Australian Government
Australian Aged Care Quality Agency

Cooinda Village Inc

RACS ID 3284
1-35 Kilfeera Road
BENALLA VIC 3672

Approved provider: Cooinda Village Inc

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 09 October 2019.

We made our decision on 12 August 2016.

The audit was conducted on 19 July 2016 to 20 July 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

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Audit Report

Cooinda Village Inc 3284

Approved provider: Cooinda Village Inc

Introduction

This is the report of a re-accreditation audit from 19 July 2016 to 20 July 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 July 2016 to 20 July 2016.

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:	Jill Packham
Team member:	Colette Marshall

Approved provider details

Approved provider:	Cooinda Village Inc

Details of home

Name of home:	Cooinda Village Inc
RACS ID:	3284

Total number of allocated places:	82
Number of care recipients during audit:	80
Number of care recipients receiving high care during audit:	76
Special needs catered for:	n/a

Street:	1-35 Kilfeera Road
City:	BENALLA
State:	VIC
Postcode:	3672
Phone number:	03 5761 3300
Facsimile:	03 5762 4166
E-mail address:	margaretaldous@cooindavillage.org.au

Audit trail

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

Interviews

Category	Number
Chief executive officer/director of nursing	1
Quality/customer service manager	1
Building services manager	1
Finance manager	1
Works project manager	1
Environmental services manager	1
Education co-ordinator	1
Clinical services manager	1
Registered/enrolled nurses	5
Care staff	3
Care recipients	5
Representatives	7
Lifestyle staff	3
Physiotherapist	1
Administration assistant	1
Maintenance staff	1
Chef	1
Laundry staff	2
Cleaning staff	1

Sampled documents

Category	Number
Care recipients' files	11
Care recipient financial files	5
External services agreements	5
Medication charts	7
Personnel files	6

Other documents reviewed

The team also reviewed:

- Accreditation self-assessment folder

- Audits

- Care recipients' information package and handbook

- Catering dietary lists and records

- Cleaning and laundry schedules

- Clinical charting

- Comments and complaints records

- Consent forms

- Continuous improvement program records

- Kitchen certification and third party audit

- Daily clinical treatment logs

- Education, orientation and competency records

- Electronic information systems

- External services management documents

- Fire, security and emergency management documents

- Food safety plan and monitoring records

- Handover sheet

- Human resource documentation

- Incident reports

- Infection data and analysis records

- Inventory and equipment management documents

- Lifestyle program records

- Mandatory reporting register

- Material safety data sheets

- Menu and dietitian review

- Minutes of meetings

- Mission, vision and values statement

- Newsletters

- Occupational health and safety program

- Outbreak management documents

- Pest control records

- Police certificates and statutory declarations

- Policies and procedures

- Position descriptions and duties lists

- Preventative and responsive maintenance records

- Professional registrations

- Referrals to health specialists

- Risk assessments

- Staff handbook and information package

- Strategic plan

- Surveys

Observations

The team observed the following:

- Activities in progress

- Charter of care recipients' rights and responsibilities poster

- Chemical storage

- Confidential document storage

- Equipment and supply storage areas

- External complaints and advocacy information

- Fire, security and emergency equipment and signage

- Infection control equipment

- Interactions between staff and care recipients

- Internal feedback forms and suggestion box

- Kitchen and laundry environment

- Living environment

- Meal and refreshment services

- Mission, vision and values statement

- Mobility aids and transfer equipment

- Newly opened wing

- Noticeboards and information displays

- Short group observation in dining room

- Storage of medications

- Waste disposal system

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's quality systems effectively identify, action and evaluate continuous improvements across the Accreditation Standards. Management sources information through stakeholder feedback, analysis of audits and monthly clinical data, care recipient needs, legislative changes and strategic planning. Management logs, monitors and evaluates actions with input from relevant departments. Identified improvement opportunities may result in reviews of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Care recipients, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and are encouraged to be part of continuous improvement at the home.

Improvements over the last 12 months relating to Standard 1- Management systems, staffing and organisational development include:

- Management identified the need to modernise and to promote the home and aged care in a more positive manner within the community. The board approved consultation with a professional marketing service. This resulted in the development of a marketing plan and the appointment of a dedicated marketing and project co-ordinator. This ensures the ongoing viability of the organisation against increasing competition within the town.

- Management reviewed information technology infrastructure to replace the outdated systems and equipment at the home. They installed a new server, updated software, purchased new computers and mounted additional wireless access points throughout the facility. The update also included the introduction of a new electronic clinical care program. This provides a comprehensive, standardised information network and improved access for staff and care recipients.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management receives regular information and updates on professional guidelines and legislative requirements through subscription to a legal update service, membership to peak bodies and notifications from professional networks and government departments.

Processes ensure the revision of relevant policies and procedures when required. Monitoring of compliance is through internal and external reviews and the auditing schedule.

Dissemination of information to staff regarding changes to regulations and the home's practices is through electronic alerts, meetings, memoranda and education sessions. The home notifies care recipients and representatives of any relevant changes to legislation.

Regulatory compliance at the home relating to Standard 1 - Management systems, staffing and organisational development includes:

* Staff, volunteers and external contractors have current police certificates and signed statutory declarations as needed.

* Nursing staff hold current professional registrations.

* The home notifies staff, care recipients and representatives of re-accreditation site audits.

* Staff receive a Fair Work statement on commencement of employment.

* Confidential documents are stored and destroyed securely.

* Information is available to care recipients and representatives on external complaints and advocacy services.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards including management systems, staffing and organisational development. The program includes competencies, orientation and mandatory training utilising several modalities such as DVD presentations, in-house presentations, external courses and online training. Staff are encouraged and supported to undertake external courses to upgrade their skills and the home has links with external training colleges. Ongoing monitoring of skills and knowledge occurs through performance review, feedback, observation and monitoring systems such as audits

and incident reporting data. A training register database is in place to record and monitor staff attendance and there is a process to follow up non-attendance at mandatory training. Staff expressed a high level of satisfaction with the education program at the home including the opportunity to attend external courses.

Examples of recent training and development opportunities relevant to Standard 1 - Management systems, staffing and organisational development include:

- accreditation

- compulsory 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

Management provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is in the information handbook and agreements given to care recipients and representatives. The home displays external complaints and advocacy brochures and provides access to internal comments and complaints forms and a secure suggestion box. Management has an open door policy and regularly consults with staff, care recipients and representatives providing group and individual forums to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Care recipients, representatives and staff are aware of the process and documentation shows matters are actioned appropriately and in a timely manner.

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 home's mission, vision and values statement is on display and published in stakeholder documents. The home's plan for continuous improvement confirms a commitment to providing ongoing quality service reflective of their philosophy.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrates there are sufficient numbers of appropriately skilled and qualified staff to provide care and services which meets the organisation's philosophy of care. There is a comprehensive system for recruitment and selection of staff and ongoing monitoring of performance. The selection and interview process follows a values based approach to ensure applicants are suitable to provide person centred care. Newly appointed staff are provided with orientation and support on commencement and on an ongoing basis.

Resources to support staff include position descriptions, duty lists, policies and procedures, handbooks and education. Management monitor the currency of police certificates and professional registrations. Processes to monitor staff performance include observation, performance appraisal and competency testing. Adjustment of staff levels occurs to meet care recipient needs and there is a system to replace staff for planned and unplanned leave. Staff said they have sufficient time to perform their roles and expressed a high level of satisfaction with the staffing model, the level of teamwork with colleagues and support from the management team. Care recipients and representatives are satisfied with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management demonstrates systems to ensure appropriate goods and equipment are available for quality service delivery. Key organisational personnel and staff monitor stock levels and re-ordering processes are through an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects identified special needs of the current care recipient population. New equipment is trialled prior to purchase and staff receive training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Care recipients and staff stated adequate supplies of appropriate goods and equipment are available at all times.

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 in place. All stakeholders have access to current information, activities and events at the home as appropriate through means such as noticeboard displays, handbooks and newsletters. Care recipients and representatives receive adequate information, including regular care consultations to assist them to make decisions about care and lifestyle. Management and staff have relevant information to help them perform their roles such as position descriptions, the electronic and paper based clinical documentation system, education, the intranet, meetings, policies and procedures.

Key data is routinely collected, analysed and made available to the relevant staff. Confidential information is stored securely and access to computerised information is password protected for use by relevant staff and visiting professionals. Computerised information is backed up regularly and archived material is stored securely pending destruction. Care recipients, representatives and staff are satisfied with information systems and communication processes.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management ensures ongoing quality and responsiveness of externally sourced services. Key organisational personnel monitor contractors' insurance cover, police certificates and qualifications and ensure services meet relevant regulations. Contractors undertake an induction program prior to commencing. The organisation regularly reviews satisfaction with externally sourced services including feedback from management, staff, care recipients and representatives, audits, surveys and observations. A list of preferred service providers is available and staff have access to after hours' emergency assistance. Staff and care recipients are satisfied with the quality of currently sourced external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Improvements over the last 12 months relating to Standard 2 – Health and personal care include:

- A new wing opened in February 2016 to meet the identified increased needs of care recipients. Each room provides larger accommodation with overhead tracking equipment. There are also more activity areas and secure internal courtyards. This provides improved access for equipment, a more appropriate environment for care recipients living with dementia and a higher ratio of staff to provide dedicated care.

- The home has introduced a regular physiotherapy service with a focus on pain management. The program provides individual strategies for care recipients including massage, gentle exercise and heat pack therapy. Management report a documented reduction in the use of controlled pain medications and observed increases in mobility and general wellbeing of care recipients on the program.

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

Management ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes.

Regulatory compliance at the home relating to Standard 2 – Health and personal care includes:

- Appropriately qualified staff provides medication management and specialised nursing care.

- Medication is stored securely.

- The home has a policy for unexplained absent care recipients with appropriate incident reporting and notification processes.

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

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of recent training and development opportunities relevant to Standard 2 - Health and personal care include:

- diabetes

- medication administration topics

- palliative care

- 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

Care recipients receive clinical care appropriate to their needs and preferences. On entry to the home an assessment and interim care plan is completed which defines care recipient needs and preferences and specific treatment requirements. This is followed by a period of scheduled assessments and completion of a long term care plan. Assessments and care planning occurs in consultation with the care recipient, their representative, medical practitioners and other health professionals. There is a comprehensive three monthly care review process and care consultations occur on a regular basis. Communication of care occurs through verbal and written handover, care plans and treatment schedules. A range of clinical audits are undertaken on a regular basis to monitor and evaluate outcomes of care. Nursing staff review care recipients after a clinical incident and analysis is undertaken to identify trends or initiate prevention strategies. Care recipients and representatives are satisfied with how clinical care is provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. A range of specialised nursing care is provided at the home and relevant assessments and care plans are completed according to individual care recipient needs. Evaluation of care and review of care plans occurs on a regular basis or as care needs change. Registered nurses undertake all aspects of care in relation to specialised nursing care in consultation with medical practitioners and a range of other health professionals. There is access to specialised external consultants including wound care, palliative care and aged mental health and psychiatric services. Care recipients and representatives are satisfied with how specialised care is undertaken.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners visit care recipients regularly and on an as needs basis and other health professionals provide services on site including physiotherapy, podiatry, nutrition and speech pathology. Dental, hearing and eye care services are provided on site or care recipients attend outside appointments according to their choice and preference. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Care recipients and

representatives are satisfied with the home's process for referral to health specialists according to needs and preferences.

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' medication is managed safely and correctly. Qualified nurses undertake or supervise medication administration and complete competency training annually. There are medication policies and procedures available for staff to follow. There is an effective system for the supply of pre-packaged and non-packaged medications coordinated by nursing staff. Medical practitioners assess and monitor care recipient medication requirements and an independent pharmacist completes medication reviews. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review is undertaken accordingly. Multidisciplinary medication meetings are held to monitor and evaluate the medication system. Care recipients and representatives are satisfied with staff management of medication administration.

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

All care recipients are as free as possible from pain. Assessment and care planning processes include assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. A range of pain management strategies includes heat packs, massage and analgesia. A physiotherapist undertakes individualised pain management programs for care recipients with chronic pain. Nurses and medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Care recipients and representatives are satisfied with staff management of care recipients' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Advanced care plans outline care recipient choices for end of life care and palliative care plans define care needs and preferences including comfort and dignity measures. Consultation with the care recipient, representative, medical practitioner and other health professionals occurs to allow effective care provision. Key clinical staff coordinate care recipients' palliative care needs and there is access to an external palliative service if required. Staff said they have sufficient resources for

the provision of palliative care and described care measures they undertake when caring for terminally ill care recipients including comfort and dignity measures.

Representatives were satisfied with palliative care provided at the home.

2.10 Nutrition and hydration

This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Care recipients individual choice, preferences and dietary requirements are assessed and included in dietary forms and care plans. There is a process to evaluate nutrition and hydration on a regular basis or as needs change. Staff identify care recipients at risk of nutrition and hydration problems through specific assessments, weight monitoring and observation of eating patterns. A dietitian visits the home on a regular basis and there are effective referral and review mechanisms in place. Speech pathology referrals occur as required and medical practitioners monitor care recipients' nutrition and hydration requirements. There are communication processes to advise catering staff of care recipients' dietary plans including variations. Nutritional supplements, specialised diets and assistive devices are provided to support care recipient needs with consideration given to the effects of oral and dental conditions or sensory deficits. Care recipients and representatives are satisfied with the provision of nutrition and hydration and assistance given to care recipients during meal and refreshment services.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Skin care plans outline care recipients individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of care recipients skin during routine care and maintain skin integrity through the application of moisturisers, limb protectors and use of pressure relieving devices. Registered nurses monitor wound care treatment and healing rates and there is a wound care committee. There are care processes to minimise skin tears and pressure injuries and rates are analysed and evaluated through the incident reporting system. Care recipients and representatives are satisfied with staff management of skin care.

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 is managed effectively. Assessments include triggers and health conditions which may affect continence and care plans outline individual support to maintain or

restore continence. A designated staff member is responsible for coordinating the assessment process and developing care plans to meet individual care recipient needs. Care recipients and representatives are satisfied with how staff manage continence and maintain privacy and dignity when providing assistance.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Behaviour assessments and care plans outline individual triggers and effective intervention strategies. Evaluation of the effectiveness of behaviour care plans occurs in consultation with medical practitioners and referral to psycho-geriatric services occurs as required. All staff have completed a dementia care course to enable a consistent approach to managing behaviours reflective of contemporary practice. The lifestyle program includes activities for care recipients with dementia related illness which are personalised to enhance the quality of life and wellbeing for each care recipient. Care recipients and representatives are satisfied staff manage behaviours in a caring and supportive manner.

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

Optimum levels of mobility and dexterity are achieved for all care recipients. Nurses and physiotherapists undertake assessments and care planning to establish care recipient capabilities and outline strategies to promote safe mobility and dexterity. Care planning incorporates falls prevention strategies and exercise regimes. The environment of the home is modified to aid independent mobility for care recipients using assistive equipment.

Physiotherapists review care recipients after a fall and there is a range of falls prevention equipment in use. Falls data is collected and analysed and prevention strategies are revised accordingly. Care recipients and representatives are satisfied mobility and dexterity is encouraged and staff provide suitable assistance.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained according to needs and preferences. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the care recipient. Dental appointments are arranged as required and dental products are readily available for care recipient use and changed routinely. Care

recipients and representatives are satisfied with the level of oral and dental care provided by staff.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Sensory assessments and care plans outline individual care recipient needs. Sensory needs are incorporated into nutritional and skin care regimes and participation in interests and activities. Referral to other health professionals such as speech pathologists, audiologists and optometrists occurs as required. Staff check the working condition of aids and assist care recipients in using devices such as hearing aids and glasses on a daily basis.

Representatives are satisfied with the attention given to care recipients' sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve natural sleep patterns. Staff assist care recipients to maintain their preferred sleep pattern when they move into the home. Sleep assessments provide staff with information to assist with promoting natural sleep and providing comforts and support based on individual choice and preferences. Staff utilise a variety of methods to promote sleep including a safe and quiet environment, warm drinks, snacks and emotional support. Medication is used if required and effectiveness is evaluated. Care recipients said staff are available to provide assistance and support for sleep disturbance or comfort needs as required.

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

Management and staff actively pursue continuous improvement in relation to the care recipients' lifestyle experiences. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes.

Improvements over the last 12 months relating to Standard 3 – Care recipients' lifestyle include:

- Management undertook a self-assessment on sexuality in aged care after attending a Better Practice conference. This resulted in provision of training to staff to increase their awareness and understanding on the subject. They are currently updating policies and the information handbook to ensure inclusive practices across the organisation in regards to sexuality in aged care including care recipients from within the LGBTI community.

- Staff suggested a review of the sound system in the new wing to increase the quality and accessibility for care recipients with low hearing. Management investigated options and decided to install a surround sound system with hearing loop technology. The system reduces distortion and provides clearer sound for care recipients with hearing aids.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation's policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to care recipients' lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes.

Regulatory compliance at the home relating to Standard 3 – Care recipient lifestyle includes:

- The home has appropriate systems to record incidents of elder abuse and a consolidated register for mandatory reporting matters.

- Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements.

- Guardianship and powers of attorney information is on file.

- The home displays posters of the Charter of care recipients' rights and 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

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of recent training and development opportunities relevant to Standard 3 - Care recipient lifestyle include:

- dementia dynamics toolkit course - all staff

- elder rights

- person centred care

- sexuality.

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

Management and staff provide initial and ongoing emotional support to care recipients and representatives. New care recipients and representatives meet with management and receive an information pack and handbook explaining services and levels of care. They go on a tour of the facility and meet other care recipients and staff. After a settling-in period assessments capture past and current social and emotional histories. Care plans document preferences, triggers and strategies for the care recipients to enjoy life at the home. Care recipients are encouraged to personalise their rooms and staff invite representatives to join in activities and maintain close contact. The home has access to psycho-geriatric specialists and an on-site community support worker if required. Regularly reviewed care plans capture change and the activity program schedules individual time with care recipients. We observed staff interacting with care recipients in a caring and friendly manner and care recipients said the home meets their emotional needs.

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 demonstrate they support care recipients to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies care recipients' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Exercise programs assist to maintain mobility and strength and lifestyle programs include sensory stimulation activities and community outings. The home assists care recipients to vote in elections, shop for personal items, attend community groups and entertain visitors. Supplied equipment aids and utensils encourage independence and audits ensure the environment is free of hazards. Care recipients stated they feel they are part of the local community and said staff assist them to be independent.

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 respect each care recipient's right to privacy, dignity and confidentiality. The organisation provides information to care recipients and staff on their privacy and confidentiality policies. Care recipients sign consent forms for the release of personal information and the display of photographs and names. The home accommodates care

recipients in single rooms; the majority have private en suite bathrooms. There are numerous internal and external areas to meet with visitors and rooms to hold private functions. Files are kept in secure areas, handover occurs discreetly and care recipients have access to a key to lock their rooms. Staff knock on doors before entering and address care recipients by their preferred name. Care recipients said staff treat them with respect and maintain their privacy.

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 support and encourage care recipients to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the care recipients. Activity evaluations, surveys, feedback from meetings and participation records monitor satisfaction and care recipients make suggestions for future planning.

Community groups and volunteers are welcomed at the home and care recipients receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in their life at the home and to join in activities. Care recipients stated staff assist them to attend the daily events and they are satisfied with the variety of the activities program.

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 demonstrate they foster and value care recipients' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff access interpreters if needed. Various denominations hold group and individual religious services. Cultural and volunteer groups are welcome and staff assist care recipients to attend community clubs and events. Special events and significant days are celebrated and care recipients' dietary preferences accommodated. Care recipients stated satisfaction with the support provided to meet their cultural and spiritual needs.

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

Management and staff are committed to promoting the care recipients' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney information is available where required. Regular risk assessments and care plan reviews capture change. Displayed brochures, handbooks and agreements contain information on care recipients' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures on this outcome. Care recipients stated satisfaction with their ability to continue to make independent choices and decisions.

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

Management ensures new care recipients understand their security of tenure, rights and responsibilities, financial obligations and services offered. Care recipients receive an information handbook and the formal agreement covers policies on rules of occupancy, leave entitlements and termination circumstances. Consultation occurs in the event of the need to move a care recipient to another room or to a more appropriate facility. Care recipients and representatives are encouraged to seek external legal and financial advice and power of attorney information is on file. The home has an open door policy to discuss any concerns and the organisation forwards relevant correspondence to inform of changes. Care recipients and representatives feel secure in the care recipients' tenancy 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

Management and staff actively pursue continuous improvement to ensure care recipients live in a safe and comfortable environment. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes.

Improvements over the last 12 months relating to Standard 4 – Physical environment and safe systems include:

- Management introduced staff 'glitter bug' practical hand hygiene competencies to augment online infection control training. The product highlights the effectiveness of hand washing by illuminating missed areas. Care recipients also joined in and enjoyed participating in the activity. The new strategy gives staff and care recipients a better understanding of the importance of diligent hand hygiene practices.

- Following completion of the new building, management reviewed the dining room in the older section of the home. They consulted with care recipients and representatives for ideas to brighten the environment. This resulted in painting the room, the purchase of new furniture and installation of new lighting. The refurbishment provides an improved dining experience for the care recipients.

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

Management has systems to identify and ensure compliance with relevant regulations to provide a safe and comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes.

Regulatory compliance at the home relating to Standard 4 – Physical environment and safe systems includes:

- Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling.

- Chemicals are stored appropriately with accompanying material safety data sheets.

- The kitchen has a current food safety program and certifications by external authorities.

- Effective monitoring and maintenance of fire and safety regulations occurs.

- The home adheres to occupational health and safety policies.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of recent training and development opportunities relevant to Standard 4 - Physical environment and safe systems include:

- chemical training

- fire and emergency

- infection control

- manual handling/no lift.

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 and staff at the home are actively working to provide a safe and comfortable environment. Care recipients live in single, personalised rooms and the majority have private en suite bathrooms. The home provides well maintained internal and external environments with appropriate signage and security features. Furnishings and equipment are consistent with care recipients' care and safety needs. Care recipients and visitors have access to a variety of private and communal areas to meet and refreshments are available. Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and responsive maintenance program. Policies and procedures guide staff practices and meet regulatory requirements. Care recipients and representatives are complimentary of the comfort and safety of the environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The occupational, health and safety management program provides a safe working environment for staff that meets regulatory requirements. Three on-site trained representatives meet regularly with the committee to review safety related issues and suggestions. Responsibilities include conducting environmental audits and monitoring and mentoring staff practices. Staff receive ongoing training for manual handling, fire and emergency, safe chemical management and infection control. They have access to policies and procedures to guide work practices. Incidents and infections data is analysed and hazards and maintenance requests dealt with in a timely manner. Identified opportunities for improvement feed into the continuous improvement plan. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury.

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

There are systems for the detection, prevention and management of fire, security and other emergencies. Regular maintenance and servicing of fire equipment and alarm systems occurs. Evacuation boxes are available with a current list of care recipients noting their mobility levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad security systems and provides effective after hours' emergency measures. Visitors are required to sign a

register on entry and exit. Staff attend mandatory fire and emergency training at orientation and annually thereafter. Care recipients receive relevant information in their information handbook, in newsletters and at meetings. Staff are able to detail their actions in the event of an emergency evacuation and care recipients and representatives are satisfied with fire and security measures 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 effective infection control program in place. Infection surveillance is undertaken with results evaluated by key clinical staff and discussed at relevant meetings. Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are in place throughout the facility. Care recipients are assessed and monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. There is a planned pest control program. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program and current council and external audit certification. Cleaning schedules are in place and environmental audits are undertaken.

Medical practitioners offer vaccinations to care recipients and staff.

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

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Meals and snacks are prepared fresh on site in accordance with the home's food safety program and dietitian review. Dietary information including preferences for food and drinks is available for catering staff to follow. A rotating seasonal menu offers residents a range of meal and beverage choices. Alternative meal choices are available with snacks and fresh fruit provided. Personal clothing is laundered in-house and linen goes to an offsite service. There are processes to label residents' clothing to minimise lost property. Staff undertake cleaning services according to set schedules and procedures. Care recipients and representatives said they are satisfied with hospitality services and were complimentary of the quality of food served at the home.