



Australian Government

Australian Aged Care Quality Agency

Melville Grange Hostel

RACS ID 3561
80 Melville Park Dr
BERWICK VIC 3806

Approved provider: Wickro Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 15 August 2018.

We made our decision on 22 June 2015.

The audit was conducted on 19 May 2015 to 20 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

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Audit Report

Melville Grange Hostel 3561

Approved provider: Wickro Pty Ltd

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 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 19 May 2015 to 20 May 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:	Lorraine Davis

Approved provider details

Approved provider:	Wickro Pty Ltd
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Details of home

Name of home:	Melville Grange Hostel
RACS ID:	3561

Total number of allocated places:	60
Number of care recipients during audit:	59
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	80 Melville Park Dr
City:	BERWICK
State:	VIC
Postcode:	3806
Phone number:	03 9768 9599
Facsimile:	03 9768 9588
E-mail address:	thumphries@homestyleagedcare.com.au

Audit trail

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

Interviews

Category	Number
Organisational and site managers	3
Nursing/care and lifestyle staff	10
Environmental/hospitality services staff	5
Care recipients/representatives	12
Visiting support services and allied health personnel	2

Sampled documents

Category	Number
Care recipients' files	8
Lifestyle care plans	6
Care recipient agreements	6
Medication charts	10
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity calendars, evaluations and participation sheets
- Assessments and authorisations
- Audits and schedule
- Care recipient list and handover sheet
- Care recipients' information package, surveys, handbook and newsletter
- Catering records and food safety program
- Cleaning and laundry schedules and compliance documentation
- Clinical charts and records
- Comments and issues register
- Consolidated mandatory reporting register

- Continuous improvement plan
- Contractor and supplier lists and service agreements
- Controlled substance registers
- Education records and evaluations
- Emergency procedures manual, essential safety measures log books and compliance records
- Employee orientation package and recruitment documentation
- Incident reports and analysis
- Infection register and analysis
- Maintenance registers including reactive and preventative maintenance records
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menu and dietary information
- Nursing registration report
- Position descriptions and duty lists
- Privacy and consent forms
- Referral folders
- Refrigerator temperature records
- Selected policies and procedures, guidelines and flow charts
- Wound assessments, charting and register

Observations

The team observed the following:

- Activities in progress
- Archiving areas
- Cleaning in progress
- Equipment and supply storage areas
- Fire egress and access, safety equipment and signage

- Gastroenteritis and blood spill kits
- Infection control equipment and infectious waste disposal
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment service
- Medication administration and storage
- Medication and sharps disposal systems
- Noticeboards with information displayed
- Occupational health and safety information displays
- Oxygen storage and signage
- Re-accreditation audit notice displayed
- Short observation in assisted dining room
- Supply and equipment areas.

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 with outcomes tabled at relevant meetings. Care recipients, representatives and staff are satisfied the organisation pursues continuous improvement across all areas of the home.

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

- To ensure staff could easily identify when an incident occurred, management ordered 'incident' stickers to be used in care recipients' clinical files. Staff now apply these stickers at the beginning of the relevant progress note, in the care recipient's records. Management and staff advised this sticker highlights the occurrence of an incident and ensures appropriate action and follow up by medical, clinical and allied health personnel.
- Due to the increased acuity of care recipients' needs, management conducted a review of the staff structure to ensure an appropriate skill mix. Following this review, management increased staff hours and divided the home into two areas to ensure staff allocation in a targeted area, whereby previously staff had been working across the whole home. Staff spoke positively of the staffing restructure and increase in staff hours which provides additional support to meet the needs of the care recipients. Management continue to monitor and review the roster to ensure adequate coverage and skill mix at all times.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across the four Accreditation Standards. Legislative information is identified through membership of government and industry organisations and subscription to legislative online services. Management processes ensure monitoring of compliance through management reporting, internal and external reviews and audits.

Management disseminates relevant information to site management and is consequently provided to staff, care recipients and representatives using meetings, memoranda, newsletters and education sessions. Staff and management demonstrate knowledge of their obligations regarding regulatory compliance. Care recipients and representatives are satisfied with the information provided to them.

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

- Processes to monitor the currency of professional registrations, police certificate records and statutory declarations for staff, volunteers and external service providers.
- Notification of the re-accreditation audit to all stakeholders within the requisite time frame and displaying notices of the visit throughout the home.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Management and staff have the knowledge and skills required for effective performance relating to the Accreditation Standards. Recruitment and induction processes include identification of necessary skills and education to ensure appropriate skills and knowledge upon commencement of employment. Management is supported by corporate processes to identify educational needs through quality activities, feedback mechanisms, industry best practice and care recipients' care requirements. The education calendar includes mandatory training components, competencies, internal and external education opportunities for management and staff. Management maintain attendance records, evaluate sessions and notify staff of upcoming education they are required to attend. Staff and management have opportunities to attend education that supports their learning and development needs.

Examples of education and staff development in relation to Standard 1 Management systems, staffing and organisational development include the following:

- bullying and harassment
- documentation
- teamwork.

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

There are formal and informal comments and complaints processes that are accessible to care recipients and their representatives, staff and visitors. Information regarding internal and external complaints mechanisms is documented in publications provided to care recipients and representatives on entry to the home and to staff on commencement of employment.

There are 'comments and improvement' forms on display throughout the home and publications in different languages offers all care recipients with the opportunity to provide feedback. Management also encourage care recipients, representatives and staff to provide feedback at meetings they attend and by approaching management directly. Review and evaluation of comments and improvements feed into the overall continuous improvement system with outcomes communicated to stakeholders. Care recipients and representatives are aware of the complaints mechanisms available and are comfortable in using them, if required.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, mission, values, philosophy and commitment to quality. Management displays these statements prominently in the home and repeats them in selected documentation.

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 ensure there are sufficient numbers of staff who are skilled and qualified to deliver appropriate care and services to care recipients. Organisational policies and procedures guide staff recruitment, orientation, rostering, staff replacement and management processes. Management develop rosters and review staff levels in response to care recipients' changing needs. Staff said they have access to information about their roles and responsibilities including position descriptions and duty lists and confirm staff levels are flexible and appropriate. Care recipients and their representatives are satisfied with staff levels and staff knowledge.

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

Management and staff demonstrate the home has effective information management systems. Care recipients and representatives have access to current information through meetings, noticeboard displays, newsletters and regular care consultations. Management and staff have sufficient information to perform their roles through handover, care plans, meetings, the distribution of memoranda and ongoing education and training opportunities. Paper based information such as care recipient files are stored securely and there is a system to ensure the confidentiality of personnel files and care recipients' administrative records. The home has a locked storage area for archived information and an appropriate destruction system to meet legislative requirements. Care recipients, representatives and staff are satisfied with the information systems within the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation and home has systems to ensure the ongoing quality and responsiveness of externally sourced services. Processes in place monitor contractors' insurance cover, criminal history checks and qualifications and ensures services meet relevant regulations. Management regularly review stakeholder satisfaction with externally sourced services based on observations and feedback from management, staff, residents and representatives. A list of preferred service providers is available and staff can access after hours' emergency assistance. Staff and residents are satisfied with the quality of currently sourced external suppliers.

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

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

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

- To ensure medical instructions are conveyed to relevant staff, a designated nurse now assists the doctor with his/her round. Following the medical round, the relevant nursing staff member informs fellow staff of any medication changes and takes appropriate action to ensure they occur, arranges any appointments as needed and records updates in the care recipient's file and on the handover sheet. Management report this process has enhanced communication between the doctor and the clinical and care staff to ensure appropriate clinical outcomes are achieved for the care recipients, in a timely manner.
- Management received feedback regarding the provision of a catheter bag which was not appropriately meeting this care recipient's needs. In consultation with various suppliers and in liaison with the care recipient, management sourced an alternative catheter bag which now serves its purpose whilst promoting comfort and dignity. Management report the care recipient is most satisfied with the outcome.
- Management identified that not all care recipients had family available to provide transport to external dental appointments. As such, management arranged for a mobile dental service to visit the home. To coincide with the mobile dental visit, management arranged staff education and training regarding the importance of oral and dental health care. Management also implemented a system whereby care recipients' toothbrushes are to be changed seasonally and all denture cups changed according to schedule, to further enhance oral and dental care and maintain infection control procedures. Care recipients now have increased access to dental services as required and in response to specific request and staff have additional skills to ensure optimum delivery of oral and dental health 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 information about the home’s regulatory compliance system.

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

- Medication administration and storage is in accordance with legislative requirements
- Registered nurses review specialised nursing care.
- Policies and incident notification processes inform staff regarding the management of care recipients’ unexplained absences.

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 demonstrate appropriate knowledge and skills to perform their roles effectively in relation to the provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Examples of education conducted in relation to Standard 2 Health and personal care include the following:

- catheter care
- palliative care
- targeting teeth.

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 there are processes to ensure care recipients receive appropriate clinical care. Care recipients undergo a suite of assessments on entry to the home with staff taking into consideration care recipients’ needs, preferences and level of assistance required. Staff develop care plans based on this information which are subject to review, as part of the regular care recipient of the day process and in response to a change in a care recipient’s health condition. Consultation occurs with care recipients and their representatives regularly and as required. Medical practitioners frequently visit the home and care recipients can choose to retain their own doctor if practical. Locum services provide medical care after hours if necessary and staff refer to allied health professionals as needed. There are adequate supplies of clinical stock and equipment to assist staff in undertaking clinical care duties. Care recipients and representatives are satisfied with the clinical care received by care recipients.

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

Appropriately qualified staff are available to identify, review and ensure appropriate care delivery to care recipients with specialised nursing care needs. Provision of specialised nursing care occurs in catheter, diabetic and stoma care and oxygen therapy. Ongoing review of care recipients’ specialised nursing care needs ensures corresponding strategies and interventions remain effective. Consultation occurs with care recipients, representatives and the medical practitioner as required and there is access to external specialists for additional advice and support as needed. Adequate supplies and equipment and the provision of ongoing education and training further supports staff in the delivery of specialised nursing care. Care recipients and representatives are satisfied with the home’s approach to meeting care recipients’ specialised nursing care needs.

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 demonstrate there are process to ensure care recipients attend specialist appointments in accordance with individual need and/or specific request. During the assessment processes liaison occurs with the care recipient’s medical practitioner and staff refer to allied health personnel for review according to care recipients’ needs. The physiotherapist routinely assesses care recipients on entry to the home, according to schedule, following a fall, or if their health status changes. There is access to a hospital based outreach service for further advice, support, education and training as required. Staff can

assist with care recipients accessing external appointments as needed. Records of care and specialist recommendations are reflected in care recipients' clinical files. Care recipients and representatives said staff arrange specialist appointments for care recipients as required and are satisfied care recipients receive other health and related services in accordance with care recipients' wishes.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate there are processes to provide appropriate management and delivery of care recipients' medication. Nursing staff and competency tested personal carers administer medications from dose administration aids and original packaging.

Medications are stored securely according to legislative requirements. The medication advisory committee meets on a regular basis and there is a process for assessing and managing care recipients who wish to self-administer any medication. Staff date opened creams, ointments and drops and refrigerate medication as appropriate. Care recipients and representatives state medication administration occurs on time and with staff assistance and supervision, as required.

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 there is a system to ensure all care recipients are as free as possible from pain. Assessment for pain occurs on entry to the home as part of regular review processes and in response to any change in the care recipient's pain management needs. Provision of education and training and the appropriate assessment tools assist staff in recognising non-verbal cues of pain in care recipients with a level of cognitive impairment. The provision of a dedicated pain management program, involving a physiotherapist, assists in the delivery of massage, application of heat packs and electrical nerve stimulation to provide pain relief. Access to pressure relieving mattresses and availability of exercises classes also assists in care recipients' pain management. Care recipients and representatives are satisfied staff assist care recipients to be as free as possible from 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

The home has processes to assess the palliative care needs of a care recipient and ensure staff maintain the care recipient's comfort and dignity during this phase of their life. On entry to

the home, staff provide care recipients and representatives the opportunity to complete an advance care plan. This information reflects care recipients' end of life wishes with consideration to personal, spiritual and cultural preferences and the level of treatment to be undertaken should the care recipient significantly deteriorate in health. There is access to religious personnel, in accordance with care recipients' beliefs and wishes for ongoing spiritual support. The home has access to external palliative care services as needed and staff described comfort and dignity measures provided to care recipients who are terminally ill. Document review demonstrates palliative care delivery occurs through appropriately qualified staff in consultation with the care recipient, their medical practitioner and representatives.

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 and staff demonstrate there are processes to ensure care recipients receive adequate nourishment and hydration. The assessment of care recipients' nutritional needs occurs on entry to the home taking into consideration personal preferences, allergies, medical requirements and cultural and religious needs. Staff communicate specific dietary requirements to the kitchen to ensure the meals provided cater to care recipients' needs. Drinks and snacks are served between meals and the kitchen offers alternative meals to the advertised menu if required. Staff record care recipients' weight regularly with staff initiating dietitian review as needed. Strategies to enhance nutritional intake include food enriched diets and texture modification. Assistive devices are available to promote independence and aid nutritional and fluid intake as required. Care recipients and representatives are satisfied there is enough to eat and drink.

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 care recipients' skin integrity is consistent with care recipients' general health. The assessment of care recipients' skin integrity occurs on entry to the home and on an ongoing basis. Corresponding care plans document individual care recipient's skin care needs with access to moisturisers, emollients and limb protectors enhancing care recipients' skin condition as needed. Prior to the use of heat packs staff conduct an additional assessment regarding the care recipient's ability to touch and feel to prevent discomfort and/or damage to the skin. Management analyse any trends associated with skin tears and wounds to minimise recurrence. Podiatrists attend to care recipients on a regular basis and staff stated they refer to specialist practitioners for ongoing advice and support in wound management and skin care issues, where required. Care recipients and representatives are satisfied with the home's approach to skin 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

Management and staff manage care recipients’ continence effectively through ongoing review and evaluation systems. Staff assess care recipients’ continence needs on entry to the home and record identified strategies to promote care recipients’ continence on corresponding care plans. Such strategies include aids and equipment required and the level of staff assistance needed. Management and staff consult with care recipients, their representatives and medical officers as required regarding any continence issues. Audits of urinary infection rates occur to identify trends, review staff practice and minimise recurrence. Staff promote optimal bowel health through the implementation of increased hydration, a high fibre diet and appropriate exercise. Continence aids are stored discreetly and there are sufficient supplies. Care recipients and representatives are satisfied staff manage care recipients’ continence care appropriately.

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

There are strategies and processes for assessing and reviewing the needs of care recipients with challenging behaviours. Processes include an initial assessment, in consultation with care recipients and representatives, regular care plan reviews and staff monitoring for any changes in the care recipient’s behavioural needs. Behaviour management occurs in consultation with the care recipient’s general practitioner and there is access to behavioural specialists and advisory services for further support as needed. The provision of activities meaningful to care recipients based on their previous routines, likes and dislikes enhances behavioural management. Staff record and report behaviour incidents as appropriate to ensure appropriate review and trends analysis. Care recipients and representatives are satisfied with the home’s approach to behavioural management.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate optimum levels of mobility and dexterity are achieved for all care recipients. On entry to the home, staff assess each care recipient’s mobility and dexterity needs, in consultation with the care recipient, their representative, medical practitioner and physiotherapist. Ongoing physiotherapy review occurs in response to a change in a care recipient’s mobility, following a fall and according to schedule. Care plans record strategies and assistive devices including mobility and transfer aids, fall sensor mats and exercise regimes to promote mobility. Staff record falls on the incident management

system which management reviews regularly to identify trends and minimise recurrence. A range of equipment is available to aid mobility and prevent falls and staff participate in manual handling training annually, to ensure appropriate use of mobility and transfer equipment to reduce the risk of injury to staff and care recipients alike. Care recipients and representatives are satisfied staff support care recipients' mobility and dexterity as needed.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate care recipients' oral and dental health is maintained. Staff perform initial and ongoing review and evaluation to identify and manage care recipients' oral and dental requirements. On entry to the home staff assess care recipients' oral and dental needs. Staff then develop a corresponding care plan based on care recipients' identified needs and known strategies to promote care recipients' oral and dental health. There is access to a visiting dental service and staff refer care recipients to allied health personnel to address oral and swallowing needs, as required. There are adequate supplies of toothpaste and staff change care recipients' denture cups and toothbrushes regularly to ensure optimum oral and dental health and to maintain infection control standards. Care recipients and their representatives are satisfied with the oral and dental care provided to care recipients.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate there are processes whereby staff identify and manage care recipients' sensory losses. Staff undertake a suite of assessments on the care recipient's entry to the home to identify strategies to minimise the impact of known sensory loss. This information is reflected on the corresponding care plan and strategies documented may include the level of staff assistance required to clean and fit sensory aids, if necessary. Provision of a varied lifestyle program that incorporates activities that highlight the senses of touch, smell and taste contributes to enhance care recipients' sensory needs. Staff arrange appointments to relevant specialists as required and in consultation with representatives.

Care recipients and representatives are satisfied that staff assist care recipients as required to minimise the impact of identified 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 there are systems to ensure care recipients are able to achieve natural sleep patterns. On entry to the home staff assess care recipients’ sleep patterns with consideration to care recipients’ preferences and past routines. The corresponding care plan documents strategies to promote sleep and includes provision of warm drinks and snacks with consideration given to environmental factors, continence needs and pain management requirements. Liaison occurs with the care recipient’s medical practitioner if pharmacological support is required. Staff encourage care recipients to watch television and listen to music if they choose prior to sleep, but with consideration to their fellow care recipients and encourage the use of noise reducing devices as needed. Care recipients and representatives are satisfied with the home’s approach to sleep management.

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

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

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

- Management received feedback regarding flowers on display, commenting they enhance the environment and brighten the home. Accordingly, in liaison with lifestyle and leisure staff a floral art activity was introduced to the program. This activity involves care recipients gathering and arranging flowers and distributing them throughout the home. Care recipients are proud to be able to contribute to enhancing the ambience of their home.
- In response to the increasing acuity of care recipients, cognitive decline and associated agitation, lifestyle and leisure staff introduced a new activity called ‘Helping Hands.’ This activity commences in the afternoon and invites care recipients to participate in familiar household activities that were likely to have been part of their previous, regular routine. Activities include folding washing, washing plates and dusting. Staff report good attendance and anticipate the introduction of this diversional therapy will assist in the reduction of agitation and anxiety. Evaluation is ongoing.
- Management identified staff were unaware of the relevant procedures associated with the flying of the flag. Following consultation with a representative from the Returned Service League, management developed a new protocol outlining the required actions to ensure appropriate handling and placement of the flag in accordance with relevant legislative guidelines. Care recipients are satisfied the flag is now flying and staff are confident of the necessary procedures to ensure they handle the flag, as required, appropriately and respectfully.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

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

- Policies and procedures for elder abuse inform and guide staff regarding mandatory reporting.
- The Charter of care recipients’ rights and responsibilities is prominently displayed and included in selected documentation.
- Care recipients are provided with an agreement detailing services provided upon entering the home.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management support staff with an education program to ensure they have the required knowledge and skills in relation to care recipients’ lifestyle. For details regarding the home’s systems refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development in relation to Standard 3 Care recipient lifestyle include the following:

- cultural diversity
- elder abuse and mandatory reporting
- privacy and dignity.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff are committed to supporting care recipients' emotional needs. On entry to the home lifestyle staff provide a 'welcome bag' to care recipients and support care recipients and family members with the transition to the home, providing 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 perceptive to care recipient individual emotional needs including frequent one to one consultations by lifestyle staff. We observed staff interacting with care recipients in a caring and friendly manner. Care recipients and representatives are satisfied with the emotional support care recipients receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients achieve optimum independence. Care recipients' social integration and participation in the life of the home and the wider community, where possible, is promoted. Through consultation with care recipients and their representatives, strategies to support care recipients' physical and social independence are identified. Consideration of care recipient independence occurs during care plan reviews and as care recipients' needs change. A variety of allied health professionals provide continuous support designed to enhance an independent lifestyle. Mobility aids, specialised cutlery and the use of optical and hearing devices further assist independent living. Care recipients and representatives are satisfied care recipients are able to retain their independent lifestyle and encouraged and supported by staff in doing so.

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 recipients' 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. Care recipients are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. Care recipients and representatives 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 are encouraged and supported to participate in a range of activities and events both individually and in groups. When a care recipient moves into the home, lifestyle staff complete an assessment which captures care recipient interests, hobbies and their cultural and historical background to ensure the activity program meets individual needs. The home offers a range of programs that include sensory, physical and social group activities undertaken by staff and volunteers. Activities provide both group and one-to-one options for care recipients. The home celebrates cultural and special events and includes volunteers, students and representatives promoting intergenerational interaction. Care recipients' lifestyle and activity sessions are evaluated through care recipient feedback, review of care planning and attendance records. Care recipients said they enjoy the range of leisure interests and 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 pastoral workers and spiritual advisors if requested and various denominations conduct services within the home. Access to culturally and linguistically diverse information is available 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 choices and decisions in relation to care recipients' lifestyle, clinical care, social and hospitality needs.

The care recipient handbook contains information relating to health services, cultural and spiritual services, complaints and continuous improvement processes, external advocacy services and information relating to lifestyle choices. The home conducts care recipient and representative 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 service. Care recipients are satisfied with the opportunities to exercise choice and control over their individual lifestyle within the home and stated 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

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

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

- To address time management concerns raised by laundry staff and to ensure ongoing effective service delivery, management arranged for the purchase of an additional dryer. This new item of equipment provides laundry staff the opportunity to have two dryer loads running concurrently thereby increasing efficiency. Management and staff advise laundry duties are completed within the requisite time frames reducing increased pressure for laundry staff and ensuring care recipients’ needs and expectations regarding laundry delivery are met.
- Feedback at a recent care recipient and representative meeting included care recipients’ perceptions that they were always last to be served during meal times. In response to this feedback, kitchen staff record the table number that is to be served first each day on the menu which is on display. Kitchen staff continue meal service methodically from the designated starting point to ensure no two tables are neither first nor last on two consecutive days. Care recipients expressed satisfaction with this new system since its implementation.
- Management received feedback from stakeholders regarding the entrance and driveway to the home. Specifically, staff, care recipients and representatives stated this area was not well lit of an evening. To address this, management liaised with the maintenance officer and electrician to arrange the installation of additional lights out the front of the home. Staff, care recipients and representatives report a far more illuminated area which reduces falls risk and enhances general safety for all.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines to provide a safe and

comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's regulatory systems and processes.

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

- Effective monitoring and maintenance of fire and essential services occurs.
- The catering department operates to the food safety plan and there is an independent third party audit of the catering processes.
- Management actively promote and manage occupational health and safety.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home's education systems and processes.

Examples of education and staff development in relation to Standard 4 Physical environment and safe systems include the following:

- fire and emergency response
- infection control
- manual handling.

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 single rooms with an ensuite, which they are encouraged to personalise. Care recipients' rooms and communal and private areas are well maintained, well lit, appropriately furnished and kept at a comfortable temperature.

Care recipients have access to outside areas and established gardens. Management ensure the building, grounds and equipment are maintained 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. Security arrangements include closed circuit television monitoring and secure key pad access. Staff receive 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 organisation and 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, infection control and chemical safety. The home's health and safety representative has attended accredited external training. 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 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 displays 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

Management and staff demonstrate there is an effective infection control program to reduce the risk and spread of infection. This includes the provision of mandatory training regarding hand hygiene and infection control procedures, access to personal protective equipment and the availability of a food safety plan. Organisational guidelines assist staff in the efficient

handling of a gastroenteritis outbreak if one was to occur. A blood spills and gastroenteritis kit ensures preparedness and prompt management in a variety of situations, as required.

Review of infection data occurs to identify trends that may prompt additional staff training and education. All staff and care recipients have the opportunity to participate in an influenza vaccination program should they wish. Staff stated there are adequate supplies and equipment and policies and demonstrated an awareness of infection control practices relevant to their duties.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Management has systems to provide hospitality services that support care recipients' quality of life and enhance the working environment for staff. Monitoring mechanisms include internal and external audits, reports and temperature records. Meals are prepared fresh with care recipients' likes, dislikes, special dietary requirements and food allergies taken into consideration. The menu is on a four weekly seasonal cycle and care recipients can access alternative foods, snacks and drinks as preferred. Cleaning staff follow established schedules and procedures to ensure care recipients' rooms and communal areas are clean. The home provides full laundry services onsite and staff said there are adequate linen supplies.

Laundry practices are in line with infection control guidelines and personal laundry is returned to care recipients in a timely manner. Management monitor satisfaction through observation, feedback and audits. Care recipients and representatives are satisfied with the hospitality services provided by the home.