



Australian Government

Australian Aged Care Quality Agency

Willowbrae-Templestowe Hostel

RACS ID 3247
81-85 Porter Street
TEMPLESTOWE VIC 3106

Approved provider: Menarock Aged Care Services (Templestowe) Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 07 September 2018.

We made our decision on 20 July 2015.

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

The team recommended the home did not meet the expected outcome 2.2 Regulatory Compliance.

Following the audit, the home has undertaken a number of actions to address the issues identified by the team, and we have decided that the home does now meet these expected outcomes.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Willowbrae-Templestowe Hostel 3247

Approved provider: Menarock Aged Care Services (Templestowe) Pty Ltd

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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 2.2 Regulatory Compliance

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:	Lisa Coombes
Team member:	Marg Foulsum

Approved provider details

Approved provider:	Menarock Aged Care Services (Templestowe) Pty Ltd
---------------------------	---

Details of home

Name of home:	Willowbrae-Templestowe Hostel
RACS ID:	3247

Total number of allocated places:	49
Number of care recipients during audit:	44
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Not applicable

Street:	81-85 Porter Street
City:	Templestowe
State:	Victoria
Postcode:	3106
Phone number:	03 9846 7488
Facsimile:	03 9846 8144
E-mail address:	manager.willowbrae@menarock.com.au

Audit trail

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

Interviews

Category	Number
Management	4
Nursing and care staff	7
Lifestyle/administration/hospitality staff	4
Care recipients/representatives	14
Allied health practitioners	2
Environmental services staff	3

Sampled documents

Category	Number
Care recipients' files	5
Lifestyle care plans	5
Care recipient agreements	5
Medication charts	7
Personnel files	5
External services contracts	6

Other documents reviewed

The team also reviewed:

- Activity calendar and lifestyle documentation
- Allied health information
- Audit schedule and reports
- Cleaning lists, schedules and records
- Clinical documents and charts
- Comments and complaints documentation
- Continuous improvement register and associated quality system documentation
- Dietary, menus, food safety and related documentation
- Document register, archive register, policy review schedule and document change alerts

- Emergency procedures and emergency evacuation list
- Employee handbook
- External contractor information
- Fire and essential services records
- Handover sheets
- Human resource management documentation
- Incident and hazard reports and analysis
- Infection control documentation
- Information packs and handbooks
- Leadership statements
- Maintenance program documentation
- Mandatory reporting register and associated documentation
- Meeting minutes
- Memoranda
- Newsletters
- Occupational health and safety documentation
- Pest control documentation
- Police certificate, statutory declaration and nursing registration documentation
- Policies and procedures
- Risk assessments
- Safety data sheets
- Self-assessment report
- Staff education documentation
- Surveys
- Volunteers folder
- Wound care documentation.

Observations

The team observed the following:

- Activities in progress
- Cleaning in progress
- 'Charter of care recipients' rights and responsibilities' displayed
- Complaint and advocacy documentation displayed
- Designated smoking area
- Emergency evacuation kit and equipment
- Equipment, supplies and storage areas
- Fire detection, isolation and fire-fighting equipment and signage
- Improvement forms and lodgement box
- Infection control equipment and waste management systems
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and snack services in progress
- Medication administration and storage
- Noticeboards and information displays
- Security systems
- Short group observation in dining room
- Staff room.

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 actively pursues continuous improvement by identifying, actioning, monitoring and evaluating improvements across the Accreditation Standards. The quality program is managed locally and supported by corporate services. Management identify improvements through observation, feedback forms, meetings, audit outcomes, surveys and data analysis. Improvements are logged to the continuous improvement plan and prioritised according to risk and impact on care recipients. Management allocate responsibilities to relevant staff and monitor progress through meetings. Improvements are evaluated and stakeholders are informed through newsletters, notices and meetings. Care recipients, representatives and staff are aware of quality improvement processes and are satisfied ongoing improvements occur in the home.

Improvements related to Standard 1 Management systems, staffing and organisational development include:

- In response to planned long term staff leave and the changing needs of care recipients, management reviewed the staffing skill mix and employed a registered nurse to work four days per week. This has resulted in better access to appropriately skilled and qualified staff and improved care for care recipients. Staff feedback has been positive.
- To ensure staff understand the home's policies and procedures, management has implemented a 'quick-ed' program. Staff are required to review nominated policies and procedures and submit a completed questionnaire. Staff feedback indicates they find the program easy and informative and evaluation indicates a high task completion rate.

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 systems identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management receive information through legislative update services, peak industry bodies and corporate services. Information is disseminated to staff through education sessions, document alerts, memoranda and meetings. Stakeholders are informed through meetings, letters, newsletters and noticeboards. Management monitor compliance through internal and external audits, observations and feedback.

Evidence of regulatory compliance related to Standard 1 Management systems, staffing and organisational development includes:

- Management has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Notification to stakeholders of the reaccreditation audit within regulated timeframes
- Management has an established system for monitoring nursing registrations.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively. An annual calendar schedules mandatory and other relevant topics across the Accreditation Standards and is reactive to the current care recipients’ needs and suggestions from staff. Management use a variety of education methods including workshops, questionnaires, videos, competencies and external professional development opportunities. Management evaluate education sessions for effectiveness and monitor mandatory training attendance. Staff said they are satisfied with the education opportunities offered.

Education sessions related to Standard 1 Management systems, staffing and organisational development include:

- continuous improvement
- incident reports
- inventory and equipment
- human resource management.

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 that is accessible to care recipients, representatives, staff and visitors. Information is included in handbooks and information packs, discussed on entry and on display. Care recipients may raise concerns through feedback forms, meetings and direct discussions with managers and staff. Staff assist care recipients to complete forms and report relevant issues to supervisors as required.

Confidentiality is preserved and complainants may remain anonymous. Complaints are logged to the continuous improvement register and monitored through quality improvement processes. Management actions complaints in a timely manner and informs complainants of actions taken. Care recipients and representatives know how to make a complaint, feel comfortable doing so and are satisfied with the response to issues raised.

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, values and philosophy, which reflects its commitment to quality care and service. Management display the information in the home and in a range of stakeholder publications including brochures and handbooks.

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 care recipient care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

There is a system to ensure sufficient and appropriately skilled staff deliver services and care in accordance with the Accreditation Standards and the organisation's goals. Recruitment processes include formal interviews and credential checks. Position descriptions, duty lists and policies and procedures guide staff practice. New staff complete the orientation program and supernumerary shifts for informal mentoring and support. Management monitor staffing levels, performance and skill mix through stakeholder feedback, care recipient reviews and data trend analysis. Staff are satisfied with staffing levels and care recipients and representatives are satisfied with the skills, knowledge, responsiveness and attitude of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Systems ensure the availability of appropriate goods and equipment for quality service delivery. Management and staff identify equipment needs through assessments, observation, audits and maintenance processes. There are delegations of authority for equipment purchases and processes for corporate approval as required. New equipment is trialled and evaluated on site prior to purchase. Suppliers train relevant staff who are then responsible for training colleagues. New equipment is added to the asset register to ensure ongoing inspection, cleaning and maintenance and faulty equipment removed from service. Relevant staff are responsible for monitoring and ordering consumable stocks and there are stock rotation processes in place. Goods and equipment are stored safely. Maintenance programs and electrical equipment testing ensure equipment safety. Staff, care recipients and representatives are satisfied with the availability of appropriate goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure effective information management. Electronic information is password protected with restricted levels of access. Information is backed up daily to an off site server. Hard copy confidential information is securely stored and there are processes for safe destruction and secure off site archiving. Corporate services are responsible for review, update and ratification of key documents. Management circulate information to staff through document alerts, memoranda, meetings, handover and education sessions. Care recipients and representatives are informed through care plan consultations, meetings, discussions, focus groups, notices and letters. Staff, care recipients and representatives are satisfied with information management systems at the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

Management ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Corporate services support local management to source contractors, suppliers and services and ensure they meet legislated requirements in relation to qualifications, registration, police certification and insurance. External contractors visiting the home include fire services, physiotherapy, dietetics and hairdressing. Service contracts are in place and new providers are orientated to the site. Management monitor and evaluate external services through formal and informal processes that include observation of

performance and feedback from care recipients and staff. Staff, care recipients and representatives are satisfied with external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement in care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvements related to Standard 2 Health and personal care include:

- To improve monitoring of wound healing, the home has purchased an electronic tablet. All wounds are now photographed with photographs stored in care recipient records. This has improved monitoring of the healing process and wound management. Staff also report a positive impact on the development of computer skills.
- Management identified opportunity to improve palliative care. Following research across the industry, a palliative care pathway was accessed and adapted and is now available to support and guide staff during this phase. This will ensure a consistent and holistic approach to supporting care recipients and their loved ones at this time.
- In response to falling weights in care recipients living with dementia, a 'daisy club' was introduced. The program includes offering relevant care recipients a selection of nutritionally balanced snacks and drinks between meals. The program is supported and monitored by the dietitian and weight tracking indicates all care recipients on the program have increased their weight.

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 does not meet this expected outcome

The organisation’s management does not have systems in place to identify and ensure compliance obligations with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. The organisation’s obligation to inform relevant government authorities for a missing care recipient were not followed as legislated. Management did not demonstrate an understanding of internal or external reporting procedures. Mandatory reporting documentation was not stored securely at all times. Corporate quality personnel subsequently reviewed organisational documentation and found it lacked prompts to ensure compliance with legislation.

Evidence of regulatory compliance related to Standard 2 Health and personal care includes:

- Appropriately qualified staff to plan, supervise and undertake specialised nursing care
- Monitoring of professional registrations
- Safe medication storage and management

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.

Education sessions relating to Standard 2 Health and personal care include:

- falls prevention
- continence
- palliative care
- nutrition and hydration
- dementia and eating
- medication 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

Management has systems to ensure care recipients receive appropriate clinical care. When care recipients move into the home staff conduct assessments according to a schedule and determine individual capabilities, needs and preferences. Care plans, progress notes and handover processes inform staff of care recipients’ needs. Nursing staff and allied health professionals regularly review care plans through a “resident of the day” process and in the event of any changes in health status. Care recipients have access to their choice of medical practitioner, and a range of allied health professionals are available as necessary. Policies, guidelines and relevant clinical education inform staff practice. Care plan review and consultation with nursing and lifestyle staff is offered on a regular basis to care recipients and representatives. Care recipients and representatives are satisfied with the level of consultation and clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Management demonstrate there are appropriately skilled staff to identify and meet care recipients’ specialised nursing care needs. Assessment of specialised nursing needs occurs on entry to the home and as health status changes and care plans provide detailed instructions to guide staff practice. Nursing staff monitor specialised care needs monthly and as needed and facilitate referrals to specialist consultants or allied health professionals as required. Staff have access to specialised nursing equipment and education to ensure contemporary practice. Care recipients and representatives are satisfied with the management of specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences. Service arrangements are in place for regular care recipient consultation with providers including a dietitian, physiotherapist, podiatrist, speech pathologist, ophthalmologist and dental therapist. Care staff facilitate referral to a wound consultant and mental health specialists as necessary. Care recipients and representatives are satisfied with the way the home arranges referrals to relevant health specialists.

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

There is a system to support safe and correct medication management for care recipients. An external pharmacy supplies care recipient medications in sachets, with all medications stored securely and in accordance with legislative requirements. Medication assessments and care plans outline special considerations for administration. Care recipients may self-administer their medications if assessed as competent to do so, with locked cupboards provided for safe storage. Medications administered on an “as needs” basis are recorded in progress notes and include an evaluation of effectiveness. Management monitor the system through audits, incident analysis and competency testing. An independent pharmacist undertakes regular reviews of care recipients’ medication and the medication advisory committee meet to discuss issues, policies and improvements. Care recipients are satisfied with the way staff manage their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients are as free as possible from pain. Care staff and the physiotherapist assess care recipients’ verbal, non-verbal and behavioural indications of pain through consultation, observation and charting of pain episodes.

Strategies used to minimise pain include heat packs, gentle massage, repositioning, exercises and diversional therapies. The physiotherapist provides support for complex pain management. Staff reassess pain when there is a change in health status or if current pain interventions are no longer effective. Care recipients and representatives said staff respond appropriately whenever care recipients have 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

There are processes to ensure the comfort and dignity of terminally ill care recipients is maintained. When care recipients move into the home staff establish their end of life wishes and complete advanced care plans. An “end of life pathway” care plan is implemented during the palliative phase in consultation with the care recipient, their representatives and the medical practitioner. Management and staff are satisfied they have access to appropriate resources and education to provide special care during this time with additional support provided by in-reach and specialist palliative care services. Feedback from representatives

indicated satisfaction with the care and support staff provided to their loved ones during the palliative care process.

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 staff assess and regularly review individual nutrition and hydration needs, preferences and risk factors in consultation with the care recipient and their representative. Care staff review all monthly weight data and refer to the dietitian or speech pathologist if required. Catering staff maintain lists of care recipient allergies, likes and dislikes and cater for special requirements. A dietitian reviews the menu, which is displayed each day with a list of available alternate choices. Extra fluids and snacks are available at all times. Input into the menu occurs through surveys, food forums and feedback forms. Care recipients and representatives are satisfied with the meals and drinks provided.

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 when they move into the home and identify skin care needs. Care plans outline strategies to prevent skin breakdown including application of moisturisers and the use of protective devices and pressure relieving care and equipment. Nursing staff manage all wounds and refer to wound consultants for complex wound management. Care recipients and representatives are satisfied with the care provided to manage 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

There are processes to ensure care recipients’ continence is managed effectively. Care staff assess continence needs, preferences and routines on entry to the home and as health status changes. Care plans provide instructions regarding special care, aids and equipment required to maximise continence. A continence consultant provides specialist support and education as required. Management monitor outcomes through infection data, care plan reviews and feedback from care recipients and staff. Care recipients and representatives are satisfied with the 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

There are systems to ensure the needs of care recipients with challenging behaviours are managed effectively. Through consultation with the care recipient and their representative staff assess for reactive behaviours and potential triggers and plan appropriate supportive interventions. Management and staff consult external mental health professionals as required. Education, flow charts and policies guide staff practice and incident analysis and audits monitor the effectiveness of strategies. Care recipients and representatives are satisfied with the management of the needs of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

There are systems to maximise mobility and dexterity for all care recipients. Care staff and the physiotherapist assess individual capability and risk factors and develop a care plan, which promotes independence and the prevention of falls. Care recipients are actively encouraged to participate in a range of exercise opportunities. Incidents are analysed and strategies revised with appropriate equipment including mobility and dexterity aids provided as required. Appropriate transfer equipment is available and staff undergo competency- based manual handling training. Care recipients and representatives are satisfied with the support care recipients receive to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Staff assess oral and dental needs and preferences when care recipient’s move into the home. Care plans are developed and reviewed regularly and include details about assistance required for daily care of teeth, mouth and dentures as appropriate. Systems are in place for referral to dental therapists or speech pathologists for oral or swallowing concerns, and catering staff modify the texture of food as necessary. There are adequate dental and mouth care supplies as well as a toothbrush replacement program. Care recipients and representatives are satisfied with assistance provided to maintain oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Assessments undertaken on entry to the home provide information regarding individual needs and preferences including assistance with aids or special communication tools or cues required. The lifestyle program provides resources and activities that compensate for sensory loss.

Ophthalmology and audiology services visit the home or staff facilitate external reviews if preferred. Staff photograph all sensory aids for inclusion in the care plan. Care recipients and representatives are satisfied staff assist care recipients to manage the effects of 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

Management and staff support care recipients to achieve natural sleep patterns. When care recipients move into the home staff complete sleep assessments to determine natural sleeping patterns and settling preferences or rituals. Care plans provide specific strategies and interventions to encourage natural sleep include settling and rising times, consideration of daytime naps, bedding and environmental preferences. Strategies to promote sleep include hot drinks and snacks overnight, pain management, delaying settling time and encouraging activity during the day. Care recipients and representatives said care recipients are able to achieve a good nights’ sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement related to care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 3 Care recipient lifestyle include:

- With the availability of a male lifestyle staff member, a men’s group was established to build a combustible engine. Following the success of this activity and at the request of care recipients, a regular men’s group is now incorporated into the activity program and is well attended by male care recipients.
- To meet care recipients’ emotional and social needs, a pastoral care worker was engaged to attend the home regularly. The worker conducts a friendship group and visits care recipients individually as requested. This has been well received by care recipients and their families with frequent requests for personal visits and support.
- At the request of care recipients, a staff member’s dog now visits the home daily. Enjoyed by all care recipients, staff report this has been particularly beneficial for care recipients who are lonely or confined to their room. Staff report care recipients eagerly await the dog’s arrival each day and are more physical active and communicative when engaging with the dog.

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 home has systems to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines relating to care recipient lifestyle. For further information see expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 3 Care recipient lifestyle includes:

- Processes to manage compulsory reporting of assaults.
- Care recipient agreements that outline care and services and security of tenure.
- Provision of information about the collection and use of and access to personal information.

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 relation to care recipients’ lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Education sessions relating to Standard 3 Care recipient lifestyle include:

- elder abuse
- privacy and dignity
- choice and decision making
- security of tenure.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the home and on an ongoing basis. Staff assess care recipients' emotional support needs on entry and monitor care recipients' emotional status on a daily basis, particularly during the settling in period. Care recipients and representatives have the opportunity to tour the home prior to moving in and are orientated to the environment, staff and activities on entry. Staff introduce care recipients to others with similar interests to encourage the development of new friendships. Staff document individual support needs on care plans and review these as part of care review process. Religious clergy, church representatives and volunteers are available to provide additional individual support as required and referrals to specialists are actioned if necessary. Care recipients and representatives are satisfied with the support available to promote care recipients' emotional well-being.

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

Staff support care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Individual needs for support are assessed on entry and care plans document strategies to maximise independence such as equipment and practical support required. The activity program includes sessions to assist care recipients' physical, cognitive, sensory and psychosocial function. Regular outings support care recipients to maintain community connection, community groups visit the home and staff assist care recipients to attend individual community based activities as required. A range of equipment is available to enhance independence in mobility, dexterity, recreation and self-care. Care recipients are assisted to maintain their civic responsibilities and are satisfied their independence is encouraged, supported and respected.

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. Care recipients and representatives receive information about the home's privacy policy on entry. The Charter of care recipients' rights and responsibilities is included in admission information, residential agreements and on display. Care recipients have single rooms with ensuite bathrooms and there are small indoor and outdoor areas

where care recipients may meet with their visitors in private if they wish. Care recipients and representatives may book rooms for private functions and catering can be arranged. Management ensure staff and volunteers are educated on expectations regarding privacy, dignity and confidentiality. Staff knock before entering care recipients' rooms, communicate respectfully and preserve care recipients' dignity when providing care and assistance. Care recipients and representatives are satisfied privacy and dignity is respected at all times.

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 wide range of interests and activities according to their preferences. Lifestyle staff meet with new care recipients on entry to complete assessments and develop an understanding of the care recipient's background, interests and preferences. Assessment outcomes lead to the development of a care plan that is reviewed regularly. The activity calendar provides a broad range of activities linked to care recipients' interests, abilities and preferences and includes knitting group, visiting entertainers, music therapy, men's group, yoga and outings. Staff maintain attendance records and care recipients have input into the program through meetings, discussions, surveys and formal evaluation. A team of volunteers support the program. Care recipients are satisfied with the lifestyle program and feel they are supported to attend and participate in activities of interest.

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 recognise, respect and value care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds. Lifestyle staff assess care recipients' cultural and spiritual needs and preferences on entry and develop care plans that reflect these. Pastoral care workers and religious representatives visit the home and regular services are conducted that are open to all care recipients. Staff support care recipients to maintain connections with community based churches as they wish. The home acknowledges and celebrates cultural diversity through cultural days that include costume, music, dance, armchair travel and culturally specific food. Multicultural resources and interpreter services are available if required. Care recipients are satisfied the home meets their cultural and spiritual needs and respects and values their customs and beliefs.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Each care recipients or their representative participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of others. Care plans document care recipients' choices and preferences in relation to personal hygiene, health practitioners, rising and retiring times, menu selections, and level of participation in activities. Staff ensure care recipients are consulted about their preferences as a regular guide to daily care and support. Care recipients and representatives are satisfied they have opportunity and are encouraged to participate in decision making and to express their preferences regarding care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and understand their rights and responsibilities. Management provide information on entry and information packs, handbooks and residential agreements document information about fees and charges, care and services and care recipient rights and responsibilities. Information is on display in the home and reinforced through meetings and discussions. A process of consultation and agreement precedes any change in a care recipient's room and support is provided if a care recipient chooses alternative accommodation. Care recipients and representatives understand their rights and responsibilities and are satisfied with the security of their tenure within the home.

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

Management actively pursues continuous improvement activities related to the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 4 Physical environment and safe systems include:

- To ensure the security and privacy of the staff room, management installed a security key pad on the staff room door. Staff are happy with this improvement.
- To minimise lost clothing, a new thermo-labelling system has been implemented in the laundry. There has been a marked reduction in lost laundry and unlabelled clothing.

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

The home has systems to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines relating to the physical environment and safety. For further information, see expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 4 Physical environment and safe systems includes:

- Procedures for recording, managing and reporting infectious diseases and outbreaks.
- A food safety plan and external audits.
- Mandatory education that includes manual handling, infection control policy and fire and emergency response training.

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 relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development system.

Education sessions relating to Standard 4 Physical environment and safe systems include:

- manual handling
- chemicals handling
- use of restraint
- fire training.

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 work to provide a safe and comfortable environment consistent with care recipients' needs. Care recipients are accommodated in private rooms with ensuite bathrooms and furnishings and fittings appropriate to needs and reflective of individual preferences. Care recipients and visitors have access to large communal areas, small lounges, tea and coffee making facilities and outdoor areas. Heating and cooling systems maintain environmental comfort, and bright lighting, handrails and smooth floor surfaces support care recipient safety while moving around. Established processes ensure a clean, safe and well maintained environment. Staff report maintenance issues and hazards and these are responded to in a timely manner. Monitoring of the living environment occurs through observation, audits and risk management processes. Care recipients and representatives are satisfied with the safety and comfort of the living environment.

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 actively work to provide a safe working environment that meets regulatory requirements. Staff orientation and mandatory training includes manual handling, infection control and fire and emergency management. Electrical equipment is tested and tagged and relevant equipment and work tasks are risk assessed. There is an appropriately trained representative and staff have access to personal protective equipment, appropriate manual handling equipment and first aid kits. Occupational health and safety is discussed at all meetings and relevant information disseminated through memoranda and notices.

Management monitor environmental safety through audits, observation, surveys and feedback forms. Staff are satisfied with the training and equipment available to them and the safety of the working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems that minimise fire, security and emergency risks. Management display evacuation plans, an evacuation kit is accessible and there are clear signage and pathways for emergency exit.

Staff complete mandatory fire and emergency response training and management monitor attendance. Administration staff update the care recipients' evacuation list in response to permanent and temporary changes. External contractors inspect, test and maintain fire detection, isolation and firefighting equipment. Chemicals are safely stored and safety data sheets are accessible and current. Security systems minimise the risk of unauthorised entry. Emergency procedures are accessible to all staff and staff confirmed they are well trained and aware of their responsibilities in an emergency.

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

Management demonstrate there is an effective infection control program. Education regarding infection control policies and procedures is included in orientation for new staff and is part of annual mandatory training. Management monitor and trend all infections and implements appropriate strategies to reduce the risk of spread of infections. There are adequate hand wash facilities, waste disposal systems, a food safety program and a pest control program.

Influenza vaccination is offered to all care recipients and staff. Supplies of appropriate equipment are available to manage and contain infectious disease outbreaks.

Staff demonstrated an awareness and knowledge of appropriate infection control practices relevant to their roles.

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 organisation provides hospitality services to enhance care recipients' quality of life and the working environment for staff. Catering staff prepare meals onsite from a six-week rotating menu. Dietitian input and care recipient preference and feedback influence the menu. A food safety plan is in place and reviewed annually. Cleaning services follow a schedule to ensure cleanliness of common areas and each care recipient's room, providing additional cleaning as required. Laundering of care recipient's clothing and all linen occurs on site seven days per week. Management regularly conduct audits and survey care recipients' satisfaction with catering, cleaning and laundry services. Care recipients and their representatives expressed their satisfaction with catering, cleaning and laundry services.