consult with them or their representative to

identify customs, religions and any cultural and ethnic needs, including language assistance, as required. This includes access to appropriate services, support to attend in activities, religious, spiritual, or culturally specific groups. Care recipients and representatives said they are satisfied the home values and fosters care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds.

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

Staff and management respect the rights of each care recipient/representative to make decisions and exercise choice and control over care recipients' lifestyle. Care recipients and representatives say they are able to exercise choice and control appropriate to the care recipient's needs and preferences regarding the services care recipients receive. Staff assist and empower care recipients and representatives to participate in decisions about the services care recipients receive and the home regularly monitors the home's effectiveness. Care recipients and representatives say the choices and decisions of other care recipients and representatives do not infringe on the rights of other people.

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 ensures new care recipients understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Consultation occurs in the event of the need to move a resident to another room or to a more appropriate facility. Care recipients and representatives are encouraged to seek external legal and financial advice and power of attorney/guardianship information is on file. The home has an open door policy to discuss any concerns and the organisation forwards relevant correspondence to inform of changes. Care recipients and representatives stated they understood 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

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

Improvements identified and completed in relation to this Standard include:

- Maintenance identified the repeated repairing of holes in walls due to bed and equipment movements. A laminate repair was trialled and proved effective for the surfaces. Laminate is now used as preventative maintenance reducing reoccurrence of the problem.
- A staff observation identified there were no menu boards in the dementia specific units. The home reviewed the whole approach to menus and care recipients’ choices providing care recipients in the secure areas with visual alternatives. Menus were placed in all other care recipients’ rooms to assist and benefit care recipients and families. Management state the new approaches are effective and benefit residents.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home demonstrates compliance in relation to the physical environment and safe systems through the building and living environment, the annual essential safety measures report, fire and emergency requirements, occupational health and safety policies and requirements, infection control guidelines and a food safety program with related kitchen documentation and current certification in place.

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 has processes to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff confirmed they attend annual mandatory training and said they are confident of their skills in the event of an environmental emergency or infectious outbreak. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Examples of education undertaken over the last 12 months in relation to Standard 4 include:

- Fire and emergency
- Manual handling
- Infection control.

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 systems demonstrate they are actively working to provide a safe and comfortable environment. Care recipients live in single, personalised rooms. The home provides well maintained internal and external environments with appropriate signage and security features. Furnishings and equipment are consistent with care recipients' care and safety needs. Private functions can be organised and care recipients and visitors have access to snacks and refreshments. Monitoring of safety and satisfaction with the environment is through surveys, audits and a maintenance program. Policies and procedures guide staff practices and meet regulatory requirements. Care recipients and representatives were complimentary of the comfort and safety of the 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

The occupational, health and safety management program provides a safe working environment for staff that meets regulatory requirements. On-site representatives meet regularly to review safety related issues and suggestions. Responsibilities include conducting

environmental audits and monitoring and mentoring staff practices. Staff receive ongoing training for manual handling, fire and emergency, safe chemical management and infection control. They have access to policies and procedures to guide work practices. Incidents and infections data is analysed and hazards and maintenance requests dealt with in a timely manner. Identified opportunities for improvement feed into the continuous improvement plan. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury.

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

There are systems for the detection, prevention and management of fire, security and other emergencies. The home has fire detection and alarm systems installed and service records confirmed external contractors undertake regular inspections and maintain equipment.

Evacuation boxes are available with a current list of care recipients noting their mobility levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad and closed circuit camera security systems and provides effective after hours' emergency measures. Visitors are required to sign a register on entry and exit. Education records confirmed staff attend mandatory fire and emergency training at orientation and annually thereafter. Care recipients receive relevant information displayed in their rooms. Staff were able to detail their actions in the event of an emergency evacuation and care recipients and representatives were satisfied with fire and security measures 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

The home has an effective infection control program that includes education and hand-washing competencies, provision of personal protective equipment and infection information surveillance and trend analysis. Individual care recipient infections are recorded electronically and data collated monthly. Staff stated they have attended infection control education in the past 12 months and have adequate stock supplies to maintain infection control practices when providing care. The home has biohazard spill kits, yellow infectious waste disposal units, infectious outbreak kits and lidded soiled linen bags. We observed staff following infection control practices prior to and after carrying out care recipient care activities. Practices in the kitchen and cleaning services are in line with infection control policies.

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 does not meet this expected outcome

The organisation does not provide a laundry service in a manner which is friendly and generous towards care recipients. The externally contracted laundry process does not enhance residents' quality of life. Care recipients and representatives are not satisfied with the current laundry services. The externally contracted catering and cleaning services meet the needs of care recipients. Food is prepared daily on site adhering to a current food safety program and a menu reviewed by a dietitian. Catering staff have relevant resident information identifying specific nutrition and hydration requirements, allergies, preferences and choices. Cleaners follow schedules to ensure maintenance of high standards of cleanliness in private and common areas. Care recipients and representatives stated satisfaction with the cleaning and catering services at the home.