



Australian Government

Australian Aged Care Quality Agency

Gorrinn House Hostel

RACS ID 3066
27 Albert Street
ARARAT VIC 3377

Approved provider: Ararat Retirement 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 06 November 2019.

We made our decision on 07 September 2016.

The audit was conducted on 09 August 2016 to 10 August 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Gorrinn House Hostel 3066

Approved provider: Ararat Retirement Village Inc

Introduction

This is the report of a re-accreditation audit from 09 August 2016 to 10 August 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 09 August 2016 to 10 August 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:	Doris Hamilton
Team member/s:	Donald McMonigle

Approved provider details

Approved provider:	Ararat Retirement Village Inc
---------------------------	-------------------------------

Details of home

Name of home:	Gorrinn House Hostel
RACS ID:	3066

Total number of allocated places:	60
Number of care recipients during audit:	58
Number of care recipients receiving high care during audit:	48
Special needs catered for:	Care recipients living with dementia

Street/PO Box:	27 Albert Street
City/Town:	ARARAT
State:	VIC
Postcode:	3377
Phone number:	03 5352 2654
Facsimile:	03 5352 3336
E-mail address:	reception@araratretirementvillage.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Clinical/care staff	7
Administration assistants	3
Catering staff	2
Care recipients/representatives	10
Maintenance staff	1
Laundry staff	2
Cleaning staff	2

Sampled documents

Category	Number
Care recipients' files	6
Personnel files	5
Medication charts	8

Other documents reviewed

The team also reviewed:

- Asset register
- Care recipient agreements
- Care recipients' information handbook
- Clinical records and documents
- Continuous improvement documents and records
- Education records
- Environment management records and documents
- External contract records
- Human resource records and documents
- Lifestyle attendance and evaluation records

- Meeting minutes
- Policies and procedures.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Information displays for care recipients and visitors
- Interactions between staff and care recipients
- Living environment
- Meal service
- Short group observation in dining room
- Storage of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and demonstrates recent examples of improvement activities related to management systems. Quality tools include a quality improvement register, improvement log forms, audits, surveys, staff education and training, monitoring of comments and complaints and incident reporting. Management actively obtains and evaluates feedback from stakeholders in relation to services the home provides. Management oversees continuous improvement and meeting minutes confirm effective recording of the home's initiatives and monitoring of quality outcomes. Stakeholders stated they are encouraged to contribute to the home's pursuit of continuous improvement and were able to cite examples of recent improvements.

Examples of recent improvements undertaken that relate to Standard 1 Management systems, staffing and organisational development include the following:

- Registered nurses identified a need to improve communication forwarded by care staff when noting a change in the care recipient's medical condition. Nursing staff modified the acute illness form to provide more information for the registered nurse for ongoing care. Registered nurses have noted improved delivery of care in response to the revised form.
- Management identified some staff rostered in the secure Oak Wing unit were finding their work unfulfilling and the work environment too challenging. Management implemented rostering changes including the appointment of a dedicated staff team for the secure Oak Wing secure unit. These staff members have been provided additional training in behaviour management and management has since noted improved outcomes relating to delivery of care and behaviour management.
- Nursing management noted hospital staff often assumed care recipients were palliative when being transferred from the home to acute care. Management has enhanced information detailed in care recipients' advanced care plans in order to clarify care recipients' health status when transferred to acute care. Management has noted improved outcomes relating to care provided to care recipients when transferred from the home to hospital.

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

Systems help ensure management receives and responds to legislative changes and information relating to regulatory requirements, professional standards and guidelines. Management receives information relating to regulatory compliance through contractual arrangements and industry peak bodies. The chief executive officer forwards relevant information to relevant meeting forums and to staff through memoranda, emails, meetings, education sessions and handover. Management monitors regulatory compliance through the home’s auditing process and staff confirm they are informed when changes occur.

Examples of regulatory compliance related to management systems include:

- A system to ensure compliance with criminal check requirements and completion of a statutory declaration by relevant staff in relation to criminal history in countries other than Australia.
- Monitoring of professional registrations and qualifications of staff.
- Stakeholders are informed of accreditation visits.

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. Management develops an annual education program combining sessions mandatory for all staff, competencies and topics chosen by staff through meetings, surveys and staff appraisals. Management and staff conduct responsive education for topics identified through feedback, audits, changes to care recipient care and incident reports.

Management provides education calendars for staff. Staff said they are satisfied with education and the manner in which it is provided. Management evaluates the effectiveness of education delivered. Care recipients and representatives expressed satisfaction with management and staff knowledge and skills.

Education provided to staff relating to Standard 1 Management systems, staffing and organisational development includes:

- performance management
- incident reporting
- regulatory compliance.

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 and staff inform care recipients and their representatives of the home's complaints and improvements procedures upon entry to the home. Stakeholders have access to internal and external complaints mechanisms. Information relating to complaints resolution processes is included in care recipient handbooks and through the provision of brochures. Stakeholders are encouraged to make suggestions or suggest improvements through meetings or through completion of the home's feedback and improvement forms. Records confirm management records, monitors and evaluates complaints as part of its quality system. Care recipients and relatives state that they feel comfortable approaching management in relation to issues and concerns. All stakeholders stated that management responds to complaints 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 has documented the vision, mission, values and aims throughout the service.

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 a system to ensure staff are appropriately skilled and sufficient in numbers to meet care recipients' requirements. Formal recruitment, selection and induction processes are used and staff receive orientation. Position descriptions, handbooks, policies and procedures and other relevant resources support staff in their roles. Ongoing monitoring of staff practice occurs and includes probationary periods, appraisals, observation, competency testing, audits and incident reports. Staff said they have sufficient time and skills to perform their roles. Care recipients and representatives spoke positively of staff at the home and expressed satisfaction with the care and services provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has reliable systems in place to help ensure appropriate stocks of goods and equipment including effective ordering and storage systems. There are adequate supplies of goods including appropriate storage for clinical needs, cleaning and catering. Care recipients and staff stated there is adequate and appropriate provision of supplies and equipment to deliver care. Food items are stored appropriately and stock rotation processes are in place. Management maintains an asset register, all new equipment is trialled by staff prior to purchase and there are effective systems in place to ensure the safety and working order of goods and equipment.

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 an effective information management system. Care recipients and representatives have information regarding the care and services provided by the home through residential agreements, handbooks, information displays and meetings. Staff have access to information regarding their roles and responsibilities, the policies and procedures of the home and clinical care. Management conducts staff meetings to provide, discuss and receive information. The home ensures electronic information is secure and backed up and paper based information is kept private. Care recipients, representatives and staff said they are satisfied with the information system of the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has appropriate systems to ensure the quality and suitability of externally sourced services and that they meet the needs of stakeholders. The home maintains details of service providers including agreements and negotiates contracts with preferred suppliers.

Contracts set out the scope of the services to be provided. Staff and care recipients expressed satisfaction with the quality of services sourced externally including pest control, medical supplies and maintenance of fire and emergency equipment.

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

In relation to care recipients' health and personal care, staff record a range of key performance indicators including falls, medication incidents, skin tears and behavioural incidents. Management collates and analyses relevant data in order to identify trends which are addressed through education and monitoring of work practices. Staff and care recipients expressed satisfaction with how the organisation promotes and improves care recipients' physical well-being. Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of recent improvements undertaken that relate to Standard 2 Health and personal care include the following:

- Management identified the home's spa room was under-utilised and has since converted the spa room to a treatment room for podiatry and treatment options. Care recipients, allied health and staff have expressed satisfaction with the improved facility for providing treatments in a dedicated unit.
- In response to increasing falls risk of some care recipients and manual handling issues for staff, management purchased a number of rotatable dining chairs. The chairs assist care recipients with restricted mobility to readily transfer to and from the dining table and reduce the need for staff to push or pull chairs when care recipients are seated. Both care staff and care recipients have expressed a high degree of satisfaction with the new chairs.
- Nursing management identified medication charts provided inadequate information for care staff when applying analgesic transdermal patches to care recipients. Management modified the medication signing sheet to include an anatomical diagram for recording placement of analgesic transdermal patches. Management has since identified improved compliance regarding application of analgesic transdermal patches and care staff state the revised form is very helpful in ensuring correct application of the patches.
- Nursing management noted the care administered to care recipients was not always appropriately documented. Nursing management has since developed a tick sheet format whereby care staff are required to sign off after the required care is given as per directives. Management states the revised form effectively records when treatments have been completed and care staff state the form is an effective prompt in completing required care tasks.

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

Procedures and systems for recording and reporting relevant information and monitoring compliance ensure the home is meeting its obligations regarding care recipients’ health and personal care. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

Examples of regulatory compliance related to care recipients’ health and personal care include:

- Systems which ensure skilled and qualified staff and medical practitioners provide appropriate care to care recipients and that registered nurses oversee care recipients’ care plans.
- Secure storage of medication and evidence that medications are managed in a safe manner by appropriately qualified staff.
- Regular reviews of nurses’ registrations to ensure compliance.
- Policies and procedures and guidelines are maintained for unexplained absence of missing care recipients.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation has an education and staff development system. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Examples of education and staff development relating to Standard 2 Health and personal care include:

- wounds
- foot care
- dementia care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients receive appropriate clinical care. A registered nurse assesses care recipients prior to entry to ensure the home can meet their needs. Clinical staff undertake assessments and develop care plans in consultation with the care recipient, their representatives and medical practitioners. Care plans contain information regarding past medical and surgical histories and interventions to achieve goals for each aspect of care. Care recipients have their choice of medical practitioners who visit the home regularly and on request. Staff transfer care recipients to acute care services and refer to medical specialists and allied health practitioners as appropriate. Care recipients and representatives expressed satisfaction with 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

The home identifies and meets care recipients’ specialised nursing care needs. Registered nurses coordinate the assessment and care planning of specialised nursing care including diabetes and wound management. Staff said they have sufficient equipment and resources to provide specialised nursing care and attend relevant education sessions. Specialised nursing care is monitored through the care management system. Care recipients and representatives expressed satisfaction with specialised nursing care.

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

Clinical staff refer care recipients to appropriate health specialists in accordance with their needs and preferences. Allied health professionals including occupational therapists, speech pathologists, dietitians, podiatrists, optometrists and audiologists visit the home regularly or on request. Allied health professionals document and review plans of care. Medical practitioners refer care recipients to medical specialists as required and a geriatrician review can be conducted on site. Staff assist care recipients to prepare for and attend health specialist appointments. Staff said communication with allied health professionals and medical specialists is effective. Care recipients expressed satisfaction with their access to allied health services.

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

The home has a system to ensure safe and correct management of care recipients’ medication. Registered nurses coordinate the assessment and care planning for medication management. Medical practitioners complete and review medication charts. The home receives medication supplies from pharmacies in dose administration aids and original packaging. Medication is stored and disposed of correctly. Consultant pharmacists, in liaison with medical practitioners, regularly review medication regimes. Staff administer medications in accordance with their qualifications and competencies. Management monitors the system through a medication advisory committee, incident reports and audits. Care recipients and representatives expressed satisfaction with medication management.

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

Management and staff ensure all care recipients are as free as possible from pain. Registered nurses coordinate the assessment, care planning and review of pain management. Staff monitor care recipients for pain using verbal and nonverbal assessment tools and regular analysis of “as necessary” medication use. Medical practitioners prescribe and review pain relieving medication. Staff, in conjunction with an occupational therapist, implement a pain management program using a variety of techniques including exercise and strength training, massage, heat creams and heat packs. Care recipients and representatives expressed satisfaction with pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system to maintain the comfort and dignity of terminally ill care recipients. Clinical staff discuss terminal care wishes with care recipients and representatives and document their needs and preferences. Staff liaise with medical practitioners to develop palliative care plans. Palliative care nurses providing services to care recipients prior to entry into the home continue care and consultancy. Staff receive education on palliative care and pain management and have equipment for specialised medication administration. Staff maintain resource packs for the provision of physical and emotional comfort measures.

Management and staff accommodate representatives in the home as desired. Representatives expressed satisfaction with palliative care.

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. Clinical care staff assess care recipients on entry to the home for their nutrition and hydration needs and preferences and develop a plan of care. Care plans include dietary likes and dislikes, directions for modified textured food and fluids, allergies and assistive devices as appropriate. Staff weigh care recipients to identify changes and regular weight reviews are conducted by a registered nurse. Action plans are formulated and discussed at staff meetings. Staff assist care recipients to consume food and fluids as necessary. Care recipients are referred to a dietitian as required. Care recipients expressed satisfaction with meals and drinks.

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

The home has a system to ensure care recipients’ skin integrity is consistent with their general health. Clinical staff assess care recipients’ preferences and needs, including risks to skin integrity and document plans of care. Staff monitor care recipients’ skin and report changes. Staff assist care recipients to maintain skin integrity, applying moisturisers and protective coverings and providing assistance with hygiene and position changes. Registered nurses oversee the management of wounds. Management provides pressure relieving equipment and monitor skin care through analysis of clinical data. Care recipients and representatives expressed satisfaction with 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

The home has a system to effectively manage care recipients’ continence. Clinical staff assess care recipients for their continence needs and preferences on entry to the home and develop care plans. Staff monitor care recipients and identify strategies to reduce episodes of incontinence and maintain social continence. A continence aid supplier provides education and liaises with staff to manage continence aids. Clinical staff refer care recipients to a continence advisory nurse and medical practitioners order medications to promote continence as appropriate. Care recipients and representatives expressed satisfaction with 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

Management and staff have a system to manage the needs of care recipients with challenging behaviours. Clinical staff interview care recipients and representatives on entry to the home and document interim care plans. Staff assist care recipients to settle in the home and use assessment tools to identify challenging behaviours and their contributing factors. Staff assess care recipients for their cognitive abilities and mood and refer to psychogeriatric services as necessary. Staff provide meaningful activities to support care recipients to occupy their time. The home has an area dedicated to supporting care recipients living with dementia. Management monitors the behaviour management program using incident reports. Care recipients and representatives expressed satisfaction with behaviour management.

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

The home has a system to ensure care recipients achieve optimum levels of mobility and dexterity. Clinical staff assess care recipients for mobility and dexterity on entry to the home. Care plans include falls risk ratings and strategies to assist care recipients with mobility and dexterity. An occupational therapist attends the home to review care recipients’ mobility.

Management provides mobility aids for care recipients requiring staff assistance. Staff assist care recipients to maintain personal mobility aids. Management monitors the incidence of falls and discuss results at staff meetings. Care recipients and representatives expressed satisfaction with mobility and dexterity 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

Management and staff have a system to maintain the oral and dental health of care recipients. Clinical staff assess care recipients’ oral and dental health on entry to the home and develop a plan of care. Care plans include oral and dental needs and preferences and the level of care required. Staff refer care recipients to a dentist and assist them to visit dentists when necessary. The home has processes to ensure staff check and replace dental hygiene equipment regularly. Care recipients expressed satisfaction with their oral and dental care.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has a system to identify and manage care recipients’ sensory losses effectively. Staff assess care recipients on entry to the home for their abilities regarding all five senses. Individualised plans of care include strategies to maximise senses and assist with sensory loss. Staff review care plans regularly and refer care recipients to specialists as necessary. Hearing and vision services visit the home. Medical practitioners review care recipients and prescribe treatment for conditions affecting sensory loss. Care recipients expressed satisfaction with the care they receive for their sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients achieve natural sleep patterns. Clinical staff interview care recipients on entry to the home to establish needs and preferences for sleep. Staff document patterns of rest and wakefulness to ensure care recipients are achieving adequate sleep. Staff refer to medical practitioners for strategies to assist sleep as appropriate. Care recipient care plans detail individual preferences such as preferred rising and settling times and bed time rituals. Staff assist over night by providing physical and emotional comfort measures if care recipients have difficulty sleeping. Care recipients expressed satisfaction with the assistance they receive from staff to get a good night’s 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

In relation to care recipient lifestyle, meetings and annual surveys capture care recipients’ suggestions and feedback. Staff use lifestyle and care activities as a means to evaluate and ensure provision of preferred lifestyle activities. Staff contribute to improvements to care recipient lifestyle through feedback in annual surveys, training and input at meetings. Care recipients state the organisation actively promotes and improves provision of lifestyle opportunities. Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Care recipient lifestyle include the following:

- Lifestyle staff implemented a “Contributing to Village Community Life” program to encourage care recipients to participate in normal living tasks. The program has successfully involved care recipients from across the home, including those from the secure unit, to assist with daily tasks such as food preparation and housework. Care recipients engaged in the program have expressed a high degree of satisfaction with enhanced social interaction and “sense of purpose” in engaging in the tasks.
- Management and lifestyle staff identified the need for a new recording system to assist lifestyle staff in developing assessments and care plans as well as monitoring and evaluating activities provided for care recipients. Management has since installed a new electronic system which lifestyle staff are currently implementing. Lifestyle staff state the revised system assists with effective recording of care recipients’ preferred lifestyle interests and management of the lifestyle program.
- Staff and care recipients identified the television located in the main central lounge restricted care recipients from socialising and limited the use of the area for recreation. Management has since provided care recipients with the opportunity to view television in two separate smaller lounges, enabling the main central lounge to remain a forum for socialisation and other activities. Care recipients have expressed satisfaction with the changes.

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

Policies, procedures and staff education provide guidance to staff in meeting regulatory requirements. Systems help ensure the service meets its obligations and monitors compliance relating to care recipient lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

Examples of regulatory compliance related to care recipient lifestyle include:

- Management offers agreements to all care recipients specifying care, services, rights and responsibilities and security of tenure.
- The ‘Charter of care recipients’ rights and responsibilities – residential care’ is prominently displayed throughout the home and recorded in care recipients’ agreements.
- Implementation of procedures and practices that comply with privacy legislation and ensure the security and privacy of confidential information.
- Policies and procedures and guidelines are maintained for reporting of all incidents involving alleged elder abuse.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation has an education and staff development system. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Examples of education and staff development relating to Standard 3 Care recipient lifestyle include:

- care recipient agreements
- elder abuse
- leisure and lifestyle.

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

Upon entry to the home care recipients receive support in adjusting to life in the new environment and on an ongoing basis. The home has processes in place to identify care recipients' emotional support needs in adjusting to living in the home and on an ongoing basis. The care recipient's social, religious and cultural requirements are assessed upon entry to the home and a care plan is developed in consultation with care recipients or their representatives. Care recipients and their representatives are oriented to the home and introduced to fellow care recipients and their families. Staff are encouraged to support the care recipient in the settling in process. Records indicate where care recipients had experienced a bereavement or time of anxiety, care staff had been responsive and supportive. Care recipients stated they felt supported by staff in adjusting to their new environment and on an ongoing basis.

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 and lifestyle assessment processes identify each care recipient's required level of assistance in order to participate in specific interests and maintain their independence and retain ongoing community associations. Care recipients stated management and staff assist them in maintaining their independence and involvement in activities within the community. The home provides a focus for various community activities including visits from local schools and community groups. Care recipients who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. Staff were observed encouraging care recipients to remain independent while performing their daily activities as well as during meal times.

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 home recognises and respects each care recipient's right to privacy, dignity and confidentiality. There is a range of public areas for care recipients requiring private space for meeting with family and friends as well as outdoor patio areas. The team observed staff knocking on care recipients' doors before entering their rooms and warm but respectful exchanges between care staff and care recipients. Care recipient files are located securely within the nurses' station and staff state they have sufficient time to attend to care recipients'

needs. In general, documentation confirms that care recipients have consented to release of information as per legislative requirements. The team observed care recipients to be well groomed and appropriately clothed. Care recipients stated that staff are respectful when completing care needs and any personal care required by care recipients is provided in the privacy of their own room.

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

The home has processes to identify care recipients' interests and preferred activities and encourages care recipients to participate in a wide range of activities. Generally, care recipients' lifestyle and leisure assessments are completed upon entry to the home and contribute to the development of individual goals for the care recipient with regard to participation in social and leisure activities. The activities program is supported by lifestyle staff and volunteers, and the monthly calendar demonstrates a broad range of activities reflective of care recipients' interests and preferences. Care recipients were observed participating in a broad range of activities. Care recipients and relatives expressed satisfaction with the range and quality of activities offered to care recipients.

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

Generally, care recipients' individual cultural and spiritual needs are identified upon entry to the home and reviewed regularly to ensure staff are aware of these needs and that they are respected on an ongoing basis. Specific cultural days are offered to care recipients who wish to participate and celebrate these days. Lifestyle staff schedule additional celebrations as new care recipients enter the home according to their wishes. Religious groups conduct regular worship services within the home and some care recipients attend churches within the local community. Care recipients are satisfied with the support and respect given with regard to meeting their cultural and spiritual needs. Staff have knowledge of care recipients' individual preferences and cultural backgrounds, and care recipients confirm staff respect the cultural and spiritual needs of care recipients.

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

Care recipients and their representatives are satisfied with how the home supports care recipients to exercise their choice and control over their daily lives and care needs. The home encourages care recipients and representatives to actively participate in making decisions about care, the services provided to them, and to exercise choice based on their individual preferences. The home has processes, including care recipient meetings, surveys and a complaints process for care recipients and representatives to formally raise issues.

Care recipients are provided with information about their rights and responsibilities enabling them to make informed choices and decisions about their care and the functioning of the home. Staff demonstrate their respect for care recipient choice and decision-making and care recipients and representatives are satisfied their rights are respected.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are provided with an information package upon admission including details relating to rights and responsibilities and an agreement which includes details regarding security of tenure. Care recipient agreements are offered prior to entry to the home and contain appendices including care recipients' rights and responsibilities as well as details specifying care and services provided. The home encourages each care recipient to nominate an enduring power of attorney. The 'Charter of care recipients' rights and responsibilities – residential care' is displayed throughout the home. Care recipients confirm they are aware of their rights and responsibilities and have access to external advice agencies.

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

In relation to physical environment and safe systems, management records and monitors findings from workplace inspections, relevant audits and records of staff injuries and infections. Care recipient feedback with regard to satisfaction with the living environment and delivery of hospitality services is sought through surveys and stakeholder meetings. Staff and care recipients are satisfied by the way in which the home actively promotes and improves the safety and comfort of the care recipients’ living environment and staff workplace.

Management continues to make adjustments and improvements to the delivery of services in light of feedback received through meetings as well as outcomes identified in audits and surveys. Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of recent improvements undertaken that relate to Standard 4 Physical environment and safe systems include the following:

- Nursing staff identified the need for improved monitoring of those care recipients assessed as being at high risk of falls. Management has since installed electronic bed and chair sensor pads which alert staff through the nurse call system of situations where care recipients may be at risk of falling. Staff have observed a reduction in falls since installing the sensors.
- Management has purchased scaffolding and safety harnesses for use by maintenance staff when required to work at dangerous heights. The new equipment complies with occupational health and safety guidelines and maintenance staff state the new equipment provides a safer and more secure support for staff when required to work at dangerous heights around the home.
- The chef identified the benefits of introducing moulds to present texture modified foods. A range of moulds is now used in the kitchen in order to assist with a more attractive presentation of meals for those requiring texture modified meals. Care recipients have expressed a high degree of satisfaction with the innovation.
- The chef and care recipients have developed a new menu concept which has broadened the menu to include special meals based on themes, barbecues and “restaurant nights”. The initiative has provided a new dimension to the home’s catering service and enhanced the dining experience for 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

Environmental internal and external audit reports, essential services inspections and maintenance processes ensure the home meets its regulatory compliance obligations in relation to physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for information relating to the service’s systems for identifying and ensuring compliance with legislation.

Examples of regulatory compliance related to physical environment and safe systems include:

- Secure storage of chemicals, oxygen and hazardous items.
- Provision of staff access to material safety data sheets in relevant work areas.
- Mandatory education in infection control, manual handling and food safety handling for all relevant staff.
- Recording and reporting of infectious illnesses.
- External auditing of compliance with food safety regulations.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation has an education and staff development system. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Examples of education and staff development relevant to Standard 4 Physical environmental and safe systems include:

- infection control
- fire and evacuation
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working towards providing a safe and comfortable living environment. The home provides single rooms with ensuites and dining and sitting areas for care recipients and visitors. Care recipients' rooms reflect individual preferences and care recipients report temperatures are well controlled. Staff report hazards and complete maintenance requests as required. Care recipients have access to call bells and staff follow security procedures to ensure a safe home environment. Care recipients expressed appreciation of the homely 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

Management is actively working to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff practices. The occupational health and safety representatives and staff have regular opportunities at meetings to provide input into the system. The home monitors the safety of the environment by conducting annual workplace inspections as per agreed procedures and staff complete risk assessments where safety issues are identified. There are preventative and reactive maintenance programs to assist in ensuring equipment remains in working order. Material safety data sheets are located in chemical storage areas. Management provides training for relevant staff in safe chemical handling and manual handling.

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

Procedures provide for a safe environment and the maintenance of systems which minimise fire, security and emergency risks. Fire and emergency training is compulsory for all staff upon orientation and on an annual basis. Evacuation plans and procedure charts are located throughout the facility. An accredited external contractor monitors and maintains the safety and functioning of the fire and emergency equipment. Staff expressed satisfaction with training provided in fire and emergency procedures. Management has developed an emergency plan in the event of a major incident. The home has keypad security at external doors and staff work areas. Stakeholders stated they feel safe and secure in the home and were able to explain actions to be taken in the event of an emergency.

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 has an effective infection control program. A registered nurse oversees the infection control program for the home. Staff have the resources and equipment to practice according to infection control guidelines. Staff identify care recipients' infections, which are treated appropriately by medical practitioners. Staff receive education in infection control. The home maintains an outbreak kit and provides staff with guidelines for the management of outbreaks. Management monitors the program by regular audits of the environment and the discussion of rates of infection data at staff meetings. Management promotes immunisation programs for care recipients and staff. Care recipients, representatives and staff expressed satisfaction with 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 provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Catering services meet care recipients' individual dietary needs and preferences, offer variety with a four-week rotating menu and adhere to a food safety program. Trained staff provide cleaning and laundry services and follow schedules to ensure completion of tasks. Laundering is completed onsite and includes labelling of care recipients' garments. The provision of hospitality services is in accordance with health and hygiene standards, including infection control requirements for staff, external auditing of the food safety plan and food handling certification for all catering staff. Care recipients are satisfied with the catering, cleaning and laundry services provided at the home.