



Australian Government

Australian Aged Care Quality Agency

Sunnyside House

RACS ID 3015
1 Adeney Street
CAMPERDOWN VIC 3260

Approved provider: Sunnyside House 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 06 September 2018.

We made our decision on 16 July 2015.

The audit was conducted on 16 June 2015 to 17 June 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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:

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

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Care recipient lifestyle

Principle:

Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of 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

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Audit Report

Sunnyside House 3015

Approved provider: Sunnyside House Inc

Introduction

This is the report of a re-accreditation audit from 16 June 2015 to 17 June 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 June 2015 to 17 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Mary Murray
Team member:	Kathryn Cassar

Approved provider details

Approved provider:	Sunnyside House Inc
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Details of home

Name of home:	Sunnyside House
RACS ID:	3015

Total number of allocated places:	40
Number of care recipients during audit:	35
Number of care recipients receiving high care during audit:	24
Special needs catered for:	Care recipients living with dementia

Street:	1 Adeney Street
City:	Camperdown
State:	Victoria
Postcode:	3260
Phone number:	03 5593 1263
Facsimile:	03 5593 3265
E-mail address:	ceo@sunnysidehouse.com.au

Audit trail

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

Interviews

Category	Number
Chief Executive Officer	1
Registered nurses	4
Care staff	5
Lifestyle staff/volunteers	2
Care recipients/representatives	10
Allied health	2
Support staff	2
Catering/environmental staff	3

Sampled documents

Category	Number
Care recipients' files	7
Social/cultural/spiritual care plans	6
Medication charts	5
Personnel files	5

Other documents reviewed

The team also reviewed:

- Activities calendar
- Allied health information
- Audit documentation
- Cleaning records
- Clinical forms and charts
- Confidentiality and consent statements
- Continuous improvement documentation
- Dietary documentation, menu
- Education plans and associated records

- External contractor information
- Fire services records
- Food safety and related documentation
- Human resource management documentation including police certificate, statutory declaration and nursing registration documentation
- Incident reports and analysis
- Infection control documentation
- Information guides and handbooks
- Leadership statements
- Maintenance program documentation
- Meeting minutes, memoranda and newsletters
- Occupational health and safety documentation
- Policies and procedures
- Reportable incident register
- Risk assessments
- Roster
- Specialised nursing care documentation
- Wound assessments and management plans.

Observations

The team observed the following:

- Activities in progress
- Complaint and advocacy brochures displayed
- Equipment, supplies and storage areas
- Fire equipment and evacuation plans
- Infection control equipment and waste disposal
- Interactions between staff and care recipients
- Living environment
- Meal and snack services in progress and assistance to care recipients

- Medication administration and storage
- Noticeboards and information displays
- Short group observation during an activity
- The 'Charter of care recipients' rights and responsibilities' displayed.

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 actively pursue continuous improvement and promote the continuous improvement system in the care recipient information pack, newsletters and during care recipient meetings. Sources of opportunities for improvement include verbal and written feedback, surveys and audits. Management register and monitor the progress of continuous improvement activities and consult with care recipients and staff on their satisfaction with outcomes. Reports, meeting minutes and newsletters inform people of continuous improvement activities within the home. Care recipients, representatives and staff said they have put forward continuous improvement suggestions and are satisfied continuous improvement occurs.

Examples of continuous improvements in Standard 1 include:

- To improve the flexibility of the staffing model, the home has developed a relationship with a local university to provide student nurses and personal care workers. The placement of students during their university studies has resulted in the recruitment of high achieving students as permanent staff members once they have qualified. As attrition occurs, increasing numbers of nurses are being employed. Management said this reflects the changing and more complex nursing needs of care recipients entering the home.
- Following staff input, the handover sheet has been redesigned. The in-charge staff member updates the handover sheet with pertinent information on a shift by shift basis. Staff said having an up to date record ensures they are fully informed prior to beginning their shift and the information supports the verbal handover process. Management said staff who return from days off or a period of leave no longer have to read several days progress notes and the updated handover means they can begin their shift promptly and well informed.

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

Management receive regular information and updates on professional guidelines and legislative requirements through membership to peak bodies and notifications from professional networks and government departments. Processes ensure the revision of relevant policies and procedures when required. Monitoring of compliance is achieved through internal and external reviews and the auditing schedule. Sharing of information with staff regarding changes to regulations and the homes’ practices occurs via meetings, memoranda, email and education sessions. The home notifies care recipients and representatives of any relevant changes to legislation.

Regulatory compliance relating to Standard 1 – Management systems, staffing and organisational development includes:

- All nursing staff have current professional registrations.
- All staff and volunteers have current police certificates and signed statutory declarations as required.
- Confidential documents are stored securely and appropriately destroyed.
- Information is available to care recipients and representatives on external complaints and advocacy services.
- The home notified staff, care recipients and representatives of the reaccreditation site audit.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation demonstrates management and staff have the knowledge and skills to perform their roles effectively. Management develop an education schedule following analysis of identified staff needs, mandatory requirements and changes to care recipients’ needs. Management have a proactive approach to education providing short training sessions identified from incident report analysis or changes in care recipient acuity.

Scheduled compulsory training days occur throughout the year and staff said there are opportunities available to access study leave for external education. Competencies and attendance records are monitored and evaluated. Staff said they are satisfied with education and training opportunities offered to them by the organisation. Care recipients and

representatives said staff have the skills and knowledge to deliver appropriate care and services.

Education conducted in relation to Standard 1 – Management systems, staffing and organisational development includes:

- preparing for accreditation
- electronic care planning training
- incident reporting.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management has a system to encourage comments, complaints and feedback from care recipients, representatives and other interested parties. The care recipient agreement and handbook include information on the comments and complaints process. Suggestion boxes enable people to submit an anonymous comment or complaint if desired and information on advocacy groups and external complaint bodies is available. Comments and complaints are registered, investigated and linked into the continuous improvement system. Care recipients and representatives said they usually raise issues verbally and feel comfortable approaching staff with comments and complaints.

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 residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service. Publications the organisation distributes to care recipients, representatives and external parties consistently reflect the organisation's commitment to quality.

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 appropriately skilled and qualified staff to meet care recipients' care needs and lifestyle preferences. Management follow recruitment, selection and orientation procedures including checking of qualifications, police certificates and references.

Management monitor the roster to ensure staffing numbers and skill mix reflect care recipients' clinical and lifestyle needs. Registered nurses are on call to support enrolled nurses and personal carers as required. Staff are aware of the requirements of their position through position descriptions, general duty statements, policies and procedures.

Management monitor and maintain the skill level of staff through education, competencies and audits. Staff said there are sufficient and appropriate skilled staff rostered to meet care recipients' needs. Care recipients and representatives are satisfied with the responsiveness of staff and the quality of care provided.

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

Management has a system to ensure equipment and consumables are available for quality service delivery. Key personnel monitor equipment and stock levels and the home has stock rotation and re-ordering processes. Staff monitor equipment for safety, trial new equipment and undertake regular maintenance and cleaning of items. Equipment, consumables, chemicals and perishable goods are stored appropriately. Staff said any request for additional equipment or supplies is addressed promptly. Care recipients and staff said there is an ongoing supply of high quality items and equipment is readily available.

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 effective information management systems. Policies and procedures guide staff practice and document control systems ensure accuracy. Care recipients' clinical information is current and staff said adequate communication occurs on care recipients' changing needs through written and verbal handover. Management collate and analyse key information to identify potential risks and improvement opportunities. Confidential information is stored securely and the organisation has a well-organised archive system. Computer systems are password protected and data is backed up regularly. Management communicate with care

recipients and representatives through meetings, care planning consultation, newsletters and notice boards. Staff, care recipients and representatives are generally satisfied with the information provided.

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

Management has a system to ensure external service providers deliver goods and services in a way that meets the organisation's needs and service quality goals. A tender process is used to appoint preferred suppliers. Contracts outline service delivery requirements and scope of works. External services delivered include allied health, essential fire and safety services and specialised maintenance tasks. Monitoring processes include feedback, observation and work inspections. Staff and care recipients are satisfied with the products and services currently supplied to them and the home from external providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation has a continuous improvement system reflecting ongoing improvements in relation to Standard 2. Refer to expected outcome 1.1 Continuous improvement for details of the overarching system.

Examples of continuous improvement relating to Standard 2 – Health and personal care include:

- To support the specialised needs of care recipients, management has introduced nursing portfolios for continence care, wound management and infection control amongst others. Nominated staff receive additional training and provide support and guidance to the wider staff group in their area of speciality. Management said the model has increased the confidence and responsiveness of staff to identifying and managing the complex nursing needs of care recipients.
- The organisation is supporting care recipients to record their end of life and palliative care wishes to ensure staff are aware of and respect their decisions. Management attended several regional meetings to develop their palliative care approach. A palliative care kit which outlines current best practice is available. Staff said the purchase of additional equipment has removed the need for care recipients to leave the home as they enter the palliative care phase. Representatives have appreciated the team's approach and said the fact care recipients can remain in a familiar environment is beneficial.

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

Management ensure compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the homes’ systems and processes.

Regulatory compliance relating to Standard 2 – Health and personal care includes:

- Appropriately qualified staff provide medication management and specialised nursing care.
- Medication is stored securely.
- The home has a policy for missing care recipients which guides staff in appropriate incident reporting and notification processes.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. Refer to expected outcome 1.3 education and staff development for information about the home’s education system and processes.

Education opportunities relevant to Standard 2 – Health and personal care include:

- continence management
- medication subcutaneous infusion driver training
- palliative care
- 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 appropriate clinical care. Assessment of care recipients’ clinical care needs occurs on entry to the home. Clinical staff develop care plans and regularly review and evaluate care in consultation with care recipients and representatives. Medical practitioners and allied health professionals contribute to reviews when required. Staff are aware of care recipients’ needs and preferences and said they attend regular clinical care education. Care plans generally describe care recipients needs and preferences and are consistent with handover information, care recipient consultation and staff feedback. Care recipient information is evaluated and updated as part of a ‘care recipient of the day’ process every two months. Audits, incident analysis, care evaluation and stakeholder feedback assist with monitoring the effectiveness of care. Care recipients and representatives said they are satisfied with the consultation process and the clinical care provided at the home.

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

Management ensure care recipients specialised nursing needs are identified and met by appropriately qualified staff. Registered nurses assess care recipients’ specialised nursing needs on entry to the home and as required thereafter. Specialised nursing within the home currently includes, wound management, diabetes management, nutrition, palliative care and pain management. Clinical staff consult with medical practitioners and other health professionals as needed to provide care and ongoing review of interventions. Clinical staff said they have adequate equipment, knowledge and skills to provide quality nursing care to meet care recipients’ specialised nursing needs. Care recipients and representatives said they are satisfied with the provision of specialised nursing care within the home.

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

Assessment of care recipients’ allied health care needs and preferences takes place on entry to the home and as required. The organisation employs a physiotherapist who provides assessment and care directives for mobility, falls prevention and pain management. Care recipients have access to other allied health professionals including a speech pathologist, dietician, optician, dentist and podiatrist. Allied health professionals share information with staff using specific communication forms and progress notes. Care recipients and representatives said they are satisfied with the allied health services provided in the home and the assistance they receive when accessing external specialist appointments.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Management ensure care recipients’ medication is managed safely and correctly. Medical practitioners prescribe and regularly review medication regimes which are managed by registered nurses. Clinical care staff administer medication and appropriately document administration using an electronic documentation system. Medication orders are faxed to pharmacy for uploading onto the electronic system which includes current photographic identification. Medication is stored and checked in accordance with legislative requirements. Management monitors the medication system using incident reports, pharmacy review, audits and at medication management advisory committee meetings. Care recipients and representatives are satisfied with medication management provided in the home.

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

The home has processes to ensure care recipients remain as free from pain as possible. Clinical care staff conduct pain assessments and record the location and type of pain observed and described. Registered nurses review treatment outcomes regularly in response to changing needs. Referrals to medical practitioners and physiotherapists are actioned by care staff when required. Care recipients have access to non-pharmaceutical therapies such as heat or cold pack application and massage. Care recipients and representatives said the home manages care recipient pain appropriately.

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

Management and staff described the systems and processes followed to ensure the comfort and dignity of terminally ill care recipients. Clinical staff assist care recipients and representatives with the completion of advanced care planning. Information gathered is incorporated into end of life wishes and care plans. The spacious environment of the rooms within the home allows privacy and comfort for representatives who wish to stay overnight. Ongoing team communication on care recipients’ changing needs occurs regularly and palliative care support is available from medical practitioners and an external palliative care service. Staff described the attention and support they provide when caring for terminally ill care recipients. Representatives expressed their satisfaction with palliative care.

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. Assessment of care recipients’ nutrition and hydration requirements occur on entry to the home and ongoing dietary reviews are conducted. Care plans identify allergies, specialised diets, clinical needs, individual preferences and the level of assistance required to eat and drink. Catering staff display a daily menu and offer alternative choices on request. Staff communicate dietary information directly to catering staff to ensure information remains current. Monitoring of care recipients’ weight is undertaken and unexplained variation is reported to medical practitioners, dieticians or speech pathologists. Care recipients and representatives are satisfied the home provides adequate nutrition and hydration.

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

Skin care protocols ensure care recipients’ skin care is consistent with their general health. The initial assessment identifies any risk of poor skin integrity and contributes to the development of care plan strategies. Specialist equipment is available to prevent skin breakdown, alleviate pressure and provide wound care. Clinical staff said they receive regular education and training in skin and wound management. Clinical staff use incident reports to record any skin breakdown, monitor trends and undertake follow up investigations to isolate the cause of infection. Care recipients and representatives said they are satisfied with the home’s management of 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

The home manages care recipients’ continence effectively. Processes include continence assessments, management plans, identification and supply of appropriate aids and regular continence care review. Care strategies include coordination of the continence program by a specifically trained clinical staff member who holds the continence nursing portfolio.

Assessment and care planning includes voiding patterns, toileting plans, mobility considerations, diet and hydration. Staff said they have sufficient supplies, equipment and aids to meet care recipients’ continence care needs. Clinical management monitor the effectiveness of care through audits and infection control surveillance. Care recipients and representatives are satisfied with the home’s management of care recipients’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home manages care recipients’ challenging behaviours effectively. Clinical staff complete assessments and care plans on entry to the home and review effectiveness of behaviour management regularly and as needed. Referral to specialists and dementia advisory services is undertaken when required in consultation with medical practitioners. Staff receive education and training to manage challenging behaviours. Care recipients and representatives said staff manage care recipients’ challenging behaviours appropriately.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients have access to care and equipment to maintain optimum levels of mobility and dexterity. The home’s physiotherapist and clinical staff complete initial and ongoing assessments, developing a program which enhances mobility, dexterity and manages falls risk. Care recipients have access to an active or passive exercise program and clinical staff assess pain management requirements to optimise mobility. Staff complete incident reports for all mobility related incidents and these are actioned and analysed for trends. Staff education includes safe transfer techniques. Care recipients and representatives are satisfied with the care provided to maintain the mobility and dexterity of care recipients.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Care staff assess care recipients’ oral and dental needs on entry to the home and ongoing review occurs. Care recipients’ independence is encouraged with support and monitoring by staff. Care recipients have access to dental services and appropriate equipment for oral care is available. Care needs and equipment is reviewed every two months as part of the ‘resident of the day’ process.

Care recipients are satisfied with dental care and oral hygiene assistance provided by staff.

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 processes address the effective identification of care recipients’ sensory losses. Initial and ongoing assessments identify care recipients’ sensory care needs for vision, communication, hearing, sensation, taste and tactile experiences. Care plans include the level of assistance required, care of aids and strategies to optimise function. Staff identify care recipients’ preferred sensory health specialist and initiate referral in accordance with assessed needs. Lifestyle activities include sensory stimulation such as tactile activities and readings from the local newspaper. Care recipients and representatives are satisfied with the support provided at the home to identify and manage the sensory loss of care recipients.

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

The home ensures care recipients are able to achieve natural sleep patterns. Assessment of care recipients for their preferred rituals and sleeping patterns occurs on entry to the home and in the event of any change. Care plans include individual rising and settling times, nightly routines, pain and continence care including strategies to maximise comfort and natural sleep. Care recipients said they usually sleep well and staff provide them with appropriate assistance.

Standard 3 – Care recipient lifestyle

Principle: Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation has a continuous improvement system reflecting ongoing improvements in relation to Standard 3. Refer to expected outcome 1.1 Continuous improvement for details of the overarching system.

Examples of continuous improvement relating to Standard 3 - Care recipient lifestyle include:

- The home has built a large aviary and inset it into a courtyard to enable it to be viewed from the garden, internal corridors and from the main lounge area. Several breeding birds have successfully hatched chicks and this has added to the enjoyment of the aviary for care recipients. Management said although the mobility of some care recipients is declining many make an effort to visit the aviary on a daily basis. Care recipients said they enjoy watching the activity of the birds and keeping up to date on their progress.
- A volunteer coordinates art and craft projects at the home. The talents of care recipients in art, knitting and craft are widely displayed throughout the home. Major projects have included ‘Mrs Haversham’s wedding cake’ and the ‘Faraway tree’, which was co-designed by the local primary school. The large and intricate designs are of such a high quality they have been displayed at various arts and craft shows. Care recipients spoke with pride of their participation in the projects.

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

The organisation’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance relating to Standard 3 – Care recipient lifestyle includes:

- Guardianship and powers of attorney information is on file.
- Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent are contained in care recipient handbooks and agreements.
- The home displays posters of the ‘Charter of care recipients’ rights and responsibilities’.
- The home has appropriate documentation to record incidents of elder abuse and maintains a consolidated register for mandatory reporting.

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 outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education opportunities for staff relating to Standard 3 - Care recipient lifestyle include:

- dementia dynamics
- elder abuse and compulsory reporting
- introduction into leisure and lifestyle
- respecting patient choices – advanced care planning.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients receive initial and ongoing emotional support during their transition to living in their new environment. Prior to entry, tours of the home occur and information on key aspects of living in residential care is provided. Based in a country community, many potential care recipients already know people living at the home and staff facilitate re-introductions and encourage new friendships. After moving in, lifestyle staff meet each care recipient to informally discuss their emotional support needs. After consultation, staff outline significant life events in care plans. At times of emotional distress staff provide individual support to the care recipient. Care recipients were complimentary of the emotional support they receive from staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients to optimise their independence, maintain friendships and participate in life within the home and in the wider community. After moving in, clinical and lifestyle staff meet each care recipient to discuss strategies and equipment to promote independence. Staff consider the effectiveness of strategies during care plan reviews and as the care recipient's needs and wishes change. Referrals to allied health practitioners occur and staff assist care recipients to optimise their independence in mobility, during meals and when participating in leisure activities. Care recipients are satisfied with how staff support their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. The care recipient agreement outlines individual rights to privacy and confidentiality and a statement on the privacy of information is provided. The home offers interconnecting rooms for couples to support their privacy and staff record any expressed privacy wishes in care plans. Staff gave examples of how to uphold the dignity of care recipients on a daily basis and during end of life care. All bedrooms include a small private lounge area where care recipients may host guests. Care recipients said staff treat them with respect and adhere to their wishes for privacy.

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 activities and provide input into the development of the activity program. After consultation, staff outline each care recipient's interests in a care plan. Staff and volunteers facilitate activities based on care recipients expressed interests. Staff consider the effectiveness of the lifestyle program and care recipients' participation in activities during care plan reviews. An annual survey requests input from representatives. Care recipients are satisfied with their opportunities to engage in activities and pursue their leisure interests.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff value and foster each care recipient's interests, customs, beliefs and backgrounds. Staff meet with care recipients to ascertain their background and record cultural events of significance and their religious and spiritual wishes in care plans. Staff consider the effectiveness of the cultural and spiritual support provided during care plan reviews and in response to care recipient feedback. Regular church services occur and visiting priests provide spiritual support to care recipients as requested. Days of cultural and religious significance are celebrated throughout the year including Anzac day, Easter and Christmas. Care recipients are satisfied they have opportunities to observe their traditions and practice their faith.

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

Staff support care recipients and representatives to make choices about the services care recipients receive. After consultation, staff outline decisions and choices in relation to delivery of care and life choices more broadly in care plans. Staff consider their effectiveness in supporting choice and decision making during care plan reviews and as the care recipient's preferences change. The appointment of an advocate or power of attorney to act in the care recipient's best interest is encouraged if circumstances warrant. Staff are aware of and support care recipients' choices. Care recipients and representatives are satisfied staff respect expressed choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management has a system to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. An agreement provided to the care recipient or their representative at the time of entry to the home formalises the occupancy arrangements. The home offers 'ageing in place' and the room chosen on entry is recorded on the agreement. The 'Charter of care recipients rights and responsibilities is displayed within the home. Care recipients understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation has a continuous improvement system reflecting ongoing improvements in relation to Standard 4. Refer to expected outcome 1.1 Continuous improvement for details of the overarching system.

Examples of continuous improvements relating to Standard 4 - Physical environment and safe systems include:

- A major project to ensure the courtyard areas remain safe as care recipients’ mobility declines has been undertaken. Management said the courtyards, which include a sensory garden, vegetable patch and flowerbeds were not as well used in recent times as the changing paving levels had become a concern to some care recipients. The large central courtyard has been completely levelled and repaved to enable its enjoyment by care recipients who use mobility aids and wheelchairs. Care recipients said the garden areas are a source of ongoing enjoyment.
- To ensure care recipients’ living with dementia are able to walk around the building and gardens safely and securely a review of the building security has been undertaken. As a result, key pads at entry and exit doors have been installed and pool fencing now separates outdoor living areas from more general areas such as driveways and delivery areas. Management said the preventative measures allow care recipients who wander in a safe environment and minimise the likelihood of care recipients at risk, leaving the home without the knowledge of staff.

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

Management has systems to identify and ensure compliance with relevant regulations to provide a safe and comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance relating to Standard 4 – Physical environment and safe systems includes:

- Chemicals are stored appropriately with accompanying material safety data sheets.
- Effective monitoring and maintenance of fire and safety regulations occurs.
- Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling.
- The home adheres to occupational health and safety policies.
- The kitchen has a current food safety program and certifications by external authorities.

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:

- external occupational health and safety representative training
- fire, evacuation and emergency training
- infection prevention and control
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable living environment for care recipients. The home is high set with views to surrounding countryside. Five small wings each with a kitchenette create a home like environment. All bedrooms are single occupancy with an ensuite bathroom and a small private lounge area. Call bells, sensor alarms and entry and exit keypads support the safety of care recipients including those who may wander. Maintenance staff ensure the internal courtyards and garden areas remain inviting and well maintained. Everyone is encouraged to personalise their room and family and friends are made welcome. Care recipients said the home is comfortable and they particularly enjoy their bedroom lounge area, which makes it feel like a small unit.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment and meet its regulatory requirements. An occupational health and safety committee guides practice in the home and representatives are appropriately qualified. At orientation and on an ongoing basis staff receive information and training to promote a safe workplace and safe work practices.

Processes for identifying risks to staff safety include, observation, incident reports, audits and workplace safety alerts. Management said staff are proactive in identifying hazards and staff said they are satisfied with the level of occupational health and safety within the home and the responsiveness of the representatives to any issue raised.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to promote safety and provide a care and work environment that minimises the risk of fire, security breaches and other emergencies. Staff undertake annual emergency training. All essential services are monitored and fire-fighting and electrical equipment regularly inspected. A senior staff member is on call in the event of an emergency and a list of key emergency contractors is available to staff. The home has established links with the country fire association in its area. Security entry and exits allow staff to monitor access to the home and provide additional security overnight. Management, staff

and care recipients are aware of actions to take in the event of an emergency and on hearing an alarm.

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 monitored by a registered nurse and an external consultancy company. Infection surveillance, audits and reports detailing rates of infection, allow clinical management to monitor the effectiveness of the infection control program. Clinical staff and medical practitioners identify and treat care recipients' infections and an immunisation program is available for care recipients and staff. There is an effective cleaning program throughout the home and catering staff adhere to a food safety plan. Care staff receive education on infection control and outbreak management and were aware the use of standard and additional infection control precautions. Hand washing facilities, infectious waste disposal systems and personal protective equipment are available to staff to support them minimise the spread of infection. Staff and care recipients expressed satisfaction with the infection control program.

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

Staff provide hospitality services in a way that enhances care recipients' quality of life. All food is cooked fresh on site. A rotating menu developed in consultation with a dietitian incorporates care recipient preferences and any specialised needs. On a regular basis, a 'care recipient table' will agree on a special 'off menu' meal of their choice these have included duck and seafood. Care recipient clothing is laundered on site and the home offers a labelling service to minimise lost clothing. Staff ensure clothing is well cared for and promptly returned. Cleaning staff follow a set schedule and respond to unscheduled requests in a timely manner. Staff are satisfied with their work environment. Care recipients and representatives were complimentary of the quality of the catering, cleaning and laundry services.