

Heathcote Health High Care Service

RACS ID: 4399

Approved provider: Heathcote Health

Home address: 39 Hospital Street HEATHCOTE VIC 3523

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 05 June 2020.We made our decision on 07 April 2017.The audit was conducted on 07 March 2017 to 08 March 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

## Standard 1: Management systems, staffing and organisational development

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Heathcote Health High Care Service

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# Introduction

This is the report of a Re-accreditation Audit from 07 March 2017 to 08 March 2017 submitted to the Quality Agency.

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

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

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

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

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

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 07 March 2017 to 08 March 2017.

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

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

# Details of home

Total number of allocated places: 12

Number of care recipients during audit: 11

Number of care recipients receiving high care during audit: 11

Special needs catered for: n/a

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Chief executive officer  | 1 |
| Director of clinical care  | 1 |
| Aged care manager  | 1 |
| Quality and infection control co-ordinator | 1 |
| Clinical care co-ordinator | 1 |
| Finance and administration co-ordinator  | 1 |
| Administration assistants  | 1 |
| Registered/enrolled nurses | 2 |
| Lifestyle co-ordinator  | 1 |
| Hospitality and environment staff  | 5 |
| Care recipients/representatives | 4  |
| Physiotherapy support services | 1 |
| Maintenance staff  | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 5  |
| Medication charts | 2 |
| Personnel files | 2 |

## Other documents reviewed

The team also reviewed:

* Activity program documents
* Allied health information
* Audits
* Bed pole assessment
* Care recipients’ information package and handbook
* Cleaning schedules and records
* Clinical documentation and charting
* Comments and complaints records
* Consent and consultation records
* Continuous improvement documents
* Dietary documentation and menus
* Electronic information systems
* External service provider documents
* Falls prevention documentation
* Fire, security and emergency documents
* Food safety certifications and related documentation
* Handover sheets
* Human resource management documentation
* Incident reports and analysis
* Infection control documentation
* Inventory and equipment documents
* Key performance indicator reports
* Lap belt assessment
* Mandatory reporting register
* Memoranda
* Minutes of meetings
* Newsletters
* Occupational health and safety documents
* Organisational charts
* Pest control records
* Police certificates and statutory declarations
* Policies, procedures and flowcharts
* Pressure injury surveillance records
* Professional registrations
* Responsive and preventative maintenance documents
* Rosters
* Safety data sheets
* Satisfaction surveys
* Specialised nursing care documentation
* Staff education documentation and tracking mechanism
* Wound management documentation.

## Observations

The team observed the following:

* Activities in progress
* Charter of care recipients’ rights and responsibilities – residential care poster
* Cleaning in progress
* Confidential document storage and archive room
* Displayed accreditation visit information
* Equipment and supplies availability and storage areas
* External complaints information brochures and posters
* Fire, security and emergency equipment and signage
* Hand washing facilities
* Infection control equipment, spill kits and waste disposal
* Internal feedback forms and suggestion box
* Living environment
* Meal and refreshment services in progress and assistance to care recipients
* Medication storage area
* Mobility aids and transfer equipment
* Noticeboards and information displays
* Nurses’ station resources
* Positive interactions between staff and care recipients
* Secure clinical areas
* Short group observation conducted in main dining area
* Vision, purpose and values statement
* Volunteers assisting with activities.

# Assessment information

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

## Standard 1 – Management systems, staffing and organisational development

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

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation’s quality systems effectively identify, action and evaluate continuous improvement across the Accreditation Standards. Management source information through stakeholder feedback, analysis of audits and monthly clinical data collection, care recipient needs, legislative changes and strategic planning. Management log, monitor and evaluate actions with input from relevant departments. Continuous improvement is an agenda item at staff and care recipient meetings. Identified improvement opportunities may result in review of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Care recipients, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and are encouraged to be part of continuous improvement at the home.

Improvements relating to Standard 1- Management systems, staffing and organisational development include:

An increase in staff sick leave rates stimulated management to consult with an external service to undertake a staff satisfaction survey. This has resulted in the introduction of a ‘Passionate Positive People’ program. The program includes education sessions on bullying and harassment, focus groups to discuss any issues or suggestions and one-on-one conversations with staff. Management said these actions have resulted in a drop in sick leave taken and staff reported they are appreciative of the increased consultation and support in their work environment.

Management identified the need to improve their processes to receive and action legislative changes. They engaged an external service and developed a legislative compliance policy framework. The service provides alerts when changes occur which clarifies responsibilities and considerations when implementing the updates. The new process greatly improves the organisation’s interpretation of legal documents and provides guidance to ensure they meet regulations.

### 1.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Management receives regular information and updates on professional guidelines and legislative requirements through subscription to a legal update service, membership to peak bodies and notifications from professional networks and government departments. Processes ensure the revision of relevant policies and procedures when required. Monitoring of compliance is through internal and external reviews and the auditing schedule. Dissemination of information to staff regarding changes to regulations and the home’s practices is through electronic messages, meetings and education sessions. The home notifies care recipients and representatives of any relevant changes to legislation.

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

* Staff, volunteers and external contractors have current police certificates and signed statutory declarations as needed.
* Nursing staff hold current professional registrations.
* The home notifies staff, care recipients and representatives of re-accreditation site audits within legislated timeframes.
* Staff receive a Fair Work statement on commencement of employment.
* Confidential documents are stored securely.
* Information is available to care recipients and representatives on external complaints and advocacy services.

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively. Management develop an education program based on competency requirements, maintaining staff skills and changing care recipients’ needs. The program incorporates mandatory training elements, networking with other regional health services, online training and external opportunities. Management advise staff of forthcoming opportunities through noticeboards and electronic messaging and monitor attendance at mandatory and in-service training. Management and staff are satisfied with the educational opportunities available to them.

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

* passionate positive people program
* LGBTI awareness (management)
* planning and leadership
* privacy, confidentiality and communication strategies.

### 1.4 Comments and complaints

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

#### Team’s findings

The home meets this expected outcome

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

### 1.5 Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

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

### 1.6 Human resource management

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

#### Team’s findings

The home meets this expected outcome

There are processes to guide recruitment, selection and induction of all new employees to ensure skill mix and staffing levels are sufficient to meet the needs of care recipients. New staff receive induction and participate in supported shifts until they are comfortable working in the team environment and confident to work independently. Management monitor professional registrations and ensure all staff have a valid police clearance. A registered nurse is available for all shifts either within the aged care service or in the adjoining hospital. Vacant shifts are filled using a casual pool of staff. Appraisals, competencies and management observations are used to monitor staff skills and practices. Care recipients said they are satisfied with the responsiveness and good nature 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

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

### 1.8 Information systems

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

#### Team’s findings

The home meets this expected outcome

There are established information systems to guide management and staff in the delivery of care and services to care recipients. The organisation maintains a computerised assessment, care planning and monitoring system, accessible to staff and visiting health professionals. Communication mechanisms include the use of electronic mailing, communication diaries, newsletters and meetings. Management complete audits, investigate incidents and collect and display information regarding the quality of care and services provided. The service has processes for the archiving and destruction of documents and ensuring all computerised systems are password protected. Care recipients, representatives and staff are satisfied they are kept informed.

### 1.9 External services

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

#### Team’s findings

The home meets this expected outcome

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

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

Improvements relating to Standard 2 – Health and personal care include:

Care recipients were experiencing difficulties attending specialist appointments outside the home, particularly if family members were not available to take them. Management reviewed the process to assist them. They are now able to book a hospital car with a staff member or volunteer escorting them. This has resulted in more care recipients attending appointments and better feedback about follow-up and future appointments.

Prior to renovations the home’s medications were stored centrally with hospital supplies. This was inconvenient for staff and sometimes resulted in supplies not being available. The new aged care wing contains a purpose built medication room near the nurses’ station and staff are now responsible for ordering items directly from the pharmacist. This reduces time spent retrieving mediations and ensures closer monitoring on supplies.

### 2.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Management ensures compliance with regulations and guidelines regarding health and personal care. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

* Appropriately qualified staff provides medication management and specialised nursing care.
* Medication is stored securely.
* There are policies and procedures to guide staff in the event of a care recipient’s unexplained absence which includes appropriate incident reporting and notification processes.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

### Management and staff have the appropriate knowledge and skills to perform their roles in relation to care recipients' health and personal care. Refer to expected outcome 1.3 Education and staff development for information regarding the organisation’s education system.

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

* DBMAS education (dementia and behaviour management)
* falls prevention
* incontinence
* preventing pressure injuries.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

### Care recipients receive clinical care appropriate to their needs and preferences. Care plans describe specific needs and strategies as identified during the assessment process which occurs in consultation with the care recipient or their representative. A monthly care review process allows care recipients and representatives to provide feedback regarding care and services. There is access to allied health professionals and a nurse practitioner provides support and advice upon request. Regular education and training, access to policies and procedures and adequate supplies of clinical equipment assist staff in undertaking their clinical care duties. Monitoring of clinical care occurs through audits, the incident management system and via the organisation’s feedback mechanisms. Care recipients and representatives are satisfied with the clinical care provided.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

### Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Staff identify each care recipient’s specialised nursing care needs either prior to or immediately after they enter the service. A suite of assessments, charting processes and general practitioner involvement ensures the development of appropriate strategies and interventions to meet individual needs. Provision of specialised nursing care occurs in diabetes management, wound management and oxygen therapy. Records of care are reflected on appropriate charts and on handover documentation to ensure continuity of care. Care recipients and representatives are satisfied 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

### Referral to health specialists occurs in accordance with the care recipients’ needs and preferences. Staff refer care recipients with complex care needs to relevant specialists for treatment and advice. Care recipients have access to medical and allied health care providers as part of the health services network and through partnerships with private service providers. Care recipients can also access providers of their choice if preferred and a transport assistance program supports this process. Staff disseminate specialist recommendations through established communication mechanisms. Care recipients and representatives are satisfied with other health and related 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

### There is a system to ensure care recipients’ medications are managed safely and correctly. Registered and endorsed enrolled nurses administer medication from dose administration aids. Medication charts record medical directives and identify all medications including dosage, administration route and frequency of administration. Medication is stored appropriately and in accordance with legislative requirements. There are processes to monitor medication systems and administration through audits and the incident reporting system. Staff undergo medication competencies on an annual basis, or more frequently if management identify a training need. Care recipients and representatives are satisfied with the management of 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

### Pain management strategies ensure all care recipients are as free as possible from pain. Care processes for pain management include assessment of pain history, monitoring and observation, charting and the evaluation of medications and current therapies. Management and staff consult with care recipients’ general practitioners and other health professionals as needed to investigate alternative pain management strategies. Staff manage general discomfort following assessed interventions relating to medication and physical therapies. Care recipients are satisfied staff intervene to manage their pain and discomfort.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

There are palliative care processes to ensure staff maintain the comfort and dignity of terminally ill care recipients. Staff encourage care recipients, together with their representatives, to discuss their end of life wishes upon entry to the service. These wishes then form the basis for palliative care plans. Staff access general practitioners, palliative care services and allied health providers in assisting care recipients during the palliative stages. The monitoring of palliative care occurs through observation and feedback from all stakeholders. There is equipment to provide appropriate palliative care and staff receive relevant education. Care recipients said the service meets their expectations providing information and support regarding decisions for future 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

### There is a system to ensure care recipients receive adequate nourishment and hydration. Care recipients have a dietary profile completed on entry that informs the catering service of individual likes, dislikes, needs and preferences. Care plans identify requirements for adaptive crockery and cutlery and the level of staff assistance. Staff monitor care recipients’ weight and follow organisational protocols when they identify variances. Referral to other health and related services occurs when weight loss or swallowing difficulties are identified. Management monitor the effectiveness of each care recipient’s nutrition and hydration through weight analysis, observation and feedback from care recipients and their representatives. Care recipients and representatives are satisfied with nutrition and hydration.

### 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. Staff observe and assess care recipients’ skin integrity on entry to the service to identify requirements for additional intervention. Staff assess and monitor care recipients’ skin integrity through observation, care reviews and the incident reporting system. Registered nurses oversee the care and evaluation of wounds and organise referral to wound consultants as required. Staff maintain skin integrity through use of emollient creams, pressure relieving equipment, food supplements and mobility activities. Staff attend manual handling training and equipment is available for safe work practices. Care recipients are satisfied with how staff assist them with their skin integrity.

### 2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

#### Team’s findings

The home meets this expected outcome

Care recipients receive effective continence management appropriate to their individual needs. Staff assess each care recipient and determine the requirement for continence aids and level of assistance needed to manage their continence care. Assessments consider individual hygiene patterns which assist staff to help care recipients maintain their continence. Staff document in individual continence records and report abnormal findings to the nurse in charge. Staff have access to adequate continence aids and attend education relating to continence care. Care recipients are satisfied with the care they receive to maintain their personal hygiene.

### 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

### There are processes to ensure the effective management of care recipients with challenging behaviours. Staff assess care recipients’ behaviours prior to acceptance into the service to ascertain the level of care they will require and to ensure the future safety and satisfaction of existing care recipients. When care recipients are accepted, further assessment is undertaken and a care plan developed which contains information for staff to intervene with consistent and appropriate intervention. Referral to general practitioners and behaviour management services occurs as necessary. Management monitor care recipients’ behaviours through incident data, progress note review, observation and feedback. Care recipients and representatives are satisfied with behaviour management within the service.

### 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 assist care recipients in maintaining their mobility and dexterity. Nursing, lifestyle and allied health care staff focus on maximising functionality through exercise, walking and community programs with measurable outcomes. A physiotherapist and physiotherapist assistant support care recipients through assessment of declining function and supervision of individual exercise programs. Staff complete falls risk assessments and identify strategies to prevent falls. Staff follow procedures for falls management to ensure comprehensive review of falls incidents occurs. Care recipients utilise mobility and dexterity aids and referral to other health and related services occurs as necessary. Care recipients are satisfied with the management of their mobility and dexterity.

### 2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

#### Team’s findings

The home meets this expected outcome

### There is a system to maintain care recipients’ oral and dental health. Staff complete assessments to develop an oral health care plan in consultation with the care recipient or representative. Care plans detail individual preferences for cleaning natural teeth, dentures and other care. The service supplies care recipients with general equipment and staff maintain a toothbrush replacement program. Where staff identify issues in a care recipients’ oral health, referral occurs to the appropriate health service. When necessary the service supports care recipients to attend private dental services in the broader community. Care recipients said staff assist them with their dental hygiene.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

Formal assessment of care recipients’ sensory loss occurs on entry to the service. Care plans describe care recipients’ sensory needs and other medical conditions or risk factors affecting individual sensory abilities. Care strategies include identification and care of sensory aids and strategies to enhance the care recipients’ sensory abilities through the lifestyle program. Staff refer care recipients to allied health services including audiologists and optometrists as part of the health services network. A system exists whereby staff maintain sensory equipment on a regular basis. Care recipients are satisfied with the support and care provided to manage 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

Assessment and care planning processes assist care recipients to get adequate sleep and rest. Assessment of personal preferences and routines occur when care recipients move into the home. Staff promote sleep by respecting individual customs, ensuring a quite environment conducive to sleep and administering prescribed medications. Care plans detail strategies and preferences for retiring and waking. Staff assist care recipients who wake during the night by attending to personal hygiene and providing emotional support. Care recipients are satisfied with how staff assist them to sleep in the home.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

Improvements relating to Standard 3 – Care recipients’ lifestyle include:

* Lifestyle staff investigated meaningful activities for care recipients to reduce boredom and wandering behaviours. They trialled inviting a care recipient to accompany the meals on wheels volunteer on their delivery service. The care recipient thoroughly enjoyed the experience and now accompanies the deliveries every Monday. A second care recipient has also joined the program and staff plan further expansion of the program. The activity gives care recipients pride and purpose in their daily lives at the home.
* While the recent renovations were occurring, care recipients from the nursing home and hostel and the adjoining community social support group joined together to attend activities. Staff found all attendees greatly enjoyed the integrated activities and noted increased socialisation and strengthening of community connections. They decided to continue to offer the combined program after completion of the building works. They now run a variety of activities suitable for care recipients and community group members to enjoy together.

### 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 resident lifestyle”.

#### Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

* The home has appropriate documentation to record incidents of elder abuse and maintains a consolidated register for mandatory reporting matters.
* Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements.
* Guardianship and powers of attorney information is on file.
* The home displays posters of the Charter of care recipients’ rights and responsibilities – residential care.

### 3.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

## Management and staff have the appropriate knowledge and skills to perform their roles in relation to care recipients' lifestyle. Refer to expected outcome 1.3 Education and staff development for information regarding the organisation’s education system and processes.

## Examples of education provided in relation to Standard 3 - Care recipient lifestyle include:

* behaviours and grievances
* culture and teamwork
* elder abuse
* privacy and dignity.

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

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

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

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

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

Management and staff respect each care recipient’s right to privacy, dignity and confidentiality. The organisation provides information to care recipients and staff on their privacy and confidentiality policies. Care recipients sign consent forms for the release of personal information and the display of photographs and names. There are numerous internal and external areas to meet with visitors and to hold private functions. Files are kept in secure areas, handover occurs discreetly and care recipients have access to a key to lock their door and to a secure drawer in their room. Staff knock on doors before entering and address care recipients by their preferred name. Care recipients said staff treat them with respect and maintain their privacy.

### 3.7 Leisure interests and activities

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

#### Team’s findings

The home meets this expected outcome

Management and staff support and encourage care recipients to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the care recipients. Activity evaluations, surveys, feedback from meetings and participation records monitor satisfaction and care recipients make suggestions for future planning. Community groups and volunteers are welcomed at the home and care recipients receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in life at the home and to join in activities. Care recipients stated staff assist them to attend the daily events and they are satisfied with the variety of the activities program.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

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

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

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

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team’s findings

The home meets this expected outcome

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

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

Improvements relating to Standard 4 – Physical environment and safe systems include:

* Management reviewed their combined staffing model for catering, cleaning and laundry staff. They decided to separate the roles and implemented team leader positions to mentor each department. They also developed new duty lists to clearly define responsibilities. Staff feedback is positive to the change and management said the standard of service delivery to care recipients has greatly improved.
* Staff reported safety issues due to clutter in some care recipients’ rooms. The occupational health and safety representatives undertook risk assessments and held discussions with care recipients and representatives to reduce the amount and size of furniture in the identified rooms. The de-clutter program has resulted in more space for the use of lifters and equipment in the rooms and a safer environment for both staff and care recipients.

### 4.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

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

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

* Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling.
* Chemicals are stored appropriately with accompanying safety data sheets.
* The kitchen has a current food safety program and certifications by external authorities.
* Effective monitoring and maintenance of fire and safety regulations occurs.
* The home adheres to occupational health and safety policies.

### 4.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

### Management and staff have the appropriate knowledge and skills to provide a safe and comfortable environment for care recipients. Refer to expected outcome 1.3 Education and staff development for information regarding the organisation’s education system and processes.

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

* fire and emergency training
* infection control
* manual handling
* occupational health and safety.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

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

### 4.5 Occupational health and safety

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

#### Team’s findings

The home meets this expected outcome

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

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

There are effective systems for the detection, prevention and management of fire, security and other emergencies. Regular maintenance and servicing of fire equipment and alarm systems occurs. Evacuation boxes are available with a current list of care recipients noting their mobility levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad and closed circuit camera security systems and provides effective after hours’ emergency measures. Visitors are required to sign a register on entry and exit. Staff attend mandatory fire and emergency training at orientation and annually thereafter. Care recipients receive relevant information in their information handbook, in newsletters and at meetings. Staff are able to detail their actions in the event of an emergency evacuation and care recipients and representatives are satisfied with fire and security measures in the home.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

## The service has an established infection control program governed by policies, procedures and resource information. Nursing staff record instances of infection and antibiotic use as part of an overall surveillance program. An infection control officer oversees the program and is responsible for data analysis, trend identification and reporting. Appropriate disposal containers for infectious waste and sharps are available and personal protective equipment is readily accessible. The service has gastroenteritis and influenza outbreak guidelines and flow charts guide staff practice. Staff and care recipients’ vaccinations are encouraged. Catering services comply with food safety guidelines. Management and staff undertake annual infection control training. Staff are aware of their responsibilities for 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

Staff provide hospitality services in a way that enhances care recipients’ quality of life and supports their independence. The catering department provide meals from a seasonal rotating menu developed in consultation with care recipients. Food is prepared fresh on-site in line with a food safety program and catering staff have access to information regarding each care recipient’s dietary needs and preferences. Laundry staff provide services for all personal clothing in a clean and considerate way. A clothing labelling process minimises lost items. Cleaning staff follow documented schedules and respect care recipients’ privacy and independence. Staff described procedures relevant to their role and confirmed completion of appropriate training. Care recipients are satisfied with the quality of catering, cleaning and laundry services.