



Australian Government

Australian Aged Care Quality Agency

St Andrew's Hostel

RACS ID 3963
98 Forrest Street
ARDEER VIC 3022

Approved provider: The Community of Cypriots of the Northern Suburbs of Melbourne Inc

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

We made our decision on 20 November 2014.

The audit was conducted on 28 October 2014 to 29 October 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

St Andrew's Hostel 3963

Approved provider: The Community of Cypriots of the Northern Suburbs of Melbourne Inc

Introduction

This is the report of a re-accreditation audit from 28 October 2014 to 29 October 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 28 October 2014 to 29 October 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Doris Hamilton
Team members:	David Barnett Joanne Wheelahan

Approved provider details

Approved provider:	The Community of Cypriots of the Northern Suburbs of Melbourne Inc
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Details of home

Name of home:	St Andrew's Hostel
RACS ID:	3963

Total number of allocated places:	45
Number of care recipients during audit:	32
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Nil

Street:	98 Forrest Street
City:	Ardeer
State:	Victoria
Postcode:	3022
Phone number:	03 9311 9143
Facsimile:	03 9311 9148
E-mail address:	standrews98@iprimus.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	2
Clinical/care/lifestyle staff	7
Environmental services staff	5
Care recipients/representatives	15
Allied health	1

Sampled documents

Category	Number
Care recipients' clinical files	6
Care recipients' lifestyle files	5
Medication charts	4
Personnel files	5

Other documents reviewed

The team also reviewed:

- Activity instruction forms and program exception reports
- Activity participation/involvement tick sheets and photo albums
- Annual essential safety measures report
- Clinical care documents and records
- Communication prompt sheets for staff
- Compulsory reporting self-learning package
- Continuous improvement records and documents
- Contractor list
- Correspondence from a representative
- Daily activity planner
- Education calendar

- Emergency lighting log
- Emergency management plan
- Environmental management documents and records
- Equipment and stock management records and documents
- Fire and emergency equipment testing logs
- Food register
- Hazard report form
- Human resource documents and records
- Immediate actions folder
- Leisure and lifestyle documents and records
- Mandatory reporting register
- Meeting agendas and minutes
- Nursing registrations
- On-to-one daily activity plans and emotional support folder
- Order sheet for daily supplies
- Police certificate register and statutory declarations
- Policies and procedures
- Reactive and preventative maintenance schedules
- Resident evacuation list
- Resident surveys
- Resident/visitor/contractor sign in/out logs
- Residents' handbook
- Risk chart
- Signed resident consent statements
- Sling cleaning schedule

Observations

The team observed the following:

- Activities in progress

- Ambulance officers in attendance
- Cleaning in progress
- Comments/complaints/suggestion box
- Doctor in attendance
- Electronic security systems
- Emergency exits, paths of egress and signed assembly areas
- Equipment and supply storage areas
- Evacuation pack and maps
- External complaints scheme and advocacy brochures
- Fire and emergency equipment and signage
- Hard copy information systems
- Information displays for residents
- Information displays for staff
- Interactions between staff and residents
- Lifestyle resources
- Living environment
- Meal and snack service
- Medication round in progress
- Short group observation

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

Management identify areas for improvement through various mechanisms such as feedback from stakeholders, incidents, audits and infection data. Residents, their representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings, completing complaint and comment forms and through the home's 'open door policy'. Management introduce changes in a structured manner and regularly monitor action plans to ensure appropriate follow-up and evaluation. There are processes such as internal audits as well as satisfaction surveys of residents to review performance. Management provide feedback to stakeholders verbally through meetings or consultations as well as through education presentations for staff.

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

- Following a complaint from residents' representatives there was inadequate coffee making facilities, a coffee machine was set up for residents and visitors. Management installed the coffee machine in the small residents' lounge room. Residents and representatives said they have used the coffee machine in the evenings when visiting.
- To maintain regulatory compliance, services are contracted to provide management and care staff with legislative and regulatory requirements, professional standards and guideline updates. Management noticed the updates in hardcopy were sometimes not utilised or actioned. Management changed the delivery of the updates to email notifications. Staff reported they have better access to the regularly compliance update services.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. The home receives regulatory compliance information and changes from industry, government bodies and update services. Management monitors and reviews the information which is then disseminated to staff. Regulatory compliance is an agenda item for the home’s meetings. Ongoing monitoring through audits and checks, staff training, meetings, memoranda and policy reviews and updates assist to maintain compliance. The home informs residents and their representatives of re-accreditation audits.

A system ensures all relevant persons have and maintain a current police check and required statutory declaration.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Management devise the annual education calendar from the priorities of the organisation and staff requests. Management develop a monthly education calendar by reviewing the needs and preferences of residents, observation of staff practice and the results of audits and incident reports. Education participation records are kept and staff and management evaluate the effectiveness of education sessions. Residents expressed satisfaction with management and staff knowledge and skills.

Education provided to staff relating to Standard 1 Management systems, staffing and organisational development includes:

- documentation
- accreditation
- continuous improvement.

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 systems to ensure all stakeholders have access to complaints mechanisms. Management provide comments, complaints and improvement forms and information about how to make a complaint in staff and resident handbooks. There are posters and pamphlets in languages other than English, explaining the external complaint processes to residents and representatives. A locked box is available to lodge complaint forms confidentially.

Management also encourage staff, residents and representatives to bring complaints directly to them through their open door policy or by email or letters. Management investigate any complaints or suggestions promptly and provide feedback to residents, representatives, staff or others through meetings or by email. Residents, representatives and staff said they are aware of how to make a complaint or a suggestion and are satisfied with the follow up processes and results.

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 has documented the service's vision, values, philosophy, objectives and commitment to quality. The mission statement is displayed in the home and included in resident and staff handbooks. Staff confirm their commitment to providing quality care and upholding the values of 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

The home has sufficient, appropriately skilled and qualified staff to ensure the delivery of residential care services. Management have procedures to recruit appropriately qualified and skilled staff. Staff participate in an orientation program and regular appraisals. Management review staffing numbers, mix of skills and qualifications in response to the changing care needs and preferences of residents. A registered nurse is either on site or on call at all times. Staff stated they are comfortable with their roles and responsibilities. Residents expressed satisfaction with the responsiveness and knowledge of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to ensure there are adequate stocks of goods and appropriate equipment for quality service delivery. Management and designated staff complete monitoring and ordering of supplies and equipment which are stored in appropriate, clean and secure areas. Identification of equipment requirements occurs through processes such as resident needs and staff feedback. Staff are provided with equipment training. Corrective and preventive processes ensure the maintenance and cleanliness of equipment. Staff, residents and representatives said they are satisfied with the provision of supplies and equipment to meet resident needs.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has generally effective information management systems. Management, staff, residents, representatives and others generally have access to appropriate and current information. Residents and representatives receive sufficient information to assist them to make decisions about residents' care and lifestyle. Information is appropriately and securely stored, backed-up, archived and destroyed as required. Information is accessible and retrievable in a timely manner. Residents, representatives and staff stated satisfaction with communication and information systems in 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 is a system to provide externally sourced services to meet the home's needs and service quality goals. The home has a register of contracted external providers and reviews the contracts as required ensuring the provision of optimum service. Staff provide contractor feedback and management review contractor performance on an ongoing basis. There is a system to ensure all contractors maintain current police certificates and other regulatory requirements. Residents, representatives and staff said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- Monitoring and analysis of resident falls showed an increase. A falls monitoring group consisting of the physiotherapist and care staff reviewed all falls and set up falls risk assessments for all residents. The physiotherapist and care staff implemented falls reduction interventions. Care staff and resident representatives said falls have decreased.
- Audits of resident's care plans indicated care plans were not always reflective of assessments. Management held group and one to one education programs for all care staff on the significance of assessments. A recent audit demonstrated improvement in assessment and care planning documentation.

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 system and processes.

The home demonstrates systems and processes to ensure regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management requirements and systems for the required reporting of unexplained absences of residents.

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.

Education provided to staff relating to Standard 2 Health and personal care includes:

- diabetes
- medication
- pain.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. Staff document interim care plans when residents enter the home by reviewing information provided by referring agencies, assessing residents and discussing care needs and preferences with them and their representatives. Staff follow procedures and use assessment tools to assess residents across all aspects of care. Residents’ care plans are developed and reviewed using a multidisciplinary approach. Residents have their choice of medical practitioner. Medical practitioners visit the home and staff have access to afterhours medical support and ambulance services. Staff implement plans of care and report changes in residents’ conditions to a registered nurse, allied health or medical practitioners. Residents and representatives expressed satisfaction with residents’ clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home identifies and meets residents’ specialised nursing care needs. Registered nurses coordinate the assessment and care planning for residents’ specialised nursing care.

Residents’ medical practitioners develop and review care directives for staff. Specialised nursing care provided by the home includes diabetes management, urinary catheter, oxygen therapy and wound care. Staff stated they have sufficient equipment and resources to provide specialised nursing care. Residents expressed satisfaction with their specialised nursing care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Management and staff refer to appropriate health specialists in accordance with residents’ needs and preferences. Allied health professionals, including physiotherapists, podiatrists, dieticians, psychiatrists and speech pathologists visit the home. Staff follow protocols that provide direction for appropriate allied health referral. Allied health professionals document and review plans of care for staff to implement. Residents expressed satisfaction with their access to allied health.

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

The home has systems to ensure care recipients’ medication is managed safely and correctly. Registered nurses coordinate the assessment and care planning for residents’ medication management. Medical practitioners complete and review medication charts and medications are supplied by a pharmacy in dose administration aids and original packaging. Consultant pharmacists, in liaison with medical practitioners, regularly review residents’ medication regimes. Staff administer medications according to their qualifications and competency. Management monitor the system through incident reports, audits and a medication advisory committee. Residents expressed satisfaction with their medication administration.

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

Management and staff ensure all care recipients are as free as possible from pain. Registered nurses coordinate the assessment, care planning, and review of residents’ pain management. Staff assess residents for pain on entry to the home and, as necessary, maintain records of resident’s pain status for review by registered nurses. Residents are referred to a physiotherapist for assessment and pain management as appropriate.

Residents’ medical practitioners assess residents for pain and order pain relieving medication. Staff implement pharmaceutical and non-pharmaceutical pain relieving measures, such as heat packs and massage, according to residents’ care plans. Residents expressed satisfaction with their pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain the comfort and dignity of terminally ill residents. Registered nurses offer residents the opportunity to document advanced care plans. Staff gather and record information regarding resident’s spiritual and cultural preferences and assist residents to receive pastoral care according to resident’s preferences. The home refers residents to palliative care consultants as appropriate for assessment and care planning. The living environment supports residents’ privacy and management and staff support representatives to remain with residents when they wish to do so. Residents expressed satisfaction with care, consultation, privacy 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 adequate nourishment and hydration. Staff assess residents on entry to the home for their nutrition and hydration needs and preferences and document a plan of care. Staff review the plan of care regularly. Staff consult the dietitian, speech pathologist and resident’s medical practitioner as necessary. Staff encourage residents to eat and drink by providing meals in residents’ rooms or the communal dining room according to residents’ preferences. Residents’ care plans detail dietary likes and dislikes, allergies, the level of assistance required and special diets as appropriate. Staff weigh residents regularly to identify changes and the dietitian conducts weight audits. Residents expressed satisfaction with meals and drinks.

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

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Staff assess residents’ needs and preferences for skin care on entry to the home and document a plan of care. Staff assist residents to change position, document care and review resident care plans regularly. Staff report changes to skin condition and refer residents to allied health and medical practitioners. Medical practitioners review residents with skin complaints and order treatment staff administer. Registered nurses oversee the management of wounds. Management monitor through incident reports and feedback.

Residents expressed satisfaction with their 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

The home has systems to effectively manage residents’ continence. Staff assess residents for their continence needs and preferences on entry to the home and develop care plans. Staff monitor residents to identify strategies to assist residents to reduce incontinence episodes and maintain social continence. The home has a continence aid supplier who provides continence education and liaison. Staff observe residents for changes to continence and report to registered nurses for assessment and care planning. Residents expressed satisfaction with the care and support they receive from staff.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Management and staff effectively manage the needs of care recipients with challenging behaviours. Staff assess residents for their cognitive abilities and document care plans containing strategies to assist residents to live productively in the communal environment. Staff ensure they meet all physical needs of residents to reduce triggers for challenging behaviours. Staff have access to behaviour management consultants for resident referral as necessary. Management monitor the program using staff and resident feedback, incident reports and reviews. Residents stated they feel safe and secure in the home and expressed satisfaction with emotional support.

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

The home has systems to ensure residents achieve optimum levels of mobility and dexterity. Staff assess residents for mobility and dexterity and develop plans of care using a multidisciplinary approach. A physiotherapist assesses residents on entry to the home, annually and on referral. Staff assess residents’ risk of falls and document strategies to reduce falls. The design of the environment and the equipment supplied by the home supports residents’ mobility. Management monitor incidents of falls and staff participate in a fall prevention committee. Residents expressed satisfaction with 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

Management and staff ensure care recipients’ oral and dental health is maintained. Staff assess residents’ oral and dental health on entry to the home and develop a plan of care. Regularly reviewed resident care plans contain needs and preferences and the level of care required. Staff monitor stores and equipment used by residents to maintain oral hygiene and replace and replenish as needed. Dentists visit the home on referral from staff. Residents and representatives expressed satisfaction with residents’ 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

The home has systems to identify and manage residents’ sensory losses effectively. Staff assess residents on entry to the home for their abilities regarding all five senses.

Individualised plans of care include strategies to maximise senses and include instructions for aids. Staff review care plans regularly and refer residents to specialists as necessary. Optometry and audiology services visit the home. Medical practitioners review residents on referral and prescribe treatment for conditions affecting sensory loss. Residents expressed satisfaction with the care they receive.

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 achieve natural sleep patterns. Staff assess residents on entry to the home and develop individualised care plans detailing preferred rising and settling times and resident’s needs and preferences. Staff observe residents for their sleep patterns and implement strategies to assist them to obtain adequate rest. Residents have single bedrooms to which they can retire as desired. Staff provide breakfast whenever residents choose to cater for preferred rising times. Staff monitor results for residents through regular reviews. Residents expressed satisfaction with their ability to sleep.

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 regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

- Some residents expressed a wish not to participate in the group activities offered by the home. To minimise the risk of residents becoming socially isolated, an individualised activities program was developed by the activities coordinator and care staff. Residents and representatives reported they are happy with the activities and the scope of the program developed.
- Management and staff identified residents needed an additional area for social activities in the evenings. Management created a space that functions as a small lounge room. The room is well used for late night card games and watching movies. Staff reported residents who wish to retire late in the evening can also enjoy a coffee and late supper.

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 system and processes.

The home demonstrates compliance in relation to resident lifestyle with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities and the maintenance of a register and reporting requirements for elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Education provided to staff relating to Standard 3 Care recipient lifestyle includes:

- certificate in leisure and lifestyle
- elder abuse
- activities programming.

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

The home has systems in place to support residents' emotional needs in adjusting to their new home and on an ongoing basis. Lifestyle staff assist residents to settle in by providing tours, orientating them to the environment, introducing them to staff and other residents, and spending one-on-one time to establish relationships. Residents' individual ongoing emotional needs are regularly reviewed and lifestyle staff maintain an emotional support folder for residents requiring a one-to-one individualised program. Staff are perceptive to residents' individual needs. Staff access external support services if more assistance is required.

Residents and their representatives stated staff offer high levels of emotional support and reassurance when required.

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

The home assists residents to achieve maximum independence, maintain friendships and participate in community life. The home's care and lifestyle assessment processes identify residents' individual abilities and preferences for social interaction and community participation. Physical independence is encouraged through regular exercise programs, walks and referrals to physiotherapists if required. The home has sufficient and appropriate

equipment to facilitate residents' independence. Friendships are encouraged among the residents and by welcoming family, friends and community groups to visit regularly.

Community links are maintained by offering regular outings and facilitating attendance to external organisations. Residents and their representatives stated staff encourage and assist residents to achieve maximum 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 at the home. Staff ensure personal and health information remains confidential and is securely stored. On admission, residents or their representatives complete consent forms and are given information on privacy. The home has internal areas for visitors and residents to meet privately. Observation of staff practice confirms staff respect residents' privacy and treat residents with dignity. Residents and their representatives stated satisfaction with the way their privacy and dignity is recognised and respected at the home.

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

The home's lifestyle program encourages and supports all residents to participate in a range of activities that cater to their individual needs, interests and preferences. Residents' 'my story' captures the backgrounds and interests for each resident and becomes their care plan which is regularly reviewed and updated. Lifestyle staff provide a seven-day-a-week activity program including a range of physical, mental, creative, spiritual, cultural, group and individual activities. Residents identified as requiring one-on-one have daily detailed and individualised programs. Comprehensive documentation records all residents' daily activity attendances and levels of participation. Lifestyle equipment and devices assist residents with mobility, dexterity and sensory deficits. Lifestyle staff regularly review the program to meet residents' needs and preferences and maintain a culturally vibrant and interesting program. Residents are encouraged to provide feedback. We observed residents actively engaging in and enjoying a range of activities and residents report high levels of satisfaction with the program and staff.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home ensures individual cultural backgrounds and spiritual beliefs are valued and fostered. The home accommodates residents from one main culturally specific group, however, also accommodates residents from other cultures. Lifestyle staff complete profiles to identify residents' cultural backgrounds and spiritual preferences. This is reflected in catering services, the home's living environment, spiritual life and lifestyle activities. The home provides regular religious services and prayer to meet residents' individual beliefs and needs. We observed a range of cultural and spiritual activities occurring, culturally specific food, information in languages-other-than-English and communication prompts/aids for staff. Residents and their representatives stated high levels of satisfaction in the way the home and staff help meet and respect residents' individual cultural and spiritual needs.

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

Residents' rights to make decisions and exercise control over their care and lifestyle is recognised and respected at the home. Residents and/or their representatives participate in residents' care planning and are consulted frequently about individual preferences for the care and services provided. Lifestyle staff empower residents to take ownership of their leisure and lifestyle interests and choices. Authorised representatives are identified and consulted on behalf of residents if they are unable to make their own decisions. A range of methods and forums provide residents with opportunities to voice their opinions and exercise control over their life. Complaints and advocacy information is available. We observed staff consulting with residents and meeting their individual care and lifestyle choices. Residents and their representatives expressed a high degree of satisfaction with the opportunities provided to participate in decisions about residents' life in the home.

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

The home has processes to ensure care recipients have secure tenure within the home and that the care recipients and their representatives understand their rights and responsibilities. Management provide information about security of tenure and residents' rights and responsibilities; additional information is included in the residential care agreement and

information packs. Any change of rooms only occurs after consultation with the resident and their representatives. Residents and their representatives are satisfied with the security of tenure.

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 regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

- Following complaints from some residents, the home’s menu did not reflect their culinary preferences, a new three week rotating menu was developed. The new menu contains choices from European cultures and offers a choice of two meals for lunch. The residents, their representatives and the care staff report they are happy with the new menu.
- Management identified an area in the grounds was a potential trip hazard. Management installed two raised garden beds which restricted access to the uneven ground. The raised garden beds provide a physical barrier, help mark out the path and provide extra interest during walks for residents. Since the garden beds have been installed the trip hazard has been reduced.

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 system and processes.

The home demonstrates systems and processes to ensure compliance in relation to the physical environment and safe systems with the living environment, fire and emergency systems, occupational health and safety, infection control policies and practices and a food safety program with current kitchen certification in place.

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.

Education provided to staff relating to Standard 4 Physical environment and safe systems includes:

- infection control
- evacuation
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The homes' environment reflects the safety, comfort and cultural needs of residents. The home accommodates residents in single personalised rooms with ensuite bathrooms. The internal environment is well lit, clean and well maintained and has a range of communal and private areas. We noted a calm environment with sufficient and appropriate furniture, a comfortable temperature and fresh air provided when and where appropriate. Residents have access to call bells and safely and easily move around the environment. Audits and checks monitor the living environment together with timely reactive maintenance and a comprehensive preventative maintenance program. Residents state high levels of satisfaction with the home's environment and say they feel safe 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 in line with regulatory requirements. Occupational health and safety systems and processes in the home include a trained representative, incident discussion and review where required, relevant information displays, incident/hazard management and environmental audits. There is a return to work program and management stated there have been no occupational health and safety incidents since the home opened. Manual handling training is mandatory for all staff. Chemicals are securely

stored and material safety data sheets in place. Staff stated awareness of and satisfaction with occupational health and safety processes and stated it is 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

The home has systems for detecting and acting on fire, security and other emergencies and required safety certification is in place. Approved professionals regularly check fire detection and fire-fighting equipment. Audits and monitoring ensure the maintenance of safe systems and completion of contractor work as required. The home has electronic security systems, an emergency lighting log and electrical equipment is tested and tagged. The home is a non-smoking site. There are evacuation maps and signed assembly areas, a current emergency manual and an evacuation pack with a resident list. Signed emergency exits and paths of egress are clear and unobstructed. All staff complete mandatory annual fire and emergency training. Residents said they 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 effective infection control program. There are effective cleaning programs throughout the service and a food safety plan. Staff identify residents' infections which are treated appropriately by medical practitioners. Staff receive education in infection control and use standard precautions and safe food handling practises. The home maintains outbreak kits and provides staff with guidelines for the management of outbreaks. Personal protective equipment, hand washing facilities and sharps containers are available for staff throughout the home. Management monitor the program through regular audits and the analysis of rates of infection. Management promote an immunisation program for both residents and staff.

Residents and representatives expressed satisfaction with infection control.

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

The home ensures staff provide hospitality services in a way that enhances care recipients' quality of life. Catering staff cook fresh food daily on site providing meals and drinks which cater for individual needs and preferences. The dietitian approves the varied, culturally sensitive menu designed in consultation with residents. Staff clean residents' rooms daily and refer to schedules which cover all areas of the home. Staff process laundry on site and provide

ironing and labelling services. Management monitor the program through audits and resident feedback. Residents expressed satisfaction with catering, cleaning and laundry.