Reconsideration Decision

Carrum Downs Private Nursing Home RACS ID: 4137

Approved Provider: Merakis Enterprises Pty Ltd

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.	

Reconsideration Decision made on	29 November 2017
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 20 May 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 17 July 2015 to 17 February 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.
	The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program.
	The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.
This decision is effective from	29 November 2017
Accreditation expiry date	17 February 2019

Australian Government
Australian Aged Care Quality Agency

Carrum Downs Private Nursing Home
RACS ID 4137
1135 Frankston-Dandenong Rd
CARRUM DOWNS VIC 3201
Approved provider: Merakis Enterprises Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 July 2018.

We made our decision on 20 May 2015.

The audit was conducted on 21 April 2015 to 22 April 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development
Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2: Health and personal care
Principle:
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (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:   Resident lifestyle
Principle:

Residents 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	Resident security of tenure and responsibilities	Met

Standard 4:   Physical environment and safe systems
Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Audit Report

Carrum Downs Private Nursing Home 4137

Approved provider: Merakis Enterprises Pty Ltd

Introduction

This is the report of a re-accreditation audit from 21 April 2015 to 22 April 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 April 2015 to 22 April 2015.

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

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

Assessment team

Team leader:	Deanne Maskiell
Team member:	Dawn de Lorenzo

Approved provider details

Approved provider:	Merakis Enterprises Pty Ltd

Details of home

Name of home:	Carrum Downs Private Nursing Home
RACS ID:	4137

Total number of allocated places:	60
Number of care recipients during audit:	53
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Nil identified

Street:	1135 Frankston-Dandenong Rd	State:	Victoria
City:	Carrum Downs	Postcode:	3201
Phone number:	03 9782 1411	Facsimile:	03 9782 6090
E-mail address:	cdhome@bigpond.com		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Care recipients/representatives	11
Clinical, care and lifestyle staff	12	Hospitality and environmental services staff	6

Sampled documents

	Number		Number
Care recipients' files	11	Medication charts	7
Resident agreements	5	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities and lifestyle documentation
- Audits schedules, results and reports
- Catering and food safety records and certification documentation
- Cleaning and laundry records
- Clinical care assessments, plans and review documentation
- Clinical directives, reportable parameters and charts
- Comments and complaint records
- Compulsory reporting register and flow chart
- Consent forms
- Continuous improvement plan and associated documentation
- Education records and associated documentation
- External contractor documentation
- Handover sheets
- Human resource records
- Incident reports and analysis
- Infection control records
- Material safety data sheets
- Medication administration records
- Memoranda, newsletters and meeting minutes
- Menu and dietary records
- Occupational health and safety documentation
- Orientation and recruitment records
- Police certificate register and statutory declarations

- Policies and procedures

- Preventative and reactive maintenance documentation

- Professional qualification records

- Resident and staff information packages

- Risk assessments

- Rosters.

Observations

The team observed the following:

- Accreditation assessment notices on display

- Activities in progress

- Administration and storage of medications

- Archive area

- Building works in progress

- Cleaning and laundry in progress

- Equipment and supply storage areas and stock levels

- Emergency equipment and fire systems

- Evacuation and egress routes clear of obstruction

- Evacuation kit

- External complaints information in English and languages other than English

- Feedback forms and box

- Interactions between staff and residents

- Internal and external living environment

- Mobility aids in use

- Notice boards

- Outbreak management kit

- Palliative care and pressure relief equipment

- Refreshment and lunch service

- Short group observation in dining area

- Staff areas

- The 'Charter of residents' rights and responsibilities' on display

- Vision, values, philosophy and objectives on display

- Waste management and pest control systems.

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. Management identify areas for improvement through various mechanisms such as feedback from stakeholders, incidents, audits and infection data. Residents, representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings, completing forms and through management's open door policy. There is a process to introduce changes in a structured manner with regular monitoring of action plans to ensure timely follow-up and evaluation. Resident satisfaction surveys, internal and external audits assist in the review of performance. Management provide feedback to stakeholders as appropriate through means such as meetings, consultations and letters.

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

- In response to representative feedback, management reviewed staffing levels as residents said they preferred to rise earlier. Times of shifts were adjusted to ensure more staff available in the early morning to assist residents. There has been positive feedback from residents who enjoy staff assistance to rise earlier and staff who report timely completion of tasks thus ensuring improved care for residents.

- Management identified the incident report register required improvement and revised the form to capture improved data. Following education to staff, the new form was introduced. There has been positive feedback from staff who report the new form is easier for them to complete. Management said incident data can be compiled and analysed in an improved and 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

The organisation's management have systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Management subscribe to various legislative services and industry bodies and access relevant information from government agencies. There is a process to provide relevant information to staff and others of any regulatory changes through such avenues as meetings, memoranda or newsletters. The organisation's management

develop or modify policies and procedures and education processes to ensure alignment with legislative changes.

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

- Management notified stakeholders in advance regarding this re-accreditation audit through individual letters, meetings and notices.

- There is a system to ensure compliance with police certificate requirements and statutory declarations for all relevant staff and contractors.

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

- There is a system to monitor professional registrations of staff to ensure performance of tasks by qualified individuals.

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

Team's findings
The home meets this expected outcome

Management and staff have the knowledge and skills required to perform their roles effectively. Staff and management are informed of educational opportunities through the organisation's education calendar. An attendance record is kept relating to the sessions held and sessions are evaluated. Staff complete competency assessments appropriate to their role to ensure maintenance of their skills and scope of practice. Management encourages staff to attend both internal and external training to ensure they have opportunities to maintain existing skills or gain new skills. Staff said they are satisfied with the education opportunities offered to them at the home. Residents and representatives stated they are satisfied with the skills and knowledge of the staff.

Education conducted relating to Standard 1 Management systems, staffing and organisational development include:

- aged care funding and documentation

- comments and complaints

- disaster planning

- incident reporting.

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

Team's findings
The home meets this expected outcome

Each care recipient or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes feedback forms, stakeholder meetings, information handbooks, brochures and staff newsletters. A locked box to lodge forms ensures anonymity if desired. Stakeholders also verbalise comments and complaints through management's open door policy. There are interpreter services available

for residents from non-English speaking backgrounds if required. Management ensure resident satisfaction through regular surveys as well as through the home's auditing system. There is a process to log comments and complaints as required to identify trends. Management investigate any suggestions in a timely manner and provide feedback to stakeholders as appropriate through meetings, consultations or letters. Residents, representatives and staff said they are aware of how to make a complaint and are satisfied to 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

The organisation has documented its vision, values, philosophy and objectives statement, which reflects the organisations commitment to provide quality care and services. Management displays this information in the home and it is included in information packages provided to stakeholders.

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

Management systems ensure the home has appropriately skilled and qualified staff sufficient to meet care recipients' needs. Formal recruitment and selection processes are in place. Management provides orientation and education programs and new employees work 'buddy' shifts. Position descriptions, handbooks, policies and procedures and other relevant resources support staff in their roles. The director of nursing monitors the roster to ensure appropriate staffing levels and skill mix are in place to meet the needs of residents and to provide appropriate services. Audits, feedback mechanisms, incident reviews, and competency assessments assist management in monitoring staff skills and practices. Residents and representatives said staff are available to assist residents as needed.

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

There is a system to ensure stocks of appropriate goods and equipment for quality service delivery are available. Management ensure staff receive education on any new equipment purchased for the home. There is a preventative maintenance program for equipment with specific staff designated to order any required goods and to clean equipment. The home has sufficient storage for goods and equipment including suitable locked storage areas. Residents, representatives and staff said they are satisfied with the goods and equipment in 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

There are effective information management systems with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information, activities and events of the home as appropriate through means such as meetings, noticeboard displays, handbooks, memoranda and letters. Management review the information system through audits and analysis of incident reports and staff training needs. Residents and representatives receive adequate information to assist them to make decisions about residents' care and lifestyle. Management and staff receive accurate information to help them perform their roles through the care planning system, handovers, education, memoranda, policies and procedures. There is a process to regularly back up the computer system externally with logons and passwords for relevant staff. Management archive confidential material securely with the information retrievable in a timely manner. Residents, representatives and staff said they are satisfied with communication and information systems in the home.

1.9 External services

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

Team's findings
The home meets this expected outcome

There is a system to provide externally sourced services to meet the home's needs and service quality goals. Management review the contracted service agreements regularly with input from residents and staff, as appropriate, to ensure the provision of optimum service. There is a system to ensure contractors have a current police certificate with associated documentation as necessary. Residents, representatives and staff said they are satisfied with the services provided by contractors in the home.

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 recognised the need to improve end stage palliative care processes and organised education for staff regarding advanced care planning. There has been positive feedback from representatives who said there has been improved involvement with their resident during this sensitive time. Staff report improved understanding of the process resulting in improved palliative care for residents.

● Management identified the opportunity to improve consultation processes between residents, representatives and staff. The home provided education to staff to ensure progress notes reflected the many consultations completed. There has been positive feedback from staff who report improved understanding of the importance of documenting all consultations.

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 regarding the home's regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 2 Health and personal care include:

● Registered nurses oversee specific care planning activities and care tasks.

● There are procedures to ensure compliance with legislation in the event of a resident's unexplained absence.

● There are policies and procedures in relation to medication management.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

- falls management

- neck brace fitting

- palliative care

- skin 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

Care recipients receive clinical care appropriate to their needs and preferences. On entry to the home staff, conduct a comprehensive suite of assessments in consultation with the resident, their representatives and health professionals. Care plans reflect each resident's needs, preferences and care support strategies. Nursing staff review care plans three monthly or in response to the changing needs of residents. Management monitors clinical care provided to residents through audits, clinical data review and incident report analysis. Staff attend regular education on a range of clinical care topics and follow an established process to maintain an adequate supply of clinical equipment to meet the needs of residents. Residents and representatives said they are satisfied with the level of consultation and the provision of clinical care to residents at the home.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Nursing staff manage specialised nursing care of care recipients, completing assessments, developing care plans, evaluating care and providing care as needed. Specialised nursing care provided to residents includes diabetic management, catheter care and wound care. Processes ensure appropriate supplies and equipment is available. Staff are provided with education and complete competencies where necessary prior to providing care to residents. Referrals and consultation with other health professionals occurs with recommendations and directions for care documented. Residents and representatives stated that appropriately skilled staff are available to provide specialised nursing care according to the needs of individual residents.

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

Management and staff ensure the referral of care recipients to appropriate health specialists in accordance with care recipients' needs and preferences. Staff assess all residents for their health requirements and refer residents to relevant specialists to meet identified needs and preferences. Residents have access to a range of health services including physiotherapy, podiatry, occupational therapy, dietitians, aged persons mental health services, speech pathology, optometry, hearing and dental services. Processes support up to date documentation of health care service recommendations and monitoring requirements in resident files. Residents and representatives said they are satisfied with how the home assists and provides access to visiting and external specialists.

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

Team's findings
The home meets this expected outcome

Policies and procedures provide guidance to staff for the safe and correct management of medication. Nursing staff administer medications according to the home's systems. Medication care plans and medication charts include identification details, medication requirements, preferences, allergies and details of any special needs. Protocols exist for residents who wish to self-manage all or part of their medications. Medications are stored securely and there are procedures to maintain supply and for the disposal of unused medications. A medication advisory committee, medication reviews, audits and the incident reporting system contribute to the monitoring of medication systems. Residents and representatives said they are satisfied with how the staff manage and provide medications to residents.

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

Nursing staff and the care recipient's general practitioner monitor and review care recipients to ensure each care recipient is as free as possible from pain. Staff complete initial pain assessments and charting to identify residents' past and current pain experiences and commence appropriate treatments. Assessment tools include consideration for residents who are unable to verbalise their pain. Assessment and pain management strategies include the identification of the site, cause of the pain, past and present history, treatment choices, and preferred care. Staff said they are aware of their role in pain management including the identification, reporting and monitoring of pain. Residents and representatives said they are satisfied with how staff identify and provide care for residents who experience pain or discomfort.

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

Staff practices ensure the dignity and comfort of terminally ill care recipients is maintained. Staff encourage each resident and their representatives to discuss end of life care and to complete advanced care plans. Palliative care specialists provide advice and support as required to the residents, their families and staff. When indicated, staff review care plans to ensure care aligns with residents' wishes and includes consideration of comfort, pain and symptom management, spiritual and emotional care. Document review confirms consultation with the resident or their representative occurs. Staff confirm they have access to appropriate equipment and stated they are able to support to residents and their families during this phase of illness.

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. Staff consider allergies, preferences, clinical and cultural needs when planning nutrition and hydration care. Nursing staff with the support of a visiting speech therapist and dietitian review the care needs of residents who have difficulty with swallowing, maintaining healthy weights or require specialised diets. Catering staff are able to provide texture modified, fortified or special diets as needed. Monitoring of nutrition and hydration occurs through audits, weight analysis and feedback. Residents and representatives stated that a choice of diet is offered and specialised diets are provided to residents as needed.

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

Staff monitor and assess care recipients to ensure skin care is appropriate and consistent with the individual care recipient's general health. Skin care strategies include regular repositioning, the use of pressure relieving devices, nutritional supplements and application of creams. Nursing staff complete wound care plans, attend to wound care and evaluate the effectiveness of treatment. Reporting and review of skin tears and wound incidents occurs. Staff stated sufficient and appropriate supplies of wound care products are available. Audits, incident reviews, staff observations, resident and representative consultations assist the home in monitoring the effectiveness of care. Residents and representatives said staff assist residents who require application of creams and equipment is provided to minimise the risk of pressure area development.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Staff assess each care recipient for their needs and preferences relating to continence management and develop care plans to assist in maintaining care recipients' dignity and independence with continence needs. The home provides appropriate aids and equipment based on each resident's assessed need. Care strategies include referrals to continence specialists, dietary and medication interventions, mobility strategies and documented toileting plans. Residents and representatives said staff manage the continence needs of residents in a timely and dignified manner.

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

Staff assess care recipients' behaviour patterns on entry identifying behavioural concerns and formulating plans to manage identified behaviours. Care plans include identification of triggers and specific management strategies. Staff refer residents to behavioural management specialists as necessary. Residents have access to a variety of living spaces and are assisted to engage in meaningful activities. Monitoring methods include surveys, audits of behavioural incidents, care reviews and stakeholder feedback. Residents and representatives said that the behaviour of other residents does not 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' optimum mobility and dexterity levels are identified and maintained. Clinical staff and visiting physiotherapists assess each resident for their needs relating to mobility and dexterity on entry to the home. Care plans include safety and risk management strategies, which staff review regularly or in response to changes in resident's needs. Management reviews incident reports to ensure the effectiveness of interventions and monitoring strategies. Mobility and transfer equipment is available and maintained, and adaptive cutlery and crockery supports residents dexterity at meal times. Staff receive training in equipment use and safe transfer practices and promote resident participation in movement activities and walks to aid resident mobility. Residents and representatives said they are satisfied with the care and equipment provided to residents.

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

Staff assess each care recipient for their individual needs and preferences relating to oral hygiene care. Dental care assessments identify the state of the residents' teeth, mouth and lips and the level of assistance required. Staff formulate oral and dental care plans, which include input from residents' preferred dentist or dental technician. A speech therapist is available to assist in assessing residents with swallowing and associated oral health needs. Staff confirm there is access to appropriate equipment to provide oral care to residents. Residents and representatives said they are satisfied with the dental care and assistance provided to residents.

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

Staff identify and respond to care recipients' sensory loss. On entry to the home, staff undertake assessments with residents and representatives to establish sensory ability, assistance needs and support strategies. Staff review care plans regularly and in response to changes in resident needs. Referrals to specialised health services such as optometrists, audiologists and occupational therapists occur in response to identified need. Lifestyle programs incorporate activities catering for sensory loss. Staff provide assistance with management of aids where needed. Residents and representatives said they are satisfied with assistance provided to residents with sensory loss.

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

Team's findings
The home meets this expected outcome

Practices at the home assist care recipients to achieve quality sleep. Staff complete assessments relating to sleep patterns to identify resident preferences for day and night rest. Care plans reflect preferences for retiring, waking, and strategies to promote sleep, such as attending to physical care needs, safety checks, leaving a light on or providing general comfort measures. Residents and representatives said staff assist residents to rest during the day if needed and that staff assist residents to settle at night.

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 the lifestyle documentation required improvement. Following an audit in January 2015, management created a new care plan tool with education to staff. Although not fully implemented or evaluated, there has been early positive feedback from staff who report the new holistic approach provides improved documentation thus improving care for residents. We noted the individualised and comprehensive new lifestyle care plans.

- Residents suggested activities be increased to include more external entertainers. Following consultation with residents, staff sourced extra groups. There has been positive feedback from residents who enjoy the improved external entertainers.

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 regarding the home's regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- There are policies and procedures with a flow-chart concerning elder abuse and compulsory reporting with the maintenance of a register.

- There is a privacy policy.

- Residents and representatives receive information on resident rights and responsibilities, services provided and the complaints scheme.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Education conducted relating to Standard 3 Care recipient lifestyle include:

- culture, ethnicity and health

- elder rights

- privacy and dignity

- identifying and reporting elder abuse.

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 home and on an ongoing basis. Before residents enter, management give residents and their representatives information regarding the home as well as a tour. On entry, management provide more information with introductions to staff and other residents as possible. Lifestyle and care staff offer support to residents adjusting to the unfamiliar environment. Staff encourage representatives to spend time with their resident to aid in the orientation process. Staff complete an assessment and care plan which includes emotional needs of residents and review these regularly. Residents and representatives personalise the resident's room with visits from family and friends encouraged. The lifestyle program provides individual time with residents with an aim to maintain personal interests where possible. Management and staff assist residents in maintaining community links. Residents and representatives said they are satisfied with emotional support for residents.

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

Team's findings
The home meets this expected outcome

Management and staff encourage care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Lifestyle care plans identify residents' needs to participate in specific interests, maintain their independence and retain ongoing community and social associations. Residents have access to safe outdoor areas and staff promote the use of mobility and dexterity aids for residents to maintain independence. Management and staff encourage and support residents to maintain contact with friends and family as well as participate in activities in the community. Representatives assist residents in personalising

their rooms as they wish. Residents and representatives said they are satisfied management and staff assist residents to be as independent as possible.

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 resident information is securely and appropriately stored. A range of internal and external areas are available for the use of residents to spend quiet time by themselves or with visitors. Staff assist residents in a sensitive and respectful manner when attending to activities of daily living. Management and staff speak to residents courteously and knock prior to entering residents' rooms. Residents and representatives said they are satisfied management and staff treat residents 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 of interest to them. Lifestyle staff complete an assessment and care plan in consultation with each resident and their representative to document such information as each resident's lifestyle life history, social and intellectual needs. These documents identify activities of interest to the resident . There are daily activity programs in both groups and individual settings with a range of activities including local outings, entertainment groups, games and the celebration of special occasions. Lifestyle staff monitor resident participation and undertake regular evaluations to ensure the activities program evolves to meet changing preferences. The activity program is displayed with input from residents and representatives encouraged. Residents and representatives said they are satisfied with leisure interests and activities available for residents.

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 interests, customs, beliefs and cultural backgrounds are valued and fostered. Lifestyle staff in consultation with each resident and representative develop a care plan to document cultural and spiritual needs to accommodate resident requests and requirements. There are regular church and communion services with access to interpreter services if required. Staff support and encourage residents to personalise their living space with cultural and spiritual items as desired. Management and staff ensure the celebration of cultural and significant days

including the provision of special catering for these events. Residents and representatives said they are satisfied with cultural and spiritual life for residents in the home.

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 is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Residents have input into the services they receive such as dining preferences, preferred retiring and waking times, level of participation in activities and preferred name. Personalised care plans contain this information and are regularly evaluated and updated to reflect residents' changing preferences. Management and staff obtain written consent from residents and/or their representatives to ensure residents' preferences are respected. Management encourage residents and their representatives to provide feedback about care and services either in meetings or on an individual basis. Staff encourage residents to make their own decisions without infringing on the rights of other residents. Residents and representatives said they are satisfied with the opportunities provided to residents 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

The home has a system to ensure care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Management provide prospective residents with information regarding the home and a tour. When residents move in, management provide an information pack as well as offer all residents a resident agreement, which includes information on care and services. Management consult with residents and representatives if there is a change to specified care and services. The 'Charter of residents' rights and responsibilities' is displayed along with external complaint information. Residents and representatives said they are satisfied residents feel secure 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:

● Following an audit, management identified the need to improve catering documentation processes and organised external education for catering staff. There has been positive feedback from these staff who report the new processes ensure improved catering services for residents.

● Residents requested the back lounge be upgraded. Staff involved residents in the selection of colours, materials and design ideas. There has been positive feedback from residents who enjoy their newly upgraded back lounge.

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 regarding the home's regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

● There is a food safety plan and independent auditing of catering services.

● There are infection control guidelines in the event of an outbreak.

● Management have processes to provide a safe working environment to meet regulatory requirements.

● There is a fire safety system.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

- fire and emergency management

- food safety

- infection control

- manual handling.

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

Team's findings
The home meets this expected outcome

Management at the home is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. Residents have individual or shared rooms with private or shared ensuites with various processes for heating and cooling. There is safe access to clean, comfortable and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. Management and relevant staff monitor the safety of the facility including preventative and routine building and equipment maintenance. Staff help to make the residents safe and comfortable through ensuring access to items such as call bells and mobility aids. Management monitor comfort and safety in the home through regular audits and inspection tours. Residents and representatives said residents feel safe and comfortable in the home.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

Management actively work to provide a safe working environment to meet regulatory requirements. Staff have input into the home's occupational health and safety system through reporting of any hazards. Management ensure the discussion of occupational health and safety at staff meetings or individually as required. There is an occupational health and safety representative. Management ensure the completion of regular audits and workplace inspections with risk assessments as required. Management and relevant staff ensure equipment in the home receives routine and preventative maintenance. There are areas to provide secure storage for chemicals and dangerous goods. Staff are aware of how to report hazards and are satisfied management provide a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professional contractors carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular education for staff in fire, security and other emergencies. The evacuation maps and resident lists are current. Exit doors are free from obstruction with egress routes clearly maintained. There is an electrical testing and tagging system. Staff said they have received fire and other emergency training and know what to do in such an event. Residents and representatives said they are satisfied residents 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

The director of nursing oversees the infection control program. Nursing staff identify infections and document care required. Data on infections is analysed and reviewed for trends. Infection control education is included in staff orientation and annual education programs. Policies and procedures include guidelines for managing gastroenteritis and influenza outbreaks. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Staff explained appropriate procedures to follow in relation to managing and preventing infections and their roles in the event of an infectious outbreak. Residents and representatives said that residents are encouraged to have annual vaccinations and stated if a resident is unwell, staff are prompt to initiate appropriate care.

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 provides hospitality services in a way that enhances care recipients' quality of life and staff's working environment. A designated food safety supervisor ensures food services are in line with the home's food safety plan with food prepared and cooked fresh on site. A dietitian reviews the home's rotating menu annually. Cleaning staff attend to the cleaning of the home according to documented processes. An in house laundry service attends to the washing of all linen and resident's personal clothing. Adequate cleaning and laundry supplies and equipment are available and chemicals are stored in a safe manner. Residents, representatives and staff said they are satisfied with the catering, cleaning and laundry services at the home.