



Australian Government

Australian Aged Care Quality Agency

Melaleuca Lodge

RACS ID 3069
1 Watchorn Road
COWES VIC 3922

Approved provider: Phillip Island Homes for the Aged Association Inc

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 18 October 2018.

We made our decision on 21 August 2015.

The audit was conducted on 21 July 2015 to 22 July 2015. The assessment team's report is attached.

The assessment team recommended that the home did not meet five expected outcomes. We considered additional information including a detailed submission from the approved provider and the actions taken by the home since the reaccreditation audit and found the home does meet expected outcomes 2.3 Education and staff development, 2.4 Clinical care, 2.8 Pain management and 2.10 Nutrition and hydration.

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

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

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 16 September 2015 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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

Melaleuca Lodge 3069

Approved provider: Phillip Island Homes for the Aged Association Inc

Introduction

This is the report of a re-accreditation audit from 21 July 2015 to 22 July 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:

- 39 expected outcomes

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

- 2.1 Continuous improvement
- 2.3 Education and staff development

- 2.4 Clinical care
- 2.8 Pain management
- 2.10 Nutrition and hydration

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 July 2015 to 22 July 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:	Sarah Lawson
Team members:	Dianne Clarke

Approved provider details

Approved provider:	Phillip Island Homes for the Aged Association Inc
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Details of home

Name of home:	Melaleuca Lodge
RACS ID:	3069

Total number of allocated places:	37
Number of care recipients during audit:	36
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Not applicable

Street:	1 Watchorn Road
City:	Cowes
State:	Victoria
Postcode:	3922
Phone number:	03 5952 3266
Facsimile:	03 5952 3548
E-mail address:	super.melaleuca@waterfront.net.au

Audit trail

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

Interviews

Category	Number
Management	2
Nursing/personal care/lifestyle staff	7
Care recipients/representatives	10
Hospitality/environmental staff	2

Sampled documents

Category	Number
Care recipients' files	14
Care recipient agreements	4
Medication charts	8

Other documents reviewed

The team also reviewed:

- Activity calendar and lifestyle participation records
- Audits and continuous improvement register
- Care recipients' information and welcome packages
- Cleaning and laundry documentation
- Clinical assessments, charts, plans, forms and documentation
- Comments and complaints documentation
- Communication documents including diaries and newsletter
- Drugs of addiction register and medication refrigerator temperature charts
- Education calendars and attendance records
- Emergency response folder
- Essential services schedules and related documentation
- External contractors folder
- Food safety program and associated records

- Meeting minutes, memoranda and surveys
- Police certificate, statutory declaration and nursing registration database
- Policies and flowcharts
- Preventive and reactive maintenance records
- Recruitment and induction documents
- Refrigerator temperature checklists
- Staff handbook.

Observations

The team observed the following:

- Activities in progress including visiting community program
- Charter of care recipients' rights and responsibilities
- Chemical storage and material safety data sheets
- Fire and emergency equipment, evacuation maps, egress routes and assembly areas
- Equipment and supply storage areas
- External advocacy and complaints information displayed
- Feedback forms and lodgement boxes
- Internal and external living environment
- Meal and refreshment service and menu displayed
- Noticeboards and whiteboards
- Notification to stakeholders of re-accreditation audit
- Safety and security mechanisms
- Sign in-out registers
- Staff assisting and interacting with care recipients and visitors
- Workplace health and safety information 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 in management, staffing and organisational development. The system includes improvement forms, audits, meetings, incident and hazard reporting processes, observations and satisfaction surveys. A continuous improvement plan records intended results, required actions and responsibilities. Collation and discussion of a range of data occurs. Staff said they know how to contribute to the continuous improvement program and improvements are generally occurring. Care recipients and representatives are satisfied the home is moving forward and management listen to their views.

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

- Management identified an opportunity to improve security of computer backup systems and purchased additional storage devices. Management advised there is now increased capacity for regular back up of all computer drives.
- In response to changes in legislation regarding ageing in place and increasing needs of care recipients, management now rosters an additional care staff member overnight. Management and staff are satisfied the additional position promotes responsive care.
- Management and staff identified an opportunity to better meet care recipients' changing needs through the purchase of new lifting and transfer equipment. Management and staff are satisfied the new equipment is accessible and enables appropriate care.

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 organisation’s management has systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management receives information relating to regulatory and legislative updates and changes from various sources including health departments, peak industry bodies and publications. Management communicates changes and relevant information to staff, care recipients and representatives using meetings, memoranda, newsletters and correspondence. Monitoring of regulatory compliance occurs through observation of staff practice, comments and complaints, incidents and audit reports.

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

- Management has a documented continuous improvement plan.
- Management has a system for ensuring the currency of police certificates and statutory declarations as appropriate for staff, volunteers and contractors.
- Management notified stakeholders in advance of the re-accreditation audit.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

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

The home has systems to generally ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. An annual education plan is developed and additional training specific to the home is included as required. Meetings, performance appraisals, infection monitoring, an annual training survey and staff requests identify training needs. The home provides a financial incentive to staff on completion of their mandatory education and management monitor attendance. The home has a recruitment procedure and orientation program for new staff. Staff stated they are satisfied with the education provided internally and online and care recipients and representatives said staff have the appropriate knowledge and skills.

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

- a practical application for the changes in aged care
- 'Manad' user conference
- orientation 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

The home's management ensure a comments and complaints system is in place and is accessible to care recipients, representatives and other interested parties. The system includes improvement forms, a secure suggestion box, meetings catered to stakeholders and informal one on one discussion. Management have an open door policy to discuss matters and a variety of correspondence methods to respond to individual or collective parties. The home prominently displays information regarding internal and external complaint and advocacy services. Management log comments and complaints and monitor the effectiveness of these through reviews. Feedback occurs in a timely manner. Care recipients, representatives and staff said they are aware of the home's complaints systems and confident to raise any concerns if needed.

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

Management have documented the home's vision, values, philosophy and commitment to quality throughout the service.

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

The home has systems to ensure staff are appropriately skilled and sufficient in numbers to meet care recipients' requirements. Formal induction processes are used and staff receive an orientation. Position descriptions, handbooks, policies and procedures and other relevant resources support staff in their roles. Ongoing monitoring of staff practice occurs and includes observation, competency testing and stakeholder feedback. Staff stated they have sufficient time to perform their roles. Care recipients spoke positively of staff at the home and expressed satisfaction with the care and services provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are adequate supplies of appropriate goods and equipment to provide quality service delivery. Goods are stored safely in secure areas and equipment is subject to regular checks, repairs, replacement or servicing through the corrective and preventative maintenance program. Ordering of clinical and non-clinical supplies occurs through nominated suppliers and stock monitoring and re-stocking systems are in place. Staff, care recipients and representatives are satisfied with the quantity and quality of supplies and equipment available.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems. Management and staff generally have access to policies and procedures, clinical and other resource information to guide care and work practices. Care recipients and representatives have information regarding the care and services provided by the home through residential agreements, handbooks and meetings. Communication processes include informal discussions, surveys, feedback forms, meetings, handover, memoranda and meeting minutes. Confidential information is stored securely and there are processes for archiving and back up of electronic information. Staff are satisfied they receive appropriate and sufficient information to support them in their roles. Care recipients and representatives are satisfied with the level of information provided.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management has a system to provide externally sourced services to meet the home's needs and service quality goals. Management select, monitor and evaluate external suppliers to ensure the provision of quality service. There are processes to ensure contractors have current police certificates, insurance and other documentation as required. Review of external contracts and service agreements occurs with the process including staff and care recipient feedback and evaluation. Contractors are required to complete a register on entry to the home and receive orientation prior to commencing work at the home and when required are appropriately supervised by staff. Care recipients, representatives and staff said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home does not meet this expected outcome

The home does not have a system that shows the pursuit of continuous improvement in the area of health and personal care. Monitoring processes to assess performance have not consistently identified deficiencies in the delivery of health and personal care. Identified issues are not effectively addressed and remedied. Incident data is inconsistently actioned to prevent recurrence, minimise risk and inform clinical care. Stakeholders could not identify improvements in health and personal care.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has a system to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of the home's regulatory compliance system.

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

- Management monitor nursing and other professional registrations.
- Processes exist for appropriate and secure storage of medication.
- There are procedures to ensure compliance with legislation in the event of a care recipient's unexplained absence.

2.3 Education and staff development

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

Team’s findings

The home does not meet this expected outcome

Management and staff do not have the appropriate knowledge and skills to ensure effective performance in relation to health and personal care. Management are not monitoring or meeting individual staff education and training needs relative to health and personal care. System failures in the delivery of clinical care indicate gaps in the education and staff development systems of the home relating to health and personal care.

2.4 Clinical care

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

Team’s findings

The home does not meet this expected outcome

Care recipients do not consistently receive appropriate clinical care. Management and staff do not appropriately assess or respond to changes in care recipients’ clinical care. Staff do not consistently identify, assess, action and monitor care recipients’ clinical care needs.

Regular assessments and evaluations of care recipients’ clinical care needs are not appropriately undertaken or documented. Care strategies to manage care recipients’ care needs and preferences are inconsistent or not developed.

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

Qualified nursing staff generally identify and meet care recipients’ specialised nursing care needs. Clinical staff assess, plan and evaluate care recipients’ specialised nursing needs on entry in consultation with appropriate health specialists and general practitioners. Care plans document specialised nursing needs, preferences and strategies required. Specialised nursing needs are monitored by stakeholder feedback, audits, incident reports and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing care. Care recipients and representatives said care recipients receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Referrals to appropriate health professionals for care recipients generally occur in accordance with their needs and preferences. Staff regularly access allied health services including ‘residential in reach’, a physiotherapist and podiatrist. Progress notes and care plans identify each care recipient’s need for referral to appropriate health specialists. Staff implement and follow health specialists’ recommendations as required. Care recipients and representatives said referrals to appropriate health specialists take place as necessary.

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 management of care recipients’ medication occurs safely and correctly. An assessment of care recipients’ medication administration needs occurs on entry. Medication charts document relevant information including special instructions, allergies and photographs for ease of identification. Management monitor medication administration by audits, incident data analysis and staff competency completion. Staff store medications appropriately and assist or supervise care recipients’ medication administration as necessary. Staff assess and review care recipients who self-medicate. Care recipients and representatives said the administration of care recipients’ medications is timely.

2.8 Pain management

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

Team’s findings

The home does not meet this expected outcome

The home’s systems and processes are not effective in ensuring all care recipients are as free as possible from pain. Care recipients’ current pain needs are not consistently identified, assessed, managed and monitored. The increase in severity of pain does not trigger reassessment of the effectiveness of the current interventions. Care recipients’ care plans do not consistently identify care recipients’ pain management needs and strategies required.

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

Clinical staff maintain the comfort and dignity of terminally ill care recipients. Staff assess care recipients’ terminal wishes and palliative care requirements in consultation with care recipients and their families and general practitioners. This occurs on entry to the home. Staff have access to seek outreach support from the local palliative care unit as necessary. Staff described consultation processes and care measures they provide when caring for terminally ill care recipients, including access to resources to support care recipients’ emotional and spiritual needs. Staff said the comfort and dignity of terminally ill care recipients is maintained.

2.10 Nutrition and hydration

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

Team’s findings

The home does not meet this expected outcome

The home does not have systems to ensure care recipients receive adequate nourishment and hydration. Management and staff do not action weight loss. Care recipients’ nutrition and hydration needs are not assessed, reviewed and actioned when required. Referrals to specialists are not made in the event of a care recipient’s unplanned weight change.

Referrals and actions do not regularly occur in relation to weight loss. The home’s monitoring systems are not consistently identifying deficits.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff assess care recipients’ skin integrity on entry and care plans document needs and preferences, including the levels of assistance and equipment required. Progress notes identify breaks in care recipients’ skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur. Staff have access to appropriate emollient creams and dressings.

Management monitor care recipients’ skin care needs by audits, incident reports, observation and stakeholder feedback. Care recipients and representatives said they are satisfied with the care provided in relation to care recipients’ skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure staff manage care recipients’ continence needs effectively. An initial assessment and care plans take into consideration the level of staff assistance required by the care recipient and continence aids if needed. The home’s approach to continence management encourages promotion of care recipients’ independence. Staff said they have access to sufficient continence aids and displayed their knowledge of care recipients’ toileting requirements. Care recipients and representatives are satisfied with continence care provided and how staff promote care recipients’ independence.

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

The management of care recipients with challenging behaviours is effective. Staff assess care recipients’ behaviours on entry following a settling-in period. Care plans identify behaviours, potential triggers and interventions needed. Referrals to general practitioners and behavioural management specialists take place if assistance is required. Management monitor care recipients’ behaviour needs by audits, incident reports, observation and stakeholder feedback. Staff are educated on appropriate methods for managing care recipients with challenging behaviours. Staff are familiar with individual care recipients’ behaviours of concern and they implement appropriate strategies. Care recipients and representatives are satisfied with the approach to managing care recipient behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Management of care recipients’ levels of mobility and dexterity is generally effective in achieving optimal levels. Care recipients have their mobility and dexterity needs assessed on entry. Care plans identify interventions including aids and equipment needed for mobilisation and the level of assistance required. A physiotherapist visits the home on a regular basis.

Management monitor mobility by audits and stakeholder feedback. Staff have attended education in relation to assisting care recipients with their mobilisation needs. Care recipients and representatives are satisfied with the home’s approach to optimising 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

The maintenance of care recipients’ oral and dental health occurs effectively. Oral and dental care assessments take place on entry and care plans identify aids, equipment and the level of assistance required. Staff monitor and change toothbrushes regularly. Management monitor oral and dental care by audits and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients are satisfied with the assistance provided to maintain their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Initial assessment and ongoing care planning processes ensure staff identify care recipients’ sensory losses. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Referrals to audiologists and optometrists occur and devices to assist in sensory loss are acquired as needed. Care plan information includes the level of assistance required and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff said they assist care recipients in maintaining and fitting sensory loss aids. Care recipients and representatives said they are satisfied with the support and care provided to manage care recipients’ sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Staff identify care recipients’ sleep needs and preferences using entry assessments. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor care recipients’ sleep requirements by audits and stakeholder feedback. Staff encourage natural sleep patterns, meeting care recipients’ environmental needs, comfort preferences and continence care. Care recipients said they are able to communicate with staff in relation to their sleep needs.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements in relation to Standard 3 - Care recipient lifestyle include:

- Lifestyle staff implemented a new program of nail care and hand massage and identified the allocated room was very bland. New colourful paintings, boxes and other equipment was purchased to improve the ambiance of the room. Staff said that the room enhanced the program, care recipients love it and male care recipients are also attending.
- As a result of legislation changes to privacy, education was offered to staff. Management stated this has resulted in staff being informed of changes and up to date with current legislation.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance system.

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

- Care recipients receive information on their rights and responsibilities, privacy and consent in their information handbook and agreement.
- Management displays a poster of the Charter of care recipients’ rights and responsibilities.
- Management has policies and processes to manage compulsory reporting of assaults that includes staff education on elder abuse.

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 appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 3 - Care recipient lifestyle include:

- compulsory reporting and elder abuse
- certificate four in leisure and lifestyle
- privacy.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff are committed to supporting care recipients' emotional needs. On entry to the home, lifestyle staff complete individual assessments that identify care recipients' emotional support needs and staff provide ongoing emotional support as required. Care recipients are encouraged to personalise their room and staff invite representatives to join in activities and maintain close contact with care recipients. Staff identify and recognise significant events and monitor care recipients' mood, activity participation and socialisation. Documentation and staff interviews confirm staff are responsive to care recipients' individual emotional needs including lifestyle staff providing frequent one to one consultations. We observed staff interacting with care recipients in a caring and friendly manner. Care recipients and representatives said they are satisfied with the emotional support care recipients receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients to maximise independence, maintain friendships and participate in community life within and outside the residential care service. Together with care recipients and representatives, staff develop individualised care plans, which identify physical, cognitive, social and civic capability and goals. A physiotherapy program assists care recipients to maintain mobility and dexterity, supplemented by activity program exercises. Provision of appropriate equipment occurs. Volunteers and visitors to the home include religious personnel and community organisations. Management and staff monitor independence through stakeholder feedback, surveys and audits. Care recipients and representatives stated they are satisfied staff assist care recipients to achieve maximum independence and community involvement.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate they recognise and respect each care recipient's right to privacy, dignity and confidentiality. Staff, volunteers and contracted service staff receive information about privacy and confidentiality during orientation and on an ongoing basis.

Staff knock and request permission before entering care recipients' rooms and close doors during personal care. The home manages documentation securely and staff hold confidential

conversations in private. Care recipients and representatives said they are satisfied staff are respectful and maintain care recipients' privacy and dignity at all times.

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 receive encouragement and support to participate in a range of activities and interests. Staff consult with care recipients and representatives, identifying each person's life story, social interests and preferences. Staff develop and regularly review individual strategies to support care recipients to attain physical, social and cognitive goals. Formal activities include quizzes, games, movies, entertainers and outings. Staff offer care recipients individual companionship, celebrate special events including anniversaries and invite local groups. Staff monitor care recipient participation and levels of engagement to assist evaluation of the lifestyle program, supplemented by feedback and care recipient meetings. Care recipients and representatives stated they are satisfied with opportunities to contribute to the activity program and the current activities available.

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

Practices in the home foster care recipients' individual customs, beliefs and cultural backgrounds. Initial assessments and care plans document cultural and spiritual preferences. The home celebrates culturally significant days, and staff support and value care recipients' individual spiritual and denominational needs. Care recipients have access to spiritual advisors if requested and various denominations conduct services within the home. Access to culturally and linguistically diverse information is available to support care recipients if required. Care recipients and representatives are satisfied with the support provided to meet their cultural and spiritual needs.

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

Management and staff ensure care recipients and representatives participate in decisions in relation to individual lifestyle, clinical care, social, and hospitality needs. The 'resident handbook' contains information relating to health services, cultural and spiritual services, complaints, continuous improvement processes and information relating to lifestyle choices.

The home conducts resident and relatives meetings to provide information and a forum for feedback, comments and suggestions. Care recipients and representatives said they are involved in regular consultation about all aspects of care and services and they are satisfied with the opportunities to exercise choice and control over their individual lifestyle within the home, and staff respect their decisions.

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

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management offer a residential agreement and provide care recipients and representatives with information about security of tenure, care recipients' rights and responsibilities, specified care and services and independent complaint mechanisms prior to and on entry to the home. Management informs staff about care recipients' rights and responsibilities and security of tenure through handbooks and orientation. Consultation takes place between management, care recipients and representatives prior to changing care recipients' rooms. Care recipients said they feel secure in the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management actively pursues continuous improvement activities in relation to aspects of the physical environment and safe systems. Care recipients and representatives are satisfied with the safety and comfort of the living environment and the quality of the services provided. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 - Physical environment and safe systems include:

- Management implemented a non-smoking policy and allocated an undercover designated smoking area on the perimeter of the fence line. Care recipients are satisfied with the improvement.
- A new gas log fire and surrounding fireplace were installed in a small informal lounge area used by care recipients. Staff said the fire has made the room more inviting and comfortable. Care recipients said it enhances the ambience of the room and they are happy with the improvement.
- Responding to staff input, a new brighter outdoor light was installed and a tree pruned to improve the safety and security of the home. Staff are satisfied with the improvement.

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

The home has a system for identifying relevant legislation, regulations and guidelines relating to the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance system.

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

- The home has a food safety program and has current food safety inspection and audit results.
- Material safety data sheets are available for chemicals used in the home.
- There is regular monitoring and maintenance of the fire and safety systems.
- Staff attend mandatory training in fire and emergency procedures each year and during orientation training.

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 appropriate knowledge and skills to perform their roles effectively in the physical environment and to ensure safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

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

- manual handling
- infection control
- chemical training
- fire and emergency.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients have access to outside areas with established gardens and single rooms with ensuites, which they are encouraged to personalise. Regular cleaning and maintenance ensures communal and private areas remain clean, comfortable, well lit and at a comfortable temperature. Management ensures maintenance of the building, grounds and equipment through regular servicing and maintenance programs by maintenance staff and external contractors. Management use the results of audits, incident reporting, meeting discussions, maintenance requests and other feedback mechanisms to monitor the safety and comfort of the living environment. Staff complete relevant training and employ appropriate practices to ensure the safety and comfort of those living at the home. Care recipients and representatives are satisfied the home provides a comfortable, safe and secure 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 home has systems to support a safe working environment aligned to regulatory requirements. Management informs staff of their responsibilities through displayed information and during induction, mandatory education and at meetings. The home's education program includes training for staff in manual handling and infection control. Staff and management identify work hazards through audits, maintenance requests, hazard alerts, staff incidents and workplace inspections. Results are discussed at various meetings and actioned as required. Staff said they are satisfied management work actively to create a safe work 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 and staff work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies. Qualified external contractors maintain fire equipment and there are processes to monitor the maintenance of essential services equipment. Management display emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. There are processes to maintain emergency evacuation packs and there is access to evacuation lists. All staff are required to complete

mandatory fire and emergency training. Staff, care recipients and representatives report feeling 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 system to prevent, identify, manage and contain infections. Infection control education is part of orientation and part of the home's annual mandatory education. Management collect, analyse and trend infection data. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively.

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

Hospitality services enhance care recipients' quality of life and the staff working environment. Care recipient meals and snacks are freshly prepared onsite generally meeting individual nutrition and hydration requirements, allergies, and preferences. A rotating menu offers care recipients meal and beverage choices with the availability of alternatives. Cleaners follow a schedule, which ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is utilised. Staff launder care recipients' personal clothing onsite and return clean clothes in a timely manner. An approved external contractor launders linen supplies. The home has a system to manage lost property and a labelling system of personal clothing exists. Hospitality service staff commit to their schedules ensuring completion of designated duties. Management monitors hospitality service performance through observations, stakeholder feedback, internal and external audits and surveys. Care recipients and representatives expressed satisfaction with the standard of cleanliness of the home and with the quality of catering and laundry services.