Morrie Evans Wing Nursing Home

RACS ID 3470
Coster Street
BENALLA VIC 3672

Approved provider: Benalla Health

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 07 August 2018.

We made our decision on 10 June 2015.

The audit was conducted on 12 May 2015 to 13 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

Australian Aged Care Quality Agency

Audit Report

Morrie Evans Wing Nursing Home 3470

Approved provider: Benalla Health

Introduction

This is the report of a re-accreditation audit from 12 May 2015 to 13 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 12 May 2015 to 13 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:	Donald McMonigle
Team member:	Margaret Edgar

Approved provider details

Approved provider:	Benalla Health

Details of home

Name of home:	Morrie Evans Wing Nursing Home
RACS ID:	3470

Total number of allocated places:	30
Number of care recipients during audit:	20
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Nil

Street:	Coster Street
City:	Benalla
State:	Victoria
Postcode:	3672
Phone number:	03 5761 4222
Facsimile:	03 5761 4246
E-mail address:	janine.holland@benallahealth.org.au

Audit trail

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

Interviews

Category	Number
Management personnel	12
Nursing/care staff	7
Lifestyle staff	1
Administration assistant	1
Allied health	2
Care recipients	5
Representatives	4
Hospitality services staff	4
Infection control consultant	1

Sampled documents

Category	Number
Care recipients' files	11
Care recipients' agreements	2
Medication charts	12
Staff personnel files	6

Other documents reviewed

The team also reviewed:

- Advanced care plans

- Allied health referrals and reports

- Audits and surveys

- Care recipients' information pack and handbook

- Catering and dietary records

- Clinical documentation and charting

- Comments and complaints register

- Communication diaries

- Consent forms and information on privacy

- Criminal check records

- Education records

- External contract records

- Fire safety inspection records

- Food safety plan

- Handover and communication documents

- Incident reports, analysis and trending data

- Infection control records

- Kitchen registration

- Mandatory reporting register

- Medication management records

- Meeting minutes, memoranda and newsletter

- Menu and associated documents

- Nurses' registrations

- Performance appraisals

- Policies and procedures

- Position descriptions and duty lists

- Preventative and responsive maintenance records

- Quality improvement plan

- Re-accreditation self-assessment

- Specialised nursing care records

- Staff recruitment and orientation information

- Values statement

- Weight management records.

Observations

The team observed the following:

- Activities in progress

- Archive storage

- Equipment and supply storage areas

- Fire safety equipment

- Infection control equipment

- Interaction between residents and staff

- Internal and external living environment

- Medication administration, storage and disposal systems,

- Menu displays and meal service

- Noticeboards and information displays

- Palliative care resources

- Security systems

- Sharps and waste management systems.

- Short group observation

- Staff handover.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement and demonstrates recent examples of improvement activities related to management systems. The home evaluates and obtains feedback from stakeholders in relation to services the home provides. Quality tools include a quality improvement register, feedback forms, annual surveys, staff education and training, monitoring of comments and complaints and incident reporting. The clinical governance committee oversees continuous improvement and minutes confirm effective recording of the home's initiatives and monitoring of quality outcomes. Stakeholders state they are encouraged to contribute to the home's pursuit of continuous improvement and were able to cite examples of recent improvements.

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

- In seeking to improve information systems between nursing staff and catering, management has implemented an electronic menu system. The new system helps ensure prompt and accurate information regarding care recipients' dietary requirements is forwarded to catering staff. Stakeholders have expressed a high degree of satisfaction in response to the initiative.

- Management has implemented a new electronic rostering system which provides for increased input from staff in filling shifts and development of the fortnightly roster. Management state the new system has resulted in improved efficiencies with required staff skill mix and appropriate staffing levels as well as a reduction in error rates exhibited in the previous manual system.

- Audits identified nutrition and hydration assessments were not effectively identifying care recipients' care needs. Management arranged for staff education regarding thickening agents, introduced Australian Standard regarding fluid consistencies and introduced new thickening agents to assist with delivery of correct fluid consistencies. Audits have identified improved monitoring and service delivery to those care recipients with swallowing difficulties.

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

Systems help ensure management receive and respond to legislative changes and information relating to regulatory requirements, professional standards and guidelines. The approved provider receives information relating to regulatory compliance at the corporate level through contractual arrangements and industry peak bodies. Corporate management forward relevant information to management personnel at the home. Management disseminates this to staff through memoranda, emails, meetings, education sessions and handover. Management monitors regulatory compliance through the home's auditing process and staff confirm they are informed when changes occur.

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

- currency of policies and procedures which reflect recent legislative changes

- a system to ensure compliance with criminal check requirements and completion of a statutory declaration by staff in relation to criminal history in countries other than Australia

- monitoring of professional registrations, licenses and insurance of relevant contractors and external providers

- stakeholders are informed of accreditation visits.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The education program provides management and staff the opportunity to maintain the knowledge and skills necessary to perform their roles effectively. The annual training plan reflects organisational and care recipient needs, staff requests, role related education, mandatory and required topics. Electronic systems provide online learning for staff and management. Clinical competencies, attendance at external seminars, conferences and courses provide additional educational opportunities. Position descriptions and recruitment processes identify necessary skills and knowledge supporting the employment of appropriately skilled staff. Newly appointed employees participate in an orientation and induction program. Records reflect staff attendance, feedback on education and evaluation of education sessions. Staff and management said they receive support to participate in a variety of learning and development opportunities.

Examples of recent education relating to Standard 1 Management systems, staffing and organisational development include:

- rostering systems

- accreditation and quality management conference

- regulatory compliance

- bullying and harassment.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management and staff inform care recipient/representatives of the home's complaints and improvements procedures upon entry to the home. Stakeholders have access to internal and external complaints mechanisms. Information relating to complaints resolution processes is included in the care recipients' information directory, staff handbook and through the provision of brochures. Stakeholders are encouraged to make suggestions or suggest improvements through meetings or through completion of the home's feedback and improvement forms. Records confirm management records, monitors and evaluates complaints as part of its quality system. Care recipients and relatives state that they feel comfortable approaching management in relation to issues and concerns. All stakeholders stated management responds to complaints in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's values statement is documented in care recipient and staff handbooks and other promotional material, included in staff orientation and is displayed throughout the home. The approved provider and management personnel conduct strategic planning and oversee the home's quality systems which demonstrate a commitment to quality throughout the organisation. Staff practices reflect commitment to the values espoused by the organisation.

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 demonstrates there are appropriately skilled and qualified staff sufficient to ensure delivery of services in accordance with the Accreditation Standards. A registered nurse is rostered on day shifts and is on call at all other times. Management advertises vacant positions internally and externally if needed, and conducts an interview of prospective staff or candidates. Potential candidates provide evidence of their qualifications and ongoing suitability to work in aged care. Position descriptions document the skill requirements of the role. An orientation program assists new and temporary staff to undertake their duties. The organisation uses an annual appraisal system to monitor staff skills/training needs and document the performance management processes. Management regularly monitors care recipients' needs and modifies rosters to ensure adequacy of staff numbers. Staff and care recipients state there were sufficient staff rostered to meet the care needs and provision of services to those living at the home.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation has reliable systems in place to help ensure appropriate stocks of goods and equipment including effective ordering and storage systems. There are adequate supplies of goods including appropriate storage for clinical needs, cleaning and catering. Care recipients and staff stated there is adequate and appropriate provision of supplies and equipment to deliver care. Food items are stored appropriately and stock rotation processes are in place. An asset register is in place, all new equipment is trialled by staff prior to purchase and there are effective systems in place to ensure the safety and working order of goods and equipment.

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 as well as clearly defined roles and responsibilities assist staff in the delivery of care and in fulfilling their duties. Appropriate documentation and communication systems are in place to identify care recipients' care needs and help ensure delivery of care. Meetings, care staff handovers, newsletters and various feedback mechanisms, including the approved provider's intranet, assist with effective communication with all stakeholders. The organisation's computer systems are protected with passwords and are backed up on a daily basis. Care recipients and their representatives stated that they are kept 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

Provision of externally sourced services occurs in a way that meets the residential care service's needs and quality goals. The organisation maintains details of service providers including agreements, criminal checks where required, insurances and qualifications and these are reviewed at the expiry of each contract. External suppliers complete an induction process prior to commencement of contract. Relevant staff participate in a review of external contractors' services prior to renewal of contracts. Staff and care recipients stated satisfaction with the quality of services sourced externally including allied health providers, maintenance of fire and emergency equipment and laundering service.

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

In relation to care recipients' health and personal care, staff record care recipient falls, medication incidents, skin tears and behaviours. Management collate and analyse relevant data in order to identify trends which are addressed through education and monitoring of work practices. Staff, care recipients and their representatives expressed satisfaction with how the organisation promotes and improves care recipients' physical well-being. Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of recent improvements undertaken that relate to Standard 2 Health and personal care include the following:

- As part of the home's recent refurbishment, provision has been made for a spacious single room dedicated to palliative care. The new room provides privacy and dignity for those receiving palliation as well as opportunity for families and care recipients' representatives to stay overnight. Stakeholders have expressed a high degree of satisfaction with the improved service.

- Nursing management have developed an audit tool for recording quarterly care plan consultations with care recipients and/or their representatives. The tool requires staff to address a broad range of areas relating to care recipient satisfaction with the delivery of care and services. Staff state the quarterly review effectively identifies any issues or concerns and care recipients and their representatives have responded positively to the consultation review.

- Nursing management identified some issues regarding quality of care relating to pressure area. The organisation entered into a partnership with an external provider in providing staff education in pressure care. Management also appointed a nursing staff member to a portfolio role to oversee pressure area care and established a pressure care committee. Data has indicated a reduction in the incidence of pressure areas following the initiatives.

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

Procedures and systems for recording and reporting relevant information and monitoring compliance ensure the home is meeting its obligations regarding care recipients' health and personal care. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

Examples of responsiveness to regulatory compliance obligations relating to Standard 2 Health and personal care include the following:

- systems which ensure skilled and qualified staff and medical practitioners provide appropriate care to care recipients and registered nurses oversee care recipients' care

- secure storage of medication and evidence that medications are managed in a safe manner by appropriately qualified staff in accordance with regulatory compliance

- policies, procedures and a register are maintained for unexplained absence of care recipients.

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

The education program includes a range of educational topics reflecting care recipients' health and clinical care supporting staff's knowledge and skills. Staff confirmed management encourage regular participation with education programs and records demonstrate extensive opportunities available to staff for clinical education and training programs. Refer to Expected outcome 1.3 Education and staff development for information regarding the home's education systems.

Examples of recent education relating to Standard 2 Health and personal care include:

- managing sleep disorder in the elderly

- how to provide effective oral care

- nutrition and weight loss management

- implementing palliative care.

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. Initial assessments provide the basis for an interim care plan until staff complete the assessment and care plan process is complete.

Care plans include input from other health professionals and reflect care recipients' preferences and care needs. Care recipients and representatives are included in a comprehensive review of care every three months and nursing staff complete care plan reviews monthly and as required. Effective communication systems inform staff and health professionals of changes in care recipients' condition and care. Clinical indicators such as incident reporting for skin tears, falls, behaviours and medications are reported and actioned. Management monitor clinical care outcomes through audits, care reviews and stakeholder consultation. Care recipients and representatives are satisfied with the clinical care provided for 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

Registered nurses manage care recipients' specialised nursing care by completing assessments, developing care plans and evaluating care. There are procedures and guidelines available to assist staff in the management of specialised nursing care and observations confirmed sufficient resources and equipment are available. Care plans describe specialised needs and instructions to manage care and evaluated by qualified staff. Staff have access to specialist consultants to assist with complex care issues incorporating referral outcomes into the care plan and review process. Monitoring of specialised nursing care occurs through care plan reviews, audits and feedback from care recipients. Care recipients and representatives are satisfied with the specialist care provided to care recipients.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients can access health specialists according to their needs and preferences. Referral processes ensure staff identify care recipients' need to see other health specialists including procedures for urgent referrals. Care recipients can access a range of services, including a dietitian, speech therapist, podiatrist, and physiotherapist who visit regularly as part of the care and referral process. Staff support care recipients to attend external appointments when specialists are unable to attend the home. Assessments, progress notes and care plans include details of visits, prescribed treatment and outcomes of referrals. Care recipients and

representatives are satisfied with the assistance care recipients receive to access other health specialists.

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

Registered and enrolled nurses administer medication in accordance with legislative guidelines and the home's medication policy and procedures. Initial and ongoing assessments, care plans and medication charts include identification details, medication instructions, care recipients' preferences, allergies and details of any special needs.

Protocols exist for care recipients who wish to self-manage all or part of their medications. Medications are stored securely within legislative guidelines and there are procedures to maintain supply and for the disposal of unused medications. Medication advisory committee, medication reviews, audits and the incident reporting system contribute to the monitoring of medication systems. Care recipients and representatives are satisfied with the management of care recipients' medication**.**

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

Pain management and care strategies ensure all care recipients are as free as possible from pain. Nursing staff complete an entry assessment identifying care recipients' pain experiences and coping strategies and continue with assessment for ongoing pain.

Assessment tools include consideration for care recipients who are unable to verbalise their pain experience. Pain management plans detail the identification of the site and cause of the pain, past and present history, appropriate treatment choices and care recipients' preferred treatment. Evaluation of effectiveness of care occurs through care reviews, audits and care recipient feedback. Care recipients and representatives are satisfied with the care care recipients receive to manage their 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

Care management systems and staff practices ensure the dignity and comfort for care recipients nearing the end of their life. Palliative care preferences are included in assessment and care planning and care recipients have an advanced care plan detailing wishes and preferences for end of life care. Palliative specialists are available to provide advice and

support as required. Staff review and adjust care recipients' care during the palliative stage and monitor for the effectiveness of care through feedback, audits and care reviews.

Management, staff and representatives join together to erect a memorial display when a care recipient passes away. Care recipients and representatives are satisfied with the spiritual and palliative care opportunities available for care recipients.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Initial assessment and ongoing nutritional care includes assessment of identification allergies, likes and dislikes, dietary preferences and special requirements. Care plans detail the need for assistive devices, nutritional supplements, fluid and food consistencies, management of swallowing difficulty and assistance required to eat and drink. Nursing staff and the dietitian monitor care recipients for weight variations and nutritional status initiating dietary supplements and referrals to other health specialists as required. Management has completed a review of care recipients' catering needs and preferences utilising an electronic system resulting in accurate and consistent information readily available to all care areas. Care recipients and representatives are satisfied with the meals and drinks provided.

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. Initial and ongoing skin assessments identify care recipients' skin risks and staff use this information to develop skin care plans. Care planning includes consideration of care recipients' health status, mobility, dietary and fluid intake and previous skin impairments. Strategies to promote skin integrity include regular repositioning, pressure relieving equipment and mattresses, limb and sheepskin heel protectors and the use of emollient creams. Staff complete incident reports for skin breakdown and implement follow up care as required. The registered nurse manages wound care referring care recipients to wound care specialists when necessary. Monitoring processes include wound statistics, care reviews and trending incident reports. Care recipients and representatives confirmed they are satisfied with the care provided in relation to care recipients' skin integrity

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients receive continence care appropriate to their needs to effectively manage their continence experience. Care processes include an initial continence assessment and ongoing care plan to manage identified needs. Staff monitor for infections implementing appropriate management strategies. Nutrition plans include dietary measures for effective bowel management. Staff confirmed they have adequate supply of aids and educational support and demonstrated knowledge of care recipients' continence programs. Program evaluation includes audits, care reviews, monitoring the appropriateness of aids and obtaining feedback from care recipients/representatives and staff. Care recipients and representatives are satisfied with the assistance care recipients receive to manage their continence care.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

Care and nursing processes ensure the effective management of care recipients with challenging behaviours. Nursing staff assess care recipients' behaviour patterns on entry to the home and complete additional monitoring and review as required. Care plans describe the type of behaviour, triggers to behaviours and include the consideration of past history and clinical issues such as infection and pain. Medical practitioners regularly review care recipients' behaviour care and behavioural management teams visit as needed. Staff receive education in managing challenging behaviours and gave examples of strategies to minimise the impact of care recipients' behaviours. Management monitor care through audits of incidents associated with behaviours, care plan reviews and feedback from care recipients, representatives and staff. Care recipients and representatives are satisfied with the management of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients have access to care and equipment to maintain optimum levels of mobility and dexterity. Physiotherapy and nursing staff complete initial and ongoing assessments developing programs to enhance mobility and dexterity and manage falls risk. Care plans detail exercise activities, falls risk management, assistance required and the use of assistive devices such as walking aids and mobile chairs. Care recipients have access to an occupational therapist to identify and develop specific mobility and dexterity management strategies. Staff complete incident reports for falls and the review process ensures evaluation of all reports for trends and risk management. Appropriate mechanical transfer equipment

such as ceiling hoists and other mobility aids assist in maintaining and promoting care recipient independence and safety. Management monitor care using incident report data, care reviews and stakeholder feedback. Care recipients and representatives are satisfied with the care care recipients receive to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients receive oral and dental care appropriate to their individual needs and preferences. Nursing staff complete initial and ongoing assessments to develop a dental care plan. Dental care assessments include details of care recipients' teeth or dentures, identification of any problems with mouth, gums and lips and the level of staff assistance required. Menu options include alternative food textures to manage dental or swallowing difficulties. Staff assist care recipients to visit the organisational dental service or care recipients can continue to consult their preferred specialist. Management monitor care recipients' dental supplies and care using the care review process, audits and staff feedback. Care recipients and representatives said they are satisfied with the dental care provided for 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

Care and assessment processes ensure the effective identification and management of care recipients' sensory loss. Initial and ongoing assessments identify care recipient sensory care needs for vision, hearing, communication, tactile experiences and sensation. Care recipients' usual health care providers are documented and staff initiate referrals to specialists such as audiologists, optometrists and speech therapists in accordance with assessed needs.

Sensory care strategies include assistance with aids, music therapy, communication devices, massage and reminiscence activities. Care is evaluated using care plan reviews, audits and care recipient and representative consultation. Care recipients and representatives are satisfied with the support and care provided to manage care recipients' 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

Assessment and care strategies contribute to care recipients' ability to maintain natural sleep patterns. Nursing staff identify care recipient sleep needs and preferences using entry and ongoing assessments, observation and care recipient feedback. Care plans include

preferences for day rest, preferences for retiring, waking, comfort measures to promote sleep, and strategies to help the care recipient remain asleep. The home's night time environment provides care recipients with subdued night lights and minimal noise to promote natural sleep patterns. Management monitor the night environment and care recipient satisfaction through meetings, stakeholder feedback and care review consultations. Care recipients and representatives are satisfied with the night environment and the care provided to enable care recipients to achieve adequate sleep and rest.

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

In relation to care recipient lifestyle, meetings and annual surveys capture stakeholders' suggestions and feedback. Staff use lifestyle and care activities as a means for recording and evaluating provision of lifestyle activities. Staff contribute to improvements through annual surveys, training and input at meetings. Care recipients state the organisation actively promotes and improves provision of lifestyle opportunities. Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Care recipient lifestyle include the following:

- The recent refurbishment of the home has included provision of ensuites for 18 of the 30 bed spaces. The ensuites provide enhanced accommodation for care recipients as well as improved provision for privacy and dignity. Care recipients and their representatives expressed a high degree of satisfaction with the refurbishment and provision for privacy and dignity.

- As part of the support for staff, care recipients and their representatives following the death of a care recipient, lifestyle staff have implemented a memorial space adjacent to the entrance. The memorial space includes photographs, flowers and cards providing a respectful and discreet recognition of the deceased care recipient. Stakeholders have responded positively to the initiative.

- In response to a suggestion from care recipients, lifestyle staff have included monthly barbecues as part of the lifestyle calendar. The barbecues have proven to be very popular and now include attendance by family members and representatives. The functions have provided a valuable forum for improved social interaction among staff, care recipients and their families.

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

Policies, procedures and staff education provide guidance to staff in meeting regulatory requirements. Systems help ensure the service meets its obligations and monitors compliance relating to care recipient lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

Examples of responsiveness to regulatory compliance obligations relating to Standard 3 Care recipient lifestyle include the following:

- management offer agreements to all care recipients that specify care, services, rights and responsibilities and security of tenure

- the Charter of care recipients' rights and responsibilities is prominently displayed throughout the facility

- implementation of procedures and practices that comply with privacy legislation and ensure the security and privacy of confidential information

- policies, procedures and a register are maintained for reporting of all incidents involving alleged elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

A variety of education offered to staff reflects programs related to care recipients' lifestyle. Management support staff to undertake and complete study and to network with other homes. Staff confirmed management provides education opportunities to support their knowledge and skills in relation to care recipients' lifestyle and to respect and foster care recipients' rights. Refer to regarding to expected outcome 1.3 Education and staff development for information regarding the home's education systems.

Examples of recent education relating to Standard 3 Care recipient lifestyle include:

- emotional support

- privacy and dignity

- recognising and responding to elder abuse

- choice and decision making.

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. Care recipients receive an information pack and handbook providing details of the home, lifestyle and services provided. Staff welcome the care recipient, offering orientation to the home's routines and environment and introduction to other care recipients. Lifestyle staff spend time with the care recipient and family providing comfort and information to help the care recipient adapt to their living environment. Care plans detail preferences, important life events, emotional triggers and personalised strategies to enhance care recipients' living experience. Staff review care in consultation with the care recipient and their representative to ensure ongoing emotional support. Volunteers assist regularly and family and visitors are welcome any time. Care recipients and representatives said staff are supportive and care recipients feel cared for.

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

Staff assist care recipients to achieve maximum independence, maintain friendships and participate in community life. Assessments establish requirements to maintain care recipients' previous interests and help to maintain family, friendships, religious, cultural and community relationships. Care plans include strategies to maintain independence including consideration of sensory needs, assistive devices, exercise programs, assistance with financial and electoral responsibilities. Volunteer and community groups visit the home and staff organise outings to enhance interactions outside the home. Care recipients and representatives confirmed staff supported care recipients to achieve optimum independence.

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 recognise and respect care recipients' right to privacy, dignity and confidentiality. Care recipients and staff receive initial privacy and confidentiality information and updates via meetings, displays and communication systems. Care recipients live in single or shared rooms and there are numerous areas for visitors and care recipients to meet privately. Staff maintain care recipients' privacy by knocking on doors prior to entering, drawing privacy curtains and respectfully addressing care recipients by their preferred name. Care recipients or representatives sign consent forms relating to use of their personal

information and displays of identifying information. Access to care recipients' files and other confidential information is restricted to authorised staff and computers are password protected. Audits, observation and care recipient feedback monitor staff practice and respect for care recipients. Care recipients and their representatives confirmed staff considered care recipients' privacy needs and are respectful during care giving.

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. Lifestyle staff ensure that a variety of activities are available to meet individual care recipients' social, cultural, spiritual and emotional needs, each care recipient is encouraged to attend activities within the home and local area.

However, 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. Staff confirm they assist care recipients to attend the activities provided and respect their preferences. Care recipients and their representatives confirm a variety of activities of interest are available and that staff support care recipients to attend.

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

Care recipients' individual cultural and spiritual needs are identified upon entry to the home and reviewed regularly to ensure staff are aware of these needs and that they are respected on an ongoing basis. A variety of cultural days are offered to care recipients who wish to participate and celebrate these days. Lifestyle staff schedule additional celebrations as new care recipients enter the home according to their wishes. A variety of religious groups provide church services within the home and staff assist care recipients who wish to attend. Care recipients and their representatives are satisfied with the support and respect given to care recipients in regard to their cultural and spiritual needs. Staff confirm knowledge of care recipients' individual preferences and cultural backgrounds, and care recipients and their representatives confirm staff respect the cultural and spiritual needs of care recipients.

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 encourage care recipients to participate in decisions about the services they receive and exercise choice in their lifestyle. Handbooks, agreements and brochures provide information regarding care recipients' rights and responsibilities, comments and complaints systems and advocacy services. Staff consult representatives with authorised powers of attorney to assist care recipients with reduced decision-making capacity. Care recipients' preferences and choices include processes relating to consent, care and lifestyle, the right to refuse treatment and to furnish their rooms with personal items. Care recipient meetings, care consultations and feedback mechanisms provide care recipients opportunity to participate in decision making processes. Care recipients and representatives are satisfied with the support care recipients receive to make personal choices and 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

Management provides each care recipient and/or their representative an information package which includes details relating to care recipients' rights and responsibilities. The home offers care recipient agreements to all new care recipients which contain relevant information relating to security of tenure, fees and charges, rights and responsibilities as well as specified care and services. The home encourages each care recipient to nominate an enduring power of attorney. The home prominently displays the Charter of care recipients' rights and responsibilities. Care recipients and their representatives state they are aware of their rights regarding security of tenure and state staff and management respect 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

In relation to physical environment and safe systems, management records and monitors findings from workplace inspections and records of staff injuries. Care recipient feedback with regard to satisfaction with the living environment and delivery of hospitality services are sought through surveys and stakeholder meetings. Staff and care recipients are satisfied the organisation actively promotes and improves the safety and comfort of the care recipients' living environment and staff workplace. Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- As part of the organisation's review of its infection control program, management has introduced "isolation station" trolleys for use in the event of an infectious outbreak. The provision of the trolleys helps reduce the risk of cross contamination and infection among care recipients. There have not been any infectious outbreaks since the implementation of the trolleys.

- Refurbishment of the home has included re-designing and upgrading the surrounding grounds and gardens. Fencing has been removed across the front entrance in response to improved security access to the building providing a more open, home-like environment. Care recipients have responded positively to the improved outlook to the grounds and street from the main lounge.

- The refurbishment included relocation of the main entrance to the centre of the building. The new entrance removes the requirement for visitors to walk past care recipients' rooms in order to attend the nurses' station or lounge areas. The new entry, immediately adjacent to the main care recipient lounge, includes security keypad provision and requirement for visitors to sign attendance registers. Care recipient state they appreciate the new entrance and improved open space in the main lounge area.

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

Environmental internal and external audit reports, essential services inspections and maintenance processes ensure the home meets its regulatory compliance obligations in relation to physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for information relating to the service's systems for identifying and ensuring compliance with legislation.

Examples of responsiveness to regulatory compliance obligations relating to Standard 4 Physical environment and safe systems include the following:

- external auditing of compliance with food safety regulations.

- mandatory education in infection control, manual handling and food safety handling for all relevant staff

- provision of staff access to material safety data sheets in relevant work areas

- recording and reporting of infectious illnesses

- secure storage of chemicals, oxygen and hazardous items.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff participate in education regarding health and safety. Staff confirmed completion of mandatory education and demonstrated knowledge of their role and responsibilities. Refer to regarding to expected outcome 1.3 Education and staff development for information regarding the home's education systems.

Examples of recent education relating to Standard 4 in relation to Physical environment and safe systems include:

- occupational health and safety compliance course

- workplace emergency and fire extinguisher training

- infection control and hand hygiene

- manual handling tasks.

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. The home has recently undergone a major refurbishment and the fittings and furnishings are sufficient and appropriate for care recipients' needs. A preventative and responsive maintenance system helps ensure a safe, well-maintained environment and all electrical equipment is tagged and monitored. The home's grounds are well maintained and provide attractive and secure areas for care recipients and other stakeholders. Keypad access provides a secure internal and external environment for all stakeholders. Care recipients and their representatives state the living environment is safe and comfortable and stakeholders expressed satisfaction with the home's maintenance systems.

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. Policies and procedures guide staff practices. The occupational health and safety representative and staff have regular opportunities at meetings to provide input into the system. The home monitors the safety of the environment by conducting regular workplace inspections as per agreed procedures. There are preventative and a reactive maintenance programs to assist in ensuring equipment remains in working order. Material safety data sheets are available and signage is used when cleaning, following spills or when equipment is out of order. Management provides training for safe chemical handling and manual handling.

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

Procedures provide for a safe environment and the maintenance of systems which minimise fire, security and emergency risks. Fire and emergency training is compulsory for all staff upon orientation and on an annual basis. Evacuation plans and procedure charts are located throughout the facility. An accredited external contractor monitors and maintains the safety and functioning of the fire and emergency equipment. Staff expressed satisfaction with training provided in fire and emergency procedures. Management has developed an evacuation/relocation plan in the event of a major incident. The home has keypad security at external doors and staff work areas. Stakeholders stated they feel safe and secure in the home and were able to explain actions to be taken in the event of an emergency.

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

Infection control policies and procedures minimise risk of infections and manage the risk of infectious outbreaks. Designated personnel at organisational and site level are responsible for implementing and overseeing infection control practices. Responsibilities include collection and analysis of infection surveillance data, audits of practice and the provision of education. The organisation actively promotes a range of staff and care recipient vaccinations. There are effective processes for hand-washing, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Management monitors infections presenting reports at relevant meetings. Staff demonstrated understanding of infection control practices. Care recipients and representatives said they are satisfied with the management of any care recipients' infections.

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 manner that enhances care recipients' quality of life and the staff's working environment. The organisation manages all aspects of catering and cleaning services while laundry is contracted to an external provider. All food is prepared on-site daily in line with a food safety program, dietitian's review, and a four-week rotating menu which is responsive to care recipients' needs and preferences. Processes are in place to ensure diet provision is responsive to individual needs and specialised dietary and beverage needs are met. All care recipients' personal laundry as well as the home's linen supplies are managed by an external contractor. Cleaning staff are guided by schedules that assist with planned cleaning programs of the home. Care recipients and representatives are satisfied with the quality of hospitality services.