



Australian Government

Australian Aged Care Quality Agency

Uniting AgeWell Strath-Haven

RACS ID 3085
131-149 Condon Street
BENDIGO VIC 3550

Approved provider: The Uniting Church in Australia Property Trust (Victoria)

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 31 August 2018.

We made our decision on 14 July 2015.

The audit was conducted on 10 June 2015 to 11 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Uniting AgeWell Strath-Haven 3085

Approved provider: The Uniting Church in Australia Property Trust (Victoria)

Introduction

This is the report of a re-accreditation audit from 10 June 2015 to 11 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 10 June 2015 to 11 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:	Sarah Lawson
Team member:	Ruth Richter

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Victoria)
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Details of home

Name of home:	Uniting AgeWell Strath-Haven
RACS ID:	3085

Total number of allocated places:	94
Number of care recipients during audit:	90
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Not applicable

Street:	131-149 Condon Street
City:	Bendigo
State:	Victoria
Postcode:	3550
Phone number:	03 5434 3000
Facsimile:	03 5442 7347
E-mail address:	strath-haven@uacvt.org.au

Audit trail

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

Interviews

Category	Number
Management/administration	4
Nursing/care staff	14
Lifestyle staff	3
Physiotherapist	1
Contractors	1
Care recipients/representatives	15
Volunteers	3
Hospitality/environmental staff	8
Occupational health and safety representative	1

Sampled documents

Category	Number
Care recipients' files	9
Lifestyle personal plans	10
Resident agreements	10
Medication charts	10
Personnel files	11

Other documents reviewed

The team also reviewed:

- Activity schedule and records
- Annual essential safety measures
- Asset register
- Audits, audit schedule and surveys
- Care recipients' information package and surveys
- Charter of care recipients rights and responsibilities
- Cleaning schedules

- Clinical assessments, charts, plans, forms and documentation
- Comments and complaints documents
- Communication books and diary
- Consolidated register
- Continuous improvement plan and internal feedback forms
- Drugs of addiction register and medication refrigerator temperature charts
- Education calendars and attendance records
- Emergency management and fire and safety documents
- External contractor agreements
- Food safety program, audits, dietary information and menu
- Handover sheets
- Incidents and clinical indicator registers and data
- Material Safety Data Sheets
- Meeting minutes, memoranda and newsletters
- Monthly infection rate data and analysis
- Monthly key performance clinical indicator data and analysis
- Occupational health and safety documents
- Pest control documentation
- Police certificate, statutory declaration and nursing registration records
- Policies, procedures and flowcharts
- Preventative and reactive maintenance systems
- Quality improvement register and monitoring
- Regulatory compliance information
- Rosters, orientation documentation and staff incident data
- Self-assessment document
- Service agreements and stock ordering system
- Staff information booklets and packs
- Vision and values statements.

Observations

The team observed the following:

- Activities in progress
- Document storage and archives
- Emergency and firefighting equipment, evacuation packs, egress routes and pathways
- Equipment and supplies and storage areas
- Information noticeboards and cultural displays
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment services
- Internal and external complaints and advocacy information an feedback box
- Short observation conducted in the dining room
- Storage and administration of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a quality improvement program supported by the organisation. Management identifies improvements through feedback from improvement forms, meetings, surveys and collation and analysis of data from incidents, clinical indicators and audits. The home has a monthly quality meeting which oversees the quality program. Identified improvements are entered on registers and monitored for progress and completion. Information is distributed to stakeholders through meetings, newsletters, mail, notices and one to one discussions. The organisation supports the home with policies and procedures and provides monitoring of the quality system. Care recipients, representatives and staff stated they are aware of quality improvement processes and are satisfied improvement occurs within the home.

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

- Management identified personal care workers' personalised knowledge was not being captured to support individualised care. A personal care workers' monthly meeting has been implemented and staff report the meeting is working well to support their contribution to care and to provide them with information they require.
- The organisation has introduced uniforms for all staff. Stakeholders have given positive feedback about the smartness of the uniforms and professional look of the staff.
- A care plan review checklist has been introduced to support the process of review and to ensure communication with representatives is routinely occurring. Staff report the form is supporting the review process.

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 supported by the organisation has systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation is a member of a peak industry body, is supported by a legal firm and subscribes to a range of publications. The organisation updates and distributes policies and procedures as required. In addition, the home accesses information about regulatory requirements from Government web sites. Changes are reported to staff, care recipients and representatives using a mix of memoranda, notices, information technology processes, meetings and training. There are systems to ensure all employees and necessary contractors have current police certificates and credentials. Care recipients and representatives were notified of the reaccreditation visit in required timeframes and personal information is securely stored and destroyed.

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 demonstrate they follow systems to ensure staff have appropriate knowledge and skills to perform their roles effectively. All staff complete an orientation process and mandatory education relevant to their role when they commence at the home. An annual education plan is developed and further training specific to the home is included as required. Management provides additional education sessions based on training needs and staff interests identified from audit results, staff requests, meeting feedback, performance appraisals or changes in care recipients’ needs. Management maintain attendance records and session evaluations to monitor the effectiveness of the training. Staff stated they are satisfied with the education provided internally and online and information they receive about external training opportunities.

Recent training opportunities relevant to Standard 1 include:

- assessing the Standards
- stress management
- bullying and harassment
- information systems and ‘smart docs’.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a comments and complaints system accessible to all stakeholders. Feedback is encouraged with care recipients and representative able to access feedback forms, audits, surveys, meetings and one to one discussions. Stakeholders receive information about internal and external comments and complaints processes through the care recipient agreement, care recipient and staff handbooks, and internal and external brochures displayed throughout the home. Care recipients can confidentially submit feedback forms.

Comments and complaints are recorded, actioned by management and regularly monitored by the manager and organisation. Care recipients, representatives and staff stated they are aware of the internal and external complaints processes and are satisfied with management's response to feedback including 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 its vision, mission, values and their commitment to quality throughout the service.

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 systems and processes to ensure there are appropriately skilled and qualified staff to ensure care and service delivery is in accordance with the Accreditation Standards and the organisation's values. Management follow formal processes to select new employees and monitor staff performance. All new employees attend an orientation program, complete shifts under the guidance of experienced staff and attend ongoing mandatory education sessions. Management use audit results, competencies and observation of staff practices to evaluate systems and ensure optimal care and service delivery. The home maintains records of mandatory training attendance, police certificates and professional registrations as required. Management monitors staffing levels and implements changes to reflect increasing care needs. Staff said management support

them in their roles and are generally satisfied with current staffing levels. Care recipients and representatives are satisfied with skills and competency of all 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

The home has systems to ensure stocks of appropriate goods and equipment are available and maintained. Supply of consumables is maintained by a regular order cycle which is reviewed annually. Management uses staff reporting, changes in care recipient needs, audits and feedback processes to identify new equipment needs. New equipment is trialled and staff receive training in its use. Storage areas are secure, clean and sufficient for inventory and equipment not in use. The home has effective processes to maintain equipment in useable condition including preventative, reactive and emergency maintenance programs.

The organisation supports the home's procurement processes. Staff, care recipients and representatives reported they are satisfied with the appropriateness and quality of supplies and equipment used by the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation has effective information management systems in place. Meetings, care staff handovers, communication books, memos and electronic messaging enable communication with all stakeholders. Care recipients are informed about communication processes prior to and on entry. Documentation guides staff in care delivery and information is stored and disposed of securely. The organisation's computer systems are password protected. Documentation is kept to meet legislated requirements and the organisation manages document control. Staff stated they have the information they need to fulfil their duties. Care recipients and representatives are satisfied with access to information and communication 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

The home has effective processes to ensure the ongoing quality and responsiveness of external services. The organisation maintains an approved supplier contact list and regularly reviews agreements with external service suppliers to monitor compliance and

satisfaction. Contractors undergo induction and education about their obligations when on site and their work is monitored by staff. Management collects and monitors feedback on performance of external services from staff, care recipients and representatives through meetings, audits and observations. Staff and care recipients are satisfied with external suppliers.

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

Please 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:

- Management identified the benefit of having clinical observation equipment in each wing. Staff report this has led to more efficient and consistent clinical observations.
- Staff suggested an alternative holder for medication charts. Management implemented the holder and staff report satisfaction with the new holders and stated the holder has made it is easier to maintain a high level of compliance with medication procedures.
- Management identified the need for more consistent information capture and sharing between shifts. A handover folder has been introduced and staff report improvement in information sharing resulting in improved care.

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

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

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

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

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

- skin tears
- medication management
- dementia care essentials
- continence 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. On entry an initial care plan guides staff practice until completion of the assessment period. Staff develop individualised care plans from assessments which identify needs, preferences and strategies required. Nurses regularly review care plans and consult with care recipients or representatives. The monitoring of clinical care occurs by audits, incident reports, clinical data analysis and stakeholder feedback. Staff use appropriate clinical interventions to meet care recipients’ needs. Care recipients and representatives are satisfied with the clinical care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately skilled staff identify and meet care recipients’ specialised nursing care needs. Clinical staff assess, plan and evaluate care recipients’ specialised nursing needs in consultation with appropriate health specialists and general practitioners. Care plans document specialised nursing needs, preferences and strategies required. Specialised nursing needs are monitored by stakeholder feedback, audits, incident reports and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing

care. Care recipients and representatives said care recipients receive specialised nursing care in accordance with their needs and preferences.

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

Referrals to appropriate health professionals for care recipients occur in accordance with their needs and preferences. Staff regularly access allied health services including a speech pathologist, dietitian, physiotherapist and podiatrist. Completed assessments identify each care recipient’s need for referral to appropriate health specialists. Staff implement and follow health specialists’ recommendations as required. Care recipients and representatives said referrals to appropriate health specialists take place frequently and as necessary.

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 management of care recipients’ medication occurs safely and correctly. An assessment of care recipients’ medication administration needs occurs on entry and as required.

Medication charts document relevant information including special instructions, allergies and photographs for ease of identification. Management monitor medication administration by audits, incident data analysis and staff competency completion. Staff store medications appropriately and assist or supervise care recipients’ medication administration as necessary. Staff assess and regularly review care recipients who self-medicate. Care recipients and representatives said the administration of care recipients’ medications is timely.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Care recipients’ pain assessments include identifying their risk for potential pain. Care plans document triggers for pain, strategies and equipment required. Consultation takes place with care recipients, representatives and the health care team as needed. Pain management interventions include a physiotherapist led pain management program, medication, heat packs and massage. Management monitor care recipients’ pain management by audits and stakeholder feedback. Staff are aware of appropriate pain management interventions to

implement. Care recipients and representatives are satisfied with the management of care recipients' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Clinical staff maintain the comfort and dignity of terminally ill care recipients. Staff assess care recipients' terminal wishes and palliative care requirements in consultation with care recipients, their families and general practitioners. This occurs on entry to the home or at a later date if preferred. Staff have access to multidisciplinary support for care recipients as appropriate. Staff described consultation processes and care measures they provide when caring for terminally ill care recipients, including access to resources to support care recipients' emotional and spiritual needs. Care recipients' representatives expressed satisfaction with how staff accommodate care recipients' palliative care needs.

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. Care recipients have a dietary assessment completed on entry that informs kitchen staff. Care plans identify dietary requirements, likes and dislikes and the level of assistance staff are to provide when assisting care recipients with meals. Staff monitor care recipients' weight and referrals to dietitians and speech pathologists take place as needed. Management monitor nutrition and hydration by weight analysis, audits and stakeholder feedback. Staff assist care recipients with meals in an appropriate manner. Care recipients and representatives said they are satisfied with the home's approach to meeting care recipients' nutrition and hydration needs.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Staff assess care recipients' skin integrity and care plans document needs and preferences, including the levels of assistance and equipment required. Progress notes identify breaks in care recipients' skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur and access to a wound nurse is available. Staff have access to appropriate emollient creams and dressings. Management monitor care recipients' skin care needs by audits, incident reports, observation and stakeholder feedback. Care

recipients and representatives are satisfied with the care provided in relation to care recipients' skin care management.

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 processes to ensure staff manage care recipients' continence needs effectively. Assessments and care plans take into consideration the level of staff assistance required by the care recipient and continence aids if needed. The home's approach to continence management encourages promotion of care recipients' independence. Staff have access to sufficient continence aids and displayed their knowledge of care recipients' toileting requirements. Care recipients and representatives are satisfied with continence care provided and how staff promote care recipients' independence.

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 management of care recipients with challenging behaviours is effective. Staff assess care recipients' behaviours on entry following a settling-in period. Reassessment occurs if new challenging behaviours arise. Care plans identify behaviours, potential triggers and interventions needed. Management monitor care recipients' behaviour needs by audits, incident reports, observation and stakeholder feedback. Staff are educated on appropriate methods for managing care recipients with challenging behaviours. Staff are familiar with individual care recipients' behaviours of concern and they implement appropriate strategies. Care recipients and representatives are satisfied with the approach to managing care recipients' behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Management of care recipients' levels of mobility and dexterity is effective in achieving optimal levels. Care recipients have their mobility and dexterity needs assessed on entry. Care plans identify interventions including aids and equipment needed for mobilisation and the level of assistance required. A physiotherapist visits the home on a regular basis.

Management monitor mobility by audits and stakeholder feedback. Staff have attended education in relation to assisting care recipients with their mobilisation needs. Care recipients and representatives are satisfied with the home's approach to optimising care recipients' 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

The maintenance of care recipients’ oral and dental health occurs effectively. Oral and dental care assessments take place, and care plans identify aids, equipment and the level of assistance required. Staff change toothbrushes on a seasonal cycle. Management monitor oral and dental care by audits and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives said care recipients receive assistance as required to maintain care recipients’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Assessment and care planning processes ensure staff identify and manage care recipients’ sensory losses. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Referrals to audiologists and optometrists occur and devices to assist in sensory loss are acquired as needed. Care plan information includes the level of assistance required, care of aids and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff said they assist care recipients in maintaining and fitting sensory loss aids. Care recipients and representatives are satisfied with the support and care provided to manage care recipients’ sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Staff identify care recipients’ sleep needs and preferences using entry and ongoing assessments. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor care recipients’ sleep requirements by audits and stakeholder feedback. Staff encourage natural sleep patterns, meeting care recipients’ environmental needs, pain management requirements and continence care. Care recipients said they are able to communicate with staff in relation to their sleep needs.

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

Please 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:

- Care recipient feedback noted it was difficult to plan their activities ahead of time because the activities calendar only covered one week. Management and staff presented options to care recipients and a monthly calendar has been introduced. Care recipients report they are satisfied with the changes.
- The home identified the configuration of the path leading to the front of the building inhibited care recipients’ movements in the local area and especially their access to the local shopping centre. A new path has been laid which connects to the municipal pathway to the shopping centre. Care recipients are using the path to independently access the supermarket and expressed high levels of satisfaction with the change.
- Volunteers reported they felt unprepared to have conversations with care recipients about difficult and challenging topics. The chaplain has developed a course to support them. Volunteers have begun the training and report it is already helping them to provide appropriate emotional support.

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

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

Care recipients and representatives receive information regarding the privacy and confidentiality of their information prior to and on entry to the home. The care recipient handbook and agreement includes information regarding care recipients’ rights and responsibilities and the charter of care recipients’ rights and responsibilities is on display

throughout the home. The home has systems to record and manage instances of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development system.

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

- compulsory reporting and elder abuse
- attendance at external lifestyle conferences
- Montessori training.

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 a system to support care recipients as they adjust to life in their new environment and on an ongoing basis. Processes which support care recipients and family include a pre-entry visit, provision of a welcome pack and orientation to help care recipients familiarise themselves with the home and staff. On entry care recipients' emotional care needs are assessed and a care plan developed which is regularly reviewed. A Chaplain is also available to support the emotional needs of care recipients and their families especially at times of hospital admission or crisis. We observed staff interacting with care recipients in a supportive and caring manner. Care recipients and representatives are satisfied with the emotional support provided by 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

The home has policies and procedures to support care recipients achieve maximum independence, maintain friendships and participate in their community. On entry the care recipient's strengths and needs are assessed by staff and a care plan is developed to note

their preferences and support independence. Community links are encouraged by volunteers, church groups and other community organisations and the home encourages access to local shops with bus outings. The home promotes care recipients' independence through newspaper deliveries, newsletters, lockable rooms, opportunities for voting and an onsite café, gift shop and hairdresser. Mobility, sensory and eating aids are available. Care recipients are satisfied the home identifies and supports their individual needs for 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

The home has a system to recognise and respect care recipients' privacy, dignity and confidentiality. Prior to entry a volunteer visits and informs care recipients and representatives of the home's commitment to privacy, confidentiality and dignity which is documented in the care recipient handbook. Care recipients give consent for use of photographs and display of their name. Confidentiality is part of the staff contract. There are areas available within the living environment for care recipients to meet privately with family and friends. Suites are personalised and families and friends are encouraged to visit and maintain contact. Clinical and administrative documents are stored securely. Care recipients and representatives are satisfied staff respect privacy and dignity and our observations of staff practice support this feedback.

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 offers a leisure and lifestyle program which consists of a variety of individual and group activities based on the needs and preferences of care recipients. On entry to the home care recipients are encouraged to identify their lifestyle preferences and share their life story. A care plan is developed and staff review each care recipient's activities regularly. Lifestyle staff advertise planned activities and support individual participation as required. The program is monitored and evaluated using audits, observations, feedback and records of care recipients' level of participation. Unstructured activities available include gardening, reading and games. An active group of volunteers helps lifestyle staff with activities and one to one visits. Care recipients and representatives said they are satisfied with the amount and variety of activities offered.

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 has a system to identify and respect care recipients' individual interests, beliefs, customs and cultural backgrounds. Staff assess care recipients' cultural and spiritual needs on entry to the home and their individual preferences are recorded in care plans. The "Our Conversation" form is completed upon admission to collect their life story. The home hosts regular church services and supports all denominations as care recipients require. The home celebrates significant cultural and religious days with activities and meals. Resources are available to meet the needs of care recipients from culturally diverse backgrounds. The program is monitored using activity participation records, written and verbal feedback and care recipient and family consultations. Care recipients and representatives said staff value and support care recipients' cultural and spiritual needs and preferences.

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

The home consults care recipients and representatives through the assessment, care planning and review processes to enable them to exercise their choice and participate in decisions about their lifestyle and the care and services they receive. Authorised representatives are involved in decision making for care recipients with an assessed reduced decision making capacity. The care recipient handbook and service agreement outlines the range of services offered and options available. The home has processes to promote and review care recipients' choice and decision-making including meetings, surveys and the feedback system. Staff document care recipients' preferences in their files. Care recipients confirmed they are encouraged to make choices about their daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and there are processes to ensure they understand their rights and responsibilities. The home provides information about security of tenure, care recipients' rights and responsibilities, financial obligations, specified care and services and independent complaint mechanisms through

pre-entry meetings, the care recipient handbook and service agreement. Staff are made aware of care recipient rights and responsibilities at commencement and receive annual mandatory education in elder abuse and compulsory reporting. No care recipient moves rooms unless there is agreement after a process of consultation. Care recipients and representatives are satisfied with their 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

Please refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

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

- The home is undergoing a process of renovation with substantial work completed in the central hub of the home. The dining room has been refreshed and a café, gift shop and hairdresser established. Care recipients rooms are being renovated with new bathrooms being installed. Care recipients and representatives report satisfaction with the new area.
- A new laundry has been installed at the home with new bed linen in earthy colours being provided for care recipients. Care recipients indicated they prefer the softer colours and appreciate the upgraded laundry service.
- Care recipients indicated they would like clearer signage to guide them around the home. The home has installed signs and care recipients stated the new signs help them find their way easily.

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

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

The home has achieved compliance with the appropriate fire and emergency and food safety certification legislation. Chemicals are stored safely with safety data sheets. Occupational health and safety requirements are met.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively in the physical environment and to ensure safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

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

- manual handling
- infection control
- clinical waste management
- fire and emergency.

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 actively works towards providing a safe and comfortable living environment. The home is proactively maintained with ongoing renovations and upgrades. Corridors have been plastered and painted, an extensive garden is being developed and the central hub of the home has been upgraded. The home provides single rooms with ensuites. There are lounge areas with kitchenettes for care recipients and visitors, large areas for activities, a chapel, dining areas and easily accessed secure gardens and courtyard areas. Care recipients’ rooms reflect individual preferences and they report temperatures are well controlled. Management maintains safety of the environment by promptly addressing hazard reports and maintenance requests. Care recipients and representatives expressed satisfaction with the environment and commented positively on the improvements.

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 has systems to provide and maintain a safe working environment that meets regulatory requirements. Staff identify hazards using risk assessments, workplace inspections and hazard and incident reports. The quality and safety committee meeting considers collated and analysed information about hazards and staff safety. The organisation provides support with policies and procedures and monitors the home's performance.

Chemicals are stored appropriately and safety data sheets are current and available. There are adequate supplies of personal protective equipment. There is a system to ensure the safety of electrical equipment and oxygen cylinders are securely stored in designated areas. Occupational health and safety is part of orientation and annual mandatory staff training.

Staff and care recipients state reported hazards are promptly addressed.

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 effective systems for the detection, prevention and management of fire and emergencies. Fire detection and alarm systems are in place and service records confirm external contractors undertake regular inspections and maintain equipment. Evacuation kits and current lists of care recipients are available. Evacuation maps are displayed, there are illuminated exit signs and pathways and doorways are free of obstruction. The facility has keypad and camera security. After hours emergency measures are in place and visitors are required to sign a register. Education records confirm staff attend mandatory fire and emergency training at orientation and annually and care recipients have emergency information in their rooms. Staff were able to describe required actions in the event of a fire or emergency evacuation and care recipients were satisfied with fire and security measures at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a system to prevent, identify, manage and contain infections. Infection control education is part of orientation and the home's annual mandatory education.

Management collect, analyse and trend infection data monthly then identify and implement strategies and interventions. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively.

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 provision of hospitality services enhances care recipients' quality of life and the staff's working environment. Catering services meet care recipients' individual dietary needs and preferences, have a rotating menu and food preparation is in accordance with a food safety program. Staff assist care recipients with their meals in a dignified manner. Cleaners follow a schedule which ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and staff use personal protective equipment. The laundering of personal clothing and linen takes place on site and staff offer a labelling service. Management review hospitality services in response to care recipients' changing needs, stakeholder feedback, audit and survey results. Care recipients are satisfied with the catering, cleaning and laundry services provided at the home.