



Australian Government

Australian Aged Care Quality Agency

Mitchell House Hostel

RACS ID 3121
127 Vary Street
MORWELL VIC 3840

Approved provider: Mitchell House Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 October 2018.

We made our decision on 07 September 2015.

The audit was conducted on 04 August 2015 to 05 August 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

Australian Aged Care Quality Agency

Audit Report

Mitchell House Hostel 3121

Approved provider: Mitchell House Inc

Introduction

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 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 04 August 2015 to 05 August 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:	Dianne Clarke
Team member:	Jennifer Clarke

Approved provider details

Approved provider:	Mitchell House Inc
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Details of home

Name of home:	Mitchell House Hostel
RACS ID:	3121

Total number of allocated places:	56
Number of care recipients during audit:	53
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	127 Vary Street
City:	Morwell
State:	Victoria
Postcode:	3840
Phone number:	03 5133 9099
Facsimile:	03 5133 9497
E-mail address:	toniripper@mitchellhouse.com.au

Audit trail

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

Interviews

Category	Number
Management	4
Catering, Cleaning, Laundry staff	3
Care and lifestyle staff	5
Administration assistant	2
Care recipients/representatives	11
Volunteers	2
Maintenance and OH&S	2

Sampled documents

Category	Number
Care recipients' files and associated documents	6
Care recipient administration files	6
Medication charts	6
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities planner and documentation
- Agenda and minutes of meetings
- Audit schedule, results and actions
- Care recipient surveys
- Care recipients' handbook
- Catering refrigerator temperature records ,cleaning schedules and checklists
- Clinical assessments and associated documentation
- Comments and complaints folder
- Contractor documentation
- Correspondence

- Education and competency documentation
- Emergency procedure manual
- Handover sheets, allied health referrals and clinical communication documents
- Hazard monitoring and incident documentation
- Infection control data and analysis
- Inventory and stock management documentation
- Mandatory reporting registers and documentation
- Mitchell House self-assessment
- Newsletter
- Nurse registration currency records
- Police certificate and statutory declaration registers
- Policies, procedures, flowcharts and guidelines
- Preventative and corrective maintenance documentation
- Self-medication assessment and drugs of addiction documentation
- Staff roster, orientation and responsibilities documentation.

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Call bell system in operation
- Charter of care recipients' rights and responsibilities and vision and mission statement displayed
- Cleaning in progress
- Equipment, chemical and supply storage areas
- External advocacy and complaints information
- Feedback forms and lodgement box
- Fire panel, fire detection, alarms, signage, exits, egress routes and firefighting equipment
- Interactions between staff and care recipients

- Internal and external living environment
- Kitchen and laundry equipment
- Material safety data sheets
- Meal service and displayed menu
- Notice of Quality Agency visit displayed
- Noticeboards and displayed photographs
- Safe work practice notices displayed
- Short group observation in dining room
- Spill kit, outbreak management kit, and emergency evacuation kit.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. The home uses a framework with various mechanisms such as feedback from stakeholders, observation, audit results and incident data to identify areas for improvement. Management encourage stakeholders to contribute to the continuous improvement system through the meetings structure, completing feedback forms, electronic mail and the home's open door policy. In addition, care recipients, representatives and staff complete regular surveys. Management drive and evaluate the improvements to ensure successful implementation. There are processes such as internal and external audits to review performance. Management provide feedback to stakeholders as appropriate through meetings, consultations and notice boards.

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

- Management recognised the importance of improving staff access to current, research based education and training and an on- line electronic learning package was sourced. There has been positive feedback from staff who report this measure has ensured access to a wide range of research based education topics relevant to their role and provide ease of access to mandatory training. Management report and records confirm 100% compliance with mandatory training and an increase in staff access to a variety of other topics of interest to them.
- In response to staff request revision of staff dress code is currently under consideration. As part of the process of review, management has sought feedback form all staff and consideration is currently being given to a uniform. Management advised once a number of uniform examples are determined the possible adoption of a uniform will be discussed with care recipients through the resident meeting.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. The organisation subscribes to various legislative services, government agencies and industry bodies to ensure they receive notification of changes in legislation. Policies and procedures are reviewed as appropriate to ensure alignment with any changes. Staff receive information of any regulatory changes through the meeting structure, the communication book, notice boards and education. Management ensure successful compliance through the audit process.

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

- Management notified stakeholders in advance regarding this re-accreditation audit.
- There is a system to ensure legislative compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Organisational staff develop an orientation program based upon mandatory subjects, which management augments with training opportunities across all four accreditation standards. Session formats include on-line, video, individual demonstrations and face-to-face delivery. Management monitors completion of mandatory subjects and attendance at education sessions. Program content arises in response to education evaluations, staff request, audits and care recipient needs. Staff are satisfied with education and development opportunities offered. Care recipients and representatives stated they are satisfied with the skills and knowledge of staff.

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

- accreditation
- aged care reforms
- elder abuse
- mandatory reporting.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Care recipients, representatives and other stakeholders have access to internal and external complaint mechanisms. External complaint brochures are available throughout the home in various languages and this information is contained in resident handbooks. Comments and complaints may be anonymous and a suggestion box is available. Feedback is actioned appropriately and in a timely manner. Management welcome and encourage feedback and incorporate it into their quality system. Care recipients and representatives are satisfied with the comments and complaints process.

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 displays the organisation's vision and mission statement within the home and repeats it in a range of internal documents including resident and staff handbooks.

Management and staff demonstrate their commitment to providing quality care and 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

There are appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews and reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes education and supernumerary shifts and position descriptions document their roles. Management monitor staff performance through various means, such as competency assessments, staff appraisals and observation of practice.

There is a process to ensure roster coverage through the use of the organisation's permanent part-time or casual staff to fill any vacancies with consideration given to the current needs of care recipients. Staff are satisfied with the number of staff and adequacy of skills. Care recipients and representatives are satisfied care recipients receive adequate care in a timely manner.

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

Management demonstrates systems to ensure appropriate goods and equipment are available for quality service delivery. Management and staff monitor stock levels and re-ordering processes are through approved suppliers. Adherence to equipment maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. New equipment is trialled prior to purchase and staff receive training. Equipment, supplies and chemicals are securely stored with access restricted to appropriate staff. Care recipients and staff stated adequate supplies of appropriate goods and equipment are available at all times.

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 organisation has effective information management systems in place. Documented policies and procedures along with clearly defined roles and responsibilities assist staff in the delivery of care and in fulfilling their duties. Appropriate documentation and communication systems identify care recipients' care needs and help ensure delivery of care. Meetings, care staff handovers, newsletters and various feedback mechanisms assist with effective communication with all stakeholders. There are systems to ensure compliance with information management including archiving, storage of care recipient and staff files and security of electronic data. The home's computer systems are protected with passwords and are backed up on a daily basis. Care recipients and representatives state they remain well informed of events and improvements in the home. Staff also expressed satisfaction with communication and management systems in fulfilling their duties.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system to ensure external providers deliver services in a way that meets the home's needs and quality goals. Management maintains service agreements with a variety of external service providers. External contractors provide evidence of police certificates, certifications and insurance information where relevant as part of the agreed engagement and review process. Management has processes to ensure external service providers meet their agreed obligations as scheduled. Management monitors the quality of services through feedback mechanisms. Care recipients, representatives and staff are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

There is a system that demonstrates improvements in the health and personal care. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 2 include:

- To improve the management of care recipients with diabetes. Individual diabetic folders were created for all care recipients with diabetes. The folders contain a specific diabetic medication chart, diabetic management plan and blood glucose monitoring records. All folders are stored on a diabetic trolley with individual blood glucose monitoring equipment, insulin syringes, sharps container and prescribed insulin etc. Management said this initiative has resulted in the smooth management of diabetic care recipients.
- Management identified that to ensure care recipients were not rushed getting ready to attend their doctor or the physiotherapist appointment on Tuesday or Wednesday an additional staff member was rostered to work from 8.30 am to 2.00 pm on both days. Management advised that care recipients are now prepared and see their doctor in a timely and unrushed manner.

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

There is a system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Professional registrations of staff are monitored.
- Appropriately qualified staff manage specialised nursing care.
- There are policies and procedures for the safe management and administration of medications.
- There are processes to manage and report the unexplained absence of a care recipient.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to Standard 2 Health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education system.

Recent education opportunities relevant to Standard 2 Health and personal care include:

- dysphagia
- oral and dental care
- pain management
- palliative care
- restraint awareness.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. On entry, an initial care plan informs care provision until completion of the assessment period occurs. Staff develop individualised care plans from assessments, which identify care recipients’ needs, preferences and strategies required. Staff regularly review individual care plans and consultation with care recipients or their representative occurs regularly. The monitoring of care recipients’ clinical care occurs through audits, clinical data, stakeholder feedback and incident report analysis. Staff described clinical interventions used to meet care recipients’ clinical needs. Care recipients and representatives stated they 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

Staff that are appropriately skilled identify and meet care recipients’ specialised nursing care needs. Staff assess, plan and evaluate care recipients’ specialised nursing needs in consultation with appropriate health specialists and general practitioners. Specific care plans or medical directives document specialised nursing needs, preferences and strategies required. Work practice sheets guide practice. Monitoring of specialised nursing needs occurs through stakeholder feedback, the audit program and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing care. Care recipients and representatives stated 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

Referral to a wide range of health specialists occurs in accordance with care recipients individual needs and preferences. Clinical systems assist staff to identify if care recipients would benefit from the advice and review of health specialists. Mechanisms exist to capture, record, communicate and incorporate health specialists’ recommendations into the daily care of care recipients. Staff assist with access to visiting health specialists or health specialists of their choice within the broader community. Management monitor the systems effectiveness through care plan review processes, audits and stakeholder feedback. Care recipients and representatives stated they are satisfied with the range of health specialists available.

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

There are systems to support safe and correct medication management. Appropriately skilled and qualified staff administer medications and quality processes monitor whether they are doing so safely and correctly. Clinical processes assist staff to identify, assess and review care recipients’ medication needs in consultation with a general practitioner. Processes exist for the ordering, delivery and disposal of medications. Medications are stored safely and securely in accordance with regulatory guidelines. Policies, procedures and current medication resources are readily accessible and guide staff practice. Management monitor medication management through clinical assessment, care plan review processes, medication incident data, audits, stakeholder feedback and medication reviews and meetings. Care recipients and representatives stated they are satisfied with how staff manage care recipients’ medications.

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

Care recipients are as free as possible from pain. Assessment of care recipients pain needs occurs on entry to the home by a physiotherapist and staff. Care plans document triggers for pain, and strategies and equipment required to maintain optimal comfort levels. Care recipients have individualised pain programs overseen by their general practitioner and the physiotherapy service. Consultation takes place with care recipients or their representatives and the health care team as needed. Strategies used include as required medication, active and passive exercise, heat packs, massage and transcutaneous electrical nerve stimulation. Monitoring of pain management occurs by clinical assessment, care plan review processes, audits and stakeholder feedback. Staff are aware of appropriate pain management interventions to implement. Care recipients and representatives stated they are satisfied with the management of care recipients’ 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 maintains the comfort and dignity of terminally ill care recipients. Care recipients and representatives complete end of life wishes where appropriate. Care plans reflect palliative care needs and preferences when required and a review of these needs is ongoing throughout the palliative care stages using the pathway for improving care of the dying. Staff access general practitioners and the advice of the onsite palliative care specialist when needed. The monitoring of palliative care occurs by clinical assessment, audits and stakeholder feedback. There are sufficient goods and equipment to provide appropriate

palliative care and staff participate in education regarding palliative care. Care recipients and representatives stated consultation occurs regarding care recipients' needs and preferences.

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

Care recipients receive adequate nutrition and hydration. Documentation of care recipients' special care needs, likes and dislikes occurs on entry to the home with updating as required. Staff monitor care recipients weight and if variations occur, referrals to allied health professionals and general practitioners occur as needed to address those issues. Assistive devices are available as required and modifications to food texture and alternative dietary items are available to care recipients with special needs and preferences. Fresh fruit is available at all times, icy poles along with extra fluids are offered during hot weather and regular discussion with care recipients occurs regarding the menu. Monitoring occurs through weight audits, care plan reviews and feedback. Care recipients and representatives stated they are satisfied with the approach to meeting care recipients' nutrition, hydration and associated needs.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Staff assess care recipients' skin integrity and care plans document needs and preferences, including the levels of assistance and equipment required. Incident reports identify breaks in care recipients' skin and staff initiate follow up care. There is a designated nurse to address wound care and access to a wound consultant is available. Staff have access to appropriate emollient creams and pressure-relieving devices. Management monitor the effectiveness of care recipients' skin integrity through clinical assessment, the audit program and stakeholder feedback. Care recipients and representatives stated they are satisfied with the care provided in relation to care recipient's' 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. Staff complete assessment, care planning and evaluation of care recipients' continence needs which guides the formulation of an individualised program considering individual independence, comfort and dignity needs. There are sufficient continence aids for care recipients' needs and staff are able to describe individual care recipient's requirements.

Clinical assessment, the audit program and stakeholder feedback is used to monitor the effectiveness of individual programs. Care recipients and representatives stated they are satisfied with continence care provided.

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

Effective management occurs for care recipients with challenging behaviour needs. Staff assess care recipients’ behaviours on entry to the home following a settling in period.

Reassessment occurs if new behaviours arise. Care plans identify behaviours, potential triggers and interventions needed. Referrals to general practitioners and behavioural management specialists take place as required. Management monitor care recipients’ behaviour needs by incident data analysis, audits and stakeholder feedback. Staff are educated on appropriate methods for managing care recipients with challenging behaviours. Care recipients and representatives stated they are satisfied that other care recipients’ behaviours do not infringe on their lives.

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

Achievement of care recipients’ optimum levels of mobility and dexterity occurs through initial and ongoing assessment and review by a physiotherapist. Identification of care recipients at risk of falls occurs through a risk assessment, with strategies including hip protectors and sensor mats implemented to reduce risk. An exercise program is undertaken every morning to assist in maintaining care recipients mobility and dexterity. Management and staff monitor the effectiveness of the system through tracking and analysing falls data, care plan review and audits. Care recipients and representatives stated they are satisfied with the achievement of care recipient’s mobility and dexterity levels.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Maintenance occurs through assessments and formulation of individual care plans by staff to identify aids, equipment and the level of assistance required. Assistance for care recipients to attend visiting or external oral and dental specialists occurs as needed. Management monitor oral and dental care through audits, care plan reviews, and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives stated

they are satisfied care recipients receive assistance as required for maintenance of 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

Staff identify, assess and evaluate care recipients’ sensory needs. Visiting specialist services attend the home or assistance is given to care recipients to attend external services for advice in managing sensory losses. The living environment supports care recipients with sensory losses through design features. Monitoring occurs through care plan reviews, observation and stakeholder feedback. Staff are aware of care recipients’ individual needs and those who require assistance to fit and clean their aids. Care recipients and representatives stated they are satisfied with how staff assist them to manage their sensory needs.

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 through the identification of their individual needs and preferences. Assessment, care planning and review processes support care recipients to settle and enjoy restful sleep. Staff note sleep disturbances in progress notes, and if required reassessment of the care recipient’s needs and changes to the sleep and settling regimes occurs. Work practices minimise disruption and noise to care recipients. Staff are aware of individual settling routines and we observed staff to assist care recipients with rest periods throughout the day in accordance with their wishes and preferences. Care recipients stated they are satisfied with staff support to enable them to achieve natural sleep patterns.

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

There is a system that demonstrates improvements in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 3 include:

- Management identified that not all care recipients were aware of what to do in the event of a fire or an emergency. To address this lifestyle staff now ensure they discuss with all care recipients in the first week of the month what to do in the event of a fire and or emergency. Management advised and care recipients confirmed they are now confident they are aware of what to do in the event of an emergency.
- Responding to a care recipients’ complaint regarding the quality of tinned fruit, the brand was changed. Care recipients are now satisfied with the quality of the tinned fruit.

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 is a system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.
- Care recipients, representatives and staff are made aware of care recipients’ rights to privacy and confidentiality.
- At entry, a residential agreement is offered to the care recipient or their nominated representative.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to Standard 3 Care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home's education system.

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

- discrimination and harassment
- dementia recreation national conference
- diversional therapy.

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

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. The home has processes in place to identify the care recipients' emotional support needs in adjusting to living in the home and on an ongoing basis. Care recipients' social, religious and cultural requirements are assessed upon entry to the home and a care plan is developed in consultation with care recipients and or their representatives. Care recipients and their representatives are oriented to the home and new care recipients are introduced to fellow care recipients and families. Care recipients said they felt supported by staff in adjusting to their new environment and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care and lifestyle assessment processes identify each care recipient's level of assistance required in order to participate in specific interests, maintain their independence and retain ongoing community associations. The home provides a focus for various community activities including visits from local schools and community groups as well as arranging for care recipients to attend community events. Staff were observed encouraging care recipients to remain independent while performing their daily activities and during meal times. Care

recipients and their representatives said management and staff assist care recipients in maintaining their independence and involvement in activities within the community.

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

The organisation recognises and respects each care recipients' right to privacy, dignity and confidentiality. There is a range of public areas including outdoor patio areas for care recipients requiring privacy when meeting with family and friends. We observed staff knocking on care recipients' doors before entering their rooms and warm but respectful exchanges between care staff and care recipients. Care recipient files are located securely within the care office and staff state they have sufficient time to attend to care recipients' needs. Documentation confirms that care recipients have completed consent for release of information as per legislative requirements. We observed care recipients to be wellgroomed and appropriately clothed. Care recipients and their representatives said staff are respectful when meeting their care needs and that any required personal care is provided in the privacy of their own room.

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 variety of individual and group activities according to their preferences. Following entry to the home, the assessment process undertaken in consultation with the care recipient and representatives identifies individual care recipients' interests. Leisure and lifestyle care plans are personalised and reflect care recipients' needs in relation to their interests, emotional needs and spiritual and cultural preferences. Where care recipients prefer to have individual activities, staff provide assistance as needed. Monthly activity calendars are provided to each care recipient with posters displayed throughout the home to encourage participation by the care recipients and their visitors. Care recipients said staff assist them to attend the activities provided and respect their preferences. Care recipients and their representatives expressed a high degree of satisfaction with the variety of activities available and records confirm ongoing evaluation of the programs through individual and group attendance.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The organisation has systems in place for identifying and fostering each care recipient's customs, beliefs, and cultural and ethnic backgrounds. New care recipients and their families are consulted upon entry to the home and care recipients' lifestyle, interests, spirituality and cultural preferences are discussed, and detailed on their care plan. Staff are advised of the preferences of care recipients, and any changes are detailed on care plans and handover sheets. Days of cultural significance are recognised and celebrated which are reflective of care recipients' cultural background, religious days, theme days and individual events such as birthdays. Visiting lay volunteers and clergy of Christian traditions provide spiritual support and services for care recipients. Links with community groups and cultural groups reflective of care recipients' backgrounds and interests are encouraged and fostered. Care recipients and their representatives said that the home values and fosters their individual interests, customs and beliefs.

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

Upon entry to the home, staff obtain detailed information about the care recipient's individual preferences. Preferences include rising and settling times, personal hygiene practices, choices for dressing, grooming, oral and dental care, food preferences, lifestyle and leisure activities, cultural and spiritual needs and choice of general practitioner. The organisation provides care recipients and their representatives with information packages that clearly detail the operations of the home and occupancy details. Management ensure ongoing access to authorised representatives to support care recipients who are unable to act for themselves. Care recipients and representatives have the opportunity to provide feedback through feedback forms, residents' meetings, informal and formal meetings, and surveys.

Care recipients and representatives said they feel comfortable providing feedback, and the choices and decisions of other care recipients and representatives do not infringe on the rights of other people. Care recipients and representatives stated staff acknowledge and respect their preferences and choices.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Management demonstrates care recipients have security of tenure when living at the home. Care recipients and representatives receive written and verbal information about the services provided at the home prior to entry. Management meet with care recipients and representatives prior to and on admission to discuss the residential agreement and other matters. This includes information about fees and charges, levels of service, rights and responsibilities, security of tenure and the internal and external complaints mechanisms.

Care recipients and representatives confirmed they are satisfied with the information they receive related to security of tenure and said they are assisted to understand 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

There is a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 4 include:

- In response to the bush fire enquiry (August 2014) Management applied for and received a grant from the state government for the installation of a generator. Management advised the generator has been installed and the home now has the capacity to generate electricity in any power outage.
- To ensure care recipients have access to shade within the courtyard during the summer months a major project was undertaken to reclaim the gazebo. The project includes ensuring the birds do not roost in the upper section of the structure and the installation of appropriate seating for care recipients. Management advised the project is completed and they are looking forward to care recipients enjoying the environment when the weather improves.

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

There is a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- There is a system to ensure compliance with fire safety regulations.
- There are procedures for recording, managing and reporting infectious diseases and outbreaks.
- Management has a food safety program that is regularly reviewed.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to Standard 4 Physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home's education system.

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

- hand hygiene
- fire and emergency training
- infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management has systems in place to demonstrate they are actively working to provide a safe and comfortable environment. Care recipients are accommodated in single bedrooms with private bathrooms. Care recipients have access to a number of communal lounge areas, dining areas, secure courtyards and gardens with furnishings and equipment consistent with care recipients care needs and preferences. Monitoring the safety and comfort of the living environment occurs through surveys, feedback at care recipients' meetings and environmental inspections. Care recipients stated they are satisfied with the living environment and are comfortable residing at the home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The management team in conjunction with occupational health and safety representatives oversee work health safety at the home. In general, the occupational health and safety committee meetings monitor hazards staff incidents and outcomes of environmental audits. Findings are reported to the relevant meetings. Education and training

records demonstrate that staff attend training in manual handling and the safe use of chemicals as per the home's mandatory training requirements. Management is committed to providing equipment and resources to maintain a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and contingencies to respond to a range of internal and external emergencies. Qualified external contractors maintain fire safety equipment and there are processes to ensure the maintenance of other essential services equipment and fixtures. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. There are processes to maintain current emergency evacuation lists and response packs. All staff are required to complete annual mandatory fire and emergency training and are aware of their responsibilities. Arrangements for providing a secure environment include keypad entry points, staff duress alarm and a lock up procedures. Care recipients said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The organisation has established an effective infection control program. Management collects and analyses infection surveillance data and oversees staff knowledge and practices relating to infection control. Infection control education is included in staff orientation, the mandatory education program and in response to changing clinical needs and trends. The range of infection control related policies and procedures include guidelines for managing infection outbreaks, hand hygiene, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. The food safety program and environmental services comply with legislation and infection control guidelines. Staff demonstrated knowledge of appropriate infection control practices related to managing and preventing infections and their roles in the event of an infectious outbreak. Care recipients and representatives stated they are satisfied with infection control within the home and have access to annual vaccinations.

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 are provided in a way that enhances care recipients' quality of life and the staff's working environment. Care recipients' nutrition and hydration needs, preferences and

food allergies are documented. Utilising a registered food safety plan and input from care recipients, the catering service freshly prepares food on the premises using a rotating menu. Snacks and hot and cold beverages are available throughout the day and night. Care recipients are actively involved in monitoring satisfaction with the catering service.

Established schedules and access to additional services ensure cleaning tasks are completed and the environment remains clean and fresh. Laundering of linen is outsourced and staff launder care recipients' personal clothing and return clean clothing in a timely manner. A labelling process minimises the loss of personal items and established processes manage lost property and the replacement of worn linen. Management regularly monitor hospitality services provided at the home to identify opportunities to improve. Care recipients and representatives stated they are satisfied with the standard of cleanliness of the home and with the quality of catering and laundry services.