



Australian Government

Australian Aged Care Quality Agency

Geegeelup Village Hostel

RACS ID 7127
3 Scott Street
BRIDGETOWN WA 6255

Approved provider: Geegeelup 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 21 September 2019.

We made our decision on 18 July 2016.

The audit was conducted on 22 June 2016 to 23 June 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

Geegeelup Village Hostel 7127

Approved provider: Geegeelup Village Inc

Introduction

This is the report of a re-accreditation audit from 22 June 2016 to 23 June 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 22 June 2016 to 23 June 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:	Philippa Brittain
Team member:	Alison James

Approved provider details

Approved provider:	Geegeelup Village Inc
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Details of home

Name of home:	Geegeelup Village Hostel
RACS ID:	7127

Total number of allocated places:	16
Number of care recipients during audit:	13
Number of care recipients receiving high care during audit:	11
Special needs catered for:	Nil specified

Street:	3 Scott Street
Town:	BRIDGETOWN
State:	WA
Postcode:	6255
Phone number:	08 9761 1366
Facsimile:	08 9761 4166
E-mail address:	geegeelupvillage@westnet.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Registered nurses	2
Care coordinators/care staff/support workers	5
Multi coordinator/Quality staff	1
Administration/managerial assistant	1
Care recipients/representatives	7
Occupational therapist	1
Physiotherapist	1
Therapy staff	1
Finance officer	1

Sampled documents

Category	Number
Care recipient files, assessments, care plans and progress notes	6
Care recipient palliative care notes	1
Contractor agreements	2
Medication charts	6
Personnel files	6
Care recipient agreement	1

Other documents reviewed

The team also reviewed:

- Accidents, incidents and hazards
- Activity program and therapy statistics
- Archiving documents
- Audits and surveys
- Behavioural management file, including referrals to psychologist and external services

- Clinical systems review weekly audits
- Comments, complaints and continuous improvement folders
- Corrective and preventative maintenance records
- Dietitian and speech therapy referrals
- Fire-fighting equipment servicing records and emergency procedures, including care recipient mobility evacuation list
- Food safety records (refrigerator, freezer, meal temperatures, pest control records and cleaning schedules)
- Handbooks for staff, care recipients and volunteers
- Handover sheets and daily treatment files, communication books, duty statements and position descriptions, rosters, meeting minutes, newsletters, staff diaries and staff memoranda
- Infection control guidelines, outbreak information and infection monitoring records
- Menus and dietary lists including food supplements, cleaning programs and signing sheets
- Plan for continuous improvement and improvement logs including comments, complaints and suggestions
- Police certificates and professional registrations matrix
- Policies and procedures
- Rosters
- Staff training matrix, attendance records and training evaluations
- Wound care charts.

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Availability of internal and external complaints information and brochures and secure feedback box available throughout the home
- Equipment and supply storage areas (continence aids, mobility equipment, sharps waste disposal, personal care items and chemical storage)
- Fire and safety equipment, signage and emergency exits
- Interactions between staff and care recipients

- Living environment and care recipients' appearance
- Noticeboards with information for staff, care recipients and visitors
- Short group observation of activities and lunch in the communal area
- Spills kits, safety data sheets and access to personal protective equipment
- Vision, mission, values and philosophy statements and Charter of care recipients' rights and responsibilities displayed and notice for re-accreditation.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems to monitor compliance across all Accreditation Standards. Opportunities for improvement are identified using a variety of methods including audits, surveys, incidents, accidents and hazards, meetings and general feedback. All improvements are added to the home's continuous improvement plan which outlines responsibilities, proposed/completed actions and expected timeframes. Staff reported they are encouraged to participate in the home's continuous improvement process and were able to describe recent improvements. Care recipients and representatives reported they are satisfied the home actively pursues continuous improvement.

Improvements undertaken or in progress over the last 12 months in relation to Standard 1 – Management, systems, staffing and organisational development are described below.

- Following a small providers' meeting, it was identified the new Board members may benefit from governance training to support them in their new role. In response, five board members were provided with training, which included risk management and executive governance. A training package has been developed for board members who did not attend the training. A risk assessment has since been completed to identify areas of concern and an action plan has been implemented. The management team reported they will evaluate this at a later date.
- The home has developed a more formalised process when managing complaints following the implementation of the Aged Care Commissioner managing external complaints. The process now includes formal acknowledgement of the complaint and a follow-up process to ensure the originator is satisfied with the outcome. Staff reported, and documentation reviewed confirmed, positive feedback from care recipients, representatives and staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home ensures the identification and implementation of changes to legislation, regulatory requirements and professional standards and guidelines. Information is sourced in a variety of ways including peak bodies, government agencies and industry related newsletters.

Policies and procedures are updated as changes occur, and the home’s manager is responsible for disseminating information to relevant staff and/or care recipients and their representatives. Care recipients and/or their representatives are advised of fees and services prior to moving into the home and as changes occur, and care recipients and other interested parties have access to external complaints and advocacy information. Care recipients and representatives reported they were advised of the re-accreditation audit via correspondence, newsletters, meetings and flyers displayed at the home.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. A training matrix is maintained by senior management to monitor and ensure all staff attend training appropriate to their role, and a range of other information such as clinical indicators, hazards, staff performance appraisals, feedback and care recipients’ care needs are used to identify staff training needs. There is a ‘buddy’ system to support new staff during orientation. Staff reported they are encouraged and supported to attend internal and external training. Care recipients and representatives reported they are satisfied management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of training and education undertaken over the last 12 months in relation to Standard 1 – Management systems, staffing and organisational development are listed below.

- Aged care complaints
- Certificates III and IV in Aged care
- Diploma of enrolled nursing
- Documentation
- Governance training
- Registered nurse re-registration.

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

Care recipients and/or their representatives receive information regarding the comments and complaints process on moving into the home via the care recipient handbook and care recipient agreement. Information regarding the external complaints process and advocacy is readily available around the home, and care recipients and other stakeholders are reminded of the complaints process at meetings and case conferences. Management maintains confidentiality, and there is a secure suggestion box for anonymity. Staff reported they are encouraged to provide feedback and advocate on behalf of care recipients. Care recipients and representatives reported they are satisfied with the access to the internal and external complaints process without fear of retribution.

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 displays their vision, mission, values and philosophy statements on entry to the home, and this information is consistently documented in the care recipient and staff handbooks. These statements include information regarding the home's commitment to continuous improvement and to support and enhance care recipients' quality of life. Staff reported they are advised of the home's vision, mission, values and philosophy at orientation and discussed during staff meetings.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure there are appropriately skilled and qualified staff sufficient to meet the care needs of care recipients. There are processes to adjust staffing levels or skill mix to meet the care needs of care recipients. The manager is responsible for the recruitment of staff, and new staff receive an orientation to the home and are supernumerary for two or more shifts until competent to undertake their duties.

Mandatory, competency based, self-directed learning packages and external training are provided, and staff performance is monitored via incidents, accidents, performance appraisals and general feedback. The home's own staff cover absenteeism. Staff reported they have appropriate time to complete their duties in the allotted time. Care recipients and

representatives reported they are satisfied with the knowledge, skills and responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure appropriate stocks of goods and equipment are available to quality service delivery. There is a corrective and preventative maintenance program. Designated staff are responsible for the ordering and rotation of stock, and purchasing of goods and equipment is undertaken using the home's preferred suppliers/contractors. Equipment is stored to provide accessibility to staff and to prevent damage, and there is a process for the correct disposal of equipment. Staff reported they are able to provide feedback on the suitability of new equipment and are provided with training when new equipment is supplied. Care recipients and representatives reported there are appropriate goods, equipment and supplies provided, and maintenance issues are dealt with in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes to ensure the collation, analysis and dissemination of information in relation to care recipients' care needs, business and operational matters. On commencement of employment, staff sign a confidentiality agreement. Information is readily available via the home's policies and procedures, up-to-date care recipient care plans, handovers and meetings. The home has measures to protect and restore electronic information, and access to computers is password protected with specific levels of access. Archived information is stored securely and accessed by authorised personnel only, and there is an effective process to retrieve information if required. Staff interviewed reported they have access to up-to-date information that enables them to perform their duties. Care recipients and representatives reported they are satisfied they have access to information that enables them to make choices and decisions regarding care recipients' needs and lifestyle choices.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure externally sourced services are provided in a way that meets the needs of the care recipients and service quality goals. The multi-coordinator monitors the police certificates, insurance details and professional registrations of

contractors where applicable. Agreements and contracts are developed by the home and include goals to meet legislative and regulatory requirements. Policies and procedures outline the processes to effectively use the external providers. External contractors provide education and training to staff, undertake audits and maintenance and repair of equipment. A list of preferred suppliers/contractors is available to assist staff with the purchase of goods or equipment. Staff, care recipients and representatives reported they are satisfied with the home's externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, behaviours and care recipients missing without explanation, and this information is collated and analysed for trends. Care recipients and staff are satisfied the home actively promotes and improves care recipients' physical and mental health.

Improvements undertaken or in progress over the last 12 months in relation to Standard 2 – Health and personal care are described below.

- It was identified via the home's clinical indicators, there was an increase in care recipient skin tears and wounds during manual handling. In response, management have purchased individual slide sheets and these are readily available in each care recipient's room. Staff were provided with slide sheet training and reported these are now readily available when required. The management team reported, and documentation reviewed showed, a decrease in the number of skin tears/wounds sustained during manual handling.
- Due to the increasing intrusive behaviours of care recipients with dementia, the home consulted with external mental health services for ideas to assist staff and care recipients. Care recipients were asked as to what pictures they would like displayed on their door to assist them with finding their rooms. The home changed the contrast for required signage and removed any unnecessary signage. Care recipients and staff reported, and documentation reviewed showed, a significant decrease in intrusive behaviours.

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

The home monitors changes to legislation, regulatory requirements and professional standards and guidelines in relation to health and personal care and alerts staff using a variety of communication methods. Professional registrations are monitored by key personnel, and

there are processes for the reporting of unexplained absences of care recipients. Medications are stored safely and correctly and administered by staff deemed competent by a registered nurse. Qualified staff carry out initial and ongoing assessments of care recipients. Care recipients and representatives reported care recipients receive clinical care appropriate to their needs and preferences.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development process.

Examples of education and training undertaken in the last 12 months in relation to Standard 2 – Health and personal care are listed below.

- Application of compression garments
- Arthritis
- Blood glucose levels
- Medication management
- Pain management, chronic disease and palliative care
- Simple dressings
- Use of pulse oximeter.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients receive appropriate clinical care. On moving into the home, a range of assessments are undertaken by a multidisciplinary team including registered nurses, occupational therapist and physiotherapist, to identify care recipients’ clinical care needs and preferences. A care plan is developed to guide staff in the provision of care and is reviewed six monthly and annually or sooner if required. Clinical incidents are recorded and actioned by the multidisciplinary team. Care recipients and representatives have the opportunity to discuss clinical care needs and preferences at case conferences, or informally as needs change. Staff are advised of care recipients’ changed needs through communication diaries, care plans and at handovers. Care recipients and representatives reported they are satisfied care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified staff meet care recipients’ specialised nursing care needs. Registered nurses assess, plan and manage specialised nursing care. Complex care plans are developed to guide registered staff in specialised care. A podiatrist undertakes assessments and provides care on a regular basis, and care recipients are assisted to attend external appointments and specialised clinics. Registered staff advised there is sufficient equipment, products and clinical information to support care recipients’ specialised nursing care. Care recipients and representatives reported care recipients receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home refers care recipients to appropriate health specialists in accordance with their needs and preferences. On moving into the home, the multidisciplinary team assesses all care recipients and develops individual care plans. Other health services are accessed to support care recipients and staff as required, and changes made are communicated to registered staff and added to care plans. Following referral, care recipients are assisted to external appointments with other health services. Staff reported they liaise with a range of health services for assistance with care recipients’ care needs. Care recipients and representatives reported they are satisfied with the ongoing access care recipients have to a variety of health specialists.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Medication competent staff administer medications from multi-dose packs and sachets. Care recipients’ medication profiles show their identification, medication allergies and special instructions for administration. Medication incidents are reported, actioned and summarised, and regular medication audits are undertaken with deficits identified added to the improvement plan. The effectiveness of ‘as required’ (PRN) medication is evaluated and the general practitioner reviews medication on a regular basis. An accredited pharmacist reviews care recipients’ medication and completes regular audits and provides recommendations to the general practitioner. Care recipients who wish to administer their own medication are authorised to do

so, and reviewed as required. Care recipients and representatives reported they are satisfied with the way staff manage care recipients' medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are as free as possible from pain. On moving into the home, pain is charted over a number of days and followed up by a pain assessment completed by registered nurses. Care plans are developed and additional pain management treatments including regular exercise, massage and heat packs are undertaken by registered staff. Pain is monitored via charting when pain needs change, or when changes are made in care recipients' pain management. Pain audits are undertaken and deficits identified are followed up by the clinical staff. Staff reported ways in which they identify pain, and stated they report any observation of care recipients' pain to registered staff for further intervention. Care recipients and representatives advised they are satisfied with staff assistance to manage 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

There are systems to maintain care recipients' comfort and dignity in the terminal stages of life. Care recipients have the opportunity to provide directives for their preferences in the terminal stages of life, completing an end of life wishes or advance health care directive when they move into the home. A palliative care plan is developed when a care recipient is in the terminal phase of life. Registered staff and the general practitioners support care recipients during the terminal phase and the home has access to external palliative care services for assistance as required. Staff have undertaken palliative care education and reported they give care recipients additional care at this stage of life including mouth care, regular skin care and special meals. Management and staff reported they receive positive feedback following palliation, and documentation reviewed showed satisfaction with service received during palliation.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. A nutrition, hydration and dietary needs and preference assessment records care recipients' dietary requirements when they move into the home. Recording of the care recipient's weight occurs during the initial assessment period and monthly thereafter. Registered nurses monitor weight variations and a

referral to the speech pathologist, dietician and general practitioner take place for care recipients identified at risk. Following further assessment, nutritional supplements, meals and fluids with altered texture and consistency are provided to identified care recipients. Staff reported they have adequate skills to safely assist care recipients with their meals and drinks as required. Care recipients and representatives stated satisfaction with the quality and quantity of meals and the support care recipients receive.

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. Care recipients’ skin integrity and pressure area risk are assessed when they move into the home. Care plans detail interventions and equipment to maintain care recipients’ skin integrity. Specialised mattresses and cushions, limb protectors and repositioning assist with maintaining care recipients’ skin care needs. Wound care is attended by registered staff and the home has access to an external service for further assistance when required. Skin tears and wounds are monitored by registered nurses and via monthly summaries with further reporting at the quality meeting. Registered staff are trained in wound care and reported they have adequate equipment to undertake wound treatment. Care recipients and representatives advised they are satisfied with the assistance provided by staff to maintain care recipients’ skin integrity health.

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. Care recipients’ continence needs are assessed on moving into the home, and a care plan is developed and reviewed annually or sooner if required. A range of interventions are used to manage care recipients’ continence needs including appropriate equipment, assistance in toileting and suitable continence aids. Bowel management strategies include daily monitoring and interventions such as adequate fluids, high-fibre diets, regular toileting and medication. Staff reported they have adequate equipment and supplies to manage care recipients’ continence needs effectively. Care recipients and representatives stated they are satisfied with care recipients’ continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. The home has a system to identify care recipients’ behaviours of concern with staff recording the identified behaviour, including interventions. Appropriate interventions are documented in the care recipient’s care plan. Referrals to specialist services, including community older adult mental health teams are made in consultation with the general practitioner. The home monitors incidents of adverse behaviours and monitor through the incident reporting system and weekly clinical systems checklist. Staff reported they use diversion, hand massage, identified strategies and activities to manage care recipients’ adverse behaviours. Care recipients and representatives reported the needs of care recipients with challenging behaviour are managed effectively.

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

A multidisciplinary team assesses each care recipient’s level of mobility and dexterity. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. A falls risk analysis is undertaken and the physiotherapist provides individual physiotherapy care plans to guide staff with care recipients’ transfer and mobility needs. Care plans are reviewed six monthly or as required. Strategies to reduce care recipient falls include low-low beds and sensor mats. Staff reported they use the mobility care plans to identify care recipients’ transfer and mobility needs. Care recipients and representatives advised they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

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

The oral and dental health of care recipients is maintained. Care recipients’ oral and dental requirements are assessed when they move into the home by registered staff, and information of their dental requirements are recorded on the care plan. Care recipients are offered an annual dental examination, and information of recommended treatment is provided to care recipients and representatives for follow up. Care recipients access external dental care and required treatments are undertaken by staff. Care recipients are referred to the speech pathologist when a swallowing impairment is identified and interventions are documented. Staff reported the care plan guides them with the amount of assistance care recipients require

to maintain the oral and dental hygiene, and appropriate equipment is available. Care recipients and representatives advised they are satisfied with the assistance from staff to maintain care recipients' oral health needs.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Sensory losses of care recipients are identified and managed effectively. Registered nurses and the occupational therapist assess care recipients' sensory impairments when they move into the home, and information and interventions to guide staff are recorded on the care plan. Care recipients have the opportunity to be referred to an optometry and auditory assessment conducted by a specialist service at the home if required. Care recipients are assisted to attend external specialist services if preferred and changes are communicated to the home. Sensory activities are included on the activity program, and staff reported the assistance they provide to care recipients with sensory loss includes massage and assisting with care of their glasses or hearing aid. Care recipients and representatives reported they are satisfied with the assistance provided by staff to care recipients.

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 able to achieve natural sleep patterns. A sleep chart is completed over a number of days to identify any waking patterns or disturbed sleep. Registered staff undertake a sleep assessment and care plans describe the care recipients' preferences at night, and interventions to assist achieve a natural sleep. Staff monitor the care recipients overnight and report altered sleep patterns at handover and in the progress notes. Staff reported ways staff assist at night when care recipients are unable to sleep include repositioning, pain relief and continence care. Care recipients advised staff provide them with assistance at night when they are unable to sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff also contribute to improvements to care recipient lifestyle through surveys and training. Staff encourage and support care recipients and others to provide feedback and suggestions.

Improvements undertaken or in progress in the last 12 months in relation to Standard 3 – Care recipient lifestyle are described below.

- Staff identified the male care recipients at the home were self-isolating. In response, a men’s club was implemented. The men’s club is run by male volunteers and an invitation is extended to the men in the community. Documentation reviewed showed a high attendance rate, and care recipients reported positive feedback citing they are able to ‘catch up over a beer with old mates’.
- Staff suggested care recipients may benefit from having more culturally appropriate sensory stimulation during happy hour. In response, the weekly happy hour now includes food from different cultures (eg Chinese and Italian). Staff reported this has increased the attendance rates of care recipients. Care recipients reported, and documentation reviewed showed, positive feedback.

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

Care recipients and/or their representative receive a copy of the Charter of care recipients’ rights and responsibilities on moving into the home, and this information is also displayed at the home. Care recipients and/or their representative are offered a care recipient agreement that outlines the fees and charges, security of tenure and provides information of changes to services, fees and charges. Staff, care recipients and representatives are provided with

information regarding care recipients' rights and responsibilities at meetings and there are processes for mandatory reporting.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and training process.

Examples of education and training undertaken over the last 12 months in relation to Standard 3 – Care recipient lifestyle are listed below.

- Elder abuse
- LGBTI (lesbian, gay, bisexual, transgender and intersex) training
- Mindful multi-sensory approach
- The 'M' technique for hands and feet (for touch and relaxation).

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

On moving into the home, care recipients receive assistance to support them to adjust to life in the new environment. Care recipients and representatives are shown the layout of the home, including their room, the dining area, library and private lounges. Care recipients and representatives complete a social history to provide information regarding their personal life, meaningful relationships and activity preferences. The occupational therapist undertakes an activity and therapy assessment to identify care recipients' lifestyle and activity preferences. Therapy care plans incorporate information relating to the social and emotional needs of the care recipient. Staff reported care recipients are encouraged to personalise their rooms, to join in activities at the home and in the community, and families are encouraged to visit as often as possible. Care recipients and representatives advised care recipients' emotional needs are supported by staff

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence and maintain friendships within and outside the care service. A number of therapy and physical assessments are completed by the multidisciplinary team when care recipients move into the home, and a care plan is developed that identifies activities to maintain their independence. Care recipients are encouraged to attend activities, a mobile library visits regularly and bus/car trips are offered to provide outings. Staff reported they encourage and assist care recipients to participate in life outside the home. Care recipients and representatives advised they are satisfied with the assistance staff provide to assist care recipients maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The right to privacy, dignity and confidentiality of care recipients is recognised and respected. Care recipients' right to privacy is reflected in the home's agreement, privacy policy and information booklet. Care recipient accommodation is single room with ensuite bathroom.

Care recipient information is stored in locked offices and computers are password protected. Staff described ways they maintain care recipients' privacy needs and reported they understand the confidentiality of care recipients' information. Care recipients and representatives reported staff are caring in their approach to care recipients, treating them with dignity.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The occupational therapist gathers and collates information regarding care recipients' personal histories, lifestyle and activity preferences from feedback and assessment. The five days a week activity programs are developed by the occupational therapist and activities are based on care recipients' interests, cognitive function and informal feedback. Therapy staff follow the comprehensive programs which also includes exercise programs and one-on-one interventions. Staff reported care recipients enjoy a wide range of activities including pet therapy, quizzes, bingo, men's club, bus trips and entertainment. Care recipients

and representatives stated they are satisfied with the activities offered to care recipients and they are encouraged to participate.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients are valued and fostered. Information on their cultural and spiritual backgrounds are recorded when they move into the home. A number of church services are held regularly at the home and care recipients can access chaplaincy service as required. Care recipients are assisted to attend other services, including religious services outside the community as required. Staff have access to multicultural information and interpreter services as required. Staff reported special cultural days are celebrated, including ANZAC day and Australia day. Care recipients and representatives stated their cultural and spiritual needs are supported by staff.

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

There are processes to ensure care recipients and representatives can participate in decisions about the services they receive and exercise choice and control over their lifestyle without infringing on the rights of others. Guardianship and administration records state the appropriate decision maker for identified care recipients. Care recipient meetings, case conferences, informal communication and formal feedback processes provide a forum for care recipients and/or their representatives to express their views, and give opportunities to participate in decisions about care and services. Staff reported strategies for supporting care recipient's individual preferences including their participation in activities, refusal of care and meal choices. Care recipients and representatives advised staff support them to make choices in all aspects of their daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. An admission package is provided to care recipients and representatives before moving into the home that gives information on the home's care and services. On moving into the home, an agreement is signed that details care recipients' rights

and responsibilities, accommodation services including additional provisions, termination of agreement and security of tenure. Representatives and care recipients are consulted regarding a room change and an acceptance is completed prior to the change. Brochures regarding advocacy services are accessible to care recipients and representatives. Care recipients and representatives stated they understand care recipients' rights and are satisfied they have secure living arrangements at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 – Physical environment and safe systems, staff report incidents, accidents and hazards and these are collated and analysed monthly to identify any trends. Staff, care recipients and other interested parties are encouraged to provide feedback regarding the environment, and staff undertake mandatory training. Care recipients, representatives and staff reported the home is actively working to provide a safe and comfortable environment.

Improvements undertaken or in progress in the last 12 months in relation to Standard 4 – Physical environment and safe systems are described below.

- An audit identified the home had no back-up power in the case of a power outage. In response, the home has purchased a generator. Staff reported, and documentation reviewed showed, all staff have undergone training on the use of the generator. Documentation showed the generator has been included on the maintenance schedule. The management team reported this will be evaluated at a later date.
- Following a complaint, it was identified some care recipients were unable to water their gardens due to being a high falls risk. In response, the home trialled the use of watering cans before implementing a retractable hose pipe. Care recipients reported, and documentation reviewed confirmed, positive feedback regarding this.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to manage the physical environment and ensure safe systems. Environmental audits are undertaken regularly, there is a food safety program, and staff attend mandatory training that includes manual handling, chemical safety, food safety, fire and evacuation and infection control. Contractors and visitors are required to record their arrival and departure at the home, and reporting mechanisms are used to record incidents, accidents and hazards. Personal protective equipment is readily accessible around the home, and safety data sheets are available for chemicals used in and around the home.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and training process.

Examples of education and training undertaken in the last 12 months in relation to Standard 4 – Physical environment and safe systems are listed below.

- Bomb threat
- Chemical safety
- Fire and evacuation training (including fire warden training)
- Fire drills
- Food safety
- Handwashing and infection control
- Manual handling
- Occupational health and safety
- Security threat.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe environment consistent with care recipients' care needs. Care recipients are accommodated in single rooms with an ensuite bathroom. Care recipients are encouraged to personalise their rooms with mementos and furniture from home, and there are gardens and communal areas for activities and social interactions. Regular environmental audits are undertaken and actioned accordingly in liaison with the manager. There are corrective and preventative maintenance programs and cleaning schedules. Care recipients and representatives reported they are satisfied the home provides a safe and comfortable environment consistent with care recipients' care needs.

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 home has processes to ensure a safe working environment that meets regulatory requirements. Policies and procedures are available and accessible to guide and direct staff.

There are regular environmental audits undertaken at the home, and hazard reporting is undertaken by all staff. Reporting of incidents, accidents, hazards, corrective and preventative maintenance programs and tracking of care recipients' infections provide opportunities for improvement, and these are actioned accordingly. Electrical equipment is tagged annually in accordance with the home's policies and procedures. Staff attend mandatory training that includes fire and evacuation, manual handling and chemical safety. Staff reported they are satisfied management is actively working to provide a safe working environment. Care recipients and representatives reported they are satisfied management is actively working to 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

The home's emergency procedures provides guidance to staff and care recipients in the event of a fire, security threat, bomb threat and other emergencies. There are appropriate fire detection systems including fire extinguishers, hoses and fire blankets. Emergency procedures are accessible to staff and include an up-to-date care recipient mobility list.

Safety data sheets are available where chemicals are stored, and there are procedures to secure the home. Staff reported they have regular training for fire, security and other emergencies. Care recipients and representatives reported they feel confident staff would assist care recipients in the event of an evacuation.

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 home's infection control program is effective in identifying, containing and managing infections. The manager oversees the infection control program, and monthly data is collated and analysed to identify any trends. Hand washing, a pest control program, food safety program, laundry processes, cleaning schedules and staff/care recipient vaccination program are some of the methods used to minimise infections. Staff have access to personal protective equipment and hand washing facilities, and information is available in the event of an

outbreak. Staff reported they are provided with infection control training and were able to describe the principles of infection control.

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 has systems and processes to ensure hospitality services are provided in a way that enhances care recipients' quality of life. The midday meal is supplied by the local hospital and staff undertake cooking/meal preparation for breakfast, snacks and the evening meal in liaison with the care recipients. Staff receive up-to-date information regarding care recipients' dietary requirements including their likes/dislikes, preferences, allergies and modified dietary requirements. The home has cleaning schedules and staff undertake ad hoc cleaning when required. Staff manage care recipients' personal laundry onsite, and the laundering of flat linen is undertaken at the local hospital. Staff explained the processes to minimise lost laundry and reported they have appropriate training to enable them to complete their duties. Care recipients and representatives reported they are satisfied with the hospitality services provided by the home.