



Australian Government

Australian Aged Care Quality Agency

Sheridan Hall Brighton

RACS ID 4249
10 Marion Street
Brighton VIC 3186

Approved provider: Sapphire Aged Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 22 August 2018.

We made our decision on 01 July 2015.

The audit was conducted on 27 May 2015 to 28 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



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Audit Report

Sheridan Hall Brighton 4249

Approved provider: Sapphire Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 27 May 2015 to 28 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 27 May 2015 to 28 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:	Carolyn Ashton
Team member:	Geraldine Hughes-Jones

Approved provider details

Approved provider:	Sapphire Aged Care Pty Ltd
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Details of home

Name of home:	Sheridan Hall Brighton
RACS ID:	4249

Total number of allocated places:	35
Number of care recipients during audit:	25
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	10 Marion Street
City:	Brighton
State:	Victoria
Postcode:	3186
Phone number:	03 9593 1213
Facsimile:	03 9593 1766
E-mail address:	fabiom@sapphirecare.com.au

Audit trail

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

Interviews

Category	Number
Residential management	2
Corporate management	7
Clinical, care and lifestyle staff	7
Care recipients/representatives	12
Hospitality and maintenance staff	4

Sampled documents

Category	Number
Care recipients' clinical files	9
Care recipients' agreements	3
Medication charts	6
Personnel files	4

Other documents reviewed

The team also reviewed:

- Activities planner, brochures and photographs
- Admission procedure and new care recipient checklist
- Audits and quality reports
- Blood glucose, pressure monitoring charts and weight charts
- Care recipients', staff and contractor handbooks
- Care recipients' surveys
- Cleaning schedules
- Communication diaries
- Contractor documentation
- Education calendar, records of attendance and evaluations
- Electronic communications and memoranda

- Emergency procedures manual
- End of life wishes
- Falls statistics
- Food safety program and monitoring documentation
- Hazard alert forms, incident reports, risk assessments and health and safety reports
- Mandatory reporting register
- Menu, menu selection and dietary change forms
- Minutes of meetings
- Newsletters
- Nurse and health professional registration currency records
- Plans for continuous improvement and opportunities for improvement forms
- Police certificates, register and statutory declarations
- Policies, procedures and flowcharts
- Preventative and corrective maintenance documentation
- Schedule for family consultations
- Sheridan Hall self-assessment
- Self-administration medication assessment
- Staff roster, recruitment and orientation documentation
- Treatment preference form

Observations

The team observed the following:

- Activities in progress
- Archive and information storage
- Care recipients mobilising independently and using mobility aids
- Charter of Care recipient's rights and responsibilities displayed
- Cleaning in progress
- Equipment, chemical and supply storage areas
- Fire panel, fire detection, alarms, signage and firefighting equipment

- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen and food storage areas
- Laundering in progress
- Material safety data sheets
- Meal service and assistance to care recipients
- Medication administration and storage of medications
- Mission, vision and values statement
- Mini electronic tablet
- Notice of Quality Agency visit displayed
- Noticeboards
- Nurses station
- Palliative care kit
- Pan room
- Personal protective equipment
- Short group observation during activity
- Sign in-out registers
- Unobstructed exits, illuminated exit signs and egress routes

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and has developed and maintains a system which consists of items generated from comments and complaints forms, hazard forms, maintenance issues and care recipients' existing and changing needs. Quality reports and health and safety reports document actions required in the short term and these are transferred to a plan for continuous improvement for larger issues requiring closer monitoring and review. Each item is reviewed at a site level and overseen by the home's organisational management. Care recipients, representatives and staff are satisfied with the continuous improvement program at the home.

Examples of continuous improvement related to Standard 1 Management systems, staffing and organisational development include:

- As a result of staff feedback a new three hour shift has been introduced between 5.00pm and 8.00pm to assist care staff with meal assistance, medication administration and settling routines for care recipients. This shift was trialled and is now permanent. Staff feedback to the increased hours has been positive.
- To provide immediate review by key staff an electronic alert system has been developed which is linked to the electronic incident reporting system. This provides critical information for key staff and can be accessed externally to ensure all steps are being taken in the event of a critical incident. This system also assists in shift planning and early intervention of possible complaints. Staff and management state this tool is an effective improvement to the existing clinical and incident reporting system.

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

There are systems for management to receive, identify and comply with relevant legislation, regulatory requirements, professional standards and guidelines. Organisational staff receive notification about government legislation and regulatory requirements through subscriptions to legal alert services, agencies, professional organisations and industry peak bodies. After assessing the impact of changes within the organisation, they review standards and update policy and guidelines. Staff obtain regulatory compliance updates through electronic bulletins and discuss changes and actions at meetings. Staff inform care recipients and representatives of regulatory compliance changes through direct correspondence and meetings. Organisational staff and management monitor regulatory compliance through observation of staff practice, stakeholder feedback and opportunity for improvement forms, incident analysis and audits.

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

- Management has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Staff manage personal information in accordance with regulatory requirements.
- Management has processes for notifying stakeholders of the re-accreditation audit.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Programmed education occurs across all four Accreditation Standards, including orientation and mandatory annual training. The program is accessible and responsive to need. Training and development opportunities arise through assessment of care recipient needs, staff request, equipment changes, audits, incidents and observation of practice. Management monitors completion of on-line and face- to-face sessions and staff provide feedback for evaluation. Staff are satisfied with the education and development opportunities offered. Care recipients and representatives are satisfied with the skills and knowledge of staff.

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

- aged care funding instrument
- coaching and mentoring
- elder rights
- online training system
- superannuation.

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 a comments and complaints system which encourages each care recipient and other interested parties to document suggestions for improvement, concerns and compliments. Access to internal and external complaints mechanisms is available throughout the home. Care recipients and their representatives are encouraged to attend meetings where they can raise issues of concern. An annual care recipient survey is conducted and results are analysed and improvements identified and actioned. Response to stakeholder complaints and suggestions for improvement are actioned immediately if possible and feedback given to the initiator to ensure they are satisfied with the outcome. All improvement issues are placed onto a quality report for stakeholder information and onto the plan for continuous improvement if the issue requires ongoing action. Care recipients and representatives are satisfied with the comments and complaints system used at the home and state they are comfortable raising concerns with the home's staff and receive timely feedback.

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 a documented vision, mission and values statement which states a commitment to quality care throughout the service. These values are documented in both the care recipient and staff handbooks and displayed within the home.

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 numbers of appropriately qualified staff to provide care and services to care recipients, in keeping with their philosophy and objectives. Organisational staff oversee recruitment processes which include formal interviews, references and credential checks. Position descriptions, policies and procedures inform staff about required qualifications, professional development and care standards. New staff complete an orientation program and receive informal mentoring. Management assesses how the staffing roster meets care recipients' needs through regular audits, incident analysis, opportunity for improvement forms, care plan review processes and observation. Staff can contact and consult with registered nurses where needed and processes exist for filling vacant shifts. Staff are satisfied with the number of staff, adequacy of skills and qualifications. Care recipients and representatives are satisfied with staff responsiveness and the standard of care provided to care recipients.

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 maintain adequate supplies of stock and equipment for quality service delivery. Designated staff monitor stock, equipment and supplies and reorder items as required through preferred supplier agreements. Maintenance staff conduct regular checks and repair or replace equipment in conjunction with contractors. Test and tagging of electrical equipment occurs. Sufficient clean and secure storage areas are available. Management identifies equipment needs through feedback including observations, assessment of care recipient needs and audits. Staff conduct risk assessments and undertake training for new equipment purchases. Care recipients, representatives and staff are satisfied with the quantity and quality of supplies 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 established systems for the management of information. Electronic systems provide management and organisational staff visibility of current events including incidents and infections, education, maintenance work orders, admissions and discharges. Management exchanges information with care recipients, representatives, staff and other stakeholders via handbooks, newsletters, correspondence, meetings and noticeboards.

Organisational processes support regular review of documents for accuracy and currency and ensure electronic information is backed up daily. Electronic and hardcopy information is stored appropriately to maintain confidentiality with staff access restricted to their role and authorisation level. Staff, care recipients and representatives are satisfied with access to information and with the communication mechanisms at 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

There are systems to ensure externally sourced services are provided consistent with the residential care service's needs and service quality goals. Organisational staff coordinate relevant policies and procedures and together with management, administer and monitor service level agreements. There are mechanisms for staff and other stakeholders to provide feedback on unsatisfactory service standards and where necessary, for contracts to be reviewed. Agreements ensure contractors abide by legislative and statutory requirements relevant to their role including provision of current licencing, insurance and police certification along with meeting the organisation's expectations of confidentiality and quality standards.

Contractors are required to complete a register on entry to the home and receive orientation prior to commencing work at the home. Staff, care recipients and representatives are satisfied with current externally sourced service providers.

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

The home has a system to ensure they actively pursue continuous improvement across standard 2 Health and personal care. For a full description of the home's continuous improvement system, see expected outcome 1.1 Continuous improvement.

Examples of continuous improvement related to standard 2 Health and personal care include:

- The home recently introduced the use of a small electronic tablet used by the care coordinator to complete and review care recipient needs at the bedside. This device can identify care recipients' medications, dietary preferences, recent observations and wound care requirements including the ability to take photographs of wounds and compare healing. Recently a pathology application has been loaded onto this device and results of care recipients' pathology tests can be accessed in real time. Clinical staff expressed satisfaction with the timeliness of results received and the ability to notify medical practitioners of results and the early treatment of care recipients' conditions.
- Staff recognised an opportunity to identify medication that should not be crushed. The registered training organisation has available for staff to access a program to identify those medications not suitable to crush and staff can access this electronically. Staff state the access to this program is reassuring when crushed medication is required for care recipients who have swallowing difficulties.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and comply with relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

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

- Processes exist for appropriate and secure storage of medication.
- Registered nurses supervise the provision of clinical care according to relevant legislation and care recipient needs.
- There are procedures to ensure compliance with legislation in the event of a care recipient’s unexplained absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- continence management
- cytotoxic medication
- dental hygiene
- medication management
- palliative care
- wound 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 to meet individual needs and preferences. Care recipients are assessed and an interim care plan developed. A schedule of assessments and care consultations with the care recipient and their representative ensures care plans meet individual care recipient requirements. Medical practitioners and allied health professionals assist in the assessment and planning of care needs. Care review processes occur monthly and ongoing care consultations are scheduled. Changes to care recipients’ conditions are monitored and evaluated with relevant medical and allied health input as required. Care recipients and representatives are satisfied with the clinical care provided to 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Individual specialised nursing care plans are developed, reviewed and altered according to care recipients’ changing needs. Consultation with medical practitioners and allied health professionals occurs relevant to care recipients’ specialised nursing care needs and specialist community services are consulted should the home’ staff not have the skills and knowledge to meet a care recipient’s particular specialised need. Care recipients and representatives are satisfied with the specialised nursing 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 are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners review care recipient medical care needs regularly and on an as needs basis. Contracted allied health professionals include physiotherapy, podiatry, nutrition and speech pathology with care recipient referral as required. Care recipients and representatives are satisfied with the home’s process for referral of care recipients to other health and related services.

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

Care recipients’ medication is managed safely and correctly. Medication is administered by competency trained staff and assessments completed for care recipients who choose to self- medicate. Medical practitioners assess and monitor medication needs and an independent pharmacist completes medication reviews. Medication incidents and staff practice is monitored to ensure care recipients’ medication administration is delivered safely and correctly. Medication advisory group meetings are held regularly to monitor and evaluate the medication management system and processes used by the home. 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

All care recipients are free as possible from pain. Pain is assessed when the care recipient enters the home and a care plan developed which is reviewed on a regular basis. Pain management strategies include heat packs, exercise, physiotherapy and analgesia. Medical practitioners are consulted to monitor pain and the effectiveness of analgesia. Care recipients and representatives are satisfied with the management of care recipients’ pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Care recipients receiving palliative care are assessed and a plan of care developed in consultation with the care recipient and representatives and in accordance with the care recipient’s Preference in Treatment form. Medical practitioners and allied health professionals are consulted and provide treatment options to ensure pain, comfort and dignity strategies are implemented and maintained. Community palliative care services are available and referral would take place where a care recipient enters the palliative stage of care. Staff described care measures they undertake when caring for terminally ill care recipients including comfort and dignity measures.

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 and there are effective processes to support their dietary choice and preferences. Care recipients’ nutrition and hydration needs are assessed on entry to the home and include dietary requirements, medical conditions, personal preferences and allergies. Care recipients’ weight is monitored and reviewed by care recipients’ medical practitioners and referral to allied health professionals occurs where there is significant unplanned weight loss or gain. Catering staff are advised of care recipients’ dietary plans including changes due to altered health status. Nutritional supplements are available for care recipients with poor nutritional intake. Care recipients and representatives are satisfied with the provision of nutrition and hydration services for care recipients.

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. Skin care needs are assessed and include assessment of nutrition, continence and mobility status. Care plans are developed and staff monitor care recipients’ skin integrity through the application of moisturisers and use of pressure relieving devices. Wound care treatment is evaluated and the incidence of skin tears is documented through the incident reporting system. Care recipients and representatives are satisfied with the provision of care recipients’ skin care.

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’ continence requirements are managed effectively. Care plans outline toileting schedules and continence aid requirements after a period of assessment and consultation. Urinary and bowel health is promoted and monitored through appropriate fluid and dietary intake. Care recipients and representatives are satisfied with the way staff manage care recipients’ continence needs and maintain privacy and dignity when providing assistance.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Care plans are developed through assessment and consultation and are reviewed on a regular basis. Care plans outline triggers and intervention strategies in consultation with medical practitioners, external specialists and the lifestyle team. The lifestyle program includes activities and strategies to minimise care recipients’ behaviours of concern. Care recipients and representatives are satisfied with care recipients’ behavioural management strategies.

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

Optimum levels of mobility and dexterity are achieved for all care recipients. Physiotherapy assessments and plans identify strategies to maintain and promote mobility and dexterity according to care recipient needs and preferences. Falls prevention strategies and daily exercise regimes assist in the promotion of independent mobility with the use of assistive equipment when needed. Falls risk assessments are conducted on entry into the home and after a fall and as care recipients’ needs change. Falls prevention equipment including sensor mats and low line beds are in place as required. Falls data is collated and analysed and prevention strategies are reviewed and changes made as identified. Care recipients and representatives are satisfied with the mobility, dexterity and rehabilitation services provided to care recipients.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained through the assessment and care planning process undertaken when a care recipient moves into the home. Care plans are reviewed on a regular basis and as care needs change and in consultation with care recipients and representatives. Care plans include daily care of teeth, mouth and dentures and level of assistance if required. Dental appointments are made for care recipients as requested or as needs are identified through care plan review and monitoring practices. Care recipients and representatives are satisfied with the level of oral and dental care provided to care recipients.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Sensory loss is assessed and care plans developed in consultation with care recipients and representatives when a care recipient enters the home and through regular review. Referral to allied health professionals such as speech pathologist, audiologist and optometrists occurs as required. Staff assist care recipients with individual aids and routinely check the working condition of assistive devices. Care recipients and representatives are satisfied with the attention given to 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

Care recipients’ are assisted to achieve natural sleep patterns. Care recipients’ sleep is assessed on entering the home and a care plan developed in consultation with the care recipient and representatives with preferred settling and rising times noted. Staff utilise a variety of methods to promote sleep including hot drinks and snacks. Care recipients said the home is quiet at night and staff provide assistance with settling and sleep routines as per their needs and preferences.

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

The home has a system to ensure they actively pursue continuous improvement in Standard 3 Care recipient lifestyle. For a description of the home’s continuous improvement system, see expected outcome 1.1 Continuous improvement.

Examples of improvements related the Standard 3 Care recipient lifestyle include:

- The home recently introduced a knitting group as a result of care recipient requests. This improvement has seen care recipients gather on a regular basis to socialise and to produce a product that is then donated to charity. Staff identified a change in care recipients’ attendance at activities as a result and care recipients expressed enjoyment and a sense of purpose at the introduction of this activity.
- Care recipients expressed an interest in cable pay television being installed into the home to be able to watch sporting and other programs. This was installed and care recipients are satisfied with the additional television service.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

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

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- communication skills, hearing and vision
- customer service
- dementia care essentials
- elder abuse
- privacy and dignity
- workplace diversity.

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

Care recipients receive support in adjusting to the new environment and on an ongoing basis. On moving into the home, care recipients receive a welcome pack with information to help orient them to their new surroundings. Staff meet with care recipients to identify their needs and preferences, in consultation with representatives if needed and determine support strategies to assist care recipients to achieve optimal wellbeing. Staff consider care recipients' emotional support needs during scheduled care plan reviews and at times of stress or change. Staff arrange further ongoing emotional support through pastoral care volunteers and special events to strengthen social connections. Care recipients and representatives are satisfied with the level of emotional support care recipients receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients to achieve independence, maintain friendships and participate in the life of the community. In consultation with care recipients and representatives, staff identify strategies to optimise care recipients' physical, social, cultural and intellectual independence when they move into the home. Staff review and adjust care plans on a regular, ongoing basis and as care needs change. A physiotherapist assists care recipients to maintain dexterity and mobility and staff arrange adaptive aids and equipment when needed. Staff encourage and assist individuals to maintain links with the community aligned to their capabilities and preferences. Staff adapt activities for inclusion of care recipients with specific mobility or sensory requirements. Management and staff monitor independence through stakeholder feedback, opportunity for improvement forms, surveys and audits and analyse incidents such as falls. Care recipients and representatives are satisfied staff assist care recipients to achieve maximum independence and community involvement.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Management inform care recipients and staff of these rights through policy and handbooks, and staff sign a confidentiality statement.

Management and staff use feedback mechanisms, audits and visual observation to monitor the effectiveness of staff strategies. Clinical files are stored within password protected electronic systems and staff obtain consent from care recipients for release of information and use of photographs. Staff describe strategies to support privacy and dignity during care and service delivery. Care recipients and representatives are satisfied staff provide care and services which maintain privacy and dignity and respect confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients receive encouragement and support to participate in a range of activities and interests. In consultation with care recipients and representatives, staff identify each care recipient's life history, social preferences and lifestyle interests. Staff review and adjust care plans on an ongoing basis and in response to changes in care recipients' interests, abilities, attendance levels and feedback. Staff engage care recipients in group activities reflecting emotional, physical, cognitive, sensory, cultural and spiritual needs. Special celebrations, outings, and entertainers contribute to the activities on offer and staff spend time with care recipients for individualised companionship. Care recipients and representatives can contribute to the activity program through meetings, opportunity for improvement forms, surveys and care plan review consultations. Care recipients and representatives are satisfied with opportunities to contribute to the activity program and the current activities available.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff value and foster the customs, beliefs and cultural backgrounds of care recipients. Staff identify and document each care recipient's cultural and spiritual needs and wishes in consultation with the care recipient and representatives. Staff monitor cultural and spiritual interests through meetings, opportunity for improvement forms and care plan review. Community religious personnel visit the home on a regular basis to

conduct services and provide additional care recipient support and guidance when requested. Staff assist care recipients to celebrate cultural events and days of significance throughout the year and birthdays are recognised in a variety of ways aligning to the preferences of care recipients.

Care recipients and representatives are satisfied staff assist care recipients to maintain their cultural and spiritual customs.

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 has systems to support and encourage care recipients and representatives to make decisions and exercise choice and control over their lifestyle without impinging on the rights of others. Staff consult with care recipients and representatives when they move into the home and establish care recipients' care needs, choices and preferences.

Management and staff invite care recipients and representatives to participate in decisions through meetings and care plan review consultations. Management monitors the effectiveness of the system through surveys, audits, opportunity for improvement forms, observations and feedback to staff. Staff demonstrate practices that encourage and acknowledge care recipients' choice and decision making. Care recipients' and representatives are satisfied that care recipients are able to exercise choice and make decisions about their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have security of tenure within the home and are offered agreements to sign which identifies the care and services offered including the home's commitment to ageing in place. The agreements identify the care recipient's rights and responsibilities and the home's vision, mission and values. The agreement states the home will maintain the care recipient at the home unless the care needs exceed the home's ability to safely care for the care recipient. Any changes to a care recipients' room or ability to stay at the home are considered in consultation with the care recipient and representatives. The home will request the services of specialist organisations to assist with maintaining care recipients at the home as needed. Care recipients and representatives are satisfied with the security of tenure the home offers.

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

The home has a system to ensure they actively pursue continuous improvement in standard 4 Physical environment and safe systems. For a description of the home’s continuous improvement system, see expected outcome 1.1 Continuous improvement.

Examples of improvement related to Standard 4 Physical environment and safe systems include:

- A care recipient suggested the purchase and use of a different coloured face washer to use so there is no cross contamination when attending personal hygiene. White and brown face washers have now been purchased for use by care staff and care recipients. Staff and care recipients are satisfied with this improvement in infection control.
- A care recipient complained that the light in their lounge room was poor and made reading difficult. The home installed improved lighting to this and other care recipients’ rooms who had been assessed as having poor vision and also introduced improved lighting in communal areas throughout the home. Care recipients expressed their satisfaction with this improvement.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

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

- Regular monitoring and maintenance of the fire and safety systems occurs and staff attend training in fire and emergency procedures each year.
- Material safety data sheets are accessible.
- The kitchen complies with a food safety program and has current third party and local council food safety certificates.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- chemical safety and handling
- fire and evacuation
- infection control
- laundry and hand washing
- workplace health and safety.

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 and staff practices support the delivery of a safe and comfortable environment consistent with care recipients' needs. Care recipients access a combination of private and shared spaces inside and outside the home. Accommodation includes apartment-style rooms with a private kitchenette, sitting room and ensuite either within the home or in semi-detached villas. Staff and care recipients control internal climate to optimise comfort and personalise private spaces with furniture and belongings. Staff clean and maintain the building, fittings and garden, while audits, incident and hazard reporting mechanisms monitor the safety and comfort of the environment. Staff, care recipients and representatives are satisfied with the comfort and safety of the environment and care recipients said they felt safe in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Management, organisational staff and representatives manage workplace health and safety through cleaning and maintenance schedules, environmental audits, hazard reports, risk assessments and incident management. Workplace safety policies, procedures and guidelines are available and staff participate in relevant education and meeting discussions. Staff access personal protective equipment, material safety data sheets and transfer equipment. Staff describe hazard identification processes and are satisfied management promotes and provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff work to maintain a safe environment that minimises fire, security and other emergency risks. Management and staff are guided by policies, plans and procedures for a range of emergencies. Independent external contractors regularly service and inspect fire equipment and systems. Automated systems control secured exits and ensure appropriate action in the event of fire or power failure. Clear signage highlights emergency exits and evacuation routes. Management monitors sign in-out procedures for

care recipients and visitors and conducts reviews of emergency management. Staff attend fire and evacuation training on a regular basis and express confidence in required actions in the event of an emergency. Care recipients said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program which consists of monitoring current infections and auditing staff skills, knowledge and practices. There is current information available and sufficient supplies of equipment including outbreak management kits, waste disposal, protective equipment and chemical disinfecting regimes. Staff state they complete education on line and face to face on matters of infection control and understand their responsibilities should an infectious outbreak occur. Care recipients and representatives expressed satisfaction with the home's infection control processes in the provision of care services to care recipients.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Management provides hospitality services which support care recipients' quality of life and enhances the working environment for staff. Staff prepare meals onsite according to the food safety program, seasonal menu and care recipients' needs and preferences. There is a process for staff to establish each care recipient's daily meal preferences and to maintain currency of dietary allergens and food consistency requirements. Staff clean communal areas and care recipients' rooms according to a schedule, with provisions for unplanned cleaning needs. Staff monitor the adequacy of cleaning supplies and store chemicals safely. Staff launder care recipients personal items, linen and towels onsite and have systems to ensure their appropriate care and return. Management monitor satisfaction through care recipient and representative meetings, observation, opportunity for improvement forms, surveys and audits. Care recipients and representatives are satisfied with the catering, cleaning and laundry services.