

Avoca Nursing Home

RACS ID: 4366

Approved provider: Maryborough District Health Service

Home address: 10 Templeton Street AVOCA VIC 3467

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| 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 23 March 2021.  We made our decision on 29 December 2017.  The audit was conducted on 21 November 2017 to 22 November 2017. 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.

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.

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 services and in the community.

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

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

Name of home: Avoca Nursing Home

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# Introduction

This is the report of a Re-accreditation Audit from 21 November 2017 to 22 November 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 21 November 2017 to 22 November 2017.

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.

# Details of home

Total number of allocated places: 20

Number of care recipients during audit: 18

Number of care recipients receiving high care during audit: not confirmed

Special needs catered for: aging in place

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Administration staff | 1 |
| Building services manager | 1 |
| Care recipients | 13 |
| Catering supervisors | 2 |
| CEO | 1 |
| Director of clinical services | 1 |
| Director of nursing | 1 |
| Director quality and safety | 1 |
| Endorsed enrolled nurses | 6 |
| Finance officer | 1 |
| General services staff | 1 |
| Hotel Services manager | 1 |
| Hotel services staff | 3 |
| Infection control officer | 1 |
| IT support manager | 1 |
| Lifestyle Coordinator | 1 |
| Lifestyle staff | 2 |
| Nurse unit manager | 1 |
| OHS manager | 1 |
| People and culture coordinator | 1 |
| Registered nurse | 2 |
| Representatives | 2 |
| Resident liaison officer | 1 |
| Workforce capability and wellbeing manager | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 4 |
| Medication charts | 3 |
| Personnel files | 2 |

## Other documents reviewed

The team also reviewed:

* Allied health information
* Approved supplier list
* Audit schedule, results and trending data analysis
* Bed pole information
* Care recipient dietary requirements
* Care recipient information handbooks
* Cleaning schedules and records
* Clinical documentation and charting
* Comments and complaints documentation
* Continuous improvement plan and associated documentation
* Emergency preparedness information
* Essential service summary report
* External contractor information
* Fire safety report
* Food safety program and certification records
* Handover sheet
* Human resource management documentation
* Incident reports
* Infection control documentation
* Lifestyle documentation
* Maintenance program documentation
* Mandatory reporting documentation
* Meal selection forms
* Medication management documentation
* Meeting minutes (various)
* Menu
* Newsletters and brochures
* Occupational health and safety documentation
* Police certificate, statutory declaration and nursing registration documentation
* Policies and procedures (selected)
* Risk assessments
* Rosters
* Safety data sheets
* Specialised nursing care documentation
* Staff education attendance and tracking system
* Temperature and equipment monitoring records
* Vision, values and mission statements
* Wound care documentation.

## Observations

The team observed the following:

* Activities in progress
* Charter of care recipients’ rights and responsibilities – residential care on display
* Chemical storage
* Cleaning in progress
* Designated smoking area
* Displayed accreditation information
* Equipment and supplies storage areas
* External complaints information brochures and posters
* Fire evacuation diagrams, exit lights, clear egress routes and emergency equipment
* Fresh fruit and drinks available for care recipients
* Hand hygiene facilities
* Infection control equipment, spill kits and waste disposal
* Interactions between staff and care recipients
* Internal and external complaint and feedback forms and information
* Internal and external living environment
* Laundry holding bay (outward laundry)
* Meal and refreshment services in progress and assistance to care recipients
* Medication administration and storage
* Menu boards
* Noticeboards and information displays
* Nurse call systems
* Security systems in operation
* Short group observation conducted in ‘main dining area’
* Storage of food
* Suggestion boxes secure
* Walking aids and devices.

# 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 services, 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 continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the quality improvement plan. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides.

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

* In response to staff feedback on the format of mandatory training, management introduced a learning ‘hub’ within the facility. The ‘hub’ is a room designated for training with a desk, computer and educational resources available. It offers an easily accessible, quiet space for online and 1:1 training. Management reports that the feedback from staff has been positive with compliance for mandatory training the highest it has ever been.
* The home has improved the layout and content of the care recipient newsletter. The newsletter now includes more colour and more photographs in an easy to read format. Printed copies are pinned, single side, on noticeboards throughout the home. Management reports that feedback from the resident and relative meeting on the new format has been positive.
* As part of an organisational wide initiative, the home’s electronic care planning system was upgraded. Staff have been trained in the updated version with certain staff having a role as ‘champions’ to support the implementation. This upgrade allows the capability to interface with the newly implemented electronic medication administration system. Management reports that the upgrade has improved functionality to view multiples files simultaneously resulting in more efficient access to care recipient care details.

### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. Compliance with relevant requirements is monitored through a planned schedule of internal audits and third party reviews. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

Regulatory compliance relevant to Standard 1 Management systems staffing and organisational development include:

* Stakeholders have access to information about internal and external complaints mechanisms.
* Management maintain processes to ensure the currency of police certificates for staff, volunteers and contractors.
* There is a current licence to permit administration of medication under an imprest system.

### 1.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. The organisation’s learning and development framework consists of programs and guidelines for staff orientation, mandatory training, performance development and review. Staff are scheduled to attend regular mandatory training and attendance is monitored. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. The home provides support for staff to undertake further professional development through attendance at courses and conferences. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided.

Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* effective communication
* G2G management training
* IT systems training
* preceptorship leadership training.

**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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, their representatives and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these.

### 1.5 Planning and Leadership

This expected outcome requires that "the organisation has documented the residential care service’s vision, values, philosophy, objectives and commitment to quality throughout the service".

#### Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, philosophy, objectives and commitment to quality which is communicated to care recipients, representatives, staff and others through a range of documents and displayed within the home.

### 1.6 Human resource management

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

#### Team's findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. Registered nurses are available to supervise care staff and manage specialised nursing care needs. The home's monitoring and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients interviewed as part of the consumer experience report all said they feel safe in the home and that staff mostly treat them with respect. A small number of care recipients provided a neutral response when asked if they felt the home was well run, stating they did not feel they were positioned to answer this question. Care recipients generally felt staff take the time to explain things to them. Care recipients and representatives all said they are satisfied with the availability of appropriately qualified staff and the quality of care they deliver.

### 1.7 Inventory and equipment

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

#### Team's findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and managed appropriately. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team's findings

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. Staff interviewed stated while they are satisfied they have access to current and accurate information, the information management systems in the home can be slow and time consuming to use. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 1.9 External services

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

#### Team's findings

The home meets this expected outcome

The external service needs of the home are managed at the organisational level and there are mechanisms to manage these processes in line with the health service’s quality goals. The expectations of the health service in relation to service and quality is specified and communicated to external providers. Agreements with external service providers outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced 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

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care include:

* An analysis of medication errors and complaints from care recipients resulted in the provider introducing an electronic medication administration system. This system provides current medication information via a tablet device directly to staff administering medications. The system has the capacity to interface with the electronic care management system. Staff have been trained in the use of the system. Management report this system has improved medication management with reduced medication errors and more efficient medication rounds.
* As a result of a care recipient undergoing palliative care in one of the organisation's homes, management identified a need to enhance their palliative care practices and services. Advice was sought from the palliative care consortium team to provide support. A specialised clinician is able to visit the care recipient, prepare an assessment, prompt a medication review and provide recommendations for care. Staff have received training in emotional support. Care recipients now have ongoing access to palliative care and services. Feedback from management is positive.

### 2.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Regulatory compliance relevant to Standard 2 Health and personal care include:

* Registered nurses undertake care planning and specialised nursing care.
* Management monitor the professional registrations of staff.
* There is a system to ensure medications are stored and managed correctly and safely.
* There are procedures 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 2 Health and personal care include:

* anaphylaxis
* diabetes management
* medication management
* sepsis
* wound care.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through assessment and consultation processes which may include the care recipient, their representative, general practitioner and other health professionals. Care plans are developed by qualified staff and reviews occurs. There are processes to ensure staff have access to current information regarding individual care recipient’s care needs. Clinical care is monitored and evaluated through incident analysis, reviews and feedback. Care recipients and representatives interviewed said they are satisfied with the clinical care provided to care recipients.

### 2.5 Specialised nursing care needs

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

#### Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment and consultation processes on entry to the home. Care is planned and managed by appropriately qualified staff. Information identified during the assessment period, together with instructions from the general practitioner and other health professionals is documented in the care plan. Care recipients have their specialised nursing care needs reviewed as part of the home’s care review process. Staff have access to specialised nursing care equipment and other resources to ensure care recipients' needs are met. Care recipients and representatives interviewed said they are satisfied with how care recipients' specialised nursing care needs are managed.

### 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

The home has systems to ensure care recipients are referred to appropriate health professionals in accordance with their needs and preferences. There are a range of health professionals available within the health service including podiatry, physiotherapy occupational therapy and dietetics. The directives of other health professionals are communicated to staff and documented in care plans. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Care recipients and representatives interviewed said they are satisfied referrals are made to the appropriate health professionals of their choice and staff carry out their instructions.

### 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

Care recipients' medications are managed safely. The home utilises an electronic medication management system and there are processes to ensure adequate supplies of medication are available. General practitioners prescribe and review medication orders and medications are dispensed by a pharmacy service. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring systems include reviews of the medication management system and analysis of medication incident data. Staff who administer medications receive education in relation to this. Care recipients and representatives we interviewed are satisfied care recipients' medications are managed safely.

### 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' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from assessment information and are evaluated to ensure interventions remain effective. General practitioners and other health professionals are involved in the management of care recipients' pain. Staff implement a range of strategies to manage comfort levels including the use of heat packs, pressure-relieving devices, relaxation techniques and massage. Care recipients and representatives interviewed are satisfied care recipients' are as free as possible from 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 for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and representative to identify end of life care wishes. Care recipients’ general practitioners are involved in all aspects of palliative care and where a need arises, external palliative care services are consulted. Lifestyle staff play a supportive role in the provision of palliative care. Religious representation is available for care recipients requesting these services. Care recipients and representatives interviewed said they are confident care recipients' comfort, dignity and palliative care needs will be maintained.

### 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' nutrition and hydration requirements, preferences, allergies and special needs are identified in consultation with care recipients and their representatives when they enter the home. There are processes to ensure catering and other staff have information about care recipients nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those with swallowing difficulties and weight loss. The home provides equipment, special diets and dietary supplements to support care recipients' nutrition and hydration and there is ready access to dietitian and speech pathologist support. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 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 care requirements are assessed and identified in consultation with care recipients and representatives when they enter the home. Wound care charts reflect the presence of wounds and skin tears and contain strategies to maintain care recipients' skin integrity. Referral processes to other health professionals are available if a need is identified. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients and representatives interviewed said they are satisfied with the assistance provided to maintain 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

Care recipients' continence needs and preferences are identified through assessment processes and in consultation with care recipients and their representatives. Strategies to manage care recipients' continence are documented in the care plan and reviewed as changing needs are identified. Staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Equipment and supplies such as continence aids are available to support continence management. Care recipients and representatives interviewed said they are satisfied with the support provided to care recipients in relation to continence management.

### 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 identified in consultation with the care recipient, their representative and general practitioner on entry to the home and on an ongoing basis. Individual strategies to manage challenging behaviours are identified and documented in the care plan. The home practices a minimal restraint policy relating to physical devices and medications. Management and staff seek the support of a visiting geriatrician when challenging behaviours are identified and further support is available from the health service should this be required. Care recipients and representatives said staff are responsive and support care recipients with behaviours which may impact on them.

### 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' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and their representative. Where a need is identified, referrals are made to general practitioners and other health professionals, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are evaluated and reviewed to ensure care recipients' needs are met. Care recipients and staff have access to a variety of equipment to assist with mobility, dexterity and rehabilitation needs. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of 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 needs are identified through assessment processes and in consultation with the care recipient and their representatives. Care strategies are documented on the care plan and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health professionals such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and their representatives. Care plans identify individual needs and preferences and these are reviewed regularly. Care recipients are referred to health professionals such as audiologists and optometrists upon request and when these services visit the home. Staff use a range of communication strategies to interact with care recipients and assist care recipients with glasses and hearing aids as required. Care recipients and representatives interviewed said support is available to assist with managing care recipient’s sensory needs and aids.

### 2.17 Sleep

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

#### Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry to the home. Care plans are developed and reviewed to ensure strategies to support natural sleep reflect care recipients' needs and preferences. Each care recipient has their own room which provides privacy and a quiet environment to promote undisturbed sleep. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep and where appropriate general practitioners are informed of sleep problems. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## 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 about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 3 Care recipient lifestyle include:

* In consultation with dementia care experts, care recipients, families, volunteers, staff and other key stakeholders, the provider has introduced a new model of care based on the person centred Montessori approach. Staff from all levels within the organisation have been trained in this approach and the internal and external environments have been adapted to enable more choice, independence and meaningful activity. Management reports that outcomes for care recipients have been positive.
* Staff raised concerns regarding moving the large ‘indoor bowls’ rug from storage to the activity room whenever an indoor bowling activity was held. Management responded by having a piece of appropriately sized green carpet integrated into the existing carpet in the activities room. This allows a seamless ‘bowling green’ to be permanently in place and has addressed worker safety issues related to moving the heavy mat while improving the availability of this activity for care recipients.
* As part of the leadership program, staff training was provided on how to effectively communicate with care recipients. This training focuses on ensuring the respect and dignity of care recipients through applying the five principles of ‘acknowledge’, ‘introduce’, ‘duration’, ‘explanation’ and ‘thank you’. Staff are reminded of these principles through laminated sheets outside care recipients’ rooms.

### 3.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Regulatory compliance relevant to Standard 3 Care recipient lifestyle include:

* Care recipients are provided with residential agreements.
* The home displays the 'Charter of care recipients' rights and responsibilities – residential care’ in key areas and within documentation provided to care recipients.
* There are procedures in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

* dealing with challenging behaviours – Hotel services
* elder abuse
* emotional support
* Montessori model of care.

### 3.4 Emotional support

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

#### Team's findings

The home meets this expected outcome

Care recipients' emotional support needs are identified on entry to the home and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, staff and volunteer support during the settling in period and the involvement of family and significant others. Support is provided to care recipients on an ongoing basis and if concerns relating to emotional health are observed care recipients can be referred to more appropriate support services should this be required. While care recipients said management and staff are friendly and supportive, several said they would preferred to consult with family and friends for emotional support and would not seek to raise personal matters with staff. Other care recipients’ commented on the good character and kindness of staff and their willingness to provide emotional support.

### 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' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Strategies to promote care recipients' independence are documented in the care plan and evaluated and reviewed to ensure they remain current and effective. Care recipients and representatives interviewed are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home. A small number of care recipients interviewed as part of the consumer experience report provided a neutral response to the question whether staff encourage their independence, stating that their independence was not dependent on staff encouragement.

### 3.6 Privacy and dignity

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

#### Team's findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry to the home and on an ongoing basis thereafter. The home is small and community like and many care recipients spoke of the close relationships and friendships they share with longstanding staff. The living environment supports care recipients' need for personal space and provides areas for receiving guests. Care recipients interviewed said staff are kind, courteous and respectful in their interactions with them. Staff said they provide care in a discreet manner to maintain care recipient's privacy and dignity.

### 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' interests and activities of choice are identified through assessment processes when they enter the home. This information is documented in care plans and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Care recipients interviewed were satisfied with activities and confirm they are supported to participate in activities of interests to them.

### 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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are respected. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly reviewed. Care recipients' cultural and spiritual needs are considered in meal planning and in the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered including awareness activities to support those care recipients with unique or specific needs. Care recipients have access to religious services at the home. Care recipients interviewed said their customs and beliefs are respected.

### 3.9 Choice and decision making

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

#### Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities when they enter the home. The home assesses each care recipient’s ability to make decisions and identifies authorised representatives where care recipients have a reduced capacity to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for care recipients to exercise choice and make decisions when providing care and services. Staff demonstrated an understanding of how they can support care recipients with their choice and decision-making. Care recipients we interviewed are satisfied they can participate in decisions about the care and services they receive.

### 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 and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative and the charter of care recipient's rights and responsibilities is displayed in the home. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within 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 about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 4 Physical environment and safe systems include:

* In response to the ‘overcrowding’ of the small dining rooms within the facility and to enhance the dining experience for care recipients, the home created one larger dining room. The smaller rooms were repurposed for communal rooms for care recipients and visitors. Management reports that this change enables more interaction between care recipients in the dining room along with more space for mobility aids.
* To encourage the use of the garden and to enhance the outlook from the communal lounge area, new raised garden beds have been laid. The home’s management reports that throughout the garden, plants and garden items have been selected to encourage recollection and reminiscence. Care recipients with an interest in gardening have taken responsibility for watering one courtyard area.

### 4.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Regulatory compliance relevant to Standard 4 physical environment and safe systems include:

* There is a system to ensure compliance with fire safety regulations.
* There are infection control policies and a system for managing and reporting outbreaks.
* There is a current food safety program and external audit conducted by a third party.
* The organisation actively promotes and monitors occupational health and safety.

### 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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

* ‘Code grey’ training
* fire emergency
* hand hygiene
* handle with care
* understanding texture modified foods.

### 4.4 Living environment

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

#### Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are satisfied the living environment is safe and comfortable.

### 4.5 Occupational health and safety

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

#### Team's findings

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. The organisation has appointed a trained work, health and safety representatives to oversee the home's safety systems. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team's findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff. Staff are provided with education and training about fire, security and other emergencies on an ongoing basis. There is an emergency and disaster plan for the site and evacuation and emergency kits with resources for use in such situations. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. The home has a smoking policy and a dedicated smoking area. Risk assessments are completed for those care recipients who choose to smoke. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

### 4.7 Infection control

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

#### Team's findings

The home meets this expected outcome

There is an established infection control program covering the home and health service. The program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management understand their responsibilities for reporting and management of notifiable diseases. The home's infection monitoring processes include observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training in influenza and gastroenteritis management, a food safety program, vaccination programs, waste management and safe cleaning and laundry processes. The organisation participates in the antimicrobial stewardship program. Staff have access to policies, procedures and specific equipment to assist in the prevention and management of infections. Care recipients, representatives and staff interviewed said they are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients’ quality of life and the staff’s working environment".

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. Hotel services enhance care recipients' quality of life and include the promotion and support of care recipients' independence, freedom of choice and dignity. The home's monitoring processes identify opportunities for improvement in relation to the hotel services provided which includes feedback from care recipients and representatives and monitoring of staff practice. Hotel services staff interviewed said they have access to information about care recipient needs and preferences. Staff are satisfied the hotel services enhance the working environment. Care recipients and representatives interviewed are satisfied the hotel services meet their needs and make their stay more enjoyable.