AdventCare Whitehorse

RACS ID 3044
163-165 Central Road
NUNAWADING VIC 3131

Approved provider: Seventh-day Adventist Aged Care (Victoria) 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 08 February 2020.

We made our decision on 08 December 2016.

The audit was conducted on 15 November 2016 to 16 November 2016. 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 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

Audit Report

AdventCare Whitehorse 3044

Approved provider: Seventh-day Adventist Aged Care (Victoria) Ltd

Introduction

This is the report of a re-accreditation audit from 15 November 2016 to 16 November 2016 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 15 November 2016 to 16 November 2016.

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

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

Assessment team

Team leader:	Adrian Clementz
Team member/s:	Dawn de Lorenzo Deanne Maskiell

Approved provider details

Approved provider:	Seventh-day Adventist Aged Care (Victoria) Ltd

Details of home

Name of home:	AdventCare Whitehorse
RACS ID:	3044

Total number of allocated places:	154
Number of care recipients during audit:	128
Number of care recipients receiving high care during audit:	101
Special needs catered for:	Memory support wing

Street/PO Box:	163-165 Central Road
City/Town:	NUNAWADING
State:	VIC
Postcode:	3131
Phone number:	03 9259 2000
Facsimile:	03 9894 2609
E-mail address:	helen.psomiadis@adventcare.org.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Facility manager	1
Quality coordinator	1
Clinical care coordinator	1
Care supervisors	2
Registered nurses	3
Lifestyle coordinator	1
Care and lifestyle staff	12
Chaplain	1
Administrative assistant and receptionist	1
Care recipients	18
Representatives	12
Maintenance supervisor	1
Contracted catering operations manager	1
Contracted chef manager	1
Cleaning and laundry staff	6
Visiting health practitioners	2
Visitor	1
Volunteers	1

Sampled documents

Category	Number
Care recipients' files	18
Medication charts	10
Care recipients' consent forms	8
Care recipients' agreements	7
Personnel files	7

Other documents reviewed

The team also reviewed:

- Activities calendar and lifestyle documentation

- Allied health and specialist referrals and reports

- Archiving register

- Audits, audit schedule and surveys

- Care consultations and reviews with schedule

- Care recipients' information package and booklet

- Catering, cleaning and laundry schedules and related records including food safety plan

- Chemical register and material safety data sheets

- Clinical directives and charting

- Comments and complaints folders, register and summary reports

- Communication books

- Continuous improvement plan

- Contractors' folder

- Duty lists and sign off sheets

- Education schedule and attendance records

- Electronic care planning system

- Emergency procedures manual

- Equipment evaluations

- Essential services records

- External contractors' orientation records

- Flowcharts

- Handover sheets

- Incident and hazard reports and related documentation

- Infection control data and analysis documentation and influenza vaccination records

- Job analysis sheets

- Mandatory reporting folder

- Medication administration records

- Memoranda

- Minutes of meetings

- Newsletters

- Nurses registration register

- Ordering records

- Pathology reports and monitoring

- Police certificates register

- Policies and procedures

- Position descriptions

- Preventative and corrective maintenance records

- Risk assessments including for bed poles

- Roster and staff allocations

- Self-assessment documentation

- Staff handbook, volunteers' folder and preferred supplier handbook

- Staff incidents folder

- Statutory declaration register

- Wound care documentation.

Observations

The team observed the following:

- Activities in progress

- Archives

- Cleaning and laundry in progress

- Education session in progress

- Equipment and supply storage areas

- External complaints brochures in English and languages other than English

- Feedback 'please tell us about it' forms with box

- Fire exits, egress, equipment and assembly areas

- Hand hygiene facilities, personal protective equipment, outbreak boxes and spill kits

- Handover

- Interactions between staff and care recipients

- Living environment

- Mobility aids and equipment

- Noticeboards and information displays

- Nursing stations

- Palliative care equipment/supplies

- Refreshment and lunch service with menu displayed

- Security systems

- Sensory room

- Short group observation in Dorothy wing in afternoon

- Staff noticeboards and occupational health and safety information

- Storage and administration of medications

- The 'Charter of care recipients' rights and responsibilities – residential care' displayed in English and available in languages other than English

- Wound care and specialised equipment.

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 organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. There is a quality management system including a framework with various mechanisms such as feedback from stakeholders, infection control information, audit results and incident data to identify areas for improvement. Management encourages stakeholders to contribute to the continuous improvement system through means such as attending meetings, completing feedback 'please tell us about it' forms and the home's open door policy. In addition, care recipients, representatives and staff complete regular surveys. Management drives and evaluates the improvements to ensure successful implementation. There are processes such as internal and external audits to review performance. Management provides feedback to stakeholders as appropriate verbally through meetings or consultations or through documentation such as electronic mail, letters or memoranda.

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

- Management identified staff participation in their training and development required improvement. The home introduced a new learning module, 'Quick-Ed', which staff can complete at their leisure and, if completed within a given timeframe, staff receive a certificate of completion. Management follows up any gaps in the module individually with each staff member. There has been positive feedback from staff who report the modules assist in their training and they enjoy receiving the certificates, which recognise their efforts.

- Management recognised dementia care training could be improved with the appointment of a 'dementia champion.' This staff member provides support to new and existing staff regarding the management of care recipient responsive behaviours. Staff also complete online dementia care training. There has been positive feedback from staff who report they have improved support in their roles.

- Management identified policies, procedures and audit tools required improvement to ensure consistent information. Following education to staff, management introduced the revised documents. There has been positive feedback from staff who report the revised documentation gives improved information, which they can access in a timely manner.

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 has a generally effective system to identify, respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. Management interprets information received from sources that include peak bodies, legislative update services, industry newsletters and government departments. Policies and procedures are developed or amended as required. Staff are advised of regulatory compliance matters through the induction process, handbooks, meetings, electronic mail, memoranda and education. Management uses registers, observation of staff practice, incident reporting and audits to monitor regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

- Management has a system to undertake self-assessment.

- Management maintains processes to ensure the currency of police certificates for staff, volunteers and contractors.

- There is a process to manage relevant statutory declarations.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Recruitment and selection processes are guided by role specific skill and qualification requirements. New staff are introduced to their position through supported shifts and an induction program, which includes the completion of mandatory education topics and competencies. Management develops an education program based on staff requests, performance appraisals, surveys, changing care recipient needs, incident reports and new equipment. The education program incorporates both internal and external education sessions and covers a wide range of topics. There are processes to advise staff of upcoming training sessions and to track staff attendance at mandatory and other education. Staff are satisfied with the range of education and professional development opportunities available to them and spoke positively about the recent new learning module, 'Quick-Ed', innovation. Care recipients and representatives said they are satisfied with staff knowledge and skills.

Recent examples of education relating to Standard 1 Management systems, staffing and organisational development include:

- accreditation – your role and responsibilities

- incident reporting

- innovation

- teamwork.

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

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes completing feedback 'please tell us about it' forms and attending meetings as well as information obtained from booklets and brochures. A locked box to lodge forms ensures anonymity if desired and there are interpreter services available for care recipients from non-English speaking backgrounds, if needed. Care recipients, representatives and staff also verbalise any comments or complaints through management's open door policy or through electronic mail. Management ensures stakeholder satisfaction through regular surveys and audits. There is a process to log any feedback, as required, to identify trends with relevant data used to assist in continuous improvement. Management investigates any suggestions in a timely manner and provides feedback to stakeholders, as appropriate, through means such as electronic mail, letters, memoranda, meetings or individual consultation. Care recipients, representatives and staff

said they are satisfied and aware of how to make a comment or complaint and would do so if required.

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

AdventCare's vision, mission and values are documented consistently at the home. A commitment to quality care underpins these statements of strategic intent, which also reflect the organisation's holistic Christian philosophy.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these standards and the residential care service's philosophy and objectives. Management demonstrated processes to review and adjust staffing numbers and skill mix in response to changing needs of care recipients and feedback from stakeholders. Resources provided to staff to enable them to perform their roles include position descriptions, policies and procedures, handbooks and information updates.

Processes for monitoring staff performance against required duties and role responsibilities include stakeholder feedback, competency testing and formal reviews of individual performance. There are processes to replace staff during planned and unplanned leave using primarily the casual bank before seeking agency staff. Most staff interviewed are satisfied they have access to information regarding their duties and are able to complete them during the allocated shifts. Staff spoke positively about the support provided by management. Care recipients and representatives said they are satisfied with staff practices, their responsiveness and the manner in which care is provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has an effective system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Approved suppliers deliver consumables to a regular order cycle and there are processes to maintain adequate stock holding levels and rotate perishable items. Management identifies equipment needs through clinical reviews, hazard

reports, professional input, audits and staff requests. There is a process to trial and evaluate new equipment. Management ensures staff are provided with education in the safe and effective use of equipment. There are processes to regularly inspect and clean care recipient equipment and document requests for repair. Storage areas are sufficient, clean, organised and secure. Care recipients and staff said they are satisfied they have access to quality equipment and sufficient supplies of inventory and other supplies.

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

There are generally effective information management systems in place at the home. Management uses primarily electronic systems to manage and disseminate information relating to care, services, policies and protocols. This includes the electronic care documentation and electronic mail systems. Staff are also informed by handbooks, meetings, memoranda, verbal handover and displayed information. Care recipients and representatives have access to handbooks, newsletters, meetings and displayed information. Key data is routinely collected, analysed and made available to the relevant staff. Confidential information is stored securely and access to computerised information is password protected. Computerised information is backed up regularly and archived documents are stored securely pending destruction. Care recipients and representatives said they are generally satisfied with the level of communication with the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system to ensure external providers deliver services in a way that meets the home's needs and quality goals. Corporate management oversees service agreements with a variety of external service providers specifying the quality and level of service required.

External contractors provide evidence of police certificates, registrations, certifications and insurance information, as relevant, as part of the contractual engagement and review process. Management has processes to ensure external service providers meet their contracted obligations as scheduled. Management monitors the quality of services drawing on feedback from staff, care recipients and their representatives. Action is taken including changing service providers when required levels of service are not met. Care recipients, representatives and staff said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Management suggested the formation of a dementia focus group, consisting of carers, registered nurses, lifestyle staff and a physiotherapist, who meet regularly to discuss care recipients with responsive behaviours. Through the meetings, the group discusses and devises interventions and strategies to assist in the behaviour management of care recipients. There has been positive feedback from representatives and staff who appreciate the improved and personalised delivery of care.

- Management recognised the analysis of clinical incidents required improvement and commenced a revised process. Senior management now reviews incidents and offers suggestions, through the analysis process, to clinical staff with an aim to optimise care outcomes for care recipients. There has been positive feedback from senior clinical staff who report there has been an improvement in the management and prevention of care recipient incidents.

- Staff suggested the areas for care recipients living with dementia may be improved with dedicated staff to provide consistency in care. Staff wishing to work in the areas advised the dementia focus group of their choice and the group oversaw the appointment of the staff to the areas. There has been positive feedback from representatives and staff who report the care recipients enjoy the improved and consistent care delivery.

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

There is a system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- Registered nurses undertake care planning and specialised nursing care.

- Management monitors the professional registrations of staff.

- There are policies and procedures for the safe management and administration of medications.

- There are protocols to manage and report the unexplained absence of a care recipient.

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 the appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Recent examples of education conducted relating to Standard 2 Health and personal care include:

- clinical assessment – head to toe

- duty of care and negligence

- dysphagia and thickened fluids

- palliative care

- pressure area injury.

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. When care recipients move into the home, nursing staff conduct scheduled assessments and develop individualised care plans. Nursing staff review care recipients' care plans on a regular basis and update them in response to changes in an individual's health or care needs. Staff contact representatives when there are significant changes in care and refer care recipients to their general practitioner or other health professionals as appropriate. Management monitors the effectiveness of clinical care systems through audits, clinical data, incident report analysis and stakeholder feedback.

Care recipients and representatives said they are satisfied with care recipients' clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients' specialised nursing care needs. Registered nurses assess, plan and evaluate care recipients' specialised nursing needs in consultation with general practitioners and appropriate health specialists. Nursing staff review specialised nursing care plans regularly and in response to changes in health needs. Management conducts audits, analyses clinical data and reviews stakeholder feedback to ensure appropriately skilled staff are available and provide care as needed.

Formal education is provided to nursing staff to ensure they have the skills and knowledge required to provide specialised nursing care. Nursing staff said they have access to sufficient equipment and supplies to facilitate care. Care recipients and representatives said registered and enrolled nurses provide specialised nursing care when required.

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 a wide range of health specialists in accordance with their individual needs and preferences. Nursing staff in consultation with the individual's general practitioner assess care recipients' need for allied health services and arrange referrals as appropriate. In accordance with each care recipient's abilities and wishes, staff assist with access to visiting health specialists or health specialists of their choice within the broader community. Nursing staff update care recipients' care plans to include recommendations and ensure care is delivered accordingly. Management monitors the system's effectiveness through care plan review processes, audits and stakeholder feedback. Care recipients and

representatives said they are satisfied with care recipients' access to the range of health specialists available.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Management ensures care recipients' medications are managed safely and correctly. Staff responsible for medication administration undergo annual medication competency assessments. When a care recipient moves into the home, nursing staff review their medication support needs in consultation with the care recipient, their representatives and the general practitioner. Care recipients wishing to manage their own medications are supported to do so within their capabilities. Policies, procedures, care plans and electronic medication charts support staff in medication management. Medications are stored safely and according to legislative requirements and staff ensure appropriate and consistent medication supply. Management monitors the system through audits, feedback, competency assessments and incident analysis. Care recipients and representatives said they are satisfied with the processes used to supply and administer medications.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Nursing staff, general practitioners and the home's physiotherapist assess care recipients' current and previous experiences of pain.

Pain management care plans include triggers for pain as well as strategies and equipment required to maintain optimal comfort levels. Nursing staff consult with care recipients, their representatives and other members of the health care team as needed. Strategies used include medication, gentle massage, active and passive exercise and individualised treatments by the home's physiotherapist. Management monitors the effectiveness of pain management systems through care plan reviews, audits and stakeholder feedback. Staff are aware of appropriate pain management interventions and care recipients and representatives said they 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

The home maintains the comfort and dignity of terminally ill care recipients. Care recipients and their representatives are supported to complete advanced care directives. Care plans reflect palliative care needs and preferences when required and registered nurses review

these needs frequently. Staff access general practitioners and the advice of palliative care specialists when needed. The home has sufficient and appropriate stocks and equipment to provide palliative care and staff are provided with relevant education. Management monitors palliative care through audits, observation and stakeholder feedback. The home has received letters of thanks regarding the quality of care and emotional support provided to care recipients during palliation.

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. Upon entry to the home, staff identify care recipients' likes, dislikes, special dietary needs or preferences. Staff monitor care recipients' weights and refer care recipients to allied health professionals and general practitioners as appropriate to address issues related to weight variances. Assistive devices are available as required and modifications to food texture and alternative dietary items are available to care recipients with special needs and preferences. Management monitors the effectiveness of nutrition and hydration systems through weight audits, care plan reviews and stakeholder feedback. Care recipients and representatives said they are satisfied the home meets 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 potential for skin breakdown and develop care plans documenting needs and preferences including the levels of assistance and equipment required. Care staff monitor care recipients' skin condition during hygiene care and report any issues to the nursing staff. Nursing staff develop wound care charts and provide wound care, where appropriate care recipients are referred to a visiting wound consultant. Staff apply appropriate emollient creams, protective devices and pressure relieving equipment including air mattresses according to care recipients' assessed needs. Management monitors the effectiveness of care recipients' skin care through the audit program, incident analysis and stakeholder feedback. Care recipients and representatives said they are satisfied with the interventions and care provided.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' continence needs are managed effectively. Staff identify and assess the individual needs of care recipients on entry to the home and in response to changes in health status. Staff consider care recipients' independence, maintenance of comfort and dignity needs in the development of continence management programs. Management monitors the effectiveness of care recipients' continence programs through audits, care reviews and stakeholder feedback. Care recipients and representatives said they are satisfied with the continence care provided.

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 needs of care recipients with challenging behaviours are managed effectively. Staff assess care recipients' behaviours upon entry to the home following a settling in period. Reassessments occur if care recipients' behavioural patterns change. Care plans identify behaviours, potential triggers and reflect individualise management strategies, which include social and emotional support. Nursing staff refer care recipients to their general practitioners and behavioural management specialists as required. Management monitors the effectiveness of behaviour management strategies through care plan review, incident data analysis, audits and stakeholder feedback. Care recipients and representatives said that staff provide interventions in a caring and supportive manner if required.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients achieve their optimum levels of mobility and dexterity. Nursing staff and the home's physiotherapist assesses care recipients' mobility, dexterity and rehabilitation support needs upon entry to the home. Staff refer care recipients to the home's physiotherapist when changes in mobility are identified or falls occur. A visiting podiatrist also provides advice on appropriate footwear to minimise falls risks. Documented strategies include active and passive exercises, supply of mobility aids, hip protectors and level of staff assistance required for individuals to maintain their dexterity, mobility and independence. Management monitors the effectiveness of programs through tracking and analysing falls data, care plan reviews, observations and audits. Care recipients and representatives said they are satisfied with the support care recipients receive to achieve optimal mobility and dexterity levels.

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 conduct oral and dental assessments and formulate care plans to identify aids, equipment and the level of oral and dental care assistance required. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Staff arrange for dental care practitioners to visit care recipients if possible or assist care recipients to attend dental practitioners in the community as needed. Management monitors oral and dental care through care plan reviews, audits and stakeholder feedback. Care recipients and representatives said care recipients receive assistance as required to maintain their oral and dental care.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Staff assess and identify care recipients' sensory deficits and develop care plans to ensure these are managed successfully. Care recipients are assisted to attend appointments with their preferred hearing and vision service providers or attend clinics at the home. Staff are aware of the needs of the individual care recipients and assist those who require help with the care, maintenance and fitting of aids and devices. Management monitors provision of care related to sensory loss through care plan reviews, audits and stakeholder feedback. Care recipients said they are satisfied with the support provided by staff in managing their sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Staff assist care recipients to maintain natural sleep patterns. On entry to the home, staff assess normal sleep and waking. Care plans reflect preferences for preferred bedtime and rising and a variety of individualised strategies used to promote optimal sleep patterns.

These include individualised settling routines, the use of general comfort measures, evening drinks and snacks and medication as prescribed. Management monitors sleep management requirements through the care plan review process, audits and stakeholder feedback. Care recipients said the home is quiet at night, staff respect their individual sleeping and resting routines and provide assistance as necessary.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Staff suggested care recipients may benefit from pet therapy and management organised for regular visits from dogs. There has been positive feedback from care recipients, representatives and staff who said the care recipients enjoy the regular visits of the dogs.

- Staff suggested care recipients may benefit from a sensory unit. Management organised for the dedicated room, which includes projected images such as butterflies, a bubble tank, music, lighting and tactile items. There has been positive feedback from care recipients who enjoy visiting the room. Representatives and staff spoke positively of the new area. We observed care recipients enjoying the room during the visit.

- Lifestyle staff suggested the purchase of a robotic cat to assist care recipients with relaxation. Following a trial period, management purchased the cat, which is 'life-like' and purrs. There has been positive feedback from staff who said the care recipients enjoy the robotic cat, which assists in reducing care recipient anxiety as well as promoting a sense of wellbeing. Management said they plan to purchase more of the robotic cats.

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

There is an effective system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Care recipients, representatives and staff are made aware of care recipients' rights to privacy and confidentiality.

- There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.

- Care recipients are made aware of their rights and responsibilities and the 'Charter of care recipients' rights and responsibilities – residential care' is displayed within the home.

- At entry a residential agreement is offered to the care recipient or their nominated representative.

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 the appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Recent examples of education conducted relating to Standard 3 Care recipient lifestyle include:

- dementia essentials

- dementia focus group

- dining room etiquette

- sexuality and the older person.

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

There is a system to ensure each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to and/or on entry, management gives care recipients and representatives information regarding the home, explains services and organises a tour with introductions to staff and other care recipients as possible. Lifestyle staff assist care staff in offering support to care recipients adjusting to the new environment. Management and staff encourage representatives to participate in the home initially and on an ongoing basis. Staff complete an assessment and care plan to include the emotional needs of care recipients with regular review to ensure needs are identified and managed appropriately in a timely manner. Counselling services or pastoral care is available to support care recipients as required. The lifestyle program provides individual time with care recipients with an aim to maintain personal interests where possible. Care recipients personalise their rooms as they wish to create a homelike environment. Care recipients and representatives said they are satisfied with emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients receive assistance to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

Staff support care recipients to be as independent as possible and to participate in the community life of the home. Staff identify care recipients' mobility needs and care plans provide strategies to maintain and maximise independence through the use of various mobility aids and exercise programs. Visiting mobile shops as well as regular shopping trips assist independence for care recipients to enable them to purchase any items they wish.

Care recipients maintain their interests and participate in outings with assistance from staff, families, friends and visitors. Furniture design and a clutter free environment encourage care recipient independence. Care recipients and representatives said they are satisfied management and staff aid and encourage care recipients' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. There is a privacy policy and care recipient information is securely and appropriately stored. Quiet internal and external areas are available for care recipients to entertain their visitors. Staff help care recipients in a respectful manner when attending to activities of daily living including assisting at meal times in a manner to retain each care recipient's dignity. Staff are aware of respecting each care recipient's privacy and dignity such as knocking on doors prior to entering care recipient rooms with 'do not disturb' signs available for care recipient use. Care recipients and representatives said they are satisfied management and staff treat care recipients with dignity and respect.

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

Management and staff encourage and support care recipients to participate in a wide range of interests and activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each care recipient and representative to identify such information as each care recipient's preferences and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Staff plan activity programs in both group and individual settings with a range of activities on offer such as exercises, bus trips, board games, religious study, sing-a-longs, bingo, music appreciation, crafts and individual chats. Celebration of special occasions such as birthdays and cultural days occurs. Lifestyle staff evaluate and redesign programs as necessary based on care recipient feedback and participation. Information from care recipient meetings also assists staff in planning programs. Care recipients and representatives said they are satisfied with leisure interests and activities on offer.

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 ensure care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Assessments and care plans document cultural and spiritual needs. Internal and external areas such as lounges and outdoor sitting areas as well as small nooks are available for private reflection. There is also an auditorium on site to accommodate larger groups. There are regular religious services and care recipients attend their own church if preferred. An onsite Chaplain visits care recipients as desired and pastors

from churches in the community also visit as needed. Management and staff ensure the celebration of cultural and significant days such as birthdays, Christmas, Remembrance Day and the Melbourne Cup with the provision of culturally significant cuisine for care recipients as desired. Staff have access to services specific to cultural sensitivities and interpreter services if needed. Care recipients and representatives said they are satisfied with cultural and spiritual life.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient or his or her representative participates in decisions about the services the care recipient receives, and exercises choice and control over his or her lifestyle while not infringing on the rights of others. Care recipients have input into the services they receive such as preferred bedtime and rising times, level of participation in activities and preferred name. Care recipients also have choices and preferences regarding timing of activities of daily living. Management encourages care recipients and representatives to provide feedback about care and services through meetings, the feedback system and consultation. Care recipients and/or representatives sign various consent forms as required. Care recipients and representatives said they are satisfied with the opportunities provided to care recipients to make their own choices.

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 understand their rights and responsibilities. Care recipients and/or representatives receive information prior to or on entry to the home, which includes an information booklet, and are offered an agreement. The agreement includes information such as security of tenure, rights and responsibilities. Management consults with each care recipient and/or their representative regarding any possible room changes. The 'Charter of care recipients' rights and responsibilities – residential care' is on display. Care recipients and representatives said they are satisfied care recipients feel secure and safe at the home and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Care recipients suggested they would like shade from the sun on the outdoor Barratt Balcony. Management organised for the purchase and installation of electronic retractable awning shades. There has been positive feedback from care recipients, representatives and staff who said the awnings provide improved shade on sunny days to ensure care recipients can enjoy the outdoor area during the summer.

- Management recognised the two newly refurbished areas for care recipients living with dementia required improvement in the outdoor areas. The external walking tracks were set up to encourage ease of access and travel for care recipients. Management commissioned a local artist to complete art work with the painting of various Victorian landmarks along the walk ways. Care recipients assisted in the choice of which landmarks they would like portrayed. Murals camouflage entry and exit areas in the internal areas as well. There has been positive feedback from representatives and staff who said the care recipients enjoy the improved outdoor areas.

- Due to care recipient feedback, management improved the catering service, which is now managed by an external provider. Care recipients and representatives completed forms regarding care recipient meal preferences during the establishment of the menu. A dietitian also reviewed the menu prior to its commencement. There has been positive feedback from care recipients and representatives who said the care recipients enjoy the improved catering service. Management spoke positively of improved care recipient satisfaction survey results.

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

There is a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Staff store chemicals safely.

- There is a system to ensure compliance with fire safety regulations.

- There are infection control policies and a system for managing and reporting outbreaks.

- Management has a food safety program that is regularly reviewed.

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 the appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Recent examples of education relating to Standard 4 Physical environment and safe systems include:

- fire warden training

- manual handling

- use of restraints

- using slings.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' needs. The environment is safe, clean and well maintained and there are comfortable communal and private areas with suitable and well maintained furnishings. The design of the environment is suitable to enable easy access for care recipients using mobility equipment. External areas are safe and accessible for care recipient enjoyment including paved pathways, courtyards and balconies. There are several activity areas including a large communal room for conducting religious services and other activities. The home has a comfortable noise level, lighting and ventilation. There are monitoring systems to ensure the environment is safe and clean, including a preventative and corrective maintenance program and electrical testing and tagging procedures. Care recipients and representatives said they are satisfied management provides a comfortable, safe and well maintained 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

There is a system to support a safe working environment that meets regulatory requirements. Management informs staff about their workplace health and safety rights and responsibilities during induction, through information displayed within the home and in policies, procedures and handbooks. Staff are educated in the use of new equipment and manual handling, infection control and chemical handling are included in the education program. Health and safety representatives have access to accredited training. Management and maintenance staff attend promptly to deficits identified through audits, incidents, hazard reports and maintenance requests. Health and safety issues are tabled, addressed and monitored through the occupational health and safety meeting. There is system for reporting and investigating staff incidents and accidents. Staff said they are satisfied management works actively to create a safe work environment and are responsive to any issues raised.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are established procedures and contingency plans to respond to a range of internal and external risks and emergencies,

including heatwave response and loss of power. Personnel and qualified external contractors maintain fire safety equipment and other essential services equipment and fixtures. All staff are required to complete mandatory fire and emergency training and designated staff undertake fire warden training. Emergency exits and egress routes are free from obstruction and assembly points clearly identified. There are arrangements to provide a secure environment. Scheduled fire drills occur and care recipients are made aware of what to do if the fire alarm sounds. Care recipients and representatives said they are satisfied with the home's processes to ensure those living in the home feel safe and secure.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program. Delegated clinical management oversees the program including the collection of data on care recipient infections to identify any trends or issues. There are infection control policies and procedures and management and staff follow reporting requirements and guidelines during outbreaks. There are facilities to implement hand hygiene and standard precautions with infection control education to staff on orientation and regularly thereafter. The organisation offers influenza vaccinations to both care recipients and staff. Processes such as a food safety program, infection control audits, a pest control program and monitored environmental services ensure effective infection control throughout. Staff said they regularly receive infection control training with their practices monitored.

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 in a manner to enhance care recipients' quality of life and the staff's working environment. Meals are prepared fresh on site with care recipient allergies, likes, dislikes and special dietary needs taken into account. There are various and appropriately furnished dining rooms with attention to suitable settings to ensure a pleasant overall dining experience. Cleaning staff provide cleaning according to a schedule with processes for any extra cleaning tasks as required. Laundry staff process all laundry on site. There are provisions for labelling of care recipients' clothes to assist in the prevention of lost items. Management monitors hospitality services through surveys as well as internal and external audits, with the provision of regular staff education including chemical handling and infection control. Care recipients, representatives and staff said they are satisfied with the home's catering, cleaning and laundry services.