



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Jessie Bowe House RACS ID: 3182

Approved Provider: Maldon Hospital

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

Reconsideration Decision made on 11 October 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 20 April 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 13 June 2015 to 13 February 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 11 October 2017

Accreditation expiry date 13 February 2019



Australian Government

Australian Aged Care Quality Agency

Jessie Bowe House

RACS ID 3182

Chapel Street

MALDON VIC 3463

Approved provider: Maldon Hospital

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 13 June 2018..

We made our decision on 20 April 2015.

The audit was conducted on 11 March 2015 to 12 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Jessie Bowe House 3182

Approved provider: Maldon Hospital

Introduction

This is the report of a re-accreditation audit from 11 March 2015 to 12 March 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 March 2015 to 12 March 2015.

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

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

Assessment team

Team leader:	Colette Marshall
Team member:	Helen Fitzpatrick

Approved provider details

Approved provider:	Maldon Hospital
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Details of home

Name of home:	Jessie Bowe House
RACS ID:	3182

Total number of allocated places:	12
Number of care recipients during audit:	12
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	No

Street:	Chapel Street	State:	Victoria
City:	Maldon	Postcode:	3463
Phone number:	03 5475 2000	Facsimile:	03 5475 2029
E-mail address:	ksparrow@maldhosp.vic.gov.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Care recipients	7
Care coordinator	1	Hospitality staff	4
Quality coordinator	1	Trust officers	2
Registered nurses	2	Maintenance	3
Care and lifestyle staff	4		

Sampled documents

	Number		Number
Care recipients' files	5	Medication charts	12
Lifestyle files	4	Personnel files	4

Other documents reviewed

The team also reviewed:

- Activities calendar
- Audit schedule and results
- Communication books
- Compliments/complaints/suggestions records
- Consolidated register
- Continuous improvement plan
- Controlled medication registers
- Education calendar and training records
- Emergency procedures manual
- Essential services schedules, service reports and monitoring processes
- Food safety plan
- Handover sheet
- Incident reports/summary data and analyses
- Material safety data sheets
- Meeting minutes and meeting schedule
- Memoranda
- Menu
- Newsletters
- Performance appraisals
- Police certificates and statutory declarations

- Policies, procedures and flowcharts
- Position descriptions and duty lists
- Professional registrations
- Resident and staff information handbooks
- Rosters
- Self-assessment documentation
- Vision, mission, values statement.

Observations

The team observed the following:

- Activities in progress
- 'Charter of residents' rights and responsibilities' displayed
- Cleaning in progress
- Complaint and advocacy information
- Equipment, supplies and storage areas
- Fire exits, egress, equipment, signage and evacuation kits
- Infection control equipment
- Interactions between staff and residents
- Living environment
- Meal and refreshment services
- Medication storage and administration
- Noticeboards, information displays and suggestion box
- Re-accreditation notification to stakeholders
- Security system
- Short group observation.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system to actively pursue continuous improvement across the Accreditation Standards. There are various mechanisms for identifying improvements including audits, surveys, comments and complaints, improvement forms, meetings, incident and clinical data. The continuous improvement plan outlines actions, progress and evaluation of outcomes. Evaluation of improvement initiatives occurs through audits, observation and staff and resident feedback. Management communicate outcomes of improvement initiatives to staff and residents through meetings, memoranda and newsletters. Residents and staff said they are aware of improvements initiated at the home and are encouraged to contribute and participate in the process.

Recent improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- Management identified that improvement suggestions from staff needed to be formalised. This led to the introduction of a 'bright ideas' form for staff to complete outlining their ideas and suggestions for improvements. Education on quality improvement was provided to staff with the introduction of the new form. Management report there is now a greater participation in and ownership of quality improvement among staff.
- Management recently revised and altered the audit tools to improve the accuracy and efficiency of data collected particularly for clinical audits. Staff said the new tools take less time to complete and management said the information is now more reliable. A formal evaluation process will be undertaken once the new audit tools have been used for a period of time.

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 has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements professional standards and guidelines. Mechanisms include subscriptions with legal update services, industry associations and notifications from government departments. Processes ensure relevant policies and procedures are revised when regulations change and monitoring processes evaluate performance and ongoing compliance. Staff receive information on changes to regulations and policy through meetings, and education sessions.

Examples of regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- The home has an effective system to manage police certificates and statutory declarations for staff and volunteers.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Residents and their representatives were informed of the re-accreditation audit.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Management develop an education program based on resident care needs, performance appraisals, audit results and observation of staff practice. The education program incorporates both internal and on-line education sessions covering a wide range of topics. There are processes to advise staff of upcoming training and to track attendance at mandatory education. There are processes to evaluate the effectiveness of training and monitor that this has been applied within the workplace. Staff competency assessments occur annually for a range of key clinical and safety topics. Staff are satisfied with the range of education and professional development opportunities available to them. Residents are satisfied staff have the skills and knowledge to meet their care needs and preferences.

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

- bullying and harassment
- complaints management
- professional boundaries workshop.

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

The home has formal and informal comments and complaints processes that are accessible to care recipients, their representatives and other interested parties. Information handbooks, posters and brochures provide information about the internal complaints process and external complaints resolution services. Mechanisms available to raise concerns or suggestions include a customer feedback form, meetings and surveys. A locked lodgement box located within the reception area promotes confidentiality. Residents and their representatives are aware of formal complaints processes and feel comfortable to raise concerns or suggestions. Residents are satisfied management address any concern in an appropriate and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, mission, values and philosophy are documented in a consistent way and shared with residents, their representatives, staff and visitors. A commitment to quality care is communicated through these statements.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management ensures there is appropriately skilled and qualified staff sufficient to meet the needs of care recipients. Human resources management is contracted to an external organisation and bases recruitment processes on skill and qualification requirements outlined in position descriptions. Interviews and reference checks are completed and the organisation has an induction process for new staff. Resources to support staff in their roles include position descriptions, policies and procedures, handbooks and ongoing education. Staff performance is monitored through observations of practice, incident reports, feedback and an annual performance appraisal. Management ensures staffing levels are adjusted to meet changing circumstances and resident care needs. There are processes to replace staff for planned and unplanned leave. Residents are satisfied with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system to ensure stocks of appropriate goods and required equipment is available. Delegated staff purchase consumables from the regional health service using a defined re order system to ensure adequate stock holding levels are maintained. The home identifies equipment required through resident needs, meetings and feedback mechanisms. The home has a preventive maintenance program and a process to manage unscheduled repairs. Staff receive education on the use of new equipment. Staff and residents are satisfied with the sufficiency and quality of inventory supplies and equipment at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information systems are in place. Management and staff receive accurate information to help them perform their roles through the electronic care planning system, handovers, education, policies and procedures. Management communicate with staff via memoranda, notice boards and meetings. Confidential records are securely stored, archived and destroyed as required and computer systems are password protected and backed up. Information is made available to residents and representatives when residents enter the home and on an ongoing basis. Stakeholders are satisfied with the quality and timeliness of information provided.

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

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Management develop and regularly review service contracts with each preferred service provider. Management monitor satisfaction with external service provision through established mechanisms which include, stakeholder feedback and performance reviews. Staff and residents said they are satisfied with the quality of external services provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

There are systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system. There is a system that demonstrates ongoing improvements in care recipient health and personal care.

Examples of recent improvements in relation to Standard 2 Health and personal care include:

- A new registered nurse position has been added to the team to undertake the pain management program four days a week for residents with chronic pain. The position was filled three weeks ago and the program includes massage and heat pack therapy. The person appointed to the position has qualifications in massage and works closely with the physiotherapist from the regional hospital. Informal feedback from residents and staff has been positive in relation to the effectiveness on resident pain, comfort and mobility level. Formal evaluation will take place after a period of time.
- Management purchased new medication syringe drivers last year to improve pain management practice for residents receiving palliative care. Staff and management said the new equipment enables more effective palliative care to be provided at the home.
- Following analysis of the nutrition and hydration audit in October 2014 management recognised the need to improve staff awareness of weight monitoring procedures and referral requirements for a dietitian review. The system for staff review of consecutive monthly weight assessment was revised so a collective review of three to four months was evaluated. This has led to an increase in recognition of weight loss over longer periods and subsequent increase in referrals to the dietitian. Ongoing evaluation will occur through the auditing system.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Appropriately qualified staff manage clinical care and specialised nursing.
- Professional registrations of staff are monitored and maintained.

- The home demonstrates compliance with policy and legislative requirements in relation to medication storage and management.
- There are procedures and guidelines to manage and report the unexplained absence of a resident.

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 home has a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively relative to health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- blood sugar level refresher course
- medication management
- pain management
- palliative care
- person centred care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. Information obtained from the resident and their family prior to and on entry to the home provides the basis for an interim care plan. Staff formally assess each resident and long-term care plans are developed. Care plans reflect assessments, residents’ preferences and include input from other health professionals. Registered and enrolled nurses review care plans three monthly or when triggered by changes in the resident’s condition. Audits, clinical data review, incident report analysis and stakeholder feedback are used to monitor clinical care. Staff are informed of changes to resident care needs through access to care plans and handover sheets. Residents said they 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. Specialised care currently provided by nursing staff includes management of care for residents who require oxygen therapy and have diabetes. Care plans include assessed needs, nursing interventions and individual resident preferences for

care. Referrals and consultation with other health professionals occurs with recommendations and directions for care documented. Residents are satisfied with how specialised care is undertaken.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Referral to health specialists occurs according to care recipients’ needs and preferences. Staff identify residents’ needs and preferences for accessing allied health and other specialists on entry and as the needs of individual residents change. A variety of health specialists visit the home and staff assist residents to access external appointments. Files contain details of health specialists’ consultation and subsequent updates to care plans occur. Residents said that a variety of specialists visit the home and if required assistance is provided to access external appointments.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Policies and procedures provide guidance to staff for the safe and correct management of medication. Medication care plans and medication charts include identification details, medication requirements, preferences, allergies and details of any special needs. Protocols exist for residents should they choose to self-manage all or part of their medications. Medications are stored securely in accordance with regulatory requirements. There are procedures to maintain supply and for the disposal of unused medications. Residents said they are satisfied with how the staff manage and provide medications.

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

Registered nurses, the care recipient’s general practitioner and allied health staff monitor and review care recipients to ensure each care recipient is as free as possible from pain. Nursing staff complete initial pain assessments identifying residents’ past and current pain experiences and commence appropriate treatments. Assessment tools include consideration for residents who are unable to verbalise their pain. A specialist pain management nurse is available to provide advice and to work with residents to ensure their pain is minimised. Residents said they are satisfied with how staff identify and provide care to minimise pain or discomfort.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Care management systems and staff practices ensure the dignity and comfort of terminally ill care recipients is maintained. Palliative care preferences are included in assessment and care planning and residents are encouraged to document their wishes and preferences for end of life care. Palliative care specialists are available to provide advice and support as required. When indicated, staff review care plans to ensure care aligns with residents’ wishes and includes consideration of comfort, pain and symptom management. A pastoral care worker is available to provide spiritual and emotional care. Staff said they are able to support residents and their families during this phase of life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Staff consider allergies, preferences, clinical and cultural needs when planning nutrition and hydration care. Registered nurses with the support of a speech pathologist and dietitian review the care needs of residents who have difficulty with swallowing, weight maintenance or require specialised diets. Resident preferences for meals and drinks are documented and available to relevant staff. Texture modified, fortified or special diets are available as needed. Residents said a choice of diet is offered and specialised diets are provided if needed.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Staff monitor and assess care recipients to ensure skin care is appropriate and consistent with the individual care recipient’s general health. Skin care strategies include regular repositioning, the use of pressure relieving devices, nutritional supplements and application of creams. Nursing staff complete wound care plans, attend to wound care and evaluate the effectiveness of treatment. Reporting and review of skin tears and wound incidents occurs. Residents are satisfied with how staff attend to their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Staff assess each resident for their needs and preferences relating to continence management and develop care plans to assist in

maintaining residents' dignity and independence with continence needs. The home provides appropriate aids and equipment based on each resident's assessed need. Care strategies include a continence portfolio, referrals to continence specialists, dietary and medication interventions, mobility strategies and documented toileting plans. Residents said staff manage their continence needs in a timely and dignified manner.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Staff assess residents' behaviour patterns on entry to the home, identifying behavioural concerns and formulating plans to manage identified behaviours. Nursing staff in consultation with the resident's general practitioner refers residents to behavioural management specialists as necessary. Care plans include behaviour management strategies. Residents have access to a variety of living spaces and are encouraged to engage in activities pertinent to their abilities and interests. Residents are satisfied with the approach used at the home to manage residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Care plan strategies encourage residents to maintain their mobility and dexterity skills by participating in activities of daily life according to their capabilities. Physiotherapy and nursing staff assess residents for their needs and risks relating to mobility, dexterity and develop an individual mobility and dexterity plan. Care plans include safety and risk identification and interventions to minimise fall risks. Appropriate equipment and mobility aids are available. Residents expressed satisfaction with the care and equipment provided to assist them to remain as mobile and independent as possible.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained. Assessment and care evaluations provide information and guidelines for the management of residents' oral and dental health. Dental care assessments identify the condition of residents' teeth, mouth and lips and the level of assistance required. Staff formulate oral and dental care plans. Staff said there is access to appropriate equipment to provide oral care to residents. Residents said staff provide dental care and assist them to access external dental care when needed.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Staff assess and identify care recipients’ sensory losses and develop care plans to ensure the care recipients’ needs are managed effectively. Assessment and care planning encompasses the five senses and care plans include specific care of aids and equipment used by residents. Staff refer residents to visiting services as needed or assist residents to access external providers. Residents said staff are aware of their needs relating to sensory loss and assist them with the fitting and cleaning of aids.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Residents said staff assist them to rest during the day if needed and to settle at night. Practices at the home assist residents to achieve natural sleep patterns. Assessments identify preferences for day and night rest and care plans reflect preferences for retiring, waking and strategies to promote sleep, such as attending to physical care needs, leaving a light on or providing general comfort measures. Residents said staff assist them to rest during the day if needed and to settle at night.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

There are systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. There is a system that demonstrates ongoing improvements in care recipient lifestyle.

Examples of recent improvements in relation to Standard 3 Care recipient lifestyle include:

- Lifestyle staff recognised the need to increase staff awareness of residents’ life history, interests and activities to enhance interactions and conversation. Lifestyle staff prepared life histories and activities of interest for each resident and put them on display in residents’ rooms. Staff said this has enabled residents to reminisce on their life and have meaningful conversations with staff about their interests and important life events.
- Following feedback from residents, lifestyle staff arranged for the purchase of four electronic tablets for resident use. Residents can now use the internet and enjoy looking up things of interest to them. Staff said the initiative is popular and residents enjoy the time they spend on this activity.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Management provides information about privacy and confidentiality to residents, their representatives and staff.
- The home has a policy, procedure and guidelines in relation to elder abuse and compulsory reporting.
- The ‘Charter of residents’ rights and responsibilities’ is displayed within the home.
- The home provides a residential agreement to residents or their nominated representative at the time of entry.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles relative to care recipients' lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- advanced care planning
- charter of resident rights
- informed consent
- prevention and management of elder abuse.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Staff undertake assessment of emotional needs and establish the level and type of emotional support required. Residents receive a welcome card and a blue velvet heart decoration to acknowledge they are valued and welcome. Residents are encouraged to decorate their rooms with personal items and family members are invited to participate in the home during the settling in phase and on an ongoing basis. Lifestyle activities are individualised for resident enjoyment and support of emotional needs and staff provide ongoing emotional support, especially during times of grief, sickness and stress. Residents were complimentary of how staff provide emotional care and said the environment is homely and they enjoy living there.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients' are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of independence includes resident's physical, cognitive, emotional, social and financial aspects. Residents with communication, mobility and cognitive difficulties are assisted to maintain independence according to their preferences. The home has strong links with the local community and many activities and events are held within and outside the home. Residents said they are assisted to maintain independence and enjoy being able to continue friendships and links with community groups.

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

Each care recipients' right to privacy, dignity and confidentiality is recognised and respected. Staff and volunteers are provided with information relating to confidentiality and respect for residents' privacy and dignity through orientation, meetings, education and policy. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring privacy when delivering personal care. Files containing residents' personal information are stored in secure areas with access limited to authorised staff and visiting health professionals. Residents said staff respect their privacy and dignity according to their wishes.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients' are encouraged and supported to participate in a wide range of interests and activities. The lifestyle program supports residents to participate in a range of interests and activities according to their choice and abilities and includes cognitive, social, emotional, cultural, spiritual and physical aspects. Following entry to the home lifestyle staff complete a profile including social, life history, important events and leisure interests. Individualised care plans are developed and updated regularly in response to residents' changing preferences and needs. A monthly activity calendar is on display on notice boards and there is a wide range of activities including music, games, outings, exercise, art and craft therapy and individual one on one activities. Evaluation of the program occurs through observation, attendance records, meetings and verbal feedback. Residents expressed a high level of satisfaction with the activities offered and said they are assisted to participate according to their choice.

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

Care recipients individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessments and care plans outline residents' cultural, spiritual and ethnic choices and lifestyle services incorporate residents' choices in the program. Ecumenical services are held each month and a pastoral carer visits the home each week. A memorial service is held yearly to celebrate the lives of fellow residents who have passed away. There are celebrations for events and days of significance such as Anzac Day, Easter and Mother's Day. Residents are satisfied with the attention given to 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

The home supports care recipients to exercise choice and decision making in the care, lifestyle and hospitality services they receive while not infringing on the rights of others. Management and staff encourage residents and their representatives to express their wishes during the assessment process and during individual consultations, at meetings, in surveys and through informal feedback. Care plans reflect individual preferences and wishes in relation to daily living, care preferences and social support. Residents are provided with information regarding advocacy services. Residents are satisfied they are able to participate in decisions, make informed choices and exercise control appropriate to their circumstances.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients' have secure tenure within the home and understand their rights and responsibilities. Information packages provided to prospective residents and their representative assist them in understanding the process of entering into aged care, including care and services. Residents and their elected representative are offered an agreement on entry which includes information about fees and charges, services provided, secure tenure, rights and responsibilities and privacy. The 'Charter of residents' rights and responsibilities' and information regarding independent complaint and advocacy services are on display within the home and included in information packs. Residents said they or their representative had received the required information and understand secure tenure arrangements at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

There are systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. There is a system that demonstrates ongoing improvements in physical environment and safe systems.

Examples of recent improvements in relation to Standard 4 Physical environment and safe systems include:

- Management identified that as beds at the home do not fit through doorways, four emergency evacuation mats were purchased to assist with evacuation procedures if required. Staff training on the use of evacuation mats was provided and will be included in the annual fire and emergency training
- Following a complaint from a resident regarding the level of heat in rooms during the summer months, management arranged for the installation of air-conditioning throughout the home and in residents’ rooms. The system is currently being installed. Resident and staff feedback was positive regarding improvements to the comfort of the living environment.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to Standard 4 Physical environment and safe systems include the following:

- Chemicals are stored safely and current material safety data sheets are generally available.
- The home follows relevant protocols in relation to compliance with food safety regulations and guidelines.
- There are infection control guidelines and outbreak procedures.
- The home has a system to demonstrate compliance with fire 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- chemical safety
- fire and emergency
- hand hygiene and infection control
- no lift manual handling training.

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 of the home is actively working to provide a safe and comfortable environment consistent with care recipients' needs. The environment is comfortable with appropriate furnishings and décor. The home is safe, clean and well maintained with comfortable noise levels, ventilation and temperature. Residents' accommodation includes single rooms with en suites which are spacious and decorated with personal items. Call bells and mobility aids are easily accessible with signage and clear access to all areas. Outdoor areas are safe and accessible for resident enjoyment in a garden environment. There are monitoring systems to ensure the environment is safe and clean and there is a preventative and reactive maintenance program. Residents said they are satisfied with the level of safety and comfort in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

A system is in place to support a safe working environment that is aligned to regulatory requirements. There are policies and procedures in relation to safe work practice. Staff are informed of their responsibilities through information displays, booklets, at meetings and during induction. There are health and safety representatives who have attended accredited external training and there is a workplace safety committee that meets on a regular basis. Equipment and hazardous material is stored safely and there are processes to ensure regular testing of electrical equipment. Staff are satisfied management work actively to create a safe work environment and are responsive to any issues raised.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies including natural disasters. External contractors maintain the fire and emergency system and equipment. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. All staff are required to complete mandatory annual fire and emergency training. There is a security camera surveillance system, keypad access and an afterhours lock up procedure. Residents said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program coordinated by key staff. The program includes an infection surveillance program, data collection, and audits. Review and actioning of identified trends is undertaken. Infection control is included in staff induction and there is ongoing education and competency testing. Policies and procedures are available to staff including outbreak management. A staff and resident vaccination program is in place. There are supplies of protective clothing and equipment and systems for the disposal of sharps and infectious waste. Food safety and environmental services comply with infection control guidelines. Staff said they participate in mandatory infection control training and competencies.

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 provision of hospitality services enhances care recipients' quality of life and staff working environment. All food is prepared off site at the regional health service and delivered to the home. Rewarming and serving occurs on site in line with the food safety program. The menu and a choice of alternatives are available should residents choose not to eat what is on offer. There are effective procedures for providing dietary preferences, allergies and special diets when preparing and serving meals. Cleaners follow a schedule which ensures appropriate cleaning of all areas of the home. All laundry is done at the offsite regional service and return of personal clothing and linen occurs in a timely manner. There are laundry facilities for residents who choose to do their own washing. The home provides a labelling service for residents' clothing and there is minimal loss of clothing. Residents are satisfied with the hospitality services provided at the home.