



Australian Government

Australian Aged Care Quality Agency

Mount Esk Aged Care

RACS ID 8011
38 Station Road
ST LEONARDS TAS 7250

Approved provider: Southern Cross Care (Tas) 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 16 November 2018.

We made our decision on 30 September 2015.

The audit was conducted on 25 August 2015 to 26 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



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Audit Report

Mount Esk Aged Care 8011

Approved provider: Southern Cross Care (Tas) Inc

Introduction

This is the report of a re-accreditation audit from 25 August 2015 to 26 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 25 August 2015 to 26 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:	Cassandra Van Gray
Team member:	Tamela Dray

Approved provider details

Approved provider:	Southern Cross Care (Tas) Inc
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Details of home

Name of home:	Mount Esk Aged Care
RACS ID:	8011

Total number of allocated places:	98
Number of care recipients during audit:	64
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	38 Station Road
Town:	St Leonards
State:	Tasmania
Postcode:	7250
Phone number:	03 6339 1205
Facsimile:	03 6339 6113
E-mail address:	rebecca.eiszele@scctas.org.au

Audit trail

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

Interviews

Category	Number
Management	6
Clinical/care/lifestyle staff	16
Hospitality and environment/safety staff	6
Care recipients/representatives	9
Medical and allied health	1

Sampled documents

Category	Number
Care recipients' files	7
'Resident' agreements	6
Comments, complaints, suggestion and improvement forms	12
Contractors' contracts	2
Medication charts	9
Personnel files	7
Staff incident and hazard forms	15
'Resident' dietary requirement care plans	7

Other documents reviewed

The team also reviewed:

- Activities documents including evaluations and attendance records
- Activity calendar
- Audits, results and schedules
- Benchmarking data
- Call bell record
- Care recipients' information handbook and package
- Cleaning schedules
- Clinical documents

- Comments, complaints and suggestion registers
- Continuous improvement plan
- Contractor list
- Dangerous drugs' registers
- Drinks list
- Education attendance and evaluation records
- Education calendar
- Emergency contractor log books and floor plans
- Emergency evacuation manual
- Evening security checklist
- Food temperature records
- Form 13 and 56 building certification
- Maintenance log book
- Mandatory reporting folder
- Material safety data sheets
- Meeting schedule and minutes
- Memoranda, emails and notices
- Menu
- Newsletters/magazines
- Organisation structure
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule
- 'Resident and representative' surveys and results
- 'Resident' evacuation list
- Rosters
- Staff handbook
- Staff incident/accident and hazard registers

- Strategic plan
- Third party food safe certificate
- Volunteer folder.

Observations

The team observed the following:

- Activities in progress
- Comments and complaint brochures
- Equipment and supply storage areas
- Fire and emergency equipment
- Fire panel
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen
- Laundry
- Meal and beverage services
- Medication administration and storage
- Menu on display
- Pest baits
- Pets
- Short observation in dining room
- Spill and gastroenteritis kits
- Suggestion box.

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 pursues continuous improvement across all the Accreditation Standards. Mechanisms for identifying improvements include continuous improvement forms, stakeholder feedback, audits, survey results, incidents, hazards and clinical data. The organisation's corporate systems support local planning and improvement processes. A continuous improvement plan outlines actions, progress and evaluation of outcomes.

Management evaluates and communicates improvements and outcomes to stakeholders through meetings, memoranda and on noticeboards. Care recipients, representatives and staff stated they are aware of quality improvement processes and are satisfied ongoing improvement occurs within the home.

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

- Due to the decrease in care recipient rooms and subsequently care recipient numbers, (as a result of the conversion from shared to single rooms), management reviewed staff rosters with the aim of reducing working hours. A working party was established including staff and the Union. Care recipients and representatives were consulted. Management stated there was no negative feedback received from stakeholders.
- As a result of a corporate initiative the home introduced enhanced care recipient palliative care processes and procedures and a kit. The home is currently seeking to appoint a palliative care portfolio to support this program. Management stated the program has improved the quality of care to those in need.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home is a member of peak industry bodies and engages and subscribes to a range of regulatory compliance related services. Additional information is distributed by the home’s parent organisation. Regulatory compliance is a standing agenda item at meetings with relevant documentation updated as required. There are systems to ensure all employees and applicable contractors have current police certificates and statutory declarations. Changes are reported to staff through meetings, memoranda and notices, as required. Care recipient and representative notification of changes occurs through meetings, newsletters and mail.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate skills and knowledge to perform their roles effectively. The home operates a yearly education calendar which is updated on a monthly basis to reflect contemporary needs. Identification of education is through staff performance appraisals, stakeholder feedback, observation, and care recipient clinical indicators. Staff participate in education presentations and competency assessments as required.

Opportunities to participate in professional development are also encouraged. Key staff follow up attendance at education and monitor its effectiveness through audits, education evaluations and observation of practice. Care recipients and representatives stated they are satisfied with the knowledge and skills of staff and management.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- Aged Care Funding Instrument
- bullying and harassment
- clinical reasoning cycle and documentation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has comments and complaints systems, processes and procedures that are accessible to all stakeholders. Feedback is encouraged through the completion of paper based forms, audits, surveys and attendance at meetings. Stakeholders receive information regarding internal and external comments and complaints processes on entry and through the care recipient agreement, handbooks, and internal and external brochures displayed throughout the home. The home maintains monthly complaints registers which are monitored and actioned on a routine basis. Management respond to complainants in a timely manner and maintain confidentiality of individual complaints. Care recipients, representatives and staff stated they are aware of the internal and external complaint processes and are satisfied management address complaints appropriately.

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 home has documented vision, mission, values and strategic goal statements. Information is available to stakeholders in information handbooks and is displayed throughout the home. The home has a commitment to quality across all services; this is evident through the organisation's systems, direct Board member involvement and personnel dedicated to monitor and support compliance.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

Management demonstrate there are sufficient and appropriately skilled and qualified staffs to deliver care, lifestyle and services. There is monitoring of staffing levels and skill mix through review of care recipients' needs, stakeholder feedback and evaluation of trends such as incidents and behaviours. Recruitment processes include role specific criteria, interviews and reference checks with induction and 'buddy' shifts provided. Management monitors staff performance through performance appraisals, observations and quality processes. Staff receive position descriptions, duty lists and an information handbook to guide them in their roles. Management ensure the regular replacement of staff for planned and unplanned leave through use of casual and permanent staff as required. Care recipients, representatives and staff stated they are satisfied there are sufficient, appropriately skilled and qualified staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to ensure appropriate goods and equipment are available for the delivery of quality care and services. Management and designated staff organise the purchase and replacement of inventory and equipment through the home's parent organisation, budget allocations, authorised purchase orders and established ordering processes. Management and staff identify inventory and equipment needs through frequent visual checks, audits, care recipient needs and preferences, and feedback received at meetings. New equipment is trialled and evaluated on site. Goods are stored safely in secure areas and staff check expiry dates and rotate stock as required. Preventative and reactive maintenance programs are established. Care recipients, representatives and staff stated they are satisfied with the availability of appropriate 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 home has systems to ensure communication is effective across all services of the home. The home operates an electronic care recipient documentation system, databases and paper based forms, where required. Regular meetings and written documentation support the effective distribution of information. Staff sign a confidentiality agreement and care recipients and representatives receive information for privacy and confidentiality purposes. Policy and procedure reviews ensure information remains relevant and current. Electronic systems are backed up on a routine basis and staff have access to support. Information was observed to be stored securely. Staff stated they have access to information required to perform their roles. Care recipients and representatives stated they are satisfied with information provided by the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home engages a number of external services across a range of clinical and non-clinical areas. The home's parent organisation and senior management monitor contractor performance on a routine basis and provide feedback regarding the quality of goods and services. A list of preferred providers is available and senior staff can access internal and external support and assistance outside business hours. Care recipients, representatives and staff stated they are satisfied with the type and range of external services provided by the home.

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

Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Systems demonstrate ongoing improvements in care recipient health and personal care.

Examples of recent improvements in relation to Standard 2 Health and personal care include:

- As a result of care recipient continence management auditing, the home identified inconsistencies in documentation including the completion of assessments and consultation with representatives. A form was located within the home's electronic documentation system and a letter for representatives was compiled inviting care consultation discussion. Management stated the documents provide an enhanced opportunity for representatives to be involved in care recipients' planning and support.
- As a result of a care recipient sleep audit the home identified the assessment was not always fully completed. The matter was discussed with nursing staff and education was provided. Whilst the home continues to monitor the completion of assessments, management stated there have been improvements in identifying and attending to care recipient sleep needs and preferences.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing and care staff perform care and medication management activities within their scope of practice. The home has systems to record and manage instances of unexplained care recipient absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of the system.

Management and staff have the skills and knowledge to provide appropriate health and personal care.

Recent education and staff development relating to Standard 2 Health and personal care include:

- Huntington’s disease
- safe swallowing
- slings and hoists.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff ensure care recipients receive appropriate clinical care. Staff use established clinical systems to assess care recipients’ upon entry and develop plans of care around these needs. Staff use charts, assessments, care plans and progress notes to document and track clinical needs. There is a care recipient of the day schedule which is used to ensure regular reviews of care in addition to any changes made subsequent to a care recipient’s altered health status. There is a clinical manager overseeing care and registered and enrolled nurses monitor care needs. Medical practitioners and allied health professionals enhance the holistic approach to care. Formal and informal care consultations with care recipients and their representatives ensure satisfaction with the care provided and observation of any identified preferences and needs. Feedback indicated care recipients and their representatives are satisfied with their clinical care.

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

The clinical care manager and registered nurses oversee specialised nursing care needs. The home has access to outside specialised nurses if needed to assess, plan, manage and deliver specialised nursing care needs to care recipients. Specific care plans are developed and

individually tailored to guide staff. Staff reported changes in the care needs of care recipients are communicated effectively and staff are supported to ensure they have the appropriate skills and knowledge to meet a diverse range of specialised needs. Care recipients and their representatives stated they are satisfied the care recipients' specialised care needs are identified and managed appropriately.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients have access to appropriate health specialists in accordance with their needs and preferences. Medical practitioners visit the home at regular intervals with care recipients able to retain their own doctor if desired. There are regular physiotherapy, podiatry and occupational therapy services with other allied health staff such as a dietitian and speech pathologist available as needed. Staff assist and accompany care recipients to attend other health professionals and specialists in the community if required. Care recipients and their 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

Management ensure there are systems to support safe and correct medication management. Competency tested nursing staff administer medications and education and incident management processes ensure this is completed safely and correctly. The home has a method for assessing and monitoring those care recipients who wish to self-manage and self-administer medications. Processes exist for the ordering, delivery and disposal of medications with access to urgent medications through a local pharmacy service and on hand stocks outside hours. Medications are stored safely and securely and in accordance with regulatory guidelines. A multi-disciplinary medication advisory committee meets regularly to discuss the medication needs at the home and instigate any improvements.

Policies and procedures and current medication resources are readily accessible and guide staff practice. Care recipients and their representatives stated they are satisfied with how staff manage care recipients' medication needs.

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

Staff and management ensure all care recipients’ are as free as possible from pain. Care recipients are assessed for previous and current pain on entry and changes in pain status prompt staff to reassess and make referrals to appropriate health professionals. A variety of methods are utilised to help manage care recipients’ pain and these include the use of ‘as needed’ medication where appropriate. An occupational therapist, in conjunction with the registered nurses, oversees a pain management program for care recipients assessed with chronic pain. Staff are aware of verbal and non-verbal pain cues in care recipients and use these to guide pain prevention and management on an individual level. Care recipients and their representatives stated they are satisfied with the pain management strategies provided by the home.

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

Staff and management ensure the comfort and dignity of care recipients in their final phase of life. Consultation occurs between staff and care recipients or their representatives about the care recipients’ advanced care wishes and this forms the basis for care provided in the terminal stage. If required, staff access palliative care assistance through the local in-reach service. Spiritual and emotional support is available for the care recipient and their family if desired and representatives are supported to stay by their loved ones’ side overnight if they wish. A pastoral care worker assists in the palliative process if it is the care recipient’s wish. Care recipients and representatives expressed satisfaction with how staff respect and support individual beliefs and wishes.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Management and staff ensure care recipients receive adequate nourishment and hydration. Clinical systems prompt staff to identify and assess care recipients’ nutritional needs, preferences and the level of staff assistance required. Staff monitor care recipients’ weight and guidelines prompt staff on how to manage any losses or gains with the assistance of the dietitian when required. Assistive devices are available to help care recipients maintain their independence with eating and drinking. Care recipients and representatives stated they are satisfied with the quality of food and beverages provided for care recipients at the home.

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

Staff assess and care for care recipients in a way that promotes optimal skin integrity. Staff assess care recipients’ skin integrity on entry, when care plans are reviewed and as health needs change. Barrier cream is applied and pressure area care strategies utilised to promote skin integrity. Staff assist care recipients to maintain their skin in a healthy state and a visiting podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs and care is reflected on appropriate charts. Policies and procedures are available to guide staff in wound assessment and management, and specialist care by a wound care consultant is available if staff need further advice. Care recipients and their representatives stated they are satisfied with the home’s approach to maintaining 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

Management and staff ensure care recipients’ continence needs are managed effectively and with dignity. Staff assess care recipients’ continence needs on entry and as their needs change. Assessments take into consideration the staff assistance levels required and any continence aids needed. There are staff dedicated to managing the continence needs of care recipients and providing advice and education in consultation with the product representatives. Continence management practices promote independence and dignity. Care recipients stated their continence needs are met in an effective and timely manner.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Staff conduct behavioural assessments and use the information gathered to formulate care plans that outline any identified triggers and management strategies. Staff receive education to help manage behavioural challenges especially those related to dementia. Medical practitioner advice and specialist groups are utilised as a supportive resource for staff and to help implement strategies for care recipients with challenging behaviours. A wanderers’ alert system is available and utilised as needed to promote care recipient safety. Care recipients said they are satisfied with the management of any behavioural issues that occur within the home and the behaviour of other care recipients does not impact on their own wellbeing.

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

Staff and management ensure care is provided in a way that guarantees optimum levels of mobility and dexterity are achieved for all care recipients. Each care recipients’ mobility and dexterity needs are assessed on entry and mobility aids are available if required.

Physiotherapy and occupational therapy services are provided regularly at the home, with all care recipients assessed and reviewed as needed. Assistive devices, such as those for eating, are available and their use promoted. There are adequate mobility and dexterity aids to cater for care recipients’ needs. Care recipients stated their mobility and dexterity is supported by staff when needed and encouragement is given to maintain their independence with the assistance of aids if required.

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

Staff ensure assistance is given to care recipients to maintain optimal oral and dental health. Staff conduct assessments of care recipients’ oral and dental needs and preferences on entry and include details in care plans about assistance levels required and daily care of teeth, mouth and dentures as appropriate. Care recipients are assisted to access and attend their chosen dentists and dental technicians. Staff assist and prompt care recipients with daily dental hygiene and observe and ensure toothbrushes are changed regularly. There is a process for the provision of additional oral and dental care during the palliative phase. Staff formulate specific strategies for care recipients with swallowing difficulties which include texture modified diets and staff assistance with meals. Care recipients and their representatives stated staff provide adequate assistance with care recipients’ oral and dental hygiene.

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 and management ensure care recipients’ sensory losses are identified and managed effectively. Staff assess care recipients’ sensory deficits upon entry and as changes in care needs require. Staff organise assistance for care recipients to attend appointments with their chosen specialist provider for hearing and vision assessments. The home is well lit, has adequate handrails and visible signage. Staff are aware of individual needs and assist care recipients who require help with care, maintenance, fitting and cleaning of aids and devices.

Care recipients and their representatives stated staff assist care recipients with their sensory loss 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

Staff and management ensure care recipients are assisted to sleep in a natural and non-invasive way. Normal sleep and wake patterns are assessed on entry and, if possible, pre entry patterns are supported by staff through the care planning and actioning process. A variety of methods are used to promote sleep including settling routines, evening drinks and snacks and medication as prescribed. Records show staff respect care recipients’ wishes regarding sleep and wake times. Care recipients stated the home is quiet at night, their preferred wake and sleep times are respected and they sleep as soundly as possible.

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

Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Systems demonstrate ongoing improvements in care recipient lifestyle.

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

- Leisure and lifestyle staff identified the opportunity to introduce care recipient memory boxes to provide opportunities for reminiscence and prompt conversation. Equipment and resources were purchased with ‘the box’ being presented to care recipients as a Christmas present. Management stated the program has provided enhanced emotional support.
- As the result of care recipient and representative surveys, stakeholders indicated there were not enough activities and the program lacked variety. Management sought further feedback resulting in enhancements to the program. Management stated they continue to seek feedback via activity assessments and evaluations.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Care recipients and representatives receive information regarding privacy and confidentiality on entry to the home. The care recipient handbook and agreement includes information regarding rights and responsibilities. The home has systems to record and manage instances of 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

Refer to expected outcome 1.3 Education and staff development for a description of the system.

Management and staff have the skills and knowledge to provide appropriate lifestyle support to care recipients.

Recent education and staff development relating to Standard 3 Care recipient lifestyle includes:

- Certificate IV in leisure and health
- palliative care – respect, dignity and difficult conversations
- sexuality, ageing and dementia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient receives support in adjusting to life in their new environment and on an ongoing basis. Designated staff provide an initial and ongoing orientation to the home and lifestyle and pastoral care staff ensure they regularly engage with care recipients for additional emotional support. Assessments, care plans and regular reviews provide information to assist in meeting care recipients' emotional care needs and documentation reflects this information. Visitors are welcomed and encouraged. Additional emotional support may be provided in the final phase of life. Staff monitor and evaluate the effectiveness of strategies used regarding emotional support through observation and regular feedback from care recipients and representatives. Care recipients and representatives stated they are satisfied with the level of initial and ongoing emotional support provided at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and

outside the home. Assessments ensure capability levels are noted and care plans ensure independence is supported and encouraged in all areas. Care recipients have access to allied health professionals, exercise programs and mobility and sensory aids to assist in maximising independence. Staff organise visits from volunteers and visitors and support care recipients to participate in local community events external to the home. Care recipients' independence is monitored through audits, care plan reviews, meetings and stakeholder feedback. Staff demonstrated knowledge regarding methods and strategies they use to promote care recipient independence. Care recipients stated they are satisfied with the assistance and support received to enable their 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 ensure care recipients' rights to privacy, dignity and confidentiality is recognised and respected. Staff assess care recipient privacy and dignity needs and preferences and care plans document this. Staff provide practices such as assisting with personal care in private areas, referring to care recipients by their preferred names and knocking when entering their rooms. The living environment provides care recipients with access to indoor and outdoor spaces to receive visitors and hold private events.

Management and staff use stakeholder feedback, audits, care plan reviews and observation to monitor the effectiveness of strategies to meet care recipients' needs, rights and preferences. Privacy disclosure documentation is offered upon entry to ensure care recipients are comfortable with publication of such things as their birthday or photographs in publications and the sharing of information to other healthcare providers. Care recipients and representatives stated they are satisfied privacy and dignity is recognised and respected.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. As care recipients' enter the home staff gather past and present information regarding lifestyle needs and preferences. Details are documented on care plans which staff regularly review through a care recipient of the day program to ensure lifestyle options and choices remain current. Staff, volunteers and community visitors support activity programs that respond to care recipient changing interests and abilities. A range of group, individual activities and outings, special events and theme days promote socialisation and a sense of community within the home. Staff maintain and review participation records and monitor program effectiveness through activity evaluations, audits, surveys, stakeholder feedback and meetings. The home has a close working relationship with local schools to encourage an intergenerational friendship program. Care recipients and representatives stated they are satisfied with the variety of leisure interests and activities provided.

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

Management and staff ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. An assessment of care recipients' cultural and spiritual needs and preferences occurs on entry to the home and on a regular basis. Information is documented on pastoral care plans to meet individual needs. Regular religious services are offered and local clergy and the onsite pastoral carer provide additional assistance to address spiritual needs and preferences. Cultural and individual celebrations occur with days of significance identified and observed including use of an area to acknowledge and respect past care recipients of the home. Stakeholder feedback, care plan reviews, observation, audits and satisfaction surveys assist management and designated staff to monitor the effectiveness of cultural and spiritual support. Care recipients stated they are satisfied their individual cultural and spiritual needs and preferences are respected and valued.

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 each care recipient or their representative to participate in choice and decision making regarding their care, lifestyle and service needs while not infringing on the rights of other people. Information about the right to exercise choice and control is provided in information handbooks and agreements. Opportunities are available for care recipients to make decisions regarding personal care, sleep and rest times, dietary preferences, the level of participation in activities and use of preferred names. Consultation occurs with authorised representatives to act on behalf of care recipients when they are unable to make informed decisions. Monitoring of choice and decision making is achieved through mechanisms such as care plan reviews, feedback forms, meetings and satisfaction surveys. Care recipients stated staff provide opportunities for them to make choices and decisions on a regular basis.

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 their representative an information package which include 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 stated they are aware of their rights regarding security of tenure and stated 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

Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Systems demonstrate ongoing improvements in physical environment and safe systems.

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

- As a result of a corporate initiative the home has completed an extensive building and refurbishment program. Supported by a grant, previous care recipient double rooms have been converted to single rooms with their own ensuites. Fire and emergency access and egress has been improved and new lounge areas have been created. Management stated the improvements have resulted in an enhanced living and working environment for all stakeholders.
- The home’s maintenance officer identified an opportunity to develop an equipment register. Equipment labelling and recording devices were purchased and implemented. Management stated the new process ensures efficient and effective maintenance of equipment.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has achieved compliance with the appropriate building, fire, emergency and food safety certification legislation.

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

Refer to expected outcome 1.3 Education and staff development for a description of the system.

Management and staff have the knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems.

Recent education and staff development relating to Standard 4 Physical environment and safe systems includes:

- chemical management
- fire and emergencies
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable environment consistent with care recipients' care needs and preferences. Care recipients are accommodated in single ensuite rooms, which they are encouraged to personalise. Care recipients and their visitors have access to communal lounges and dining rooms, internal courtyards and garden areas. The home is secure, clean with comfortable noise levels, temperature and ventilation. Maintenance of buildings, grounds and equipment occurs through internal and external servicing and maintenance processes. Regular inspections and audits, incident reporting, feedback mechanisms and meetings are used to monitor a safe and comfortable living environment. Care recipients and their representatives stated they are satisfied the home provides a comfortable, safe and secure environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. There are documented policies and procedures in relation to safe work practice

and staff are aware of their responsibilities through orientation processes, education and meetings. The occupational health and safety committee meets on a routine basis to review and monitor staff incidents, hazards, workplace inspections and audit results.

Equipment and hazardous materials are stored safely and there are processes to ensure electrical equipment is tested and tagged. Chemicals are stored safely with current material safety data sheets. Staff stated they are satisfied management work actively to create a safe work environment and are responsive to any issues raised.

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 are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies. All staff are required to complete mandatory fire and emergency training. Evacuation maps are on display and exits are clearly signed and free from obstruction. There are effective processes to maintain current evacuation lists and emergency evacuation packs. External contractors maintain fire equipment and there are processes to monitor the maintenance of essential services equipment. There are measures in place to maintain secure access to the home and to prevent unauthorised absences. Care recipients and representatives stated they are satisfied the home provides a safe and secure environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management demonstrates they have an effective infection control program. The program detects, manages and monitors infections within the home. Management, with corporate support, collate infection data and report any trends at relevant meetings. Staff practice is guided by comprehensive policies and procedures which are noted to cover the management and containment of infectious outbreaks. Infection control kits, which include signage and personal protective equipment, are available to staff and hand hygiene facilities are prevalent. There is a food safety program and cleaning schedules are followed throughout the home. Infectious waste, sharps disposal and pest control within the home is managed by external contractors. Care recipient and staff vaccinations are encouraged and monitored with high levels of uptake. Care recipients stated staff identify infections and manage them appropriately.

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

Care recipient catering requirements are prepared fresh daily and delivered by the home's sister facility, seven days a week. The home operates a five-week rotational menu which has been reviewed by a nutrition service. Documentation held in the dispensing kitchen generally reflects care recipients' likes, dislikes, dietary needs and preferences. Meal satisfaction occurs through meetings, audits and surveys. Cleaning is provided six days a week and staff perform their duties in line with documented schedules. Care recipient personal items are laundered internally five and a half days per week, with linen laundered externally. There are provisions for the labelling of care recipient personal items. Care recipients and representatives stated they are satisfied with the catering, cleaning and laundry services provided by the home.