



Australian Government

Australian Aged Care Quality Agency

Smithfield Residential Care Centre

RACS ID 6166
1 Warooka Drive
SMITHFIELD SA 5114

Approved provider: Allity 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 23 November 2017.

We made our decision on 03 October 2014.

The audit was conducted on 26 August 2014 to 27 August 2014. 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 residents, 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:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (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: Resident lifestyle

Principle:

Residents 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 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Smithfield Residential Care Centre 6166

Approved provider: Allity Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 26 August 2014 to 27 August 2014 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 26 August 2014 to 27 August 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Sandra Lloyd-Davies
Team member:	Anthea Le Cornu

Approved provider details

Approved provider:	Allity Aged Care Pty Ltd
---------------------------	--------------------------

Details of home

Name of home:	Smithfield Residential Care Centre
RACS ID:	6166

Total number of allocated places:	76
Number of care recipients during audit:	61
Number of care recipients receiving high care during audit:	59
Special needs catered for:	People living with dementia and related disorders

Street:	1 Warooka Drive
City:	SMITHFIELD
State:	SA
Postcode:	5114
Phone number:	08 8254 4700
Facsimile:	08 8254 4799
E-mail address:	rhankins@ech.asn.au

Audit trail

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

Interviews

Category	Number
Corporate and site management	5
Clinical, care staff and lifestyle staff	9
Quality assurance and administration staff	3
Care recipients/representatives	9
Ancillary staff	4
External contractors	1

Sampled documents

Category	Number
Care recipients' files	6
Lifestyle care plans	5
Medication charts	6
Personnel files	5

Other documents reviewed

The team also reviewed:

- Activities program
- Audit schedule
- Care recipients newsletter
- Care recipients' information handbook
- Cleaning schedules
- Comments and complaints
- Communications books
- Continuous improvement plans
- Emergency procedures manual and codes
- External service provider contracts

- Food safety plan
- Four weekly menu and dietitian review
- Incident and hazard reports
- Job descriptions
- Mandatory reporting register
- Police certificate records
- Preventative and corrective maintenance records
- Residential services agreement
- Restraint authorisations
- Safety data sheets
- Staff education records
- Staff handbook
- Temperature testing records
- Testing and tagging log
- Triennial fire safety certificate
- Various audits, surveys and outcomes
- Various meeting minutes
- Various policies, procedures and guidelines
- Workplace health and safety handbook
- Workplace inspections

Observations

The team observed the following:

- Activities in progress
- Cleaning in progress
- Contractor/visitor sign-in/out book
- Equipment and supply storage areas
- Fire safety equipment
- Infection control resources

- Interactions between staff and care recipients
- Internal and external complaint information
- Living environment
- Lunch time meal service and medication round
- Notice board information
- Personal protective equipment
- Short group observation – downstairs kitchenette/dining room
- Storage of medications
- Various noticeboards
- Volunteer activities

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

Smithfield residential care centre is owned and operated by Allity Aged Care Pty. Ltd. The home identifies improvement opportunities from comments and complaints forms, care recipient forum meetings, audits, surveys, staff suggestions and verbal feedback. Identified improvements are recorded on a plan for continuous improvement spreadsheet and action summary reports are generated to track progress and evaluation. Delegated staff monitor actions and timelines generated from continuous improvement activities. Care recipients, representatives and staff interviewed are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to staff feedback, an opportunity was identified to improve the continuity of care for care recipients. A short shift list has been developed documenting contact details for staff who wish to pick up additional shifts and are available at short notice. This initiative has resulted in a reduction in the use of agency staff, improved continuity for care recipients and increased hours for permanent staff as requested.
- Management identified an opportunity to improve the filling of unplanned vacancies in hospitality services. Interested care staff were provided with training to enable them to take up food service and cleaning roles. Six care staff attended the cross-skilling education program. This has enabled management to fill hospitality roles with in-house staff who are familiar with care recipients and the home's processes.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The general manager ensures legislative updates through their membership with peak bodies and communication with government departments are distributed to relevant staff. Compliance is monitored through internal and external audits. Information is disseminated to relevant staff through meetings, education and email. Results show processes are effective in identifying compliance issues and actions are implemented where deficits are identified. Staff interviewed said they are updated about changes. Care recipients/representatives interviewed are satisfied they are informed of changes in relation to regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Notification in writing of re-accreditation audit sent to care recipients and representatives
- Police certificates are current for staff, external contractors and volunteers
- Professional registrations are monitored for clinical and allied health staff.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Education needs are identified through performance appraisals, verbal feedback and observation of staff practice. An education program is developed and training scheduled throughout the year. Commencing employees undertake mandatory training as part of the induction process. Results show the home provides relevant education across the Accreditation Standards. Care recipients and representatives interviewed are satisfied staff have appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- Customer service
- Incident reporting
- Induction
- Self-directed learning packages.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. On entry to the home care recipients and/or representatives are provided with information about internal and external complaints mechanisms, including information in the care recipients' handbook. Comments, complaints and suggestion forms and information about complaints mechanisms are displayed around the home. Suggestion boxes are available for confidential lodgement of comments or complaints. The home uses various meetings, comments and complaints forms, audits, surveys and one-to-one discussions to obtain feedback. Complaints are recorded and monitored by the general manager. Results show care recipients and representatives are aware of internal and external complaints mechanisms. Staff interviewed are aware of the comments and complaints system and feel supported in raising concerns with management.

Care recipients and representatives interviewed are satisfied that concerns they raise are managed effectively and resolved.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's values, vision and model of care are documented in care recipient and staff handbooks. Documentation containing the home's values has consistent content and is displayed in the home. The general manager is responsible to a Board and senior management team. Staff are familiar with the home's values and commitment to quality care and services.

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

The home has processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. The organisation has recruitment processes to ensure potential employees have appropriate skills and qualifications. Corporate and site processes monitor police certificates and professional registrations. Commencing employees are provided with a corporate and site specific induction. The home's management monitors staffing levels and skill mix through staff feedback and care recipients' needs on an ongoing basis. Training is identified at staff meetings, performance appraisals and in response to changes in care recipients' needs. Vacant shifts are filled by permanent or resource pool staff. Staff are guided in their roles by job descriptions, duty statements, guidelines and policies and procedures. Staff interviewed said they have sufficient time to complete their tasks. Care recipients and representatives interviewed are satisfied that staff have the appropriate skills to deliver care and services.

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

Staff and care recipients are satisfied there are stocks of appropriate goods and equipment to maintain quality care and effective service delivery. Clinical and housekeeping stores are managed with an impress system and dedicated staff are responsible for the re-ordering process. Results show the home's needs in relation to goods and equipment are documented and reviewed by delegated staff across the site. New equipment is trialled and includes a risk assessment. Inventory and equipment processes are monitored through the use of audits and feedback from management and staff.

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's information management systems are effective. The home has processes to provide management and staff with access to sufficient accurate and appropriate information to support them in meeting the requirements of their roles. The home communicates relevant information to staff, care recipients and representatives through activities programs, noticeboards, handbooks, staff and care recipient meetings. Shift handover, communication books, policies and procedures, education sessions and email support staff communication processes. Care recipients are assessed on entry to the home and care plans are developed from this information. Monitoring processes include comments and complaints forms, various meetings, audits, surveys, incident and hazard reporting. The home has processes for the effective storage, archiving, disposal and management of information. Care recipient files are kept in nurses' stations with access by appropriate staff and allied health professionals.

Computers are password protected and staff have their own login. Results show information is used effectively to communicate with relevant stakeholders. Staff interviewed are satisfied they have access to information to guide them in the delivery of care and services. Care recipients and representatives are satisfied they have access to appropriate information to assist them to make decisions about care and lifestyle preferences.

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

Care recipients and staff are satisfied with the external services provided at the home. There are corporate systems, including contracts and service agreements for externally sourced services. The organisation has a list of approved suppliers. There is a system for the induction of external contractors with all external contractor visits checked by the administration officer against a corporate list of approved contractors. Non-approved contractors are refused entry to the home. Results show the quality of external services is monitored by the maintenance officer and feedback from staff. Staff said they are satisfied with contracted external services.

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 information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, the home identifies improvements from care recipients, representatives and staff feedback. Other sources of feedback include, comments and complaints, audits, incidents and care reviews. Care recipient incidents are monitored, including falls, wounds, infections, behaviours, medication errors and unexplained absences. Care recipients, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 2 Health and personal care include:

- In response to feedback from clinical staff, an opportunity was identified to improve palliative care services. A palliative care information and support services manual has been developed. This provides representatives with a choice of services available for care recipients who are palliating. This is a new initiative and yet to be evaluated.
- The clinical team identified an opportunity to improve support for care recipients with visual deficits. Coloured plates, black place mats and coloured table cloths have been introduced to assist care recipients to differentiate between the plate of food and the background. Initial feedback from staff has been positive, stating care recipients are eating more and with greater independence.

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.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Care recipients assessed by appropriately qualified and skilled staff
- Medication is stored safely and securely
- Register for the reporting of absconding care recipients
- Schedule 4 and 8 drug licence.

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 information about the home’s education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Catheter care
- Medication competencies
- Oxygen management
- Pain and pressure area management
- Wound management.

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 clinical care that is appropriate to their individual needs and preferences. The home has a process for assessing, care planning and monitoring individual health and personal care needs and preferences on entry and on an ongoing basis. While ‘head to toe’ reviews and care plan evaluations are recorded in the progress notes relevant outcomes and follow-up of these reviews are not consistently identified. Care is generally monitored through audits and informal feedback from care recipients, their representatives and staff. Results show that care recipients’ needs are documented, reviewed and changes to care are implemented as required. Staff interviewed said they have access to care plans and progress notes that are stored securely in electronic and hard copy format. Care recipients and representatives said they are satisfied with the level of consultation and with the health and personal care provided.

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 receive specialised nursing care that is appropriate to their individual needs and preferences. The home assesses specialised nursing care needs on entry, during the four monthly review process and informally through staff and care recipients’ feedback.

Specialised care strategies are reviewed and updated in line with allied health recommendations and in consultation with care recipients and their representatives. Monitoring occurs through feedback from care recipients and staff. Results show care recipients’ needs are documented, reviewed and regularly monitored by the clinical services manager. Specialised care needs are documented in care plans and staff provide care consistent with these documented requirements. Care recipients and representatives said they are satisfied with the level of consultation and with the specialised nursing care provided.

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 receive other health and related services that are appropriate to their individual needs and preferences. The home has processes for automatically referring residents to external health specialists including physiotherapy, dietitian, dentist and occupational therapy on entry. Results show that care strategies are reviewed and updated in-line with allied health recommendations in consultation with care recipients and their representatives. Other health and related services are monitored through four monthly care evaluations and informal

feedback from care recipients and staff. Care recipients are assisted to access external appointments where necessary and said they are satisfied with the level of access they have 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’ medications are managed safely and correctly. The home has a process for the assessment, management and monitoring of care recipients’ individual medication needs and these are documented and evaluated regularly. Drugs of dependence are stored separately in a manner consistent with legislation. Results show that review processes, including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications. The clinical services manager reviews all incidents and results are discussed at the tri-weekly clinical meeting. Care recipients said they are satisfied with the level of consultation they receive about their medications.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Care recipients receive pain management that is appropriate to their individual needs and preferences. The home has a process for assessing pain on entry. The home uses a range of pain relieving strategies including, hot packs, massage, heat rubs, pressure relieving devices, medication and repositioning. Results show that various tools are used for the ongoing monitoring of pain and strategies are documented in care plans. Staff said they are aware of the non-verbal signs of pain and provide formal and informal feedback about care recipients’ pain. Care recipients interviewed said they are satisfied with how their pain is managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Care recipients receive palliative care that maintains their comfort and dignity during the terminal stages. The home has a process to capture individual advanced directives on admission and palliative care strategies to guide staff practice are documented in the ‘Health and end of life’ care plan. A clinical services advisor – palliative care is employed by the organisation to provide palliative care support and the local hospital’s palliative care team provides palliative care support as required. Results show that palliative care strategies are monitored and reviewed by specialised staff. Representatives said they are satisfied the home maintains terminally ill care recipients’ comfort and dignity.

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 nutrition and hydration that is consistent with their needs and preferences. The home’s assessment process identifies individual nutritional requirements, hydration needs and level of independence or assistance required on entry. Each care recipient’s dietary needs and allergies are communicated to the kitchen on admission and where changes are required. Menus are reviewed and updated seasonally. Seasonal updates are taken on a ‘road show’ of the organisation’s homes where care recipients can review and evaluate the changes. Results show that ongoing weight monitoring triggers further review and assessment of individual needs by the registered nurse, dietitian or speech pathologist. Care recipients and representatives said they are satisfied with the home’s approach to meeting care recipients’ nutrition and hydration needs.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Care recipients receive skin care that is appropriate to their needs and preferences. Individual resident’s needs are assessed on entry and on an ongoing basis. Screening tools, hydration and malnutrition risk assessments and monitoring charts are used to help identify skin care strategies and treatments. Strategies used by the home include food supplements, regular podiatry and physiotherapy, protection for bony prominences and moisturising creams. Results show that qualified staff manage the clinical assessment, ongoing monitoring and development of wound care strategies. Monitoring processes include four monthly evaluations, a monthly ‘head to toe’ check and feedback from staff. Referrals to external specialists are arranged as required. Care recipients and representatives interviewed said they are satisfied with the care provided in relation to care recipients’ skin integrity.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients receive continence care that is appropriate to their individual needs and preferences. The home assesses a care recipients’ continence history and individual needs on entry and strategies, including the aids required and toilet schedules are documented in care plans. Monitoring processes include the recording of daily bowel habits and incidents of urinary tract infections. Results show that trends are evaluated by the clinical team. Staff said they are provided with training in the correct use of continence products and a dedicated continence staff member manages the ordering and distribution process of appropriate continence aids.

Care recipients and representatives interviewed said they are satisfied care recipients' continence needs are being met.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Care recipients receive effective behaviour management that is appropriate to their needs. Comprehensive life histories are completed on entry. Challenging behaviours are identified and documented in care plans according to relevant care domains. Triggers, strategies and progress notes are monitored to minimise the incidence of identified behaviours. Results show that where restraint is used, it is risk assessed, monitored and implemented in consultation with care recipients, representatives and the medical officer. Staff said they have been trained in behaviour management including dementia care strategies. Care recipients and representatives said they are satisfied with the home's approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients mobility and dexterity is optimised. The home has a process for the assessment of care recipients' mobility and dexterity needs on entry. Referrals are made to a physiotherapist for all new care recipients. Assessments are documented in the initial care plan and this is used to guide staff practice. A falls risk assessment helps identify suitable strategies and the home monitors ongoing need through regular assessment, review and feedback from staff. Results show that clinical staff investigate falls and the clinical team evaluate falls data. Care recipients said they can participate in regular exercise programs and are satisfied with the homes approach to optimising their mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained. Oral health assessments are conducted on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual care recipients' oral and dental hygiene strategies that are regularly reviewed and evaluated by clinical staff or an external dental service. Results show that care recipients are actively supported to access dental services and all allied health contacts are recorded in the electronic care system. Staff gave examples of how they assist care recipients with their oral and dental needs. Care recipients and representatives interviewed said they are satisfied with the homes approach to managing care recipients' oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are effectively managed in relation to all five senses. The home assesses all five senses on entry and individual strategies are recorded in the care plan. Strategies are identified to facilitate greater sensory enjoyment and include large print books and newsletters, talking stories, large screen televisions and sensory enhanced meals that include enhanced taste, colour and consistency. Results show the home monitors staff practice and reviews sensory loss during the four monthly care review. Staff said they are aware of care recipients’ sensory losses and the strategies required to address them. Care recipients and representatives interviewed said they are satisfied with the homes approach to managing care recipients’ sensory losses.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. The home obtains a sleep history and settling preferences on entry and monitors residents’ sleeping patterns on an ongoing basis. Strategies are documented in the care plan and include large capacity continence aids, ‘small change’ repositioning designed to reduce disturbance and late night hot milk drinks and cereal. Results show ongoing monitoring and evaluation identifies sleep disturbance and strategies are reviewed to address them. Care recipients have their own room and ensuite or a semi-private bedroom with shared bathroom and toilet, which minimises disturbances at night and during rest periods through the day. Care recipients and representatives interviewed said they are satisfied they are able to achieve a natural sleep pattern.

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 information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient forum meetings, satisfaction surveys and comments and complaints processes. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- In response to feedback from a care recipients’ forum meeting, an opportunity to improve outdoor activities was identified. An ANZAC day commemorative garden was developed to enable care recipients to participate in outdoor services. A flag pole, flag and statue were donated for the garden. The success of this initiative has resulted in care recipients using the area for memorial services on fine days.
- Following an internal review of the memory support unit, an opportunity was identified to improve activities for care recipients. A range of meaningful activities for care recipients was explored, resulting in the introduction of baby dolls, pull-apart cars, memory boxes and jigsaw puzzles. Management stated staff observed care recipients engaging in activities independently or with others. A reduction in care recipient anxiety was also noted.

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.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Privacy policy
- Register for reporting allegations of elder abuse
- Residential services agreements.

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 information about the home’s education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Elder abuse
- Mandatory updates
- Privacy and dignity.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are assessed on entry to the home in relation to their emotional needs. They are provided with a ‘Welcome pack’ and information to help them settle into their new environment. Initial assessment, ongoing review processes, verbal feedback and daily

observation identify care recipients' emotional support needs and personal preferences. This information is used to develop individualised care plans. The home monitors care recipient satisfaction with emotional support through comments and complaints, lifestyle and care reviews, surveys and audits. Results show that the home's assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed are aware of care recipients' emotional support needs and report any identified changes in health status to senior staff. Care recipients and representatives interviewed are satisfied that care recipients' receive emotional support on entry and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maintain independence, friendships and participate in the life of the home and community. Care recipients' lifestyle preferences, interests and abilities are identified during the care planning process and reviewed regularly. Physiotherapy assessments and regular reviews including mobility aids support and assist care recipients maintain their independence. Care recipients are encouraged and supported to participate in group activities and outings off-site. Representatives and community groups are welcomed in the home and are encouraged participate in the life of the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, surveys and audits. Results show the home's processes are effective in identifying care recipients' preferences, wishes and strategies. Staff interviewed are aware of strategies to assist care recipients' to achieve maximum independence. Care recipients and representatives interviewed are satisfied the home assists care recipients to maintain 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care and lifestyle plans identify care recipients' privacy and dignity needs and requests. Shared lounges and private areas are available for care recipients and representatives to use. Staff support care recipients' privacy, dignity and confidentiality by knocking on doors before entering, agreeing to a code of conduct and ensuring care recipients' information is stored securely. Monitoring processes include comments and complaints, surveys and audits.

Results show the home's policies and procedures are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are aware of strategies to maintain care recipients' privacy and dignity. Care recipients and representatives interviewed are satisfied that care recipients' privacy, dignity and confidentiality 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 range of interests and activities of interest to them. On entry to the home care recipients and/or representatives are consulted and a social history profile is captured. Care and lifestyle assessments identify care recipients' interests, abilities and preferred activities. This information is used to develop individual programs and to implement strategies to assist care recipients to maintain or develop personal interests and activities. Group activity calendars are displayed on noticeboards around the home. Care recipients are informed about activities by lifestyle staff and are provided with support to attend. Results show lifestyle plans are evaluated on a regular basis through reviewing activity participation and consultation with care recipients and/or representatives. The lifestyle program is monitored through participation, feedback at meetings and audits. Care recipients and representatives interviewed are satisfied with the support provided to participate in group and individual interests and activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Individual cultural and spiritual preferences are identified through initial and ongoing assessments. Care recipients are assisted to maintain religious and spiritual support through church services at the home and pastoral visits. Volunteers support care recipients in these activities. The home celebrates significant spiritual and cultural days such as ANZAC Day, Birthdays, Cultural Theme Days, Easter and Christmas and care recipients are supported to participate. Monitoring processes include care and lifestyle reviews, comments and complaints, surveys, audits and meetings. Results shows care recipients cultural and spiritual preferences are documented in care plans. Staff interviewed are aware of care recipients' cultural and spiritual needs which affect the provision of care and lifestyle. Care recipients and representatives interviewed are satisfied that care recipients' individual interests, religious and cultural needs are identified and fostered.

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

Each care recipient or their representative participate in decisions about the services the care recipient receives and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipient preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of advocates. This information is used to develop care and lifestyle plans. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings, surveys and audits. Assessments are conducted for care recipients who wish to self-administer medication or choose to smoke. Results show information about care recipients' rights and responsibilities are included in care recipient information and care recipients' choices are respected and encouraged. Staff interviewed are aware of care recipients' rights to make informed choices where appropriate and are able to provide examples of how this right is respected. Care recipients and representatives interviewed are satisfied care recipients' right to exercise choice and control is met.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Care recipients and/or representatives are informed of their security of tenure and resident rights and responsibilities on entry to the home. They are provided with a care recipient handbook and residential services agreement. Care recipient and representative satisfaction is monitored through meetings, complaints processes and verbal feedback to staff and management. Information regarding independent sources of advice and advocacy are available within the home. Requests to change rooms are considered by management and implemented where appropriate in consultation with care recipients and representatives. Staff are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

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 information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through workplace inspections, incident and hazard data, comments and complaints processes, maintenance records and audits. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- In response to a care recipient satisfaction survey, an opportunity was identified to improve care recipients’ dining experience. A floor plan was developed for a new seating arrangement in the dining rooms with a view to creating more space. Plans were discussed with care recipients at forum meetings. The configuration of the dining rooms has been modified with approval from care recipients. Staff state the dining rooms are easier for care recipients with mobility deficits to access.
- Management identified an opportunity to enhance care recipients’ dining experience and develop staff understanding and empathy. A roster has been developed for staff and management to eat lunch with care recipients on a regular basis. This initiative is new and yet to be evaluated. Formal evaluation is planned for late 2014.

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.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Food safety audit
- Food safety plan
- Legionella testing
- Triennial Fire Safety certificate.

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 information about the home’s education and staff development systems and processes.

Examples of education provided to staff in the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Chemical
- Fire safety
- Food safety
- Infection control
- Manual handling
- Senior first aid
- Work, 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

The home provides a safe, clean and comfortable environment that meets care recipients' individual needs. There is a selection of dining, living and outdoor areas for care recipients to choose from and private dining rooms for entertaining guests. The home has a corrective and preventative maintenance program that includes in-house electrical testing of equipment. The living environment is monitored through workplace health and safety/ housekeeping audits, care recipients' and staff feedback and incident and hazard reporting. The hospitality coordinator monitors staff practice on a scheduled and ad-hoc basis and consults with care recipients about issues related to their living environment. Results show safe practices and falls prevention strategies are documented and reviewed. Staff said they are aware of safety issues that are specific to the home and use door alarms to monitor external door access by wandering residents when required. Care recipients' interviewed said they felt safe, secure and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home provides a safe working environment that meets regulatory requirements. The home actively works towards providing a safe environment through the provision of policies and procedures that guide staff practice. A dedicated workplace, health and safety representative is responsible for working with the staff services coordinator to investigate incident and hazard trends and to provide advice to staff about safe practice. Staff interviewed said they are provided with equipment that is fit for use and do not run out of supplies. Ongoing safety training includes induction, manual handling, fire and emergencies and the safe use of equipment. Results show that workplace health and safety is monitored through the home's incident and hazard reporting and audit processes. Staff said they are satisfied they have access to information that promotes a safe working environment and are aware of their responsibilities for occupational health and safety.

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

The home has established processes for detecting and acting on fire, security and other emergency risks and incidents. An external fire contractor regularly monitors and maintains fire systems and equipment with any deficits monitored by the maintenance officer and business

development manager. Results show that emergency procedure guidelines, and the home's contingency plan for power failure are evaluated when the opportunity arises.

Staff interviewed are trained in and are aware of the home's fire and emergency procedures. Care recipients' said they know what to do on hearing an alarm and feel safe and secure.

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 infection control system that is effective in identifying and containing infections. Care recipients' are assessed on admission for infection and strategies documented in care plans. Ongoing assessment occurs on an ad-hoc basis and during the four monthly care review process. Care recipients have access to a vaccination program implemented by visiting medical officers and staff are encouraged to have influenza vaccinations via a program managed by the home. Results show the clinical services manager monitors infections and undertakes monthly trend analysis. Refrigeration and food temperatures are tested as per the home's audited food safety program and staff use the personal protective equipment provided. Staff said they have appropriate equipment and training to contain and prevent the spread of infection. Care recipients' interviewed said they are satisfied with the practices employed by the home to minimise the incidence of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and staff's working environment. A four weekly rotating menu that is reviewed by a dietitian offers variety to meet residents' individual dietary needs and preferences. Care recipients' dietary requirements, food allergies and preferences are identified and communicated to relevant staff and regularly updated. Care recipients' rooms and numerous communal areas are cleaned according to a schedule and dedicated laundry staff provide laundry services in- house. Results show that hospitality services are monitored through random and scheduled audits, surveys, care recipients' meetings and complaints processes. Staff have access to work schedules and policies and procedures that guide their practice. Care recipients' are satisfied with the catering, cleaning and laundry services provided by the home.