



Australian Government

Australian Aged Care Quality Agency

Mary Ogilvy Home

RACS ID 8765
51 Pirie Street
NEW TOWN TAS 7008

Approved provider: The Mary Ogilvy Homes Society

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 11 April 2018.

We made our decision on 24 February 2015.

The audit was conducted on 20 January 2015 to 21 January 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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



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Audit Report

Mary Ogilvy Home 8765

Approved provider: The Mary Ogilvy Homes Society

Introduction

This is the report of a re-accreditation audit from 20 January 2015 to 21 January 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 20 January 2015 to 21 January 2015.

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

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

Assessment team

Team leader:	Rebecca Phillips
Team member:	Joanne Wheelahan

Approved provider details

Approved provider:	The Mary Ogilvy Homes Society
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Details of home

Name of home:	Mary Ogilvy Home
RACS ID:	8765

Total number of allocated places:	35
Number of care recipients during audit:	33
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	51 Pirie Street
City:	New Town
State:	Tasmania
Postcode:	7008
Phone number:	03 6228 1037
Facsimile:	03 6228 7826
E-mail address:	maryogilvy@maryogilvy.com.au

Audit trail

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

Interviews

Category	Number
Management	6
Nursing/care/lifestyle staff	8
Hospitality and environmental/safety staff	5
Care recipients/representatives	9
Allied health personnel	2

Sampled documents

Category	Number
Care recipients' clinical files	4
Lifestyle care plans	9
Resident agreements	2
Medication charts	4
Restraint assessments and authorisations	4
Personnel files	8

Other documents reviewed

The team also reviewed:

- Advance care plans
- Advocacy information
- Audit schedule and results
- Best practice information sheets
- Cleaning schedules and records
- Clinical charts, checklists and records
- Communication diary
- Compliments, complaints and concern forms
- Continuous improvement plan and improvements folder
- Daily and weekly menu

- Dangerous drug register
- Education attendance records and evaluation forms
- Education planner
- Emergency procedures folder
- Essential services certificate
- External contractor records for approved suppliers
- Fire inspection records
- Food safety plan and third party audit
- Guideline folder
- Handbooks and newsletters
- Handover sheet
- Incident analysis
- Incident register and reports
- Job descriptions
- Lifestyle documentation
- Material safety data sheets
- Meeting minutes
- Memoranda
- Pest control register
- Philosophy and objectives statement
- Preventative and corrective maintenance documentation and processes
- Refrigerator temperature records
- Regulatory compliance monitoring tools
- Residents' survey
- Roster
- Staff orientation checklist
- Vaccination lists
- Weight folder.

Observations

The team observed the following:

- Activities in progress
- Archive areas
- Call bells in use
- Cleaning in progress
- Electronic security systems
- Equipment and supply storage areas, oxygen storage and signage
- Exercise, mobility and transfer equipment in use
- Fire fighting equipment, fire panel, resident list, alarms, egress areas, evacuation bag and map
- Gastroenteritis and blood spill kits
- Infection control equipment, supplies and infectious waste disposal
- Interactions between staff and residents
- Internal and external complaints mechanisms
- Laundry service
- Living environment (internal and external)
- Meal and refreshment service with menus displayed
- Medication administration and storage
- Notice of Quality Agency visit displayed
- Pets in the home
- Resident, visitor and contractor sign in/out books
- Short observation in level two dining room
- Staff and residents' noticeboards with information displayed
- Suggestion box
- The 'Charter of residents' rights and responsibilities' displayed.

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 across the Accreditation Standards. Audits, informal and formal feedback, observations and surveys feed into the continuous improvement system. Management monitor and evaluate the effectiveness of improvement processes and communicate outcomes of activities through reports, meetings, newsletters and memoranda. Residents, representatives and staff are satisfied the organisation pursues continuous improvement.

Examples of improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- In response to identified need, management introduced a new four hour on site orientation program. It includes training regarding manual handling, a general orientation session and details of the home's guidelines, processes and policies. The revised program ensures adequate knowledge and skill of new staff to ensure they are well equipped to undertake their respective roles. Feedback has been positive regarding the new orientation program.
- To streamline its process and procedures, management consolidated its guidelines spanning the four Accreditation Standards which included an external review of the updated guidelines. Management state the revised format increases the ease at which staff can access relevant procedures, minimising delays in obtaining pertinent information.

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 uses quality management systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. The home’s management monitors legislative updates to ensure the provision of care and services in accordance with legislation and other requirements. 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 memoranda. The home’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 within the requisite time frame of the 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 resident and staff needs analysis, performance appraisal, staff feedback, introduction of new equipment, 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. Training days are provided for all staff. Staff said they are encouraged and supported to attend education and training sessions.

Recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- bullying and harassment training
- electronic information system training
- financial training for new board members.
- incidents (residents and staff).

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 demonstrate all stakeholders have access to internal and external complaints mechanisms. Resident and staff handbooks convey information about the internal complaints process and external resolution services. A variety of communication strategies are utilised to encourage stakeholders to raise their feedback in person or document them using feedback forms which are on display throughout the home. Management follows up on all feedback to ensure consumer satisfaction and where necessary ongoing monitoring occurs through the home's continuous improvement system. Management and staff practice ensures confidentiality of information and locked suggestion boxes preserve anonymity if preferred. Stakeholders are satisfied the home addresses their concerns in an appropriate and timely manner.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation displays its mission statement, philosophy and objectives prominently throughout the home. Management demonstrates its commitment to quality in these statements that are both on display and distributed in a range of publications to residents, representatives and staff.

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 are undertaken as needed, reference checks are completed and management provide a comprehensive orientation for new staff. The home's orientation process includes education and buddy shifts for new staff. Resources to support staff include position descriptions, duty lists, policies and procedures, handbooks and education. There is a system to ensure at recruitment, staff possess and maintain current police certificates with associated documentation. Processes used to monitor staff performance include observation and performance appraisal. Staff said they have sufficient time to perform their roles. 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 preventative processes ensure the maintenance and cleanliness of equipment. Residents and representatives 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

There are effective information management systems available to ensure stakeholders receive relevant information regarding the care and services of the home. Residents and representatives receive information packs on entry to the home. Information updates continue thereafter via information displays on noticeboards, meetings and distribution of meeting minutes and family conferences. Staff handbooks orientate new employees to the processes of the home and have access to information in the form of, memoranda, duty lists and position descriptions. Resident information is disseminated via handover and through messaging via the electronic data management system. Confidential staff and resident information is stored in secure areas and disposed of appropriately, in accordance with legislative requirements. Staff said they have access to and use of accurate and appropriate information to perform their roles in delivery of resident care. Residents and representatives are satisfied the home keeps them informed on aspects relating to residents' care and services.

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 management review regularly and as required with the process including stakeholder feedback. Residents, their representatives and staff 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

The home pursues continuous improvement related to care recipient health and personal care with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements implemented by the home relevant to Standard 2 Health and personal care include:

- To ensure adequate resources available for the ongoing comfort and pain relief, during the terminal phase of residents' life, new equipment was purchased. Specifically, management bought two new 'syringe drivers' which provide continuous relief for pain and discomfort. Education and training was provided for all relevant staff. Feedback regarding the new purchases has been positive with staff stating it ensures there are adequate resources available at all times to provide ongoing care and comfort during the resident's palliative phase of life.
- Following a wound management review, staff changed the types of dressings available for wound management. The new dressings do not need to be changed as often as the old ones, thereby reducing the need for intrusive procedures. The new dressings are also water proof and do not require covering when residents' shower. Staff state this provides residents with increased independence who are not relying on staff availability to cover the dressing before they can then have a shower. Furthermore staff and management report a quicker time frame in which wounds are healing since the change of wound product.

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 Health and personal care include:

- Registered nurses oversee specific care planning activities and care tasks.
- There are procedures to ensure compliance with legislation in the event of an unexplained resident absence.
- Management stored medication in accordance with legislative requirements.

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 Health and personal care include:

- acute deterioration in the older person
- clinical care policies
- electronic medication management
- quality use of medicines.

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 and staff demonstrate care recipients receive appropriate clinical care. Processes include the development of assessments and care plans which are subject to regular review. Updates occur based on a change in residents’ needs and in consultation with

the resident and their representative. Medical practitioners visit the home regularly and residents can choose to retain their own doctor if practical to do so. Allied health professionals and medical specialists provide further input into care delivery as required.

Communication regarding clinical care needs of the residents occurs through handover, an electronic messaging system, documentation of clinical incidents and charting of clinical observations. Regular audits determine if a review of staff practice and/or additional training and education is required. Residents and representatives are satisfied with the level of clinical care provided at the home.

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 appropriately qualified staff identify and subsequently meet care recipients’ specialised nursing care needs. Nursing staff assess residents’ specialised nursing care needs on entry to the home in consultation with the residents, their representatives and medical practitioner as required. Regular review of corresponding care plans occurs by nursing staff to ensure specialised nursing care continues in accordance with residents’ needs and wishes. Updates occur as residents’ needs change. Provision of specialised nursing care occurs in diabetes and wound management, catheter and colostomy care and oxygen therapy. Referrals occur to specialist services as required and there are adequate supplies of appropriate equipment. Residents and representatives are satisfied with the delivery of specialised nursing care.

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

Management and staff ensure the referral of care recipients to specialists and other health services as required and preferred. Regular allied health services to the home include dietetics, physiotherapy and podiatry. Access to a range of other allied health professionals occurs on a referral basis, in response to resident request or an identified need. Assistance is available for residents to attend external appointments as required including the provision of a staff escort where needed. Residents and representatives said residents access a range of specialists as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate care recipients’ medication is managed safely and correctly. Registered nurses and medication endorsed enrolled nurses administer medications using an electronic administration system. The implementation of this recently introduced system records all residents’ medication needs and provides electronic prompts to relevant staff to decrease the incidents of missed medication. Availability of an imprest provides access to more common medications to facilitate efficient treatment of a resident in consultation with the medical practitioner. Medications are safely stored and includes refrigeration as necessary. An assessment of residents who wish to manage their own medication occurs on entry to the home and regularly thereafter to ensure they are safe to do so. Residents and representatives stated medication administration occurs in a safe and timely manner and that staff keep them updated on any relevant changes to medication regimes.

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 and staff demonstrate the home’s pain management approach ensures all care recipients are as free as possible from pain. Assessment for pain occurs for all residents on entry to the home and thereafter as required. Staff develop and review care plans with input from the resident, representatives, the physiotherapist and medical practitioner. Strategies to appropriately manage pain include alternatives to pain relief medication such as heat packs, exercise and massage. Pressure relieving equipment is available and additional pain consultation occurs during the palliative phase of the resident’s life with access to specialist services, as required. Residents and representatives are satisfied with the way in which staff manage residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are processes to assess the palliative care needs of care recipients on entry to the home and thereafter as required. All residents and representatives are provided an opportunity to document the resident’s end of life wishes on an advanced care plan. This documentation guides staff to provide care in accordance with the resident and their representatives’ wishes and the residents’ spiritual and cultural needs. Access to religious personnel and external palliative care specialists are available and liaison occurs with the residents’ general practitioner as required. There is access to a dedicated room for families to stay during this time and staff have on-site access to specialised

equipment for consistent administration of pain relief. Residents and representatives are satisfied with the home's approach to 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 the home has processes to ensure care recipients receive adequate nutrition and hydration. The assessment of residents' nutritional needs occurs on entry to the home taking into consideration cultural, religious and medical requirements as well as personal dietary preferences. In consultation with residents and their representatives, staff regularly review the corresponding care plans and notify catering staff of any changes to residents' dietary needs. Staff weigh residents monthly or more frequently if necessary and consult with the general practitioner, dietitian and speech therapist to ensure optimal nutritional intake. Residents and representatives are satisfied with the home's approach to meeting residents' nutrition and hydration 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 and staff demonstrate the home has processes and systems to promote skin integrity consistent with the health of the care recipient. The assessment of residents' skin integrity occurs on entry to the home and on an ongoing basis. Care plans document strategies to maintain residents' skin integrity. These include the application of moisturising cream and limb protectors and the use of pressure relieving mattresses and regular repositioning. Monitoring of skin tears and wounds occurs, with records of care reflected on appropriate charts. Allied health and specialist input is available to further enhance the integrity of residents' skin, if required. Residents and representatives are satisfied with the way in which the home manages the skin integrity of residents.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate care recipients receive effective continence management that is appropriate to their individual needs and preferences. The home has ongoing review and evaluation systems for identifying and managing residents' continence care requirements. Processes include initial assessments, in consultation with residents and their representatives, regular care plan reviews and staff monitoring for any changes in the resident's continence needs. Audits of urinary tract infection rates occur to identify trends and minimise recurrence with known strategies to reduce such infections documented on residents' continence care

plans. Continence aids are stored discreetly. Staff stated they have access to sufficient continence aids, education and training and other resources to assist them in adequately meeting the continence care needs of the residents. Residents and their representatives are satisfied with the way in which staff manage residents' 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 and staff demonstrate the needs of care recipients with challenging behaviours are managed effectively. This occurs through initial and ongoing assessments and subsequent development of a wide range of behaviour management care plans. The care plans document identified triggers for specific behaviour with individualised interventions and strategies recorded. Ongoing consultations with the resident, their representative and medical practitioner occur to ensure appropriate and effective interventions and strategies continue. Where restraint is used the appropriate authorisation forms are in place and staff monitor resident safety and comfort regularly. Staff record behavioural incidents which management review to identify and minimise recurrence. Residents and their representatives did not report any disturbance from other residents stating they are satisfied with the way staff manage behavioural issues at the home.

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 demonstrate care recipients are encouraged to optimise their level of mobility and dexterity. Assessment of each resident's mobility and dexterity needs occurs upon entry to the home and the provision of mobility aids is available if needed. Physiotherapy services are utilised to assess all residents' mobility and dexterity and reviews occur regularly. The lifestyle program promotes mobility through the provision of exercise, walking and Tai Chi.

Access to a range of different equipment, targeted to residents' specific needs also contribute to residents' health and wellbeing by keeping them as active and as independent as possible. In the event of a fall, all registered and enrolled nurses, the physiotherapist and the physiotherapist assistant are notified when an incident report is generated. Accordingly timely response and resident review can occur. Management analyse falls related data for trends to minimise the risk of recurrence. Availability of falls prevention equipment further reduces the likelihood of falls and associated injury. Residents and representatives are satisfied with the home's approach to enhancing 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 there are systems and processes to identify and then maintain care recipients’ oral and dental health needs. On entry to the home staff undertake assessments of residents’ oral and dental needs and associated preferences. Staff develop a care plan which reflects residents’ personal preferences and levels of assistance required to promote oral and dental health. Residents choose their own dentist and when required staff assist them to access these dental services. There are adequate supplies and equipment to enhance residents’ oral and dental health and staff provide additional oral and dental assistance during a resident’s palliative phase of life. Residents and representatives said they are satisfied with residents’ oral and dental care and the support provided by care staff.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

There are systems for identifying and managing care recipients’ sensory losses. Assessment for sensory deficits occur upon entry to the home and as changes in care needs require.

Care plans document strategies to enhance communication, vision, hearing, smell, taste and touch as needed. Provision of a range of resources including large print and talking books, microphones and speakers, minimise the impact of any sensory loss. Staff arrange appointments to relevant specialists as required and assist residents with the fitting and cleaning of their sensory aids including hearing aids and glasses. Access to massage therapy and provision of regular music therapy assist in promoting the senses. Residents and representatives are satisfied with the way in which the home manages residents’ sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate processes to ensure care recipients are able to achieve natural sleep patterns. Assessment of personal preferences and routines occur on entry to the home and review at regular intervals ensures these strategies are still current and effective. Staff utilise a range of different methods to promote sleep for residents. These include the provision of warm drinks, snacks, additional pillows and a dimly lit environment with curtains and doors closed in accordance with residents’ personal preferences.

Consultation with the medical practitioner occurs if medication is required to aid sleep and only when alternatives have proven to be ineffective. Residents and representatives are satisfied with the way in which the home promotes 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

The home pursues continuous improvement related to care recipient lifestyle with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements implemented by the home relevant to Standard 3 Care recipient lifestyle include:

- In response to residents’ feedback requesting additional exercise programs, management introduced Tai Chi. Management stated there is high participation rate and residents enjoy not only the exercise but also the socialisation. Residents spoke favourably of the new Tai Chi classes, stated they enjoyed going.
- As part of the ongoing review and evaluation of the ‘fresh air and exercise classes’ management expanded the program. It now includes additional exercise and music therapy and the sessions have been increased to seven days a week. Conducted during mid-afternoon, this group is aimed for residents who have the propensity to exhibit increased agitation at this time. Staff and management advised the program is very successful. It has notably decreased anxiety amongst the participants and freed up time for staff who can focus on other residents.

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:

- Management has processes to ensure compulsory reporting requirements are met regarding residents.
- There are privacy and dignity policies and practices.
- On entry to the home, management provide residents and representatives’ information regarding the home’s care and services, security of tenure and complaints processes.

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 Care recipient lifestyle include:

- aromatherapy training
- dementia care training
- music therapy training
- passive and active exercise training
- person centred care training.

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 all new residents receive support in adjusting to the new environment. The new resident is given an orientation tour and is encouraged to bring items to personalise their room. The new resident is introduced to other residents as part of the orientation process. Activities staff complete each new resident's profile with consultation from the resident and their representatives. Staff observe residents for changes to their emotional wellbeing to ensure meeting of emotional needs. Pastoral care staff and volunteers are available to provide emotional support. Staff provide information regarding events and activities occurring in the home. Residents are satisfied with the way staff support residents and make them feel welcome on entry 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.

Processes include consultation with residents and representatives and incorporation of strategies into care and lifestyle plans that support physical, social, cultural, financial and intellectual independence. Activities 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. Residents have access to wireless internet throughout the home which residents can access on their personal devices or computers. Activities 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 said 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 representatives 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 representatives. 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 said 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 residents 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 residents' 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 residents' rights and responsibilities is contained in the resident handbook and agreements. Staff said they support residents 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 understand their rights and responsibilities. Management provide information about security of tenure and residents' rights and responsibilities to residents and representatives on entry to home. This occurs via initial conversation and through the provision of 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

The home pursues continuous improvement related to the physical environment and safety systems with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 4 Physical environment and safe systems include:

- To provide easier access for residents from their room to the dining room, on level two, management undertook renovations. Specifically the wall blocking direct access to the dining room was removed and replaced with an atrium through which residents could reach the dining room. The atrium now provides a sunny sitting area for residents and representatives alike to enjoy the ambience of this area. Feedback regarding the change to this area has been positive.
- In response to resident feedback regarding the increased temperature of their room, management tinted the windows and provided sunblock blinds. These measures have reduced heat and glare and residents report their rooms are a comfortable temperature.

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 Physical environment and safe systems 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.

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 Physical environment and safe systems include:

- chief fire warden and fire warden training
- fire and emergency training
- food safety training
- manual handling training
- work health and safety training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management has a system to provide a safe and comfortable environment consistent with a resident's care 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, corrective and routine building and equipment maintenance. Management monitor comfort and safety through regular audits and inspections. Staff assist residents' safety and comfort through measures such as ensuring access to call bells, mobility aids and maintaining a comfortable temperature throughout the home. Residents and 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 an organisation wide occupational health and safety system and an on-site representative. 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 map 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 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

The home has an effective infection control program. Availability of personal protective equipment, hand washing facilities, a food safety program, resident and staff vaccination programs and pest control procedures are some of the measures in place to minimise the risk of infection. Management review the incidence of infections and any identified trends prompt staff training analysis. There is access to outbreak procedures to ensure timely implementation of management strategies and all staff undergo annual, mandatory infection control training. Staff stated they are aware of infection control practices relevant to their duties and residents and representatives are satisfied with the infection control measures demonstrated by management and staff.

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 staff's working environment. Meals are prepared on site with residents' food preferences, diet modification and allergies taken into account. The kitchen is cleaned according to a schedule after each meal service. Staff clean the resident's room and the home's common areas according to a schedule with provisions for unplanned cleaning needs. Laundry staff wash residents' personal laundry and sundry items on-site and iron residents' personal clothing if required or requested. A commercial service launders all other linen. There is a process to assist in the prevention of lost items and the reclaiming of any lost items.

Management monitor catering, cleaning and laundry services through internal and external audits with regular education provided for staff such as chemical training, food safety and infection control. Residents, their representatives and staff said they are satisfied with the home's hospitality services.